**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_\_\_\_ System Development

\_\_\_\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_\_\_\_\_ Early Intervention

\_\_\_\_\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_\_\_\_\_ Universal

Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

**Work Plan Title**

**Population to Be Served**

**Work Plan Description**