

**APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures (MH, ID, and SUD only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol.</i>
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
<p>■ Please use FY 18-19 primary allocation, less any one-time funding. If the county received a supplemental CHIPP allocation during FY 18-19, include the annualized amount in the FY 19-20 budget.</p> <p>■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 19-20 are significantly different than FY 18-19. In addition, the county should notify the department and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

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<i>MENTAL HEALTH SERVICES</i>						
ACT and CTT						
Administrative Management						
Administrator's Office						
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment						
Community Residential Services						
Community Services						
Consumer-Driven Services						
Emergency Services						
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services						
Family Support Services						
Housing Support Services						
Mental Health Crisis Intervention						
Other						
Outpatient						
Partial Hospitalization						
Peer Support Services						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation						
Social Rehabilitation Services						
Targeted Case Management						
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	-		\$ -	\$ -	\$ -	\$ -

<i>INTELLECTUAL DISABILITIES SERVICES</i>						
Administrator's Office						
Case Management						
Community-Based Services						
Community Residential Services						
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	-		\$ -	\$ -	\$ -	\$ -

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HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management						
Rental Assistance						
Emergency Shelter						
Innovative Supportive Housing Services						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	-		\$ -		\$ -	\$ -

SUBSTANCE USE DISORDER SERVICES

Case/Care Management						
Inpatient Hospital						
Inpatient Non-Hospital						
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention						
Recovery Support Services						
Administration						
TOTAL SUBSTANCE USE DISORDER SERVICES	-		\$ -	\$ -	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services						
Agjng Services						
Children and Youth Services						
Generic Services						
Specialized Services						
Interagency Coordination						
Administration						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	-		\$ -		\$ -	\$ -

GRAND TOTAL	-	\$ -	\$ -	\$ -	\$ -	\$ -
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