**OLDER YOUTH SERVICES**

**RFP**

**SERVICE NARRATIVE**

**Section 2.4**

**ATTACHMENT E**

***Service Narrative***

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| Agency Name: |

**Instructions: Please supply all requested information in the areas shaded yellow and indicate any attachments that have been included. Document all attachments with which section and question number they pertain to in Attachment E. DCS is expecting creative cost saving solutions from all of the Respondents in an effort to distinguish the best partner(s) to select.**

* + 1. **PROGRAM NAME / INTAKE / REFERRAL PROCESS:**

Describe program name, intake and referral process to be utilized in the program including Respondent’s procedure/methods for a guaranteed time frame for initiation of services.

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* + 1. **SERVICE DEMOGRAPHICS:**

Using the youth and placement data analysis **(Attachment N)** define the target population for older youth services, extended foster care / collaborative care and voluntary services, the geographical service area, and provide the projected number of clients the Provider/Agency intends to serve.

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* + 1. **PRACTICE MODEL / SERVICE DELIVERY**

Describe Evidence-Based and/or Best Practice Model consistent with the Older Youth Services Service Standards and Protocol to be utilized in delivering the program as well as Respondent’s experience and training related to the service delivery model. Include estimated length of service and methods used (i.e. face to face or group). If Respondent is utilizing a different Evidence-Based/Best Practice Model for the services different from what is described in the Service Standards and Protocol; you must justify the service delivery method/model(s) to be utilized and how it is in correlation with delivering independent living services to older youth in foster care. Respondents must describe specifically how older youth services will be delivered. Please address for the following:

1. Describe service delivery in the following performance measures:

* Employment
* Education
* Housing
* Financial and Asset Management
* Physical and Mental Health
* Activities of Daily Living
* Youth Engagement

1. Describe service delivery with special population

* Pregnant and Parenting Youth
* LGBTQ
* Youth with Disabilities

Proposals should address any differences in programming anticipated in the varying service areas, for example any program changes due to delivering services in a rural versus urban area.

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* + 1. **EXTENDED FOSTER CARE (COLLABORATIVE CARE) PLACEMENT & SUPERVISION:**

Collaborative Care is Indiana’s extended foster care program. This program provides young adults the option to remain under the care and supervision of the Department until their older youth services goals are met. Under extended foster care young adults are able to step down into an apartment or shared apartment setting. Describe how your agency will provided placement, supervision and services. This section should document the following:

1. Plan to assist youth in transitioning into interdependence.
2. Plan to assist youth in building social capital.
3. Plan for disbursing funds to youth.

* What are the timeframes and transition plan for youth to pay their own bills
* Plan for youth to save a portion of their income to create a savings i.e. Nesting Accounts

1. Plan to assist youth in locating affordable, safe and stable housing

* Document capacity to pay youths rent.
* Document capacity to co-sign leases for multiple youth
* Document how your agency will engage and support youth in living interdependently in an apartment setting.

1. Document capacity and plan to meet the 24/7 contact requirement

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* + 1. **CHAFEE VOLUNTARY OLDER YOUTH SERVICES:**

Youth and / or young adults who age out of foster care are able to continue participating in older youth voluntary services. Identify the age range youth / young adults are able to participate in voluntary services and your agency’s plan to assist youth transition from services.

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* + 1. **BROKERAGE OF SERVICES / COLLABORATION:**

Describe your agencies plan to utilize the brokerage of services model. Identify how your agency will collaborate and partner with other community stakeholders, agencies, and programs to enhance servicedelivery and array. Describe how youth will be provided with an intensive level of service delivery and knowledge of their community resources.

1. Complete and attach the Broker Partnership Form **(Attachment K)** detailing current or future collaborations and partnerships within the proposed service area. Describe how your agency will broker services and develop new partnerships on an ongoing bases.
2. Respondent should address and outline a plan to partner with local landlords on negotiating rent and the possibility of continuing one lease for multiple youth if the first youth cannot fulfill the lease terms.

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* + 1. **CASE MANAGEMENT & AUTHENTIC YOUTH ENGAGEMENT:**

Describe how your agency will apply the case management styles as referenced in the older youth service standards. How will your agency will provide direct case management to youth to ensure appropriate and individualized services are delivered?

Describe how your agency will apply the older youth services foundational pillars of authentic youth engagement to the case management. How will your agency ensure service delivery remains youth focused in all activities and decision points in the life of the youth?

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* + 1. **PROGRAM EVALUATION:**

Describe how your agency will evaluate service gaps consistent with the CQI process model as identified in the older youth service standard. Identify how your agency will address service gaps to enhance service array for youth within the proposed service area. Proposal should documents how the provider will use data to inform program evaluation.

Describe how your agency will utilize youth voice to enhance service delivery. How with the youth satisfaction survey be used to inform service delivery.

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* + 1. **QUALITY ASSURANCE:**

Respondents shall describe their agency’s ability to maintain a quality assurance and/or performance improvement system and must submit an overview of its quality assurance and/or performance improvement plan. Describe the capacity to collect data, review client files, timeliness of life skills assessments, learning plans and documentation service delivery.

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* + 1. **STAFFING QUALIFICATIONS / TRAINING:**

Respondents should identify the agency’s ability to meet the staffing qualifications. Include Job Descriptions for positions associated with this RFP: Older Youth Services.

Respondents should address the agency’s ability to provide training and meet the DCS training requirements for services as well as provide ongoing training on best practices with serving the older youth in foster care.

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