**Agency**: XXXXX

**Performance Measures/Standards**

Instructions: Complete the table below using the FY2019 objectives and actual services provided through March 31, 2019. Insert projected numbers for FY 2020. Programs may modify objectives or expand services in Year 2020 based on program performance, however, please note that any change to objectives will need to be approved by ICJIA. Please adjust or remove dates accordingly.

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| **Goal 1: Provide assessment and direct services to children who have been exposed to violence in their home and/or communities.** | | | | |
| Process Objectives/Standards | **Process Performance Measures** | **FY2019 Projected** | **FY2019 Actual (through March 31, 2019)** | **FY2020 Projected (Based on 12 months)** |
| Provide developmentally and culturally appropriate direct services to (#) young children, (ages 0-5) exposed to violence, (#) adults, and (#) families | Number of adults, children and families to be served |  |  |  |
| # referrals received by our agency (from an external source) for families with children, ages 0-5, exposed to violence | Number of referrals to be received |  |  |  |
| Complete evaluation tools per the SFS Evaluation Protocol for children (and caregivers) receiving SFS services. Grantee will complete:  # Time One Assessments;  # Time Two Assessments; and  # Time Three assessments. | Number of Time One, Time Two and Time Three Assessments completed |  |  |  |
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| **Goal 2: Ensure local governmental, social service and community engagement in the SFS program** | | | | |
| **Process Objectives/Standards** | **Process Performance Measures** | **FY2019 Projected** | **FY2019 Actual (through March 31, 2019)** | **FY2020 Projected (Based on 12 months)** |
| Convene and maintain the SFS coalition to ensure better collaboration among service providers by holding # coalition meetings | Number of coalition meetings in which, among other items, the SFS referral systems and services are discussed |  |  |  |
| Maintain an active coalition by ensuring that % of coalition members attend at least 75% of the meetings | Percent of coalition members who attend at least 75% percent of meetings; |  |  |  |
| Provide on-going education to coalition members through # professional development trainings using the SFS modules | Number of professional development trainings (using the SFS modules) provided to coalition members. |  |  |  |

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| --- | --- | --- | --- | --- |
| **Goal 3: Provide public awareness regarding children exposed to violence** | | | | |
| **Process Objectives/Standards** | **Process Performance Measures** | **FY2019 Projected** | **FY2019 Actual (through March 31, 2019)** | **FY2020 Projected (Based on 12 months)** |
| Implement # community presentations (using the SFS modules) to # individuals. | Number of community presentations |  |  |  |
| Number of individuals |  |  |  |
| Objective/Standard 2: Implement # community events to approximately # individuals | Number of community events |  |  |  |
| Number of Individuals |  |  |  |

**Review of FY 2019 Program Performance**

1. **Describe the program’s achievements and successes to-date, including objectives in the Performance Measures/Standards chart that were met or exceeded.**
2. **Discuss each unmet program objective. Include a description of barriers to service provision impacting the program’s ability to meet objectives, what steps were taken to overcome these barriers, and what additional resources may be needed.**
3. **Describe the staff trainings completed and the staff members that have received these trainings to date. If there are additional trainings planned for FY2020, please describe them here and list the training in the “Deliverables and Milestones” table below.**
4. **Describe any SFS budgeted staff turnover in FY 2019 including number of staff, the length of their employment with SFS and reason for departure (if known).**

**FY2020 Project Description**

1. **What is your organization’s current annual budget?**
2. **List the county(ies) the program will serve. If serving Cook County, list the neighborhood(s).**
3. **Program Design**
   1. **Explain how the program fits in with your agency’s work.**
   2. **Explain your agency’s capacity to manage the grant.**
   3. **Explain how the program best fits the needs of your community and the systems that benefit from the program (e.g.: law enforcement, courts, or human services).**
   4. **Describe the processes by which children exposed to violence and their families are identified in your community by your agency.**
   5. **Describe how the identification and referral system reaches traditionally underserved (e.g. ethnic or racial minority) populations.**
4. **Assessments**
   1. **Describe how assessments are completed, including but not limited to, which staff administer them; number of sessions needed to complete the assessments; how the assessments are used to engage and educate parents; and how the assessment results are used in service planning. If the time to complete assessment differs from the required SFS Evaluation Protocol, please explain why.**
   2. **When are Time 2 and Time 3 assessments completed? If Time 2 assessments are completed outside of the protocol (after 5-8 sessions), explain the rationale.**
   3. **Describe any challenges or barriers encountered in the assessment process and how these are addressed.**
   4. **If you use assessment tools in addition to those required by the SFS Evaluation Protocol (BIF, ASQ; CBCL, PSI, CSS, ASQ-SE), please list those tools.**
5. **Direct Services**
   1. **Describe the clinical modality(ies) your site utilizes and the rationale for this/these approach(es). Indicate which staff provide these services, their language proficiencies, and locations and times the services are offered.**
   2. **Describe the case management model your site utilizes and the rationale for this approach. Indicate which staff provide these services, their language proficiencies, and the locations and times case management services are offered. Has the case management model changed since first chosen? If so, please describe the rationale for the change(s) and the subsequent impact of the change(s) on client services.**
   3. **Describe any services and/or referrals for services to children 6 years and older, and their families.**
   4. **Describe how client cases are closed, both planned and unplanned.**
   5. **Describe the case tracking and record keeping processes. Also describe how information is shared among providers and how confidentiality is maintained when such information sharing occurs.**
6. **Coalition**
   1. **How does the coalition help inform the work of the program?**
   2. **What is the anticipated number of meetings and topics for coalition meetings for the fiscal year?**
   3. **List your coalition member agencies below – add additional rows as necessary.**

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| --- | --- | --- |
| **Name of Agency** | **Primary or Secondary** | **Role in the program** |
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* 1. **How do you plan to engage additional coalition partners?**
  2. **Is your coalition’s purpose solely focused on SFS or is it part of a larger coalition and purpose?**

1. **Public Awareness**
   1. **Describe your plans to provide public awareness, including types of activities, frequency, and audience.**
2. **Staffing**
   1. **Describe how the project is staffed, including percent of time on program, responsibilities for project coordination, case management, assessment, service provision, and data entry into the SFS database. For programs outside of Chicago, note that the SFS Project Coordinator must be a minimum 50% full time equivalent), funded either by SFS grant funds or another source.**
   2. **Describe the clinical supervision that SFS staff receive, including approach and frequency, and if the supervision is conducted in-house or contracted to an outside agency. Specify the clinical supervisor’s training in childhood exposure to violence.**

**Deliverables or Milestones**

This Implementation Schedule should be used as a planning tool for the program and reflect a realistic projection of how the program will proceed and the staff responsible for each task. Please add lines as necessary

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| --- | --- | --- | --- |
| **Task** | **Staff Position Responsible** | **Start Date** | **End Date** |
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| Attend SFS Coordinator’s Meeting |  | 2nd Quarter | 2nd Quarter |
| Submit quarterly Fiscal Report to the Authority |  | October 15, 2019  January 15, 2020  April 15, 2020  July 15, 2020 | October 15, 2019  January 15, 2020  April 15, 2020  July 15, 2020 |
| Submit quarterly Data Report to the Authority. |  | October 15, 2019  January 15, 2020  April 15, 2020  July 15, 2020 | October 15, 2019  January 15, 2020  April 15, 2020  July 15, 2020 |
| Complete all Fiscal and Programmatic Closeout Materials |  | July 30, 2020 | July 30, 2020 |