

NEW/REVISED PROGRAM DESCRIPTION
Community Services and Supports

County: _____

Completely New Program

Program Number/Name: _____

Revised Previously Approved Program

Date: _____

A. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Individual FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				

Total Estimated Number of Individuals to be Served (all services categories) by the Program during FY 11/12: _____

B. Program Narrative

<p>1. Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>2. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.</p>
<p>3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., title 9, § 3320).</p>
<p>4. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).</p>
<p>5. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</p>
<p>6. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated.</p>

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| <ul style="list-style-type: none">b) The rationale for the decision to consolidate programs.c) How existing populations and services will achieve the same outcomes as the previously approved programs. |
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C. Provide an estimated annual program budget, utilizing the following line items.

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				
	b. Other Supports				
2.	General System Development Housing				
3.	Personnel Expenditures				
4.	Operating Expenditures				
5.	Non-recurring Expenditures				
6.	Other Expenditures				
	Total Proposed Expenditures				
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					

D. Budget Narrative

<p>1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, non-recurring expenditures, and other expenditures associated with this CSS Program.</p>