**Plan of Operations**

**TARRANT COUNTY**

**Community Youth Development (CYD)**

This section details how the respondent will provide the proposed services.

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| **RESPONDENT INFORMATION** | | |
| **Organization Name:** | | |
| **Name of Program(s):** | | |
| **FY 2020 Contract Period:**  **09/01/2019 – 08/31/2020** | **Total Budget Requested:** | **Total Cost Per Youth:** |

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| **GOALS AND OBJECTIVES** |

Include goals and objectives for your CYD program. Please use SMART objectives (<http://www.health.state.mn.us/divs/opi/qi/toolbox/objectives.html>).

**Add rows as needed**

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| **Goal 1:** |
| **Objective 1:** |
| **Objective 2:** |
| **Objective 3:** |

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| **Goal 2:** |
| **Objective 1:** |
| **Objective 2:** |
| **Objective 3:** |

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| **Goal 3:** |
| **Objective 1:** |
| **Objective 2:** |
| **Objective 3:** |

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| **OUTPUTS AND OUTCOMES** |

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| **OUTPUTS** | **# Clients** |
| **OUTPUT 1:** **The expected average number of Target Youths are served monthly.**  *Note: Enter the number of youth you expect to serve in your CYD program on a monthly basis (not only new referrals/youth, but total number of youth served each month). If you also propose to serve family members as clients, indicate that number separately (see I.D.3).* |  |
| **OUTPUT 2:** **The expected number of Target Youths are served per contract or annually**.  *Note: Enter the total number of youth you expect to serve in your CYD program on an annual basis (September 1, 2019 – August 31, 2020). If you also propose to serve family members as clients, indicate that number separately (see I.D.3).* |  |

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| **OUTCOME** |  |
| **OUTCOME 1:** 10-17 year old Target Youths served in the Service Provider's CYD Program will not engage in delinquent behavior. | **95%** |

N

**CORE and ADDITIONAL SERVICES**

*(add additional rows as needed)*

| **LIST THE NAME OF CYD PROGRAM** *(use a new line for each service)* | **SERVICE**  *(List individually, EACH TYPE of service to be offered.)* | **AVERAGE FREQUENCY OF SERVICES** *(Identify daily, weekly, monthly, as needed, etc.)* | **AVERAGE INTENSITY OF SERVICES**  *(Total # of sessions, visits, or interactions per participant)* | **AVERAGE DURATION OF SERVICES**  *(Identify the average amount of time it will take a participant to complete the program)* | **LOCATION SERVICES WILL BE DELIVERED** *(program, office, client’s school, client’s home, etc.)* | **DAYS/TIMES SERVICES WILL BE PROVIDED**  (M-F 9-5, 24/7 services, weekend services, etc.) | **YOUTH SERVED MONTHLY** | **YOUTH SERVED YEARLY** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Example: Kids in Action* | *Curriculum Based Life Skills Training* | *4 sessions per month* | *16 sessions* | *4 months* | *Northside High School* | *Mondays:*  *3:00 pm -*  *5:00 pm* | *20* | *60* |
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| **SERVICES** |

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| **List all addresses (locations) were services will be provided (please use full address), as well as days and times.** |
| *Example: Northside High School: 2211 McKinley, Fort Worth, TX 76164*  *Mondays 3:00 p.m. – 5:00 p.m.*  1.  2.  3. |

**Is this stand-alone program or component of a larger program?**

Stand-alone

Component of a larger program

**Check all the service types to be provided in this program:**

Academic Support Services

Career Exploration & Work Readiness

Converted Services

Curriculum Based Life Skills Training

Family Based Curriculum

Family Focused Activities

Life Skills Non-Curriculum

Mentoring

Sports & Recreation

Youth Advisory Committee (YAC)

Youth Leadership Development (YLD)

**Check the protective factors this program will identify for change:**

Involvement with positive peer group activities and norms

Social competencies such as decision making skills, assertiveness and interpersonal skills

Parental/guardian supervision

Caring adults other than parent

Strong bond between children and parents

Emotional support and absence of severe criticism

High parental expectations

Clear rules and expectations

Involvement with school/community

Friendship network

Positive perception of self and others

Places high values on helping others

Sense of purpose

**Identify the target population to be served:**

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| **YOUTH** | |
| Males  Females | 6-9 years of age  10-17 years of age |
| Race/Ethnicity: | Grades Targeted: |

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| **Describe the services to be provided in detail:** |
| **Describe how the program will assist in reducing juvenile delinquency or crime, how it will positively develop and enhance the lives of youth and their families, and what impact the program will have on the community.** |
| **Describe how services will be delivered in a culturally competent manner, and how cultural competency is incorporated throughout the service delivery model.** |
| **Identify the program model or curriculum (if applicable) to be implemented, to include the developer of the program (indicate if evidence-based):** |

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| **EVALUATION** |
| **Does your program and/or curriculum have an evaluation tool and/or plan?**  **Yes**  **No**  **If Yes,** |
| **Describe the evaluation tool/plan for the program and/or curriculum to include: staff responsible for evaluation, and how evaluation data will be collected.** |
| **List the measurement tools that will be collected, if applicable, to demonstrate on-going program effectiveness and implementation of the program design.** |
| **How will evaluation data be used to revise or improve the program?** |

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| **ACCESSIBILITY** |
| **Describe your “safe passage” plan for youth/families to access services.** |
| **Discuss potential barriers (e.g. transportation, child care, etc.) to providing services to program participants and how you will overcome those barriers. If transportation will not to be offered, identify the processes that are used to ensure that these factors are not obstacles to accessing services.** |

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| **CLIENT RECRUITMENT & RETENTION** |
| **Client Recruitment and Retention Strategies: Describe the process for recruiting, engaging and retaining program participants. Describe the procedures and/or processes for intake, including how the family’s individual need(s) for service will be assessed. Include information on any screening and assessment instruments your program will use.**  **Recruiting:**  **Client Engagement:**  **Retention:**  **Intake & Assessment:** |
| **Start-Up Activities: Please indicate what startup activities will be necessary at the start of this contract, including hiring and training staff, publicizing your CYD program in the community, and recruiting families to the program.** |
| **Discuss potential barriers (e.g. transportation, child care, etc.) to providing services to the target population and how you will overcome those barriers. If additional services such as transportation are NOT to be offered, identify the processes that are used to ensure that these factors are not obstacles to accessing services.** |
| **Will your program offer incentives for participation?**  **Yes**  **No**  **If yes, describe the types of incentives to be provided.** |

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| **CASE DOCUMENTATION** |
| **Describe the procedures and/or processes for case documentation, including a description of how client progress is tracked and what information is required to be included in case notes.** |
| **How will you determine that it is time to transition participants out of the program?** |
| **Describe the procedures and/or processes for case closure and follow-up tasks, including how referrals will be made to outside agencies where appropriate.** |

**STAFFING**

**Using the table below, describe your staffing plan for the administration and implementation of your CYD program. For positions that will utilize a volunteer, please include a (v) after the position title.**

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| **Position Title** | **Basic Job Description** | **Position Supervised By** |
| *Example: Program Specialist* | *Implement curriculum; supervise and provide guidance to youth* | *Vice President* |
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**Include Organizational Charts:**

* **Agency-based organizational chart representative of the overall agency structure.**

**Include Agency-Based Organizational Chart as ATTACHMENT F**

* **Program-based organizational chart that indicates the number of staff and volunteers supervised by each position and clearly shows lines of reporting and supervision.**

**Include Program-Based Organizational Chart as ATTACHMENT G**

**Include Job Descriptions for CYD staff and volunteers:**

* **Include Job Descriptions as ATTACHMENT H**

**Include Résumés for all proposed key personnel (as defined by the respondent). Résumés must demonstrate experience germane to the position proposed.**

* **Include Résumés as ATTACHMENT I**

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| **If staff vacancies occur, indicate the business continuity plan you will use to ensure services are continued, include all job duties.** |
| **Volunteers (N/A )**  **Describe the procedures for screening and recruiting volunteers to ensure they are a good fit to deliver the proposed services.** |
| **Explain the tasks which will be assigned to volunteers and how they will be supervised.** |

**TRAINING**

**In the table below, list all training your staff and volunteers will receive through your training plan. Identify the staff or volunteer position(s) for which you will require this training and the timeframe for conducting the training. All CYD funded positions are required to have at least twelve (12) hours of training annually, including three (3) hours of cultural competency training.**

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| **Staff Position** | **Training Required** | **Delivery Parameters** | **Timeframe for Training** |
| *Example: Program Specialist* | Cultural Competency | Delivered by Consultant in group | Annually |
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| **COMMUNITY PARTNERS** |
| **Describe any established community partners.**  **Memorandum of Understanding (MOU) should be completed for all community collaborations affecting program implementation – including program sites, youth referrals, etc.**  **Include established MOU’s: MOU as ATTACHMENT J (if applicable)** |

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| **PARENT INVOLVEMENT** |
| **Describe your Parent Involvement plan. Respondent must demonstrate a commitment to the meaningful involvement of parents. There are several options available to engage parents. Which strategy works best will depend on the dynamics of the community served, as well as the services offered through your program. These strategies may include parent training/parenting classes, parent leadership programs, counseling, service-based learning, and many other strategies.** |

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| **MENTORING PROVIDERS ONLY** *(leave blank if not providing mentoring services)* |
| **Describe the mentoring guidelines for your program.** |
| **What is the mentor to youth ratio?** |

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| **YAC PROVIDERS ONLY** *(leave blank if not providing mentoring services)* |
| **Describe the process for ensuring opportunities are provided for youth to serve in leadership roles in their community.** |
| **Describe how youth will be involved in Outreach and Awareness – youth must be involved in the development of the community strengths and needs assessment and in promoting the CYD program services within their communities in order to engage additional youth into the CYD program.** |
| **Describe how youth will be involved in Evaluation – youth must be involved in collecting feedback from local youth, including CYD participants, about CYD services, and the impact of services on juvenile delinquency prevention.** |

**ATTACHMENTS:**

**ATTACHMENT F – Agency-Based Organizational Chart**

**ATTACHMENT G – Program-Based Organizational Chart**

**ATTACHMENT H – Job Descriptions**

**ATTACHMENT I – Résumés**

**ATTACHMENT J – MOU (if applicable)**