*The program description is NOT required for contracts or subcontracts that are solely for the purposes of Prevention Partnership Grants, FACT, or Title XXI services.*

The service provider shall submit the proposed Program Description to the department or Managing Entity, as applicable, for approval prior to the start of the contract or subcontract period. Once a contract or subcontract has been signed, the service provider shall submit a final version of the Program Description.

| **Table 1**  **ORGANIZATIONAL** **PROFILE** | |
| --- | --- |
| **Organization Name** |  |
| **Subdivision or Department Administering Services (if applicable)** |  |
| **Organization Address** |  |
| **Phone Number** |  |
| **Federal ID Number** |  |
| **National Provider Identifier** |  |
| **Board President/Chairperson** |  |
| **Chief Executive Officer** |  |
| **Chief Operating Officer** |  |
| **Chief Financial Officer** |  |
| **Data Security Officer** |  |
| **Annual Operating Budget**  *(Include all revenue sources)* |  |
| **Number of employees** |  |
| **Geographic area(s) served** |  |
| **Accreditations** |  |
| **Major Funders** |  |
| **Year of Incorporation** |  |
| **Corporate Mission Statement** |  |
| **Summary Description of Organization’s Services** |  |

Please attach an Organizational Chart showing major operational and administrative units.

Please attach documentation of Not-for-profit status.

|  |  |  |  |
| --- | --- | --- | --- |
| Table 2  Projected Numbers Served | | | |
| Target Population | Annual Number Contract Funded | Annual Number Other Funded | Total Annual Number Served |
| Mental Health | | | |
| Adults with Severe & Persistent Mental Illness |  |  |  |
| Adults with Serious & Acute Episodes of Mental Illness |  |  |  |
| Adults with Mental Health Problems |  |  |  |
| Adults with Forensic Involvement |  |  |  |
| Children with Serious Emotional Disturbance |  |  |  |
| Children with Emotional Disturbance |  |  |  |
| Children at Risk of Emotional Disturbance |  |  |  |
| Other Populations to be Served *(specify)* |  |  |  |
| Substance Abuse | | | |
| Adults with Substance Abuse |  |  |  |
| Children with Substance Abuse |  |  |  |
| Other Populations to be Served *(specify)* |  |  |  |
| Non-Client Services | | | |
| *Insert description of services here* |  |  |  |

| **Table 3**  **Proposed Performance Measures** | | |
| --- | --- | --- |
| **Check If applicable** | **Measure**  **Number** | **Measure Description** |
|  | MH003 | Average annual days worked for pay for adults with severe and persistent mental illness |
|  | MH703 | Percent of adults with serious mental illness who are competitively employed |
|  | MH742 | Percent of adults with severe and persistent mental illnesses who live in stable housing environment |
|  | MH743 | Percent of adults in forensic involvement who live in stable housing environment |
|  | MH744 | Percent of adults in mental health crisis who live in stable housing environment |
|  | SA058 | Percentage change in clients who are employed from admission to discharge |
|  | SA754 | Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge |
|  | SA755 | Percent of adults who successfully complete substance abuse treatment services |
|  | SA756 | Percent of adults with substance abuse who live in a stable housing environment at the time of discharge |
|  | MH012 | Percent of school days seriously emotionally disturbed (SED) children attended |
|  | MH377 | Percent of children with emotional disturbances (ED) who improve their level of functioning |
|  | MH378 | Percent of children with serious emotional disturbances (SED) who improve their level of functioning |
|  | MH778 | Percent of children with emotional disturbance (ED) who live in a stable housing environment |
|  | MH779 | Percent of children with serious emotional disturbance (SED) who live in a stable housing environment |
|  | MH780 | Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment |
|  | SA725 | Percent of children who successfully complete substance abuse treatment services |
|  | SA751 | Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge |
|  | SA752 | Percent of children with substance abuse who live in a stable housing environment at the time of discharge |
| **Proposed additional outcome measures**  *Provide measure description, measure methodology and measure target* | | |
|  | | |
|  | | |
|  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 4**  **Funding Requested** | | | | | |
| **State Fiscal Year** | | **Contract Amount** | | | **Local Match Amount** |
|  | | **$** | | | **$** |
|  | | **$** | | | **$** |
|  | | **$** | | | **$** |
| **Total** | | **$** | | | **$** |
| **Special Funding Considerations**  *Check if applicable* | | | | | |
|  | TANF | |  | SAPTBG Set Aside for Women | |
|  | PATH | |  | SAPTBG Prevention Set Aside | |
|  | Title XXI | |  | SAPTBG HIV Set Aside | |
|  | Indigent Drug Program | |  | Purchase of Therapeutic Services | |
|  | Other Grant Source *(Describe)* | |  | Other Funding Consideration (Describe) | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table 5  Service Delivery Sites  *Complete this table for each location at which services funded by this contract or subcontract will be provided.*  *Add rows or tables as needed.* | | | | | | | | | | |
| Location Information  *Location Name*  *Address*  *Contact Person (Name and Title)*  *Phone #*  *Email* | | |  | | | | | | | |
| Program Type  MH or SA | Client or Non Client | Program Name | | | Days and Hours of Operation | | Target Population(s) Served | | Facility Licenses  *(Attach a copy of all applicable licenses)* | |
|  |  |  | | |  | |  | |  | |
|  |  |  | | |  | |  | |  | |
| Full Time Equivalent (FTE) Service Staffing Levels | | | | | | | | | | |
| Covered Service | | | | Supervisory | | Direct Service | | Support | | Total FTE’s |
|  | | | |  | |  | |  | |  |
|  | | | |  | |  | |  | |  |
|  | | | |  | |  | |  | |  |
| Totals | | | |  | |  | |  | |  |

Service Delivery Strategies and Approaches

Identification and Engagement Strategies

Identify the major referral sources for each target population:

1. General SAMH Target Population(s) Served:
2. Special Populations, if applicable:
   1. Children at risk of residential services or juvenile justice involvement
   2. Pregnant/Post-partum Women
   3. Individuals Involved with the Forensic or Criminal Justice System
   4. Individuals with co-occurring disorders
   5. Individuals with HIV
   6. Child Welfare Involved Families
   7. Others: (describe)

Describe the organization’s specific individual identification and engagement strategies applicable to the array of covered services provided. Highlight any use of science-based or evidence-based approaches. Please state what they are, identify where they are being provided, describe how they are being used and describe how you maintain and monitor fidelity to the model.

Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement.

Describe the source, use and amount of matching funds to support these strategies.

Service Delivery Strategies

Describe the organization’s specific service delivery strategies for providing individual services/care. Service delivery strategy descriptions should separately address those strategies as applied to the general SAMH target populations served and any special population groups. This description should address:

1. The specific services that will be provided within each covered service;
2. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care;
3. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals’ and families’ individual recovery and resiliency needs;
4. Any science-based or evidence-based models employed or practices utilized; Please state what they are, identify where they are being provided, describe how they are being used and describe how you maintain and monitor fidelity to the model.
5. The service capacity proposed for funding;
6. Admission and discharge criteria;
7. Average length of participation for persons served; and
8. The use of Incidental funds.

Integration of Recovery and Resiliency Concepts

Describe the steps that the organization will take to integrate recovery and resiliency (Recovery Oriented Systems of Care (ROSC)) into service provision. Discuss how the organization promotes individual and family living, working, learning and socializing. Discuss how the organization will employ person-centered language.

Individual and Family Participation Strategies

Discuss how the organization promotes family participation in services and practices for the development of natural supports. Discuss how the organization involves individuals and families in the planning, development, implementation and evaluation of service delivery systems. Describe treatment options that allow consumers to remain with their families while in residential care (Pregnant Women Block Grant Requirement).

Continuing Care Strategies

Identify the major continuing care strategies for individuals and families completing services. Address placement and referral activities specific to the general SAMH target populations served and any Special Populations. This description should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care services,
2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care). Please state what the best practice models are, identify where they are being provided, describe how they are being used and describe how you maintain and monitor fidelity to the model.
3. A description of any Activity funded cost centers and related services utilized to affect the transition, and
4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Individual Completing the Document:

Name:

Title:

Phone:       Fax:

E-mail Address:

Submitted by:

Provider Representative Signature Date

Approved by:

Department or Managing Entity Representative Signature Date