**Bureau of Domestic Violence,**

**Sexual Assault & Human Trafficking**

**823 E. Monroe**

**Springfield, IL 627601**

**PAIP Provider Program Plan**

**Fiscal Year \_\_\_\_**

**Agency Name:**

**Program name**

**Prepared By:**

**Date Program Plan Completed:**

1. **SERVICE PROJECTIONS – FY 20**

|  |  |
| --- | --- |
| Total Number of Participants to be served |  |
| Number of Intake Screenings completed |  |
| Number of Participants Completing the program |  |
| Group session hours |  |
| Intake Screening hours |  |
| Service Coordination hours |  |
| System collaboration hours |  |
| Number of Groups held Weekly |  |
| Number of Intakes conducted Weekly |  |
| Hours of PAIP Services Weekly |  |

1. Explain any significant increases or decreases between your current fiscal year numbers and your projected numbers.
2. Explain any differences between your current fiscal year and the projected availability of PAIP services, i.e. hours of operation, number of groups and intakes conducted weekly.
3. **PROGRAM SUMMARY**
4. State and describe your service area, the target population and the need for services in your community.
5. Summarize demographic data from annual service report.
6. Identify the curriculum that is used in PAIP groups and describe how it meets the needs of your target population. Include any adaptations that have been made or supplemental materials that are used to customize to the needs of your PAIP participants. **Attach Table of Contents or group syllabus.**
7. Describe the organizational structure of your agency and how PAIP services fit into overall operations and agency mission. **Attach organizational chart.**
8. **GOVERNING BODY**
9. Describe how your Board is involved in the provision of services throughout the year.
10. Describe how often your Board meets, how new Board members are recruited, and the Board’s relationship to staff/program services. **(Be sure to include information on how often the Board reviews program policies and procedures).**
11. Attach a list of your board members’ names and email addresses.
12. **PERSONNEL**

List all staff involved in PAIP. Job Duties include: PAIP Coordinator, Intake personnel, Group facilitators, Substitute facilitators and staff that supervise the Coordinator.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **Job Duties****(Coordinator, Intake, Group)** | **Length of time working in PAIP** | **# of hours working in PAIP weekly** | **Meets 20 hour & 40 hour requirement** | **CEU hours past fiscal year** |
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1. Describe your program staff’s qualifications and training including education, certifications.
2. Describe orientation process for staff new to PAIP.
3. Describe regularly scheduled supports for staff including ongoing training, staff meetings,

case consultations, supervision.

1. **PROGRAM PRACTICES**
	1. Service Coordination – Victim services

Identify partnering victim service agencies and contact person and describe current collaboration efforts, i.e. date of last contact, number of meetings during last fiscal year, nature of collaborative activities. **Attach linkage agreements, MOUs, if applicable.**

* 1. Service Coordination – Referral Sources

Identify criminal justice and child welfare agencies and contact person and describe current coordination activities, i.e. referral and reporting process, staffings, cross-training.

* 1. Intake Process

Describe your program’s intake process including screening for primary aggressor, identification of service needs, securing data from referral source or other corroborative information, self-administered testing. Summarize intake data from the FY 18 annual service report, i.e. percent of participants not eligible for PAIP, reasons for ineligibility.

* 1. Non-compliance and termination

Describe criteria for non-compliance, program response to non-compliance and engagement of referral entity in process.

* 1. Completion

Based upon FY 18 data, what percentage of program participants completed the program? What percentage were terminated? Describe efforts to reduce the number of terminations and increase successful completions.

* 1. Transfers

Describe your program’s transfer policy, i.e. required documentation, determining status in program and number of groups, assessment. Address receiving transfers from other PAIPs and referring participants to other approved PAIPs.

1. **SERVICE NEEDS**

Please indicate if the services listed below are provided on-site or are referred outside of your agency:

| **Service** | **Provided On-Site** | **Screening & Referral** |
| --- | --- | --- |
| Anger Management |  |  |
| Child Welfare |  |  |
| Education |  |  |
| Employment |  |  |
| Mental Health |  |  |
| Parenting |  |  |
| Substance Abuse |  |  |
| Victim Services |  |  |
| Other (specify) |  |  |

1. **INNOVATIVE OR NEW STRATEGIES**

Describe innovative or new strategies utilized by your program.

1. **AGENCY STORY OR ANCEDOTE**

Provide a narrative or anecdote describing the success of one of your clients. Include how you were able to assist this particular client. (Please limit this to no more than one page.)