**Victims of Crime Act: Illinois HEALS** **Program Narrative: [Applicant Name]**

**Application Submission Option**

Please choose the option for application submission that is appropriate for the proposed project. (See Section D of the NOFO for a description of each option.)

\_\_\_\_ Co-Applicant. Name other co-applicants

Co-Applicants must submit all required documents as individuals. The following narrative sections or section numbers should be drafted collaboratively and be identical in each narrative:

* Statement of the Problem
* Proposed Project
* Goals, Objectives, and Performance Measures

The following narrative sections should be unique to the applicant:

* Agency Capacity
* Project Implementation and Management

\_\_\_\_ Primary Applicant. Name secondary and other partners

This option involves one application that includes all parties. The Primary Applicant takes on monitoring responsibility, see Section D in the NOFO for important requirements.

**Statement of the Problem**

1. Describe the geographic areas to be served by this cross-system project.
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 interacting with formal systems on behalf of your clients. (e.g., law enforcement or child welfare). Include specific examples with timeframe, successes, challenges and lessons learned.
2. Describe your agency’s relationship with co-applicant or secondary partners in this application.
3. Describe your agency’s experience collaborating with other agencies and systems on projects that improved the lives of children, youth or families. Include the membership, projects’ timeframe, successes, challenges, and lessons learned.
4. Describe your agency’s ability to manage grants and varied staff positions in your agency.
5. If the budget includes proposed subawards, answer the following questions:
6. 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.
7. Describe your agency’s ability to comply with Federal Funding Accountability and Transparency Act (FFATA) reporting and collection of certifications and financial and performance reports from subrecipients.
8. 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.

**Proposed Project**

1. Describe the proposed project including but not limited to the partners and systems involved; how the program builds upon or expands existing services; and how the proposed project will incorporate the importance of relationships for recognizing victimization has occurred and assessing its impact, connecting victims to needed resources, and providing services that meaningfully engage victims and their families as discussed in Program Model Section.

1. Describe how the proposed project will address the first of the three components: Recognize.

Recognize refers to *learning that a child, youth, and/or family member has experienced recent or past victimization.* Include each partner’s role and responsibilities, specific activities, and ways that the component is addressed in each project setting.

1. Describe how the proposed activities will increase awareness of services for victims, community members, and other stakeholders; increase knowledge of the signs, symptoms, and impact of victimization; and promote the reduction of stigma. Include the different audiences targeted, and how the presentations will be tailored accordingly.
2. Describe how the proposed project will address the second of the three components: Connect. Connect refers to *linking a victim to services or system providers to meet their needs, such as healthcare, advocacy, and safety, following victimization.* Include each partner’s role and responsibilities, specific activities, and ways that linking victims to services is addressed in each project setting.
3. Describe how the proposed project supports care coordination and facilitates effective referral processes that alleviate the burden on victims and their families.
4. Describe how the partners will communicate on program goals, as well as clients’ initial and ongoing needs. Include frequency and staff positions responsible for ensuring the communication is successful. Discuss how these processes will be solidified in agency specific protocols and address confidentiality and HIPPA.
5. Describe how the proposed project will address the third of the three components: Engage. Engage refers to *providing services, such as medical care, counseling, or legal assistance, to victims to meet their needs following victimization.* Include each partner’s role and responsibilities, specific activities, and ways that the component is addressed in each project setting..
6. Describe how the proposed project is designed to be culturally specific and humble, accessible, and relevant to victims and their families.
7. Describe how victims’ voice is incorporated into the project design.
8. Describe any anticipated challenges for the proposed project and potential strategies to address them.

**Project Implementation and Management**

1. Outline all positions in the proposed project and include qualifications required of each. Discuss initial and ongoing training required for these positions.
2. Describe how supervision will be conducted and what supports will be implemented to address vicarious trauma and professional growth.
3. State willingness to attend and share project information at Illinois HEALS grantee meetings.

**Goals, Objectives and Performance Measures**

Complete the chart below by projecting objectives and performance measures you propose to accomplish in the first 9 months of the project.

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| --- |
| **Goal:** **Develop cross-system partnerships that meet the needs of individuals, families, and communities by convening local providers and developing policies and practices that further the work. At minimum, the project partners must demonstrate an ongoing collaborative relationship that supports the effective provision of services to the community.**  |
| **Process Objectives** | **Performance Measures** |
| Members of cross-system partnerships will regularly convene and attend \_\_\_# of meetings per (time period) | * Number of meetings per (time period)
* Total number of members attending each meeting.
* Percentage of members attending each meeting based on total number of members.

For each agency partner:* Number of members from each partner agency who attended each meeting.
* Percentage of members from each partner agency who attended each meeting based on total number of members from each agency.
 |
| Develop and adopt protocols that guide the structure and governance of cross-system partnership. | * Number of protocols developed
* Number of protocols approved: list agencies that developed and approved protocols
 |
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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** |
| Provide trainings on appropriate screening practices to each relevant setting in which victims are encountered.List trainings: | * Number and types of relevant settings that received training.

For each setting:* Number of trainings provided.
* Number of attendees at each training
 |
| Coordinate community awareness events and activities to increase understanding of topics related to violence and victimization. | * Number of community awareness events.
* Number of attendees at each training.
 |
| Develop and adopt XX setting-specific protocols for responding to screening practices. List protocols: | * Number of setting-specific protocols.
 |
| Provide trainings about the response protocol to \_\_\_% of staff in each relevant setting. | * Number of trainings provided.

For each setting:* Number of staff in each setting.
* Number of trainings provided.
* Number of staff trained about the protocol.
* Percentage of staff trained about the protocol based on total number of staff.
 |
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| **Goal:** **Connect young victims and their families to appropriate resources and services and collaborate cross-systems through a multidisciplinary team (MDT) or similar framework that supports care coordination and facilitates effective referral processes.** |
| **Process Objectives** | **Performance Measures** |
| Develop XX protocols that guide information sharing practices. | * Number of protocols developed.
 |
| Provide trainings on protocols related to information sharing practices to \_\_\_\_% of staff. | * Number of trainings provided.

For each setting:• Number of staff.• Number of trainings provided.• Number of staff trained about the protocols related to information sharing practices.* Percentage of staff trained about protocols related to information sharing practices based on total number of staff.
 |
| Provide referrals to \_\_\_% of victims in each setting. | * For each setting:
* Number of victims who needed referrals.
* Number of victims referred to direct services.
* Percentage of victims referred to direct services based on total number of victims who needed referrals.
* Number of follow-ups made as a result of referral.
* Percentage of follow-ups made as a result of referral based on total number of referrals.
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| **Goal:** **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.** |
| **Process Objectives** | **Performance Measures** |
| Provide direct service-related trainings to \_\_\_% of staff. List types of training. | * For each setting:
* Number of staff.
* Number and types of training provided.
* Number of staff who direct service-related trainings.
* Percentage of staff who attended direct service-related trainings based on total number of staff.
 |
| Provide direct services to \_\_\_\_\_% of victims requesting services in each setting.List types of services. | For each type of service:* Projected total number of victims served.

• Number of victims who requested direct services.• Number of victims who received direct services.• Percentage of victims who received direct services based on total number of victims who requested services. |
| Provide adequate supervision that contributes to creating a supportive work environment for project staff. List type of supervision (e.g., individual, group) and frequency (sessions per month) for each type of project staff | For each type of project staff:* Number of project staff who need supervision.
* Type of supervision conducted.
* Number of supervision sessions conducted with project staff members per month.
 |
| Establish manageable caseload of # for each type of project staff.List type of project staff.  | * Number of relevant project staff with # caseloads.
* Percentage of relevant project staff with # caseloads based on total number of relevant project staff.
 |
| Provide training and education to project staff related to creating a healthy work environment (e.g., stress, vicarious trauma).List types of training.  | For each type of training* Number of staff
* Number and types of training provided.
* Number of staff who attended training.
* Percentage of staff who attended training based on total number of staff.
 |

**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 calendarquarters |

Grantee Contact

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