Add or change program services or activities

Complete this form to request adding a new service or activity to a currently existing, currently funded Core 2020-2022 program.

Describe how the program activities or services will be modified.

_____
_____
_____

Do the proposed changes to the program require a new unit request?

If you select "Yes", you are be required to complete the tab entitled "Unit Budget Request" on the "Budget Worksheet.xlxs".

• Yes

• No

Do the proposed changes to the program services and activities include the use of a traditional grant funding model for part of your Core allocation for services and activities not provided under the unit of service model (i.e. not a fit under any units included in the current List of Approved Units of Service).

If you select "Yes", you are required to complete the tab entitled "Non-Unit Budget Request" on the "Budget Worksheet.xlxs", as well as complete an additional task in SMApply describing the specific expenses as listed in the line item budget worksheet on the "Non-Unit Budget Request" tab.

• Yes

• No

How will these changes impact the program's intended goals?

_____
_____
_____

How has the COVID-19 pandemic impacted the need for this change in program structure?

_____
_____
_____

How will your proposed change impact the target population of your program?

_____
_____
_____

NEW ACTIVITIES/SERVICE DETAILS

Use the tables below to describe the new services and activities proposed for the currently funded program. In **Table A-Program Service Table** List the new proposed services and activities and identify the CSF billing units the program requests to support each service or activity. Then provide the average frequency and length of each session, as well as the average duration of service provision for each activity or service listed. You can enter up to five new services or activities for the program.Then, use **Table B-Program Staff Table** to describe the job qualifications for each staff position involved in the delivery of program activities/services identified in Table A, along with the minimum staff to client ratio for service delivery and the average caseload per staff position. A separate Staff Table is required and will automatically be generated for each service or activity entered in a new row on Table A. Up to five staff positions can be added to support each program service or activity listed.

Table A: *Provide information in Tables A for each new service/activity proposed.*

Proposed services and activities: New services and activities of this program**Unit name:** Unit that will be invoiced to CSF for the activity or service provided; certain units with similar services and activities have been collapsed into a single unit name. *If the service is proposed to be delivered using a request for traditional grant model funding because the activity does not fit into an unit of service, please scroll to the bottom of the drop down menu and select "N/A Proposed non-unit service delivery".**Average frequency

and length of service: How often is the service provided and how long is each session?**Average duration of service provision:** Over what period of time is the service provided? In other words, how many sessions would an individual receive or for how many days/weeks would an individual receiving services have an open case, on average.

Proposed New Service/Activity	Unit Name*
	• Case Management (Forensic Master Level)
	• Case Management (Forensic PhD Level)
	• Case Management (Mental Health Professional)
	• Case Management (Bachelor Level)
	• Case Management (Administrative Support Services)
	• Individual Therapeutic Counseling
	• Family Therapeutic Counseling
	• Psychoeducational Group
	• Therapeutic Group
	• Family Therapeutic Group
	... 33 additional choices hidden ...
	• Shelter Services - Child/Dependent
	• Shelter Services - Temporary Shelter
	• Shelter Services - Transitional Living
	• Shelter Services – Temporary Shelter/Transitional Living for Unaccompanied Youth
	• Therapeutic Mentoring
	• Materials and Supplies
	• Drug Treatment (Naltrexone, Suboxone, Vivitrol)
	• Drug Screen Testing
	• Outpatient Substance Abuse Treatment-Medication Administration
Row 1 _____	• N/A Proposed non-unit service delivery

- Case Management (Forensic Master Level)
- Case Management (Forensic PhD Level)
- Case Management (Mental Health Professional)
- Case Management (Bachelor Level)
- Case Management (Administrative Support Services)
- Individual Therapeutic Counseling
- Family Therapeutic Counseling
- Psychoeducational Group
- Therapeutic Group
- Family Therapeutic Group

... 33 additional choices hidden ...

- Shelter Services - Child/Dependent
- Shelter Services - Temporary Shelter
- Shelter Services - Transitional Living
- Shelter Services – Temporary Shelter/Transitional Living for Unaccompanied Youth
- Therapeutic Mentoring
- Materials and Supplies
- Drug Treatment (Naltrexone, Suboxone, Vivitrol)
- Drug Screen Testing
- Outpatient Substance Abuse Treatment-Medication Administration

Row 2 _____ • N/A Proposed non-unit service delivery

		• Case Management (Forensic Master Level)
		• Case Management (Forensic PhD Level)
		• Case Management (Mental Health Professional)
		• Case Management (Bachelor Level)
		• Case Management (Administrative Support Services)
		• Individual Therapeutic Counseling
		• Family Therapeutic Counseling
		• Psychoeducational Group
		• Therapeutic Group
		• Family Therapeutic Group
		... 33 additional choices hidden ...
		• Shelter Services - Child/Dependent
		• Shelter Services - Temporary Shelter
		• Shelter Services - Transitional Living
		• Shelter Services – Temporary Shelter/Transitional Living for Unaccompanied Youth
		• Therapeutic Mentoring
		• Materials and Supplies
		• Drug Treatment (Naltrexone, Suboxone, Vivitrol)
		• Drug Screen Testing
		• Outpatient Substance Abuse Treatment-Medication Administration
Row 3	_____	• N/A Proposed non-unit service delivery

		• Case Management (Forensic Master Level)
		• Case Management (Forensic PhD Level)
		• Case Management (Mental Health Professional)
		• Case Management (Bachelor Level)
		• Case Management (Administrative Support Services)
		• Individual Therapeutic Counseling
		• Family Therapeutic Counseling
		• Psychoeducational Group
		• Therapeutic Group
		• Family Therapeutic Group
		... 33 additional choices hidden ...
		• Shelter Services - Child/Dependent
		• Shelter Services - Temporary Shelter
		• Shelter Services - Transitional Living
		• Shelter Services – Temporary Shelter/Transitional Living for Unaccompanied Youth
		• Therapeutic Mentoring
		• Materials and Supplies
		• Drug Treatment (Naltrexone, Suboxone, Vivitrol)
		• Drug Screen Testing
		• Outpatient Substance Abuse Treatment-Medication Administration
Row 4	_____	• N/A Proposed non-unit service delivery

		• Case Management (Forensic Master Level)
		• Case Management (Forensic PhD Level)
		• Case Management (Mental Health Professional)
		• Case Management (Bachelor Level)
		• Case Management (Administrative Support Services)
		• Individual Therapeutic Counseling
		• Family Therapeutic Counseling
		• Psychoeducational Group
		• Therapeutic Group
		• Family Therapeutic Group
		... 33 additional choices hidden ...
		• Shelter Services - Child/Dependent
		• Shelter Services - Temporary Shelter
		• Shelter Services - Transitional Living
		• Shelter Services – Temporary Shelter/Transitional Living for Unaccompanied Youth
		• Therapeutic Mentoring
		• Materials and Supplies
		• Drug Treatment (Naltrexone, Suboxone, Vivitrol)
		• Drug Screen Testing
		• Outpatient Substance Abuse Treatment-Medication Administration
Row 5	_____	• N/A Proposed non-unit service delivery

	Avg. Frequency and Length of Session	Avg. Duration of Service
Row 1	_____	_____
Row 2	_____	_____
Row 3	_____	_____
Row 4	_____	_____
Row 5	_____	_____

Table B: *Describe the staffing requirements for each new proposed service/activity listed above.*

Position: Position title of staff providing service**Minimum qualifications:** Agency-required minimum qualifications for this position**Caseload/workload for this position:** What is the average number of open cases or the average active client workload for this position at one time per position**Staff : Client ratio for service:** How many staff are required to participate in each session/instance of service, and how many clients?TABLE A, SERVICE/ACTIVITY ROW 1: {{ submission.var__1023935__6u1ARVTbQU_0 }}

Position/Title	Minimum Qualifications	Caseload
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff:Client Ratio

_____

_____

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_____

Table B: *Describe the staffing requirements for each new proposed service/activity listed above.*

Position: Position title of staff providing service**Minimum qualifications:** Agency-required minimum qualifications for this position**Caseload/workload for this position:** What is the average number of open cases or the average active client workload for this position at one time per position**Staff : Client ratio for service:** How many staff are required to participate in each session/instance of service, and how many clients?TABLE A, SERVICE/ACTIVITY ROW 2: {{ submission.var__1023935__6u1ARVTbQU_4 }}

Position/Title	Minimum Qualifications	Caseload
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff:Client Ratio

_____

_____

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_____

Table B: *Describe the staffing requirements for each new proposed service/activity listed above.*

Position: Position title of staff providing service**Minimum qualifications:** Agency-required minimum qualifications for this position**Caseload/workload for this position:** What is the average number of open cases or the average active client workload for this position at one time per position**Staff : Client ratio for service:** How many staff are required to participate in each session/instance of service, and how many clients?TABLE A, SERVICE/ACTIVITY ROW 3: {{ submission.var__1023935__6u1ARVTbQU_8 }}

Position/Title	Minimum Qualifications	Caseload
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff:Client Ratio

_____

_____

_____

_____

_____

Table B: *Describe the staffing requirements for each new proposed service/activity listed above.*

Position: Position title of staff providing service**Minimum qualifications:** Agency-required minimum qualifications for this position**Caseload/workload for this position:** What is the average number of open cases or the average active client workload for this position at one time per position**Staff : Client ratio for service:** How many staff are required to participate in each session/instance of service, and how many clients?TABLE A, SERVICE/ACTIVITY ROW 4: {{ submission.var__1023935__6u1ARVTbQU_12 }}

Position/Title	Minimum Qualifications	Caseload
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff:Client Ratio

_____

_____

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_____

_____

Table B: *Describe the staffing requirements for each new proposed service/activity listed above.*

Position: Position title of staff providing service**Minimum qualifications:** Agency-required minimum qualifications for this position**Caseload/workload for this position:** What is the average number of open cases or the average active client workload for this position at one time per position**Staff : Client ratio for service:** How many staff are required to participate in each session/instance of service, and how many clients?TABLE A, SERVICE/ACTIVITY ROW 5: {{ submission.var__1023935__6u1ARVTbQU_16 }}

Position/Title	Minimum Qualifications	Caseload
_____ _	_____ _	_____ _
_____ _	_____ _	_____ _
_____ _	_____ _	_____ _
_____ _	_____ _	_____ _
_____ _	_____ _	_____ _

Staff:Client Ratio

_____

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