# ATTACHMENT D

# SERVICE NARRATIVE TEMPLATE

# HEALTHY FAMILIES INDIANA

**Agency Name:**

**Counties Proposed:**

**SERVICE NARRATIVE 2019-2020 (40 points)**

Maximum of 6 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 county proposed. Description of requested attachments can be found in Attachment B KidTraks Provider User Guide - Appendix B. Respondents should only submit one Service Narrative regardless of how many counties the Respondent is proposing services for. However, the Respondent must submit a separate answer to Question 6 (County-Specific Information) for each county a Respondent submits a proposal for. A completed response to Question 6 is a requirement for each county in which a Respondent wishes to submit a proposal. The Service Narrative must address the following topics:

1. **ABILITY TO PROVIDE QUALITY SERVICES** (*respond to this question once regardless of number of counties proposed*)

Describe your agency’s ability to deliver Healthy Families home visiting services to at-risk children and their families. Please describe why your agency in particular is best suited to provide quality HFI services as described in this RFP.

1. **PROGRAM NAME/SCREENING/REFERRAL PROCESS** (*respond to this question once regardless of number of counties proposed*)

Describe your agency’s intake and referral process to be utilized in the program including procedure/methods for a guaranteed time frame for initiation of services. Agency’s should include information on what is done when the site is unable to service a referral.

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

Define your agency’s priority target population, the proposed geographical service area (including proposed counties), and provide the overall projected number of clients the agency intends to serve. Describe how the agency meets the capacity needs of their proposed geographical service area (including proposed counties).

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

Describe how the agency’s service delivery model is consistent with Principles of Child Welfare, Healthy Families America Critical Elements, and Healthy Families Indiana Policy Manual.

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

Describe adherence to Quality Assurance (including site visits), discuss any corrective action plans undertaken, and any outcomes that should be highlighted. Description should also include specific quality improvement/assurance plans that the agency has implemented to ensure quality service delivery.

1. **COUNTY-SPECIFIC INFORMATION** (*respond to this question once for each county proposed*)

For each county the agency proposes to serve, provide a description of how that agency, and their proposed service delivery model, best meets the specific needs of that county given local needs, challenges, geography, and demographics. Each agency should explain why they are particularly well suited to provide services in each proposed county.