# ATTACHMENT D

# SERVICE NARRATIVE TEMPLATE

# CHILD ADVOCACY CENTER SERVICES

**Agency Name:**

**Physical Address(es) of Each Proposed CAC Location:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CAC Number** | **Name of CAC Location** | **Street Address** | **City** | **County** | **State** | **Zip Code** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

**All Counties Proposed:**

*Instructions*: Please only fill out the yellow-shaded cells. For each CAC location identified above, please enter the associated “CAC Number” in the yellow cell next to each county served by that CAC location. In the situation that a provider proposes serving the same county from multiple CAC locations, please enter all CAC numbers associated with all CAC locations serving that county.

*Example: Provider A is proposing two CAC locations. The first CAC Location that Provider A listed in the above table serves Lake county. The second CAC location Provider A listed in the above table serves Clay, Parke, and Sullivan counties. Provider A then enters a “1” in the yellow-shaded cell next to Lake county, and a “2” in each of the yellow shaded cells next to Clay, Parke, and Sullivan counties.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Region** | **County** | **CAC**  **Number** | **Region** | **County** | **CAC**  **Number** | **Region** | **County** | **CAC Number** | **Region** | **County** | | **CAC**  **Number** | | **Region** | | **County** | | **CAC**  **Number** | |
| 1 | Lake |  | 5 | Carroll |  | 8 | Clay |  | 13 | Brown | |  | | 16 | | Gibson | |  | |
| 2 | Benton |  | Clinton |  | Parke |  | Greene | |  | | Knox | |  | |
| Jasper |  | Fountain |  | Sullivan |  | Lawrence | |  | | Pike | |  | |
| LaPorte |  | Tippecanoe |  | Vermillion |  | Monroe | |  | | Posey | |  | |
| Newton |  | Warren |  | Vigo |  | Owen | |  | | Vanderburgh | |  | |
| Porter |  | White |  | 9 | Montgomery |  | 14 | Bartholomew | |  | | Warrick | |  | |
| Pulaski |  | 6 | Cass |  | Putnam |  | Jackson | |  | | 17 | | Crawford | |  | |
| Starke |  | Fulton |  | Hendricks |  | Jennings | |  | | Daviess | |  | |
| 3 | Elkhart |  | Howard |  | Boone |  | Johnson | |  | | Dubois | |  | |
| Kosciusko |  | Huntington |  | Morgan |  | Shelby | |  | | Martin | |  | |
| Marshall |  | Miami |  | 10 | Marion |  | 15 | Dearborn | |  | | Orange | |  | |
| St. Joseph |  | Wabash |  | 11 | Hamilton |  | Decatur | |  | | Perry | |  | |
| 4 | Allen |  | 7 | Adams |  | Tipton |  | Jefferson | |  | | Spencer | |  | |
| DeKalb |  | Blackford |  | Madison |  | Ripley | |  | | 18 | | Clark | |  | |
| LaGrange |  | Delaware |  | Hancock |  | Ohio | |  | | Floyd | |  | |
| Noble |  | Grant |  | 12 | Fayette |  | Switzerland | |  | | Harrison | |  | |
| Steuben |  | Jay |  | Franklin |  |  |  | |  | | Scott | |  | |
| Whitley |  | Randolph |  | Henry |  |  |  | |  | | Washington | |  | |
|  |  |  | Wells |  | Rush |  |  |  | |  | |  | |  | |
|  |  |  |  |  |  | Union |  |  |  |  | |  | |  | |  | |
|  |  |  |  |  |  | Wayne |  |  |  |  | |  | |  | |  | |

**SERVICE NARRATIVE FY 2021-2023 (35 points)**

Maximum of 5 pages not including attachments, Times New Roman, at least 10 font, 1 inch margins. An additional page and a half will be added to the page limit for each additional CAC location proposed. Description of requested attachments can be found in Attachment B KidTraks Provider User Guide - Appendix B. Respondents should submit one Service Narrative regardless of how many CAC locations the Respondent is proposing. However, the Respondent must submit a separate answer to Question 6 (Location-Specific Information) in their Service Narrative response for each proposed CAC location. The Service Narrative must address the following topics:

1. **HISTORY OF QUALITY SERVICES** (*respond to this question once regardless of number of CAC locations proposed*)

Please describe your agency’s ability to deliver forensic interviews for at-risk children and their families. This section should document your agency’s history of collaboration and work with DCS, Probation, law enforcement, prosecutors, and/or other community agencies. Information should be specific to the counties for which the agency is proposing services.

1. **PROGRAM NAME/SERVICE STANDARD & INTAKE/REFERRAL PROCESS** (*respond to this question once regardless of number of CAC locations proposed*)

The Service Narrative should highlight the Service Standard and include description of the intake/referral process. Description of the intake process should include the average time elapsed from when an agency receives a request from DCS or Probation to the initiation of the forensic interview. Please identify key positions that ensure the initiation timeframes of referrals and forensic interviews will be met as outlined in DCS Service Standard (e.g., how is the referral email address monitored, timeframes to when interviews will take place, FCM or Probation Officer first contact, family contact, service initiation for the forensic interview, etc.). Please describe how the center’s staff will obtain parental consent for services and sharing of information within the multidisciplinary team.

1. **SERVICE DEMOGRAPHICS** (*respond to this question once regardless of number of CAC locations proposed*)

Describe the capacity of your agency to provide services within your proposed counties. Please indicate any specialized populations you are able to serve or specialized staff expertise (e.g., clients suffering from substance use disorders, mental health issues, multilingual staff availability, special training or credentials). Describe your agency’s ability to serve diverse cultural populations, including your staff’s ability to understand cultural perspectives, know how to work with different cultures, realize how culture influences behaviors, recognize one's own prejudices/biases and stereotypes, and be familiar with DCS policy regarding cultural awareness.

1. **PRACTICE MODEL** (*respond to this question once regardless of number of CAC locations proposed*)

* Describe the training that staff will receive to be certified as a forensic interviewer that will be utilized in delivering the proposed service as well as additional training to be provided for the local Multidisciplinary Team (MDT) members.
* Describe your agency’s experience related to the service delivery model and standards for each CAC location that will be followed. Please attach a copy of your staff members’ certification and/or your CAC location’s accreditation(s), if applicable.
* Describe how the standards or practices used at all your agency’s CAC locations are implemented and followed.

1. **PROGRAM EVALUATION** (*respond to this question once regardless of number of CAC locations proposed*)

The Service Narrative should describe the agency’s outcomes from prior years related to serving the proposed target population in the proposed counties. If the agency has not served the proposed target population and/or the proposed counties, then outcomes from prior years related to serving the similar target population(s) and/or similar count(ies) should be described. Please provide information on how the agency will ensure the forensic interviews are tracked and the quarterly reports are completed as well as the response to interview requests, timeliness of forensic interviews, and the impact of the agency on the community. Describe the agency’s plan to measure the agency’s service delivery to clients. Description should also include specific quality improvement/assurance plans that the agency has implemented to ensure quality service delivery such as the role of the peer reviews and/or MDTs in improving the quality of the forensic interviews. Provide an example of when your agency has used data to make decisions about the program.

1. **LOCATION-SPECIFIC INFORMATION** (*respond to this question once for each CAC location proposed*)

For each CAC location proposed by the agency, provide a description of how that proposed CAC location, the proposing agency, and the proposed service delivery model best meets the specific needs of the counties proposed for each CAC location given local needs, challenges, geography, and demographics. What are the operating hours of each CAC location, and what are the hours of availability of CAC staff to complete forensic interviews at each CAC location? The agency should explain why they are particularly well suited to provide services at each proposed CAC location.