



**CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES
DIVISION ON DOMESTIC VIOLENCE**

**MULTI-TEAM DISCIPLINARY TEAM SERVICES
2022 SCOPE OF SERVICES – January 1, 2022 through December 31, 2022**

INSTRUCTIONS: Agency receiving an award by the City of Chicago Department of Family and Support Services (DFSS) Division on Domestic Violence must complete and submit all required documents as requested in the DFSS Award Notice letter.

Submit completed forms to

Program Manager:

1. Scope of Services
2. Budget
3. Indirect Letter, if applicable.
4. Program staff documentation, if not already submitted during application.

Submit completed forms to

Contract Liaison:

1. Agreement Signature Page
2. Current Certificate of Insurance
3. Economic Disclosure Statement (EDS) Certificate of Filing

SECTION ONE – AGENCY INFORMATION

| | | | |
|--------------------------------|--|---------------------------------|--|
| Agency Name: | | | |
| Project Name: | | Chicago Police District Served: | |
| Project Name(s) in InfoNet: | | | |
| Administrative Agency Address: | | | |
| Phone: | | Ward: | |
| Agency website: | | | |

Budget Allocation

| PO Number | Award Amount | Funding Source |
|-----------|--------------|----------------|
| | | |
| | | |
| | | |

Executive Director

| | |
|--------|--|
| Name: | |
| Phone: | |
| Email | |

Program Director

| | |
|--------|--|
| Name: | |
| Phone: | |
| Email | |



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Fiscal Contact

| | |
|--------|--|
| Name: | |
| Phone: | |
| Email | |

Data/Reporting Contact

| | |
|--------|--|
| Name: | |
| Phone: | |
| Email | |

Other Project Funding Sources

Please list all funding sources for your total program budget.

| Match Funding Source | Amount |
|-----------------------------|--------|
| | |
| | |
| | |
| TOTAL PROGRAM BUDGET | |

Program Site Location(s), Hours, Languages and Survivors Served

Please provide the required information by corresponding Site number.

Location(s)

| Site No. | Project Site Name | Address | Phone | Ward | Community Area |
|----------|-------------------|---------|-------|------|----------------|
| 1 | | | | | |
| 2 | | | | | |

Hours of Operation in English

| Site No. | SUN [From-To] | MON [From-To] | TUES [From-To] | WED [From-To] | THUR [From-To] | FRI [From-To] | SAT [From-To] |
|----------|------------------|------------------|-------------------|------------------|-------------------|------------------|------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |



Community Areas and Wards Survivors Served Residency

Please provide the number of survivors served per site and Community Area(s) or Ward(s) survivors served at the location are from or their residency.

| Site No. | Total No. Survivors To Be Served in 2022 per site | Survivor Community Area(s) Served | Survivor Ward(s) Served |
|----------|---|-----------------------------------|-------------------------|
| 1 | | | |
| 2 | | | |

| Site No. | Languages Services Provided at Site |
|----------|-------------------------------------|
| 1 | |
| 2 | |

| Site No. | Describe what specialized populations your agency serves? (Neighborhood, cultural group, etc.) |
|----------|--|
| 1 | |
| 2 | |

SECTION TWO – DFSS PROGRAM DESCRIPTION

A. Program Goals

Multi-Disciplinary Team Services increase safety and enhance wellbeing for victims (and their children) of intimate partner and teen dating violence by providing crisis outreach to victims referred by participating Chicago Police Department (CPD) districts. Intimate partner violence is defined as any physical or sexual violence, stalking, and psychological aggression by a current or former intimate partner. A partner can be a boyfriend or girlfriend, dating partner, sexual partner, or spouse, and is not limited to someone with whom the victim has been sexually intimate. Service providers contact victims over the phone and provide crisis counseling, safety planning, and education regarding victim rights under the Illinois Domestic Violence Act; and link victims to needed services such as legal services, supportive emotional counseling, and shelter.

B. Target Population

Any Chicago resident (and their children) who has been the victim of intimate partner or teen dating violence and is seeking services at the City of Chicago’s central domestic violence courthouse is eligible for services. Delegates must be able to offer services to undocumented



victims, those whose do not speak English, male victims, those who are disabled, and LGBTQIA victims.

SECTION THREE – REQUIRED CORE PROGRAM ELEMENTS

Delegates must deliver, at a minimum, all the following services:

- Accept referrals from participating Chicago Police District.
- Review each domestic violence assessment to assess victim risk as either elevated or non-elevated
- Prioritize immediacy and frequency of follow-up contact
- Attempt to contact victims over the phone within 24 hours of receipt of referral from CPD
- Attempt to contact victim multiple times as needed and as indicated by risk categorization to reach victim.
- Provide services over the phone as required by the victim, including one or more of the following:
 - Emotionally supportive crisis counseling;
 - Safety planning;
 - Information on available domestic violence services;
 - Explanation of victim rights under the IDVA; and
 - Information on how to file for an Order of Protection.
- Engage victim to accept services from your agency programs based on preference or refer victim to domestic violence services including counseling, legal advocacy and legal representation, and other services as requested.
- Offer culturally competent services to undocumented victims, non-English speakers, male victims, those who are disabled, and all LGBTQIA victims.
- Referrals must be made to an agency through a formal written linkage agreement or at a minimum a warm hand off to a service provider. A warm hand off means that the respondent contacts (via three-way call, appointment setting or other introduction) the third-party service provider on the victim's behalf.
- Develop and maintain working relationship with the Commander, the Domestic Violence Liaison Officer (DVLO), and other relevant staff at the referring police district(s) in order to ensure the ongoing training of officers on the dynamics of domestic violence and the district's ongoing participation in the MDT.
- Attend and participate actively in the MDT subcommittee meetings that meets every other month.
- Work collaboratively with the MDT partners and community stakeholders to inform and help improve MDT procedures and protocols.
- Maintain victim confidentiality and confidentiality of victim files as required by the IDVA.



- Collect data on victim outcomes and use victim outcome data to inform program improvement.
- DFSS encourages respondents to provide staff with training opportunities during the contract period intended to enhance victim services.

SECTION FOUR – PERFORMANCE MEASURES

Agencies are required to track progress towards achieving the stated program goals in Section Two. To assess success of the program, DFSS will monitor a set of performance indicators that may include, but are not limited to:

- 100% of assessments received from the Chicago Police Department (CPD) will be assessed for risk.
- 90% of victims classified as elevated risk will be attempted to be contacted within 24 hours from receipt of assessment from the CPD.
- 80% of victims contacted will receive safety planning, review of options, emergency emotionally supportive counseling, and other assistance during the contact.
- 80% of victims contacted are engaged in services with program or referred to counseling services, legal advocacy, legal representation, shelter, and/or other services.

To monitor and recognize intermediate progress toward the above performance indicators, DFSS also intends to track output metrics that may include, but are not limited to:

- Percentage of victims interviewed;
- Percentage of victims not interviewed due to disconnected or wrong number or no answer;
- Percentage of victims contacted who accept services; and
- Percentage of victims contacted who decline services.

Data Reporting

The agency will be expected to collect and share data with DFSS according to the format, frequency, and submission protocol specified by DFSS. The parties recognize that reliable and relevant data is necessary to create a common understanding of performance trends, ensure compliance, evaluate program results and performance, and drive program improvements and policy decisions. As such, DFSS reserves the right to request/collect other key data and metrics from delegate agencies including client-level demographic, performance, and service data in a format specified by DFSS.

The agency agrees to the following reporting requirements:



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- Quarterly Reports detailing services provided. Data provided will include work plan services funded through this contract and all other funding sources. Format will be provided.
- InfoNet data detailing services provided. Data provided will include work plan services funded through this contract and all other funding sources. Format is the InfoNet database.
- Monthly Meetings with DFSS staff, if required.
- Narratives in the quarterly report that may highlight a particular case or services provided to victims of intimate partner violence or teen dating violence that demonstrate value in the ongoing services or a gap in services.

Uses of Data

DFSS reserves the right to use data related to delegate agency performance, including but not limited to data submitted by the delegate agency for the following:

- a) In periodic meetings described below to review program performance and develop strategies to improve program quality throughout the term of the contract; and
- b) To guide DFSS program development, evaluate programs, inform policies, and inform contract decisions such as payment rates, contract extensions or renewals, and evaluation of proposals by the delegate agency in response to any future solicitations by DFSS for goods or services.

Meetings

Regular reviews of and conversations around program performances, program results and program data, particularly related to the goals outlined in this agreement, will allow DFSS and the delegate agency to employ real-time information to track performance, identify good practices, and swiftly, collaboratively, and effectively address any challenges experienced by the target population.

At such meetings, the data will be reviewed to:

- a) Monitor progress, highlight accomplishments, and identify concerns.
- b) Collaboratively design and implement operational changes to continuously improve processes and outcomes; and
- c) Develop strategies to broader system changes to improve service delivery and coordination between services.

Meetings shall include at a minimum the Supervisor for the Division on Domestic Violence, or designee, and the delegate agency's executive director, or designee. Delegate agency or DFSS may be represented by additional representatives as each party deems appropriate. DFSS may request the attendance of additional parties as it deems appropriate. Representatives from the delegate agency will attend all meetings as requested by DFSS.



SECTION FIVE – PLANNED ACTIVITIES

Please complete the following tables to indicate the program’s planned activities for the contract period.

| PERFORMANCE MEASURE | | | | | | |
|---|--|----|----|----|----|-------|
| 100% of domestic violence assessment forms received from CPD will be classified as either elevated or non-elevated risk | | | | | | |
| A. | NUMBER OF DOMESTIC VIOLENCE ASSESSMENT FORMS RECEIVED FROM CPD AND CLASSIFICATION OF RISK | Q1 | Q2 | Q3 | Q4 | Total |
| 1. | Number of domestic violence assessment forms received from CPD in 2022 | | | | | |
| 1a. | Number of domestic violence assessment forms received from CPD classified as elevated risk | | | | | |
| 1b. | Number of domestic violence assessment forms received from CPD classified as non-elevated risk | | | | | |

| PERFORMANCE MEASURE | | | | | | |
|--|--|----|----|----|----|-------|
| Contact will be attempted to 90% of elevated risk victims within 24 hours of receipt of assessment forms | | | | | | |
| B. | TIME FRAME OF CONTACT ATTEMPTED BY DELEGATE TO MDT VICTIM | Q1 | Q2 | Q3 | Q4 | Total |
| 1. | Number of elevated risk victims to whom contact is attempted within 24 hours by agency | | | | | |



| PERFORMANCE MEASURE | | | | | | |
|--|---|----|----|----|----|-------|
| <ul style="list-style-type: none"> 80% of victims contacted will receive safety planning, review of options, emergency emotionally supportive counseling, and other assistance during the contact. 80% of victims contacted are engaged in services with program or referred to counseling services, legal advocacy, legal representation, shelter, and/or other services. | | | | | | |
| C. | SERVICES PROVIDED | Q1 | Q2 | Q3 | Q4 | Total |
| 1. | Number of victims that received safety planning, review of options, emergency crisis counseling, and other assistance during call or follow-up call | | | | | |
| 2. | Number of victims that accept services offered by program | | | | | |
| 3. | Number of victims that accept services through referral | | | | | |



Please review the **Required Core Program Elements in Section 3** and **Performance Measures in Section 4**. Please describe activities to be performed to address the needs of the target population and achieve Performance Measures, focusing on activities not captured in the listed Core Elements.

Empty response area for describing activities to address the needs of the target population and achieve Performance Measures.



DFSS

Department of Family
and Support Services

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Please describe how your program has been required to adapt during the Covid-19 pandemic. Please provide an outline on how you will continue service delivery in 2022. Please also address how your referral sources and outreach efforts have changed, and how the number of victims you serve under this contract has changed from your 2020 program

Empty response box for program adaptation details.



SECTION SIX – REQUIRED ADDITIONAL DOCUMENTATION

The Division on Domestic Violence requires the following documentation ***that was not submitted during or has since been updated the application for funding process*** to be submitted to adriana.camarda@cityofchicago.org within the first 30 days of the contract start date:

1. Current **job description** for every staff person providing services to victims of domestic violence in this program. A job description should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary.
2. Current **resume** for every staff person providing services to victims of domestic violence in this program. A resume or job description should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary.
3. **Proof of 40-hour domestic violence training** from an accredited training provider for every staff person providing services to victims of domestic violence in this program. Proof of training should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary. Proof of training is required regardless of staff's other professional training, certificates, and education.

Failure to have these documents on file will result in an audit finding against the program.



SECTION SEVEN – SUBMITTAL AND APPROVAL

CERTIFICATIONS:

By checking this box, your agency certifies that all information provided in the Scope of Services is correct and that the agency will comply with the requirements listed in the Scope of Services. Your agency certifies that documentation described in Section 6 of this Scope of Services not provided during the application process or that has been updated since will be submitted within 30 days of this contract or update.

| | |
|------------------------------|--|
| Authorized agency signature: | |
| Name typed: | |
| Title: | |
| Date of signature: | |
| PO # | |

| | |
|--|--|
| DFSS Approval (to be completed by DFSS): | |
| Authorized DDV signature: | |
| Name typed: | |
| Title: | |
| Date approved: | |