Redirect funding to a newly proposed program
Complete the following list of questions detailing the proposed program's services and activities.

▥ PROGRAM DESCRIPTION

🔠 Describe the new program's activities and goals. What services will be provided?

_____
_____
_____

▤ Choose the (single) most appropriate **Service Area** for your proposed program, according to Missouri statutes RSMO 67.1775 and 210.861.

☐ Crisis Intervention Services
☐ Home and Community Based Intervention Services
☐ Individual, Group, and Family Counseling Services
☐ Outpatient Psychiatric Services
☐ Outpatient Substance Use Treatment Services
☐ Prevention Services; Respite Care Services
☐ Services to Teen Parents
☐ Temporary Shelter & Transitional Living Services

▤ Select a **Primary Focus Area** based on the proposed program's activities and goals.

• Caregiver Education and Skill Development
• Case Management
• Child Advocacy
• Crisis Intervention
• Early Intervention
• Home Visiting Programs
• Homeless Support Services
• Intensive Outpatient Programs
• Prevention: Bullying
• Prevention: Life Skills / Character Building / Healthy Relationships
• Prevention: School Drop Out / Suspension
• Prevention: Substance Use
• Prevention: Suicide
• Prevention: Violence
• Respite
• Substance Use Treatment
• Temporary Shelter and/or Transitional Living Services
• Therapeutic Counseling
• Non-Therapeutic Counseling
• Psychological Testing and Assessment
• Psychiatry and Psychiatric Diagnostics

▤ You may also select a **Secondary Focus Area** based on the proposed program's activities and goals.

• Caregiver Education and Skill Development
• Case Management
• Child Advocacy
• Crisis Intervention
• Early Intervention
• Home Visiting Programs
• Homeless Support Services
• Intensive Outpatient Programs
• Prevention: Bullying

- Prevention: Life Skills / Character Building / Healthy Relationships
- Prevention: School Drop Out / Suspension
- Prevention: Substance Use
- Prevention: Suicide
- Prevention: Violence
- Respite
- Substance Use Treatment
- Temporary Shelter and/or Transitional Living Services
- Therapeutic Counseling
- Non-Therapeutic Counseling
- Psychological Testing and Assessment
- Psychiatry and Psychiatric Diagnostics

You may also select a **Tertiary Focus Area** based on the proposed program's activities and goals.

- Caregiver Education and Skill Development
- Case Management
- Child Advocacy
- Crisis Intervention
- Early Intervention
- Home Visiting Programs
- Homeless Support Services
- Intensive Outpatient Programs
- Prevention: Bullying
- Prevention: Life Skills / Character Building / Healthy Relationships
- Prevention: School Drop Out / Suspension
- Prevention: Substance Use
- Prevention: Suicide
- Prevention: Violence
- Respite
- Substance Use Treatment
- Temporary Shelter and/or Transitional Living Services
- Therapeutic Counseling
- Non-Therapeutic Counseling
- Psychological Testing and Assessment
- Psychiatry and Psychiatric Diagnostics

How has the COVID-19 pandemic impacted the need for the proposed program services?

_____
_____
_____

NEW PROPOSED PROGRAM DETAILS

Use the tables below to describe the key services and activities included in the new proposed program. In **Table A-Program Service Table** List the proposed services and activities of the new program 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 service/activity listed above for the new proposed program.*

Proposed services and activities: Services and activities delivered as part of this proposed 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.

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

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

🧩 **Table B:** *Describe the staffing requirements for each 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:

Position	Minimum Qualifications	Caseload
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff:Client Ratio

_____

_____

_____

_____

_____

🔳 **Table B:** *Describe the staffing requirements for each 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:

Position	Minimum Qualifications	Caseload
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff:Client Ratio

_____

_____

_____

_____

_____

🔳 **Table B:** *Describe the staffing requirements for each 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:

Position	Minimum Qualifications	Caseload
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff:Client Ratio

_____

_____

_____

_____

_____

🔳 **Table B:** *Describe the staffing requirements for each 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:

Position	Minimum Qualifications	Caseload
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff:Client Ratio

_____

_____

_____

_____

_____

Table B: *Describe the staffing requirements for each 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:

Position	Minimum Qualifications	Caseload
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff:Client Ratio

_____

_____

_____

_____

_____

TARGET POPULATION

Who is the target population and how will they learn about and access program services?

_____

_____

_____

📊 Project the anticipated number of children and youth (ages 0-19) to be served with CSF funding through the proposed program from July 1, 2021 - June 30, 2022.

CSF will request service projections for the extended contract period 2022-2023 in the 2021 Year-End Demographics & Outcomes Report.

_____

📑 Will the proposed program serve adults (ages 20+) with CSF funding?

• Yes
• No

📊 Project the anticipated number of adults (ages 20+) to be served with CSF funding through the proposed program from July 1, 2021 - June 30, 2022.

CSF will request service projections for the extended contract period 2022-2023 in the 2021 Year-End Demographics & Outcomes Report.

_____

☑ Select the sub-populations whom the program targets and the proposed interventions have been specifically designed to treat.

☐ Non-familial adults providing a care-giving, protective, or educational role for children and youth such as police officers, educators, school staff, and organizational volunteers (not including primary caregivers, parents, and guardians)
☐ Children, youth, and parents who are survivors of domestic violence
☐ Children and youth with complex or chronic medical conditions or disabilities
☐ Parents, guardians, primary caregivers, and expecting parents
☐ Children and youth who have run away
☐ Children, youth and families who are experiencing homelessness
☐ Children and youth who have dropped out of school
☐ Children and youth who are at risk of dropping out; youth who are truant from school
☐ Children, youth, and families with substance abuse concerns including alcohol, tobacco, drugs, etc.
☐ Teenage youth who are expecting and parenting
☐ Children and youth who immigrated to the US or are first generation US residents
☐ Children and youth who speak English as a secondary language
☐ Children and youth experiencing suicidal or homicidal ideation
☐ Children and youth experiencing bullying
☐ Communities of color
☐ Children and youth engaged in the criminal justice system
☐ Children and youth who identify as LGBTQIA (lesbian, gay, bisexual, transgender, queer and questioning, intersex, asexual, and/or agender)
☐ Children, youth, and families engaged in the child welfare system
☐ Children and youth with parents, caregivers, or family members who have been incarcerated
☐ Children, youth, and families living below the federal poverty level (FPL)
☐ Children and youth eligible for Medicaid
☐ Children, youth, and families eligible for Temporary Assistance (TANF)
☐ The proposed program is not designed to serve a specific target subpopulation.

☑ Select the age ranges of children that are specific target characteristics for program participation.

☐ 0 – 5 years old
☐ 6 – 11 years old
☐ 12 – 14 years old
☐ 15 – 19 years old
☐ The proposed program is not designed to serve a specific age range of children and youth.

☑ Select any gender identities that are specific demographic target characteristics for the program.

☐ Female
☐ Male
☐ Transgender male, female to male

☐ Transgender female, male to female
☐ Gender non-binary
☐ The proposed program is not designed to serve children and youth who identify with a specific identity.

☑ Select any Sub-Areas of St. Louis County that are specific geographic target areas for the program.

☐ Inner North St. Louis County
☐ Outer North St. Louis County
☐ Central St. Louis County
☐ South St. Louis County
☐ West St. Louis County
☐ The proposed program does not intend to serve youth from a specific subarea of St. Louis County.

▱ PROGRAM SETTING

🔠 Describe the setting(s) the proposed program.

_____
_____
_____

☑ Select the setting for the proposed program. Select all that apply.

☐ Community-based
☐ In-home
☐ School-based
☐ Telehealth

🔠 How does remote delivery of services impact the model of care if compared to if the service was delivered in person (length of a single session, duration of participation, etc.)?

_____
_____
_____

🌐 Community-based SitesList all community and office based sites where the proposed program will deliver services with CSF funding. Refer to the Site ID Directory and list the four digit number associated with the address if a Site ID already exists for the location. If the address does not already have a CSF Site ID, please enter "N/A" in the column titled "Site ID". Please scroll to the right to complete the ZIP code column.See **Site ID Directory.**

	Site ID	Street No.	Street Name
Site 1	_	_	_
Site 2	_	_	_
Site 3	_	_	_
Site 4	_	_	_
Site 5	_	_	_
Site 6	_	_	_

Site 7	_____ _	_____ _	_____ _
Site 8	_____ _	_____ _	_____ _
Site 9	_____ _	_____ _	_____ _
Site 10	_____ _	_____ _	_____ _

	City	ZIP
Site 1	_____	_____
Site 2	_____	_____
Site 3	_____	_____
Site 4	_____	_____
Site 5	_____	_____
Site 6	_____	_____
Site 7	_____	_____
Site 8	_____	_____
Site 9	_____	_____
Site 10	_____	_____

Will the program deliver services on a part-time or full-time basis at any of the proposed school sites?

*See the **definition of school based-services and service arrangement types**.*

• Yes

• No, the program delivers services only on occasion when requested.

School-based Sites *For part-time or full-time school sites only. See **School Site ID Directory**.*

	School Site ID	District	School Name
School Site 1	_____	_____	_____
School Site 2	_____	_____	_____
School Site 3	_____	_____	_____
School Site 4	_____	_____	_____
School Site 5	_____	_____	_____
School Site 6	_____	_____	_____
School Site 7	_____	_____	_____
School Site 8	_____	_____	_____

| School Site 9 | _____ | _____ | _____ |
| School Site 10 | _____ | _____ | _____ |

◨ TARGET PROGRAM OUTCOMES

▦ Standardized Outcome Indicators

Use CSF's **2020-2022 List of Standard Outcomes and Indicators** to develop the program's outcome statement(s) below. Select one to three of the Standard Outcome Indicators to develop the program's outcome statement(s) below. You may select up to three indicators.

Outcome Indicator #1

- Children and youth experience fewer emotional and/or behavioral symptoms
- Children and youth maintain/improve their level of functioning
- Children and youth strengthen coping/resiliency skills
- Children and youth possess a diagnosis and/or increase knowledge of presenting concern(s)
- Children and youth demonstrate age appropriate social/emotional development
- Children and youth decrease or avoid risky/unhealthy/dangerous behaviors
- Youth avoid teen pregnancy/parenting
- Children and youth avoid/reduce substance use
- Children and youth are free from law enforcement/juvenile justice involvement
- Children and youth gain knowledge toward improved well-being
  ... 4 additional choices hidden ...
- Children and youth develop positive relationships with peers
- Children and youth increase connection to/within their community and/or develop a greater sense of belonging
- Children and youth increase engagement and/or make progress in school
- Children and youth become enrolled in job training, college, vocational training or employment
- School and community-based service providers gain knowledge and/or skills to meet the mental and behavioral needs of children and youth
- Children and youth achieve safe and stable shelter or housing
- Children and youth are free from substantiated incidents of child abuse and/or neglect
- Children and youth are with caregivers who achieve/maintain safe and stable living situations
- Parents/caregivers gain knowledge and/or demonstrate healthy practices for positive parenting
- Parents/caregivers reduce and/or manage levels of stress

Outcome Indicator #2	• Children and youth experience fewer emotional and/or behavioral symptoms
	• Children and youth maintain/improve their level of functioning
	• Children and youth strengthen coping/resiliency skills
	• Children and youth possess a diagnosis and/or increase knowledge of presenting concern(s)
	• Children and youth demonstrate age appropriate social/emotional development
	• Children and youth decrease or avoid risky/unhealthy/dangerous behaviors
	• Youth avoid teen pregnancy/parenting
	• Children and youth avoid/reduce substance use
	• Children and youth are free from law enforcement/juvenile justice involvement
	• Children and youth gain knowledge toward improved well-being
	... 4 additional choices hidden ...
	• Children and youth develop positive relationships with peers
	• Children and youth increase connection to/within their community and/or develop a greater sense of belonging
	• Children and youth increase engagement and/or make progress in school
	• Children and youth become enrolled in job training, college, vocational training or employment
	• School and community-based service providers gain knowledge and/or skills to meet the mental and behavioral needs of children and youth
	• Children and youth achieve safe and stable shelter or housing
	• Children and youth are free from substantiated incidents of child abuse and/or neglect
	• Children and youth are with caregivers who achieve/maintain safe and stable living situations
	• Parents/caregivers gain knowledge and/or demonstrate healthy practices for positive parenting
	• Parents/caregivers reduce and/or manage levels of stress
Outcome Indicator #3	• Children and youth experience fewer emotional and/or behavioral symptoms
	• Children and youth maintain/improve their level of functioning
	• Children and youth strengthen coping/resiliency skills
	• Children and youth possess a diagnosis and/or increase knowledge of presenting concern(s)
	• Children and youth demonstrate age appropriate social/emotional development
	• Children and youth decrease or avoid risky/unhealthy/dangerous behaviors
	• Youth avoid teen pregnancy/parenting
	• Children and youth avoid/reduce substance use
	• Children and youth are free from law enforcement/juvenile justice involvement
	• Children and youth gain knowledge toward improved well-being
	... 4 additional choices hidden ...
	• Children and youth develop positive relationships with peers
	• Children and youth increase connection to/within their community and/or develop a greater sense of belonging
	• Children and youth increase engagement and/or make progress in school
	• Children and youth become enrolled in job training, college, vocational training or employment
	• School and community-based service providers gain knowledge and/or skills to meet the mental and behavioral needs of children and youth
	• Children and youth achieve safe and stable shelter or housing
	• Children and youth are free from substantiated incidents of child abuse and/or neglect
	• Children and youth are with caregivers who achieve/maintain safe and stable living situations
	• Parents/caregivers gain knowledge and/or demonstrate healthy practices for positive parenting
	• Parents/caregivers reduce and/or manage levels of stress

🎲 Outcome #1Use the indicator(s) you selected in the drop down menu above to provide a complete outcome statement for your program, including the target rate of success; candidates for outcome measurement; the program's definition of success; the measurement tool; and the time and frequency of measuremen

SAMPLETarget rate: 70%**Measurement tool**: Pediatric Symptom Checklist**Candidates for outcome measurement**: Children and youth served in the school-based counseling program who have completed at least six counseling sessions**Definition of success**: Fewer emotional and/or behavioral symptoms or remain stable, as evidenced by a reduction of at least one point (1pt) on the PSC**Measurement frequency**: Completed at intake and quarterly, throughout service provision**Complete outcome statement**: After six counseling sessions, 70% of children and youth served in the school-based counseling program will experience fewer emotional and/or behavioral symptoms or remain stable, as evidenced by a reduction of at least 1 point on the Pediatric Symptom

Checklist, completed at intake and quarterly throughout services.

	Outcome #1
Target Rate (%)	_____
Measurement Tool	_____
Candidates for Outcome Measurement	_____
Definition of Success	_____
Measurement Frequency	_____
Complete Outcome Statement	_____

Outcome #2

	Outcome #2
Target Rate (%)	_____
Measurement Tool	_____
Candidates for Outcome Measurement	_____
Definition of Success	_____
Measurement Frequency	_____
Complete Outcome Statement	_____

Outcome #3

	Outcome #3
Target Rate (%)	_____
Measurement Tool	_____
Candidates for Outcome Measurement	_____
Definition of Success	_____
Measurement Frequency	_____
Complete Outcome Statement	_____

PROGRAM BUDGETING

Identify which program(s) you would like to move funds from to deliver this concept. Please include the Program Name, Program ID, and the Requested Amount to be transferred. Programs may request to redirect money from what's remaining of the existing program(s)' award, as well as the extension dollars of existing the program(s), if requesting the 2022-2023 Contract Extension.

	CSF Program ID	Program Name	Amount to Transfer to New Program ($)
Program 1	_____ _	_____ _	_____ _
Program 2	_____ _	_____ _	_____ _
Program 3	_____ _	_____ _	_____ _

Program 4
   _____   _____   _____
   _   _   _

Program 5
   _____   _____   _____
   _   _   _

How will the program(s) you are transferring resources from be impacted by this change?

_____
_____
_____

How will the agency staff this new program? Will current staff be reassigned from other programs or will new staff be hired?

_____
_____
_____

Do the proposed program services and activities fit into the units of service model and/or the traditional grant-based model?

Units of service model
                          • Yes
                          • No

Traditional grant model
                          • Yes
                          • No

Further explain how the services and activities fit into the funding model(s) selected above.

_____
_____
_____