

COUNTY CERTIFICATION

County: **Glenn**

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing¹ was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.²

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.


The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

Scott Gruendl
Mental Health Director/Designee (PRINT)


Signature

4/27/11
Date

¹ Public Hearing only required for annual updates.

² Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

2011/12 ANNUAL UPDATE

EXHIBIT B

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Glenn **30-day Public Comment period dates:** March 25, 2011–April 25, 2011
Date: 04/26/11 **Date of Public Hearing:** April 25, 2011

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315. Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</p>
<p>NOTE: The Innovation Plan was originally posted as a Supplement to the MHSA FY 2011/12 Annual Update. The Annual Update document was posted from March 8, 2011 through April 12, 2011. The Innovation Plan Supplement was posted from March 25, 2011 through April 25, 2011. The Annual Update required a Public Hearing, which was held on April 12, 2011. Since the Innovation Plan was developed and posted as a Supplement to the Annual Update document, a separate Public Hearing for the Innovation component was held on April 25, 2011. However, to ensure timely payment, we ultimately decided to submit the Annual Update without the Innovation component; the Innovation Plan is now being submitted as a separate Update to the MHSA FY11/12 Annual Update.</p> <p>The Community Program Planning process was comprehensive for a small county. The Glenn County MHSA Executive Leadership Team (MELT) developed an Innovation survey to obtain information from stakeholders. MELT is comprised of the Health Services Agency Director, Mental Health Deputy Director, MHSA Chief Deputy Director, MHSA staff, consumer and family representatives, and one of our Superior Court Judges. This Innovation survey allowed us to obtain input from individuals attending focus groups, as well as individuals who were unable to attend an organized event. Input was obtained through meetings, presentations, and distributed INN surveys. In addition, clients who are currently receiving mental health services were invited to complete an INN survey. Community stakeholder meetings were held which included a brief explanation of the INN funding; meeting participants were asked to complete the INN survey. We collected a total of forty (40) Innovation surveys. 50% of respondents were consumers.</p> <p>Once the meetings were completed and the survey results were analyzed, the final recommendations for the INN plan were discussed and developed by MELT and additional representatives from the community. This group of individuals met to discuss the INN survey results, determine the primary purposes of the Innovation program, and identify options for INN funding.</p>

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

A number of different stakeholders were involved in the CPP process. Input was obtained from members of the MELT, which is comprised of MHSA staff, Consumer Advocate/Coaches, consumers, Health Services Agency Director and Deputy Directors, fiscal staff, Quality Improvement staff, and others involved in the delivery of MHSA services. The CPP also included input from child and adult staff meetings in mental health and substance abuse services, other agencies, and the Mental Health, Alcohol and Drug Advisory Board.

We collected a total of forty (40) Innovation surveys. 50% of respondents were consumers; 35% were agency staff; and the remaining 15% were community members, allied agency staff, and other stakeholders. 52% of participants were Adults (ages 25-29); 35% were Youth/Transition Age Youth (ages 13-25); and the remaining participants (13%) were Older Adults. 22% of respondents were of Hispanic/Latino origin.

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

Not applicable.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

This MHSA Update was posted for a 30-day public review and comment period from March 25, 2011 through April 25, 2011. An electronic copy was posted on the County website with an announcement of the public review and comment period, as well as the Public Hearing information. The posting provided contact information to allow input on the plan in person, by phone, written and sent by mail, or through e-mail. The Update was discussed with the Mental Health, Alcohol and Drug Advisory Board, the MHSA Executive Leadership Team, consumer groups, and staff. Copies of the Update were placed at the clinics in Willows and Orland; at Harmony House (the Adult Wellness Center); at the TAY Center; at the court house in Orland and in Willows; and at the local libraries. The Update was available to clients and family members at all of these sites and on the County website.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

A public hearing was held on Monday, April 25, 2011 at 11:00 am, at the Health Services Agency Conference Room in Willows, CA. We received feedback from our stakeholders during the Public Hearing. The comments and responses are outlined below.

- a. A stakeholder asked, "How is this different from the CSS Plan? Except for Harmony House what is the difference? *Glenn County response: The difference is that people who come out of conservatorship cannot be Full Service Partnership clients, because it is*

against regulation: they do not qualify. The Innovation Project offers more levels of services to high risk clients who need additional support to help them remain in the community. CSS services are ongoing services; this Project is only a one-year research project. Also, providing staffing and wellness center activities on weekends is new to Glenn County Mental Health.

- b. A stakeholder noted that the plan indicates there will be 2 new case managers and 2 part-time coaches and wondered if these are new hires and what hours will they be working. “You need to be more specific on the staff schedule when possible.” *Glenn County response: These positions will be “new” hires and will be scheduled to work weekend and some evening hours, but until we find out the needs of our consumers, we cannot be specific on the staff’s exact schedule.*
- c. A stakeholder commented that the county needs to hire consumers who are competent in helping people. *Glenn County response: It is our goal to hire the most qualified and skilled persons for a position.*
- d. A stakeholder noted that Mental Health consumers need to be informed of major regulation changes. *Glenn County response: We will develop a communication flow-chart that identifies how and when information can be expected to be disseminated to consumers.*

No other substantive comments were made. No substantive changes were made to the posted Update.

**New/Revised Program Description
INNOVATION**

County: Glenn

- Completely New Program**
 Revised Previously Approved Program

Program Number/Name: Community Services Wellness Project

Date: 03/25/11

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- Increase access to underserved groups
 Increase the quality of services, including better outcomes
 Promote interagency collaboration
 Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Glenn County Health Services Agency (GCHSA) is committed to maintaining clients with severe mental illness in the community whenever possible and clinically appropriate. It is understood that care for individuals with severe mental illness may include periodic hospitalization, placement in an Institute of Mental Disease (IMD), and/or residential placement. While some individuals require a locked, residential program to help them manage their symptoms of mental illness, others can live successfully in the community with a combination of medication, case management, and supportive services. Many factors have an impact on the number of clients who are placed in higher levels of care, including the length of stay in the facility and the client's ability to remain stable in the community after discharge.

As the mental health system continues to develop and promote healthy outcomes for clients and their families, we would like to study methods for helping clients thrive while living in a stable environment within the community. When clients are hospitalized, moved into IMD and other higher levels of residential placement, their lives are disrupted. Our Community Services Wellness Innovation Project is focused on developing new ways to help keep clients stable, supported in the community, and avoiding out-of-home placement.

Many factors have contributed to placing clients in IMDs and other residential placements. These factors have included the need for nursing support to stabilize and maintain medications; a client's disruptive and potentially violent behavior; and lack of services in the community to help support the individual successfully live at a lower level of care (e.g., Board and Care, independent living situation, intensive community-based programs).

As the mental health system moves toward a recovery and wellness model of care, it has become a priority to look at ways to help clients remain in the community and avoid hospitalizations and placement in locked residential facilities. While there will always be a need to place some clients in these higher levels of care, we are changing and transforming our system to deliver recovery-oriented services to help clients live in the least restrictive setting possible. Supporting clients to live successfully in the least restrictive setting creates positive outcomes for clients and

improves satisfaction with services.

The Community Services Wellness Innovation Project will hire two (2) full time case managers and two half time Consumer Coaches to offer supportive services and wellness activities on weekends (Friday, Saturday, and Sunday) and possibly some evenings during the week. These individuals may go out to a client's home to support medication compliance, make sure they have food and other staples, provide transportation to services, and/or help de-escalate a potential crisis. These individuals will be available to respond to phone calls as well as offer interesting activities at the Harmony House during the weekend to provide social support and help involve clients in positive activities. In addition, we will contract with an individual to provide Representative Payee Services for those individual who need additional supportive assistance in managing their money. The project will also link the individual to our health care collaborative project to ensure that they help clients achieve optimal healthy outcomes.

The Community Services Wellness Innovation Project will address the following:

- Improving outcomes by having supportive services and activities available during the weekend. This project will improve outcomes by linking clients to activities and mental health services seven days a week. Often, clients are isolated and do not have planned activities during the weekend. As a result, they may experience an escalation in symptoms. By having someone check on them, provide weekend activities, and have a plan for getting out of their home, clients will be more supported. When a client receives services in a timely manner, it may help ameliorate the any problems before they escalate into more serious symptoms.
- Early response and supportive services will help reduce the number of hospitalizations. By having a case manager available to come to their home, bring them to activities, and engage them in interesting activities, clients are less likely to need inpatient services, and at times, subsequent placement in residential facilities.
- After a client is hospitalized, the Conservator and Judge may make placement decisions without consulting a mental health staff person. At times, individual with physical health problems, rather than mental health issues, are placed on a Temporary Conservatorship. Mental health staff and the Conservator have not routinely met to discuss clients on conservatorship. As a result, the client is placed on Conservatorship and loses h independence. Through early response and supportive services, we can reduce the hospitalizations, and subsequent conservatorships. This will help clients to have a choice and voice in their services, where they live, and what treatment they receive. Coordination and early supportive services will lead to positive outcomes.
- Supportive services will also improve the physical health of the individuals served. Through shared increased healthy activities on the weekend, improved communication and services throughout the week, mental health clients will learn to better manage their physical health symptoms and coordinate any mental health and physical health medications to ensure improve outcomes.
- Representative Payee Services will help individuals learn budgeting skills and money management strategies to help them stretch their dollars and make good decisions about

their money. These services will be available to those clients who need additional support in managing their finances, and will typically be time limited until the individual can demonstrate that they can successfully budget their resources throughout the month.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

Describe the Innovation Program.

The Community Services Wellness Innovation Project proposes several innovative components, as follows:

1. Development of targeted supportive activities to help engage clients on the weekends to help keep them stable. Traditionally, our mental health program offers services Monday through Friday. Most after hour and weekend services have been Crisis Intervention services. By offering supportive services to clients over the weekend, we will provide high-risk clients ongoing activities which promote health and wellness.
2. The case managers will also offer supportive activities at Harmony House. This is our drop-in wellness center that offers a number of different classes and support groups. We will engage clients in a variety of classes and activities, including cooking, gardening during summer months, art, walking, budgeting, money management, computer skills, and movies.
3. Weekend activities will also encourage clients to be group leaders. Creating opportunities for clients to develop leadership skills will promote wellness and encourage them to develop new skills.
4. Develop and offer representative payee services through a contract provider. Often, clients can remain stable and avoid crises if they have assistance with their finances. Development of this service can offer clients a higher level of assistance while helping them avoid conservatorship.
5. Coordination with drug and alcohol services. Case managers will work closely with county drug and alcohol services to help clients with a co-occurring disorder develop skills in reducing substance use. Services offered during the weekend will help support clients to remain substance free.

Describe the issue and key learning goal that it addresses.

The Community Services Wellness Innovation Project addresses several issues through the following innovations:

- Helps prevent crises and hospitalization by offering engaging services during the weekend
- Engages clients on the weekend by offering interesting and stimulating activities to help develop social, health, and wellness skills.

- Develops leadership skills by having clients participate in wellness activities offered on the weekend.
- Offers representative payee services to help clients manage money without involving the courts and conservator's office.
- Reduces substance use by offering alternative activities during weekends.

Describe the expected learning outcomes.

The Community Services Wellness Innovation Project anticipates the following learning outcomes, through creative services to clients on the weekends to reduce crises and support clients to live independently in the community.

The Community Services Wellness Innovation Project will:

- Reduce the number of crisis calls on the weekend.
- Improve client outcomes by reducing the number of clients who are admitted to Inpatient Services, IMDs, and residential living situations.
- Improved perception of mental health services, as measured by consumer perception surveys.
- Increase the number of clients who participate in Harmony House.
- Increase the number of clients who lead group activities.

State how the Innovation meets the definition of Innovation to create positive change.

The Community Services Wellness Innovation Project will be innovative and contribute to learning by improving services to clients. We have not offered services on the weekend before, and anticipate that it will be very helpful to high risk clients, to help keep them stable and engaged. Friday night and weekends are often times when clients experience an escalation in symptoms and utilize crisis and inpatient services. By offering support services during the weekend, we expect to help clients remain stable.

This project will help to determine if offering services during the weekend will promote healthy outcomes for clients and help them remain living in the community, prevent crises, and reduce inpatient hospitalizations. In addition, we will examine the cost-effectiveness of this project in helping keep clients stable in the community. This Project will help provide a model for other small counties to create supportive services for high risk clients.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

This Project supports and is consistent with the General Standards of the MHSA as follows:

Community Collaboration

Initiates, supports, and expands collaboration and linkages, especially connections with systems, organizations, healers and practitioners not traditionally defined as a part of mental health care cultural competence. Demonstrates cultural competency and capacity to reduce disparities in access to mental health services and to improve outcomes.

The Community Services Wellness Innovation Project will develop strategies and outcomes for engaging clients during the weekends and offering supportive services to help keep them stable and living independently. Case managers will be trained to develop a range of interesting activities for involving clients at Harmony House on the weekends, and helping clients to take a leadership role in organizing the activities. In addition, case managers will email an update on the status of each client in the project to the clinician, at the end of each weekend, to provide celebrations of success and areas for additional services for the client during the week. This innovative approach will help to reduce crises and help clients remain living independently in the community.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

The Community Services Wellness Innovation Project will focus on TAY and adults who are 18 years of age, and older who are living independently, or will be moving from and IMD or residential setting into the community within the next 3 months. In the first 12 months, we estimate that we will serve:

- 30 unduplicated clients

We estimate the following demographics for these clients:

- 20% Latino; 60% Caucasian; 10% Other race/ethnicity groups
- 50% male and 50% female
- 20% youth (18-25 years); 60% adults (26-59); 20% older adult (60+)

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

This project will begin implementation in August 2011. We need to hire new case managers and train them to deliver supportive services in the community. We are optimistic that we will begin delivering services within two months of hiring staff.

This timeframe will allow the opportunity to train staff and develop an evaluation component to evaluate services to individuals. We will also finalize a consumer satisfaction survey instrument so we can measure individual's satisfaction with services.

Full implementation, with identification of individuals and linking them to services, will occur within three (3) months of funding. We anticipate that this project will last one (1) Fiscal Year, extending through June 2012. We will utilize the final three months of the project to conduct the concluding components of the evaluation activities, collect survey instruments, analyze the data, and develop final report. The timeframe for this project will provide the opportunity to collect data, analyze it, and demonstrate the feasibility of replicating these responsive, community services in other communities.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

We will analyze data to determine the feasibility and success of this project. The evaluation team will collect data on the number of individuals who call crisis, dates of inpatient services, and dates and level of care in residential settings, the number who remain living in the community, and the dates of conservatorship status. Information will also be gathered on the client's perception of services and the benefits of services on the weekend. Staff will provide input on the success of the project and identify areas for strengthening strategies for helping people remain living in the community. Costs for client services, including crisis, inpatient, and residential services will be evaluated over time. Cost per client per month will also be analyzed to ensure the project is achieving optimal outcomes.

The data reports and other written information on the activities associated with the project will be shared with stakeholders. Their input will be requested and documented throughout the project. In addition, the results of the consumer surveys will provide valuable information on the success of the project is managing resources to achieve optimal outcomes. The data will provide valuable information on how to support individuals in the community. It will help to document lessons learned and how best to engage clients and the support systems to help them live in the community and manage their symptoms. Obtaining satisfaction surveys from clients will provide important information on individual perceptions of the value and outcomes of the services and activities.

5. If applicable, provide a list of resources to be leveraged.

Leveraging of resources is not applicable to the Community Services Wellness Innovation Project. However, we plan to utilize Medi-Cal funding to support the services, whenever possible.

6. Please provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Project 1 – Community Services Wellness Project

- The entire one-year project is budgeted at \$424,500.

This Innovation Project will demonstrate the effectiveness of intensive services during the weekend, and evenings, will promote healthy outcomes for clients. We will deliver comprehensive, supportive services in the home and healthy activities at our Harmony House during weekends, to help individuals returning from IMDs and hospitals, to live successfully in the community. These intensive services will help prevent crises and reduce repeat inpatient hospitalizations and returns to IMDS, and other higher levels of care. Expenditures will support this model, ensure that we are able to fully implement the project, and allow us to conduct supervision, evaluation, and reporting activities.

7. Provide an estimated annual program budget.

INNOVATION PROJECT NEW ANNUAL PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	213,740			213,740
2.	Operating Expenditures	171,953			171,953
3.	Non-recurring Expenditures	0			0
4.	Contracts (Training Consultant Contracts)	0			0
5.	Work Plan Management	0			0
6.	Other Expenditures(Admin)	50,336			50,336
	Operating Reserve	38,591			38,591
	Total Proposed Expenditures	474,620			474,620
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	50,120			50,120
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	50,120			50,120
C. TOTAL FUNDING REQUESTED		\$ 424,500			\$ 424,500

D. BUDGET NARRATIVE

A. Expenditures

1. **Personnel** – Expenditures in this category are based on current County Personnel Salary tables.

Mental Health Case Managers (2.0 FTE) will be available every weekend and some evenings to provide support services and activities to clients to support them in meeting their wellness and recovery goals and help them successful live in the community. The Case Managers will visit clients in their home to ensure that they are managing their medications, have adequate food, know how prepare nutritious meals, and keep their home clean, safe, and secure. The Case Managers will also be responsible for providing enabling services, such as transportation, assisting with linkages to other services, and providing leadership in wellness activities. These activities will help keep clients stable in their independent living situations and help resolve any issues with roommates, neighbors, and landlords.

Adult Coaches (2 positions @ 0.50 FTE each) will be available at Harmony House on the weekends, and some evenings, to offer supportive services and interesting activities to help engage clients and keep them from being isolated at home. These coaches will also be available to provide transportation, as well as teach individuals how to keep their homes clean, prepare nutritious meals, buy groceries that are nutritious while staying within their budget, and pay their bills regularly. These activities will help keep clients stable in their independent living situations and help resolve any issues with roommates, neighbors, and landlords.

Deputy Director, Mental Health (0.05 FTE) will provide leadership and oversight of these activities and the staff. The Deputy Director will work closely with the Innovation Team to ensure the services are integrated into the larger adult system of care. The Deputy Director will also review data from the project on a monthly basis to ensure that clients are obtaining optimal outcomes.

Case Manager Supervisor (0.10 FTE) will provide leadership, supervision, and oversight of the Innovation Team and Coaches. This individual will also be available and on-call over the weekends to respond to any adverse situations or questions.

UR Staff (2 positions @ 0.05 FTE each) will provide oversight and management of the Quality Management activities and ensure that all billable activities are documented in compliance with Medi-Cal and in a timely manner. The UR staff will also help collect data and ensure that the evaluation time has timely data for producing monthly client outcome and system performance reports.

2. **Operating Expenditures** – Operating expenses include normal costs of doing business (phones, rent , utilities, office supplies, vehicle charges/mileage, travel expenses, IT support); contracting with an individual to manage the representative payee services for any clients that need this additional level of support in managing their monthly income; Evaluation Team expenses to document activities, client

outcomes, and system performance to demonstrate the effectiveness of this Innovation Project and complete reports in compliance with MHSA regulations; and funds to help support individual to live independently and manage their monthly budgets. Funding for weekend support, wellness, and health activities will help provide the resources to engage and interest clients to help keep them stable and living independently.

3. **Non-recurring Expenditures** – No expenditures are included in this category.
4. **Contracts (Training Consultant Contracts)** – No expenditures are included in this category.
5. **Work Plan Management** – No expenditures are included in this category.
6. **Other Expenditures** – Other expenditures include indirect Administrative Costs and funds directed to the Operating Reserve.

B. Revenues

1. **New Revenues** – As this project is completely new for this county, the level of revenue is difficult to estimate. The county will collect revenue through this project when feasible.

County: Glenn

****UPDATED TO INCLUDE INNOVATION FUNDING****

Date: 3/25/2011

For inclusion with the Supplement to the MHSA 11/12 Annual Update

	MHSA Funding					Local Prudent Reserve
	CSS	WET	CFTN	PEI	INN	
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$1,304,600			\$144,400	\$76,200	
2. Transfer from FY 11/12 ^{bl}	\$0	\$0	\$0			\$0
3. Adjusted Component Allocation	\$1,304,600					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$1,304,600	\$0	\$0	\$146,775	\$424,500	
2. Requested Funding for CPP	\$0			\$0	\$0	
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$476,349			\$291,387	\$53,592	
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$476,349			\$291,387	\$53,592	
c. Unexpended Funds from FY 10/11	\$0			\$0	\$0	
d. Total Net Available Unexpended Funds	\$0	\$0		\$0	\$0	
4. Total FY 2011/12 Funding Request	\$1,304,600	\$0	\$0	\$146,775	\$424,500	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations					\$81,500	
4. Unapproved FY 09/10 Component Allocations ^{bl}	\$0			\$0	\$81,500	
5. Unapproved FY 10/11 Component Allocations ^{bl}	\$0			\$0	\$185,300	
6. Unapproved FY 11/12 Component Allocations ^{bl}	\$1,304,600			\$144,400	\$76,200	
Sub-total	\$1,304,600	\$0	\$0	\$144,400	\$424,500	
7. Access Local Prudent Reserve	\$0			\$2,375		
8. FY 2011/12 Total Allocation ^{cl}	\$1,304,600	\$0	\$0	\$146,775	\$424,500	

NOTE:

- Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
- Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
- Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
- Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
- Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

^{al}Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

^{bl}For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

^{cl} Must equal line B.4. for each component.

County: GLENN

Date: 3/25/2011

INN Programs		FY 11/12 Requested
No.	Name	MHSA Funding
Previously Approved Programs		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.	Subtotal: Programs	\$0
17.	Plus up to 15% Indirect Administrative Costs	
18.	Plus up to 10% Operating Reserve	
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve	\$0
New Programs		
1.	1 Primary Care Integration Project	\$335,573
2.		
3.		
4.		
5.		
6.	Subtotal: Programs	\$335,573
7.	Plus up to 15% Indirect Administrative Costs	\$50,336
8.	Plus up to 10% Operating Reserve	\$38,591
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$424,500
10.	Total MHSA Funds Requested for INN	\$424,500

Percentage
15%
10.0%

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10