**Illinois HEALS Demonstration Site**

**Program Narrative**

**Statement of the Problem**

1. Describe the geographic areas to be served by this system of care.
2. Describe the extent and types of violence children, youth, and families experience in this geographic area.
3. List the agencies in the identified geographic area that currently identify and serve children, youth and families that have experienced violence.

**Agency Capacity**

1. Describe your agency’s experience convening diverse stakeholders on various projects. Include the membership, projects’ timeframe, successes, challenges, and lessons learned.
2. Describe your agency’s experience implementing large, community-wide planning processes.
3. Describe your agency’s ability to manage grants and varied staff positions.
4. Describe any experience collaborating with external researchers and technical assistance providers. Include successes, challenges, and lessons learned. State your commitment to collaborating with ICJIA’s Research and Analysis Unit.

If the budget includes proposed subawards, answer the following questions:

1. Explain why your agency must serve as a pass-through for other organizations carrying out part of the grant program. Include information on special qualifications and areas of expertise.
2. Describe your agency’s ability to comply with FFATA reporting and collection of certifications and financial and performance reports from subrecipients.
3. Explain how the applicant agency will monitor subawards for compliance with program terms and Federal and State regulations, detailing monitoring frequency and corrective action procedures, and agency ability to provide any needed technical assistance.

**Project Implementation and Management**

**GOAL 1:** **Link and enhance the local Systems of Care (SOC) that meet the needs of individuals, families, and communities by convening local coordinating bodies and developing policies and practices that further the work.**

1. Describe the proposed plan to enhance the 15 (approximate) collaborative projects in the involved communities by utilizing their expertise and experience to address service and coordination gaps for the child, youth, and family victims of violence.
2. List and describe existing collaborations that you will consult. Include counties served, focus population, and how victimization is relevant to these collaborations. Attach letters of support from the key collaborative partnerships that will be consulted.
3. Describe the process for developing a governance structure that ensures the project’s role is clear within the current environment of collaborative projects. Include how this improves the coordination of care for child, youth, and family victims and the related protocol development.
4. Describe the long-term funding strategy to sustain the project.
5. Describe how the enhanced SOC will strive for trauma-informed practices by, among other activities, implementing a community-wide training initiative that promotes culturally humble trauma-informed approaches to meeting the needs of individuals, families, and the community.

**GOAL 2: Strengthen the abilities of systems and communities to recognize child and youth victims by fostering community awareness and appropriate screening practices.**

1. Describe the proposed plan and activities to increase awareness of victim services for victims, community members, and other stakeholders. Include how this will increase awareness of services, as well as the signs, symptoms, and impact of victimization, and promote the reduction of stigma. Describe the tiered approach, the different audiences targeted, and how the presentations will be tailored accordingly.
2. Describe proposed program and activities to map current formal and informal screening practices. Include proposed activities to address gaps identified.

**GOAL 3: Ensure systems and communities connect young victims and their families to appropriate resources and services through a multidisciplinary team (MDT) or similar framework that supports care coordination and facilitates effective referral processes.**

1. Describe existing MDTs (or similar type of group), including focus area and membership.
2. Describe how the proposed program will improve the capacities, processes, and systems so that stakeholders and professionals are equipped to efficiently link victims and families to care.

If proposing a MDT/wraparound model, include potential members and focus area; proposed structure and practices that include group expectations and accountability. Also include the process for development and monitoring of information sharing protocols.

If proposing a community service directory and two-way referral mechanism, include how the system will assist community members, providers, and survivors access support efficiently.

**GOAL 4: Promote practices that engage young persons who have experienced victimization and their family members in an array of services that are culturally specific and humble, accessible, and relevant by developing the professional workforce and enhancing service capacity and quality.**

1. Describe the additional victim services proposed that will address gaps in services.
   1. Describe the services and related staff positions and how these services will not be duplicative.
   2. Describe the age groups and geographic area to be served; location(s), and hours of operation for these services.
   3. Describe how the target population will be recognized as possibly in need of services and how the subsequent identification practice will be completed. Include how any information sharing protocols and practices will be developed.
   4. Describe how the target population will be aware of these services and how staff will promote engagement in these services.
   5. Describe how these services will ensure children, youth, and families are effectively connected to additional services.
2. Describe the proposed plan and activities for developing the professional workforce for victims and enhancing victim service capacity and quality.
3. Discuss known victim service workforce training needs and the possible approaches to developing a training plan that includes ongoing needs assessment.

**Project Management**

1. Outline all positions in the proposed project and include qualifications required of each. Discuss initial and ongoing training required for these positions. Include how supervision will be conducted and what supports will be implemented to address vicarious trauma and professional growth.

**Logic Model-**See template

**Goals, Objectives and Performance Measures**

Complete the chart below by projecting objectives and performance measures you propose to accomplish in the first 12 months of the project.

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| --- | --- |
| **Goal:** **Link and enhance the local Systems of Care (SOC) that meet the needs of individuals, families, and communities by convening local coordinating bodies and developing policies and practices that further the work.** | |
| **Process Objectives** | **Performance Measures** |
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| **Outcome Objectives** | **Performance Measures** |
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| **Goal:** **Strengthen the abilities of systems and communities to recognize child and youth victims by fostering community awareness and appropriate screening practices.** | |
| **Process Objectives** | **Performance Measures** |
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| **Outcome Objectives** | **Performance Measures** |
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| **Process Objectives** | **Performance Measures** |
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| **Outcome Objectives** | **Performance Measures** |
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| **Process Objectives** | **Performance Measures** |
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| **Outcome Objectives** | **Performance Measures** |
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**Implementation Schedule**

Complete the table below, defining each step in the implementation and operation of the proposed program, detailing the staff position responsible for each task and a target date for completion. Do not use staff names. Please add additional lines as necessary.

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| **Task** | **Staff Position Responsible** | **Date Due** |
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| Submit quarterly data report to the Authority |  | 15th of calendar quarters |
| Submit quarterly fiscal reports to the Authority |  | 15th of calendar  quarters |

Grantee Contact

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| --- | --- |
| **Name** |  |
| **Title** |  |
| **Address** |  |
| **City** |  |
| **Zip** |  |
| **Phone** |  |
| **TTY#** |  |
| **Fax#** |  |
| **Email address** |  |