**ATTACHMENT C**

**SERVICE NARRATIVE**

**COMMUNITY-BASED SERVICES**

**Agency Name:**

**Service Standard:**

**Region:**

**SERVICE NARRATIVE FY 2015-2017 (Maximum 3 pages for each service narrative)**

Respondents should provide one service narrative for each Region included in the proposal. Each service narrative must address the following topics:

1. **HISTORY OF QUALITY SERVICES**

* This section of the narrative should also describe your agency’s ability to deliver community-based services to at-risk children and their families.
* This section should document your agency’s history of collaboration and work with DCS, Probation, Schools or other community agencies. Information should be specific to county/agency/region served.

1. **PROGRAM NAME/SERVICE STANDARD & INTAKE/REFERRAL PROCESS**

The Service Narrative should identify the service standard and description of the intake/ referral process.  Description of the intake/referral process should include from the time an agency receives the referral to the initiation of services for the referral.   Identify key positions that ensure the initiation timeframes of referrals will be met as outlined in DCS service standards.  (e.g., how is referral email monitored, timeframes, FCM or Probation Officer first contact, family contact, referral initiation).

1. **SERVICE DEMOGRAPHICS**

Describe the capacity of your agency to provide the service within all the counties for the Region(s) you are proposing. Please indicate any specialized populations are you 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 agencies ability to serve diverse cultural populations.

1. **PRACTICE MODEL**

* Describe any Evidence-Based and/or Promising Practice Models to be utilized in delivering the proposed service.
* Describe Respondent’s experience and training related to the service delivery model.
  + What are specific certifications that you have to provide this service, if applicable. Please attach a copy of your certification or licensing agreement. (e.g., certification as an addictions services provider, certification in a particular Evidence Based Practice).
  + Describe training for parents and families.
* If an Evidence-Based/Promising Practice Model is not utilized for the service(s), you must justify the service delivery method/model(s) to be utilized.
  + Include estimated length of service, methods (i.e. in home, office-based, individual, family, group, etc.). The method or model utilized must be consistent with the DCS Service Principles and the Service Standards.
* Describe the supervision structure. (e.g., ratio of supervisors to direct workers, frequency and method of supervision, supervision tools).

1. **PROGRAM EVALUATION**

The Service Narrative should describe the agency’s prior years’ outcome related to serving the proposed target population.  If outcomes are not available, describe the agency’s plan to capture clients’ outcomes.  Description should also include specific quality improvement/ assurance plans that the agency has implemented to ensure quality service delivery.  Provide an example of when your agency has used data to make decisions about the program.