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| **ORGANIZATIONAL** **PROFILE** |
| **Organization Name** |  |
| **Subdivision/ Department Administering Services (if applicable)** |  |
| **Organization Address** |  |
| **Phone Number** |  | **Federal ID Number** |  | **National Provider Identifier** |  |
| **Year of Incorporation** |  | **Accreditations** |  |
| **Annual Operating Budget** *(Include all revenue sources)* |  | **Number of employees** |  |
| **Major Funders** |  |
| **Geographic area(s) served** |  |
| **Corporate Mission Statement** |  |
| **Summary Description of** **Organization’s Services** |  |

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| **Administrative Officers** |
| **Board President/Chairperson** |  |
| **Chief Executive Officer** |  |
| **Chief Operating Officer** |  |
| **Chief Financial Officer** |  |
| **Data Security Officer** |  |

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

Please attach documentation of Not-for-profit status.

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| 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(List Type of Services) |
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| **Proposed Performance Measures** |
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| **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 |

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| **Proposed Performance Measures** |
| **Proposed additional outcome measures** *Provide measure description, measure methodology and measure target*  |
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| **Funding Requested** |
| **State Fiscal Year** | **Contract Amount** | **Local Match Amount** |
|  | **$**  | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
| **Total** | **$** | **$** |

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| **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) |

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| **Service Delivery Strategies and Approaches** |
| Identify the major referral sources for each target population: |
| Target Population | Referral Source |
| General SAMH Target Population |  |
| Children at risk of residential services or juvenile justice involvement |  |
| Pregnant/Post-partum Women |  |
| Individuals Involved with the Forensic or Criminal Justice System |  |
| Individuals with co-occurring disorders |  |
| Individuals with HIV |  |
| Others (describe)  |  |

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| *Identification and Engagement Strategies* |
| 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.* |
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| Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement. |
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| Describe the source, use and amount of matching funds to support these strategies. |
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| Integration of Recovery and Resiliency Concepts |
| Describe the steps that the organization will take to integrate recovery and resiliency 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.  |
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| **Individual and Family Participation Strategies** |
| Discuss how the organization promotes family participation in services and practices for the development of natural supports. Discus how the organization involves individuals and families in the planning, development, implementation and evaluation of service delivery systems. |
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| **Signatures** |
| **Individual Completing the Document:**  |
| Name:  |  | Title:  |  |
| Phone:  |  | Fax:  |  | Email: |  |
| **Submitted by:** |
|  |  |
| Provider Representative Signature | Date |
| **Approved by:**  |
|  |  |
| CFCHS Representative Signature | Date |