**Problem Statement**

1. Provide a description of the problem that demonstrates the need for the proposed program. This should include a description of the: (a) types of crime victims your hospital trauma center serves, specifically highlighting those that will be served through the proposed program, (b) demographic data of the crime victims your hospital serves and (c) service needs of the population that will be served and why existing services are unable to meet these needs.

**Coordination Period**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TRC Work Plan Grid & Timeline | | | | |
| Coordination Activity | | Planning M1 | Planning M2 | Planning M3 |
| Assessment Tools | | x |  |  |
| Outcomes: Finalize assessment tools for the program, such as screening tools and client assessments.  Person responsible for tools: | | | | |
| Protocol Development | |  | X |  |
| Outcomes: Clear protocols for the program, including but not limited to assessment, service delivery, collaboration with community agencies and internal policies and practices.  Person responsible for protocol development: | | | | |
| Database & Reporting |  | |  | x |
| Outcomes: Establish guidelines for the usage of a program database and reporting requirements of the grantees to ICJIA.  Person responsible for reporting: | | | | |
| Hire & Train Staff | X | | X | X |
| Outcomes: Hire all necessary staff. Complete staff trainings in evidence-based practices or therapy modalities needed for comprehensive service delivery.  Person responsible for implementation: | | | | |

1. Beyond the activities noted in the table above, describe the additional coordination activities necessary to prepare your organization for implementation. This should include a description of the additional activities, why these activities are necessary, when these activities will be completed, and the individuals responsible for these activities.
2. List the TRC Coordination Group members, affiliation, proposed meeting schedule, and how the group will inform the coordination and implementation of the program. Applicants should include signed letter of commitments for Coordination Group members outside of your organization and additional community agencies that you plan to work with closely.

**Proposed Program**

The following questions are intended to understand the proposed program. This section of the program narrative should walk through the program from client identification and engagement through case closure, highlighting how the TRC core elements outlined in the NOFO are incorporated in the proposed program design.

Applicants may propose to serve both adults and minors who are victims of crime. Applicants should clearly identify the clients they are working with and describe their qualifications to serve the population their program seeks to serve.

1. **Clients.** Describe the clients that the proposed program will serve, specifying the types of violent crime victims your hospital sees on a regular basis that your program will address and their demographics. In your response, please state whether the proposed program will serve adults, minors or both and project the number of clients to be served during the grant period, explaining and justifying this projection.
2. **Assertive outreach and engagement with underserved populations.** Explain how your program will conduct outreach activities and provide services to adult and/or minor victims identified above. In your response, highlight how these activities will extend beyond the hospital setting to meet clients where is most convenient for the client to engage in services. This includes:
   1. The recruitment strategy that will be used by your program to identify potential clients, including method, language(s), and anticipated referral sources.
   2. The client eligibility screening, intake, and assessment processes.
   3. The victim compensation information and assistance provided.
   4. The specific efforts that will be made to ensure those clients who represent underserved or marginalize are engaged.
   5. The staff position(s) that will carry out items a-c, including supervisory, and coordinator staff where appropriate.
3. **Comprehensive mental health and support services.** Describe the mental health and support services that will be offered to victims, incorporating how these services are comprehensive, structured, and evidence-informed. This includes:
   1. The evidence-based trauma informed treatment modalities your proposed program will utilize.
   2. Services that TRC staff will not have expertise in and potential agencies that your proposed program will collaborate with in order to address these gaps (where appropriate). Applicants should include a letter of commitment for all anticipated referral agencies.
   3. The staff that will carry out items a-b including supervisory, and coordinator staff where appropriate.
4. **Coordinated care tailored to individual needs.** Explain how psychotherapy and case management will be coordinated within the TRC, including the role of clinical case and medication management in addressing victim need. Please be sure to describe the staff that will carry out this work, including supervisory, and management staff where appropriate, and how the staff will coordinate their activities to meet a client’s needs. Additionally, include a description of how cases will be coordinated with referral agencies.

| TRC Program Work Plan Grid & Timeline | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program Activity | M1 | M2 | | M3 | | M4 | | M5 | | M6 | | M7 | | M8 | | M9 | | M10 | | M11 | | M12 | |
| Orientation/ Training of Staff | x | x | | x | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Outcomes: With weekly supervision of direct service staff, staff will be able to independently conduct assessments, provide treatment, and serve as on-call/drop-in clinicians  Person responsible for supervision:  Number of direct service staff to be supervised: | | | | | | | | | | | | | | | | | | | | | | | |
| Outreach/ Assessment | x | | x | | x | | x | | x | | x | | x | | X | | x | | x | | x | | x |
| Outcomes: At least 70% of referred victims engaged in TRC services; provide comprehensive diagnostic assessment of mental health and substance use diagnoses; identify client strengths, preferences, and treatment priorities.  Person responsible for supervision:  Number of direct service staff to be supervised: | | | | | | | | | | | | | | | | | | | | | | | |
| Case management | x | x | | x | | x | | x | | x | | x | | x | | x | | x | | x | | x | |
| Outcomes: Reduce unmet need for services related to safety, housing, employment, entitlements, legal assistance, etc.  Person responsible for supervision:  Number of direct service staff to be supervised: | | | | | | | | | | | | | | | | | | | | | | | |
| Group/ Individual psychotherapy | x | x | | x | | x | | x | | x | | x | | x | | x | | x | | x | | x | |
| Outcomes: Reduce psychiatric symptoms and substance use; increase adaptive coping; reduce risk of re-victimization.  Person responsible for supervision:  Number of direct service staff to be supervised: | | | | | | | | | | | | | | | | | | | | | | | |
| Medication support services | x | x | | x | | x | | x | | x | | x | | x | | x | | x | | x | | x | |
| Outcomes: Reduce psychiatric symptoms; prevent illness relapse  Person responsible for supervision:  Number of direct service staff to be supervised: | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation and CQI activities | x | x | | x | | x | | x | | x | | x | | x | | x | | x | | x | | x | |
| Outcomes:) Continuous activities: Project evaluation to ensure proper implementation of the TRC model and to inform quality service delivery for clients of the TRC tailored to their needs.  Person responsible for project evaluation:  Number of staff to be supervised: | | | | | | | | | | | | | | | | | | | | | | | |

**Capabilities and Competencies**

1. The applicant must demonstrate that it has the expertise and organizational capacity to successfully carryout the TRC model. Applicants must address the following:
2. Any previous or current experience providing direct service to victims of crime. Your response should highlight any experience providing services the population the proposed program seeks to serve.
3. Any previous or current experience providing mental health services to victims of crime that the proposed program seeks to serve.
4. A list of personnel positions responsible for managing and implementing the proposed program and their respective qualifications, including but not limited to experience, education, licensure, and relevant training and certification. If staff have yet to be hired, the applicant must speak to the qualifications and training expected of individuals to be hired in these positions.
5. The staff positions competencies in working with diverse groups and persons.
6. Describe the program’s capacity to collect data and engage in project evaluation.
7. For those areas that may require staff training, identify the training needed, how that training is necessary for program success, who will attend that training, when that training will be completed, and who will provide that training.
8. How the applicant utilizes volunteers.
9. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service and/or mental health programming. Include the number, amount, purpose of relevant grants and length of funding.
10. If a public agency includes a currently operational program or existing staff in this application, explain how proposed activities will supplement—not supplant—current program activities and staff positions.

**Trauma Informed Care**

1. Applicants should describe the model of trauma informed care (e.g., SAMHSA’s Six Key Principles of a Trauma-Informed Approach, Sandra Bloom’s Sanctuary Model) to be adopted and how the principles of this model are integrated into the program’s structure and service delivery (e.g., practices, policies, training, staff care).

**Goals, Objectives and Performance Metrics**

The following table depicts objectives linked to performance indicators that show progress toward the proposed program goal. Complete the table by entering ambitious yet realistic numbers for each objective based on your proposed program. Applicants may list additional support service objectives for the program.

Selected programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period. Objectives should estimate the number of clients that will receive each of the listed services in order to produce meaningful, tangible changes in clients' lives.

|  |  |
| --- | --- |
| Goal: To provide comprehensive advocacy and mental health services to victims of violent crime. | |
| Objective | Performance Measure |
| *INFORMATION & REFERRAL* | |
| # \_\_\_\_ clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process.  # of times staff provided information about the criminal justice process. |
| # \_\_\_\_ clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc.  # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # \_\_\_\_ clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers.  Please list the agencies to which you referred.  # of times staff provided referrals to other victim service providers. |
| # \_\_\_\_ clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # \_\_\_\_ clients provided with referrals to other services, supports, and resources.  # of times staff provided referrals to other services, supports, and resources. |
| *PERSONAL ADVOCACY/ACCOMPANIMENT* | |
| #\_\_\_\_ clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits).  # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| #\_\_\_\_ clients will receive victim advocacy/accompaniment to emergency medical care. | # of clients provided victim advocacy/accompaniment to emergency medical care.  # of times staff provided victim advocacy/accompaniment to emergency medical care. |
| #\_\_\_\_ clients will receive victim advocacy/accompaniment to medical forensic exam. | # of clients provided victim advocacy/accompaniment to medical forensic exam.  # of times staff provided victim advocacy/accompaniment to medical forensic exam. |
| #\_\_\_\_ clients will receive law enforcement interview advocacy/accompaniment. | # of clients provided law enforcement interview advocacy/accompaniment.  # of times staff provided law enforcement interview advocacy/accompaniment. |
| #\_\_\_\_ clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation.  # of times staff provided assistance filing for victim compensation. |
| #\_\_\_\_ clients will receive immigration assistance (e.g., special visas, continued presence application, and other immigration relief). | # of clients provided immigration assistance.  # of times staff provided immigration assistance. |
| #\_\_\_\_\_ clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution.  # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| #\_\_\_\_ clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance.  # of times staff provided child or dependent care assistance. |
| #\_\_\_\_ clients will receive transportation assistance. | # of clients provided with transportation assistance.  # of times staff provided transportation assistance. |
| #\_\_\_\_\_ clients will receive interpreter services. | # of clients provided with interpreter services.  # of times staff provided interpreter services. |
| # \_\_\_\_ clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application).  # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # \_\_\_\_ clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application).  # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # \_\_\_\_ clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education).  # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| *EMOTIONAL SUPPORT OR SAFETY SERVICES* | |
| # \_\_\_\_\_ clients will receive crisis intervention. | # of clients provided with crisis intervention.  # of crisis intervention sessions provided by staff. |
| #\_\_\_\_\_\_clients will receive individual counseling (Non-crisis counseling or follow-up either in-person or over the phone (or via email, facebook, etc.). | # of clients provided with individual counseling.  # of individual counseling sessions provided by staff. |
| # \_\_\_\_\_ clients will receive therapy. | # of clients provided with therapy.  # of therapy sessions provided by staff. |
| # \_\_\_\_\_ clients will receive group support. | # of clients provided group support.  # of group support sessions provided by staff. |
| # \_\_\_\_\_ clients will receive emergency financial assistance. | # of clients provided with emergency financial assistance.  # of times staff provided emergency financial assistance. |
| *SHELTER/HOUSING SERVICES* | |
| #\_\_\_\_\_ clients will receive relocation assistance. | # of clients provided with relocation assistance.  # of times staff provided relocation assistance. |
| # \_\_\_ clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing)  # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| *CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE* | |
| # \_\_\_\_ clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment.  # of times staff provided criminal advocacy/accompaniment. |
| # \_\_\_\_ clients will receive civil advocacy/accompaniment (includes victim advocate assisting with orders of protection). | # of clients provided civil advocacy/accompaniment.  # of times staff provided civil advocacy/accompaniment. |
| TRAININGS | |
| # of staff trained | # of staff trained  Please list the types of training provided and to which staff members |
| TRC COORDINATION AND IMPLEMENTATION GROUP MEETINGS | |
| # \_\_\_\_ of meetings held | # of Coordination Group meetings held ( minimum requirements include presiding over three month coordination period and quarterly during implementation period) |
| MULTIDISCIPLINARY STAFF MEETINGS | |
| # \_\_\_of multidisciplinary staff meetings scheduled. | # of MDT staff group meetings held.  Please submit attendance sheets from these meetings. |