

**FISCAL YEAR 2007/08
PAROLEE SERVICES NETWORK
COUNTY WORK PLAN**

COUNTY:		PROJECT TOTAL ALLOCATION: \$	
AGENCY:		COUNTY'S ADMINISTRATIVE ALLOCATION: \$	
ADDRESS:		PROVIDER ALLOCATION: \$	
ALCOHOL & DRUG PROGRAM ADMINISTRATOR & PSN COORDINATOR:			
NAME:		NAME:	
TITLE:		TITLE:	
MAILING ADDRESS:		MAILING ADDRESS & E-MAIL	
PHONE: ()	FAX: ()	PHONE: ()	FAX: ()

The County Alcohol and Drug Program Administrator certifies that the county will abide by the contractual terms and conditions contained in Document 1D of the NNA contract. The agency certifies that all fiscal data contained in this work plan are correct and that it intends to incorporate the data into the County's NNA contract.

Signature of County Alcohol and Drug
Program Administrator

Typed Name and Title

Date

SECTION I COUNTY WORK PLAN SUMMARY

Summarize total project information for Fiscal Year 2007/08

Treatment Modality	Annual Treatment Allocation	% of Allocation	# of Treatment Slots	# of Units (Bed Days/ Staff Hours)	% of Tx Matrix
a. Detox LT	\$			\$	
b. Residential	\$			\$	
c. Non-Residential*	\$			\$	
d. Sober Living	\$			\$	
e. Case Management/ Central Intake	\$			\$	
f. Other Services	\$			\$	
TOTALS	\$			\$	
g. * SUMMARY OF SLOTS IN NON-RESIDENTIAL SUBMODALITIES					
Relapse Prevention (1-1/2 – 3 hours over 1 - 3 visits per week)					
Non-Residential (5 hours over at least 3 visits per week)					
Intensive (9 hours over at least 3 visits per week)					
Day Treatment (4 hours at least 5 days per week)					
*Enclosure 6 p. 2					

**Section IA
COUNTY WORK PLAN
ALLOCATION DISTRIBUTION**

Summarize specific provider information for FY 2007/08

Provide an alphabetic list.
(Use additional pages as needed)

Distribution by Modality	Cost Per Unit of Service	Units of Service	# of Treatment Beds/Slots	Annual Treatment Allocation Per Provider	Amendment
Detox Programs					
1.					
2.					
Total					
Residential Programs					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Total					
S.L.E. Programs					
1.					
2.					
3.					
4.					
Total					
Non-Residential Programs					
1.					
2.					
3.					
4.					
5.					
6.					
Total					
Case Management Central Intake					
Total					
Total Allocation	N/A	N/A	N/A	\$	

