

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Shasta County

County Mental Health Director	Project Lead
Name: Mark Montgomery, Psy.D.	Name: Jamie Hannigan
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.



Signature (Local Mental Health Director/Designee)

03/03/2011

Date

Deputy Director

Title

EXHIBIT B

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: Shasta
Work Plan Name: 1. Community Intervention
Pre-Crisis Team
2. Non-Revocable Parolee
Intervention Team

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.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

The Community Program Planning Process for Shasta County's Innovation projects consisted of informational meetings, the use of an Innovation Idea Submission Form, a prioritization meeting, and a program development meeting.

To ensure that all community stakeholders were given the opportunity for participation, seven informational meetings were held at various locations throughout the community, as well as at a regular meeting of the MHSA Advisory Committee (MHSAAC). More than 75 individuals participated in one or more of the informational meetings.

An Innovation Idea Submission Form was utilized to gather innovation ideas from stakeholders. This form was distributed at the informational meetings, e-mailed to the various MHSA community stakeholder groups, was made available on the Shasta County MHSA website, and was provided to any individual or organization who requested it. The form provided a vehicle for individuals, organizations, and/or groups to present their ideas, anonymously if desired. A total of 26 ideas were submitted - 17 by individuals and 9 through groups or organizations.

All ideas received were assigned a number and were reviewed and discussed by community stakeholders at the December 2010 MHSAAC meeting, of which 20 people attended. Using the Turning Point Technology handheld voting system, all attendees anonymously voted to include or exclude ideas from the ranking process. Using a simple majority, three projects were identified for inclusion in this submission. All attendees then voted to prioritize those three projects.

Once the three projects were identified and prioritized, a program development community stakeholder meeting was held, of which 18 individuals participated. Authors of chosen ideas were present to discuss and answer questions about their ideas. After

considerable discussion, it was determined that two of the three ideas could be combined and we would proceed with drafting two projects.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

The following community stakeholder groups were involved in the Community Program Planning Process:

Consumers and family members
Various community-based organizations representing ethnic coalitions and underserved cultural populations
NAMI Shasta County
Second Home Wellness Center
Circle of Friends Wellness Center
Various Shasta County Health and Human Services Agencies
Law enforcement
Education
Healthcare providers
Members of the public mental health workforce
Interested community members

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

30-day Public Comment period was opened on January 31, 2011 and closed on March 02, 2011. A Public Hearing was held at the Mental Health Alcohol and Drug Advisory Board meeting on March 02, 2011. There were not public comments received.

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Innovation Work Plan Narrative

Date: 03/03/2011

County: Shasta

Work Plan #: 1

Work Plan Name: Community Intervention Pre-Crisis Team (CIPT)

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Throughout the planning process, community members expressed concern over the number of emergency room visits, hospitalizations, and incarcerations due to mental illness symptoms and crisis situations. Of the Innovation ideas submitted, 23% had the goal of reducing hospitalizations. Often the consumer and family needs to be in full crisis before action is taken, and that action often results in a trip to the emergency room, hospitalization, or incarceration. For those with serious mental health issues, there is a perceived threat of hospitalization when asking for help.

The community's concerns are valid ones. Currently there are no psychiatric hospitals in the county and those who need a higher level of care are hospitalized several hours away from their natural support structures. Often by the time action is taken these support structures have become threatened as friends and family become unable to cope with the situation. The idea of trying to reach individuals and their families prior to a crisis and providing them with support, services, education, and resources could reduce the negative outcomes of a crisis. This approach could prevent individuals from reaching a full crisis situation, thus decreasing emergency room visits, hospitalizations, and incarcerations. It would also maintain the individual's level of independence.

Because of these issues, the community selected this Innovation Project to try and increase the quality of services, including better outcomes.

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

The community in Shasta County is very concerned about the number of emergency room visits, hospitalizations, and incarcerations that are the result of a mental health crisis. They would like to see a Community Intervention Pre-Crisis Team (CIPT) that is available 24/7 with tiered-response team designed to help individuals and their families before a crisis occurs.

An access telephone number will be provided to the community through outreach by the CIPT members. Individuals, their families, and/or concerned members of the community would call with their pre-crisis situation and request assistance, and the appropriate response team would be dispatched. Local businesses would be encouraged to call for assistance when situations arise prior to calling law enforcement.

The makeup and level of expertise of response teams would vary by request, depending on what is needed. Team members would include consumers (with a focus on those with experience with homelessness), family members, and mental health educators. Teams would have partnerships with clinicians, medical staff, and law enforcement. Services would be offered in the home or at other locations within the community. Services would be provided to both consumers and family members and would vary depending on the level of help needed. Services would include homeless outreach, education about psychiatric illnesses, peer support, respite care, in-home mental health services, and crisis aftercare.

Services would be available to both individuals with a mental illness and their families, as one of the goals of this program is to intervene before a person's support system is driven away by mental health symptoms. This project would have a wellness whole family unit focus.

We would like to determine if a pre-crisis response team reduces the rates of emergency room visits, hospitalization, and incarcerations for those with serious mental illness.

General MHSA Standards:

This project will require extensive community collaboration with other agencies since the teams will be made up of individuals from various organizations. Every effort will be made to ensure that the responding team's makeup is appropriate for each situation and that services are provided in a culturally competent manner. Cultural competency training in the needs and customs of other cultural groups will be provided to response team members and translation services will be available in the event that appropriate bilingual staff is not available.

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This project was designed by consumers, family members, and community stakeholders and will continue to be a client- and family-driven project. As this project seeks to serve the whole person and families with the idea that they can recover and grow, this project will focus on recovery and resilience, and all services will be integrated with a focus on preventing a crisis.

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The Community Intervention Pre-Crisis Team makes a change to an existing mental health practice/approach. Currently there are crisis intervention teams in existence, however our research was unable to uncover a peer-based approach that seeks to help individuals and families before a situation escalates into crisis. The idea is to take what has been done before, a crisis intervention team, and change the model to build a peer-run pre-crisis team to respond to situations with the goal of providing services and maintaining support systems in order to prevent a crisis. Having a Community Intervention Pre-Crisis Team will contribute to learning because we are unsure if a response team such as this will prevent the escalation into crisis and reduce emergency room visits, hospitalizations, and incarcerations in those with a mental illness.

Our learning questions are:

Outcome:

Does having an pre-crisis intervention reduce the occurrences of emergency room visits, hospitalizations, and incarceration for psychiatric symptoms?

Process:

Are individuals using the Community Intervention Pre-Crisis Team, and are the services provided appropriate?

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

After the initial 6 months of program implementation, each tier will be evaluated for its impact on the rate of hospitalizations, emergency room visits, and incarceration. Every 6 months a report will be written based on the results of the evaluation. This report will be disseminated to the Shasta County Mental Health Alcohol and Drug Advisory Board (MHADAB) as well as the Mental Health Services Act Advisory Committee (MHSAAC) and the community stakeholders. At the conclusion of the pilot period, a final report will be written and disseminated throughout the community.

Measurements:

1. Does having an intervention available pre-crisis reduce the need for hospitalization for psychiatric symptoms?
 - a. The number of psychiatric hospitalizations for those who were provided services from the CIPT will be collected.
 - b. The county's overall psychiatric hospitalization rate for the two years prior to the initiation of the project will be compared to the psychiatric hospitalization rate after the initiation of the project.

2. Does having an intervention available pre-crisis reduce the need to go to the Emergency Room for psychiatric symptoms?
 - a. The number of Emergency Room visits for those who were provided services from the CIPT will be collected.
 - b. The county's overall rate of emergency room visits for psychiatric symptoms after the initiation of this project will be compared with the rate of emergency room visits for people with psychiatric symptoms for the two years prior to the initiation of this project.

3. Does having an intervention available pre-crisis reduce the likelihood of incarceration?
 - a. The number of arrests for those who were provided services from the CIPT will be collected.

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4. Are individuals accessing the CIPT and utilizing services offered?
 - a. How many calls for assistance did the call line receive?
 - b. What are the demographics of those that use the call line?
 - c. What tier level did the calls for assistance require?

5. Are the services provided by the CIPT desirable to those that receive services?
 - a. How satisfied are people who received services from the Community Intervention Pre-Crisis Team with the services they received?
 - i. Satisfaction survey administered every 6 months that includes the questions about what could be improved with the project and what is working well, in addition to Likert Scale questions with satisfaction statements.
 - b. When the response team arrived, were individuals receptive to the service?

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

It is anticipated that the contract provider for this program will leverage resources in some manner.

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Innovation Work Plan Narrative

Date: 03/03/2011

County: Shasta

Work Plan #: 2

Work Plan Name: Non-Revocable Parolee Intervention Team

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

On October 11, 2009, Section 3000.03 of the California Penal Code was enacted pursuant to Section 48 of Senate Bill X3 18. The new law, which went into effect on January 25, 2010, authorizes the placement of parolees onto Non-Revocable Parole. Currently there are no mental health services designed to specifically help non-revocable parolees. According to the California Department of Corrections and Rehabilitation, 20% of this population has a diagnosed mental illness. Non-revocable parolees do not report to a parole officer and do not have the same level of accountability as those on traditional parole. This population is also at high risk for co-occurring substance use disorders. This project has the potential to address these issues before they escalate to much more serious problems. This population also has the potential to negatively impact public safety if the non-revocable parolees do not get the help they need assimilating back into their community. The community felt that this population is in desperate need of services. For these reasons, the purpose of this project is to increase access to underserved groups.

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

Currently there are no specialized mental health services for non-revocable parolees once they are released from prison or a state hospital. By definition this population has not committed a "serious or violent" felony and therefore does not meet the criteria of the Forensic Multi-disciplinary Team (FMDT). Traditional Full Service Partnership (FSP) services are not geared for the non-revocable parolee as they do not address the issues inherent to being a parolee with a mental illness or address peer support for this population. It is estimated that 20% of this population has a serious mental illness. This population is also at risk of having or developing a co-occurring substance use disorder that needs to be addressed. Finally, because there is no accountability to a parole officer, this population could have an impact on public safety.

This project seeks to combine the services traditionally provided by the FMDT with those of an FSP program. The Non-Revocable Parolee Intervention Team will consist of peer service coordinators who will have partnerships with local law enforcement agencies, corrections, probation, the court system, and Shasta County Mental Health Alcohol and Drug (SCMHAD). SCMHAD will build upon their existing working relationships with these agencies. This program will also include "whatever it takes" concept of wrap-around services to help support the non-revocable parolees in their reentry into the community. Peer service coordinators are an essential part of this program and will be included to provide services, serve as a positive role model, and to address the unique cultural needs of this population. This project will require collaboration with community agencies that provide housing, employment services, health services, and other services required that are unique to parolees. The desired outcome would be successful reentry into the community, which includes reduced hospitalizations, reduced recidivism, and increased employment and housing.

General Standards:

This project will require extensive community collaboration with many agencies ranging from law enforcement to housing and healthcare providers. As the program continues to develop, it is anticipated that even more collaborative partnerships will be made. Peer staff will be included on the Non-Revocable Parolee Intervention Team. All staff will be trained in the special needs of non-revocable parolees as well as in the needs and customs of other cultural groups. Translation services will be made available in the event that appropriate bilingual staff is not available.

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Consumers and their families, if desired, will have a say in how they receive services, as well as which services they would like to receive. An advisory committee made up of consumers and their families, as well as other interested parties, will review the semi-annual reports to determine what, if any, changes need to be made as well as if the program should continue. This project seeks to outreach and engage non-revocable parolees with the idea that they can recover and grow. The Non-Revocable Parolee Intervention Team will focus on recovery and resilience and services will be integrated around helping in all aspects of the client's life including mental health, physical health, employment, and housing.

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This innovation project seeks to make a change to an existing mental health practice by offering outreach and engagement strategies and approaches to a new population. As more non-revocable parolees will be entering Shasta County it is important to discover how best to help them assimilate back into the community. This project will determine if having the support of a Forensic Multidisciplinary Team along with wrapping services, in an anything it takes model, around a non-revocable parolee helps them assimilate back into the community

We are hopeful that by wrapping specialized mental health services around non-revocable parolees we will reduce negative outcomes such as psychiatric hospitalization and incarceration. Both of these outcomes remove the non-revocable parolee from the community and negatively impacts their recovery. At the same time, we would like to see an increase in positive outcomes such as gaining meaningful employment and safe, affordable housing. These both are important to successfully assimilating into the community.

Because this project is completely voluntary, we would like to know if people want to have these services. There could be unforeseen barriers to people wanting what we are offering. We would want to assess what the reasons were for non-revocable parolees turning the program down. At the same time, we would need to assess what the appeal of the project is so we could further explore those aspects.

A large component of this project is the involvement of the non-revocable parolee as well as their family members, if desired, in the decision making process of this project. A committee that is made up of non-revocable parolees, their families, project staff, and any other interested parties will be formed to review project evaluation reports. The committee will be asked to make recommendations based on these project evaluation reports.

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

After the initial 6 months of program implementation, the Non-Revocable Parolee Intervention Team will be evaluated based on the questions listed below. The results will be communicated to the community through the Shasta County Mental Health Alcohol and Drug Advisory Board, the Mental Health Services Act Advisory Committee, and the Shasta County website. At the end of the project a final evaluation will be written and the Non-Revocable Parolee Intervention Team Committee will make the determination if the program should be continued.

1. Has the provision of specialized services to the non-revocable parolee population decreased the rate of psychiatric hospitalization in this population?
 - a. The post-prison psychiatric hospitalization rate will be compared with the pre-prison psychiatric hospitalization of participating non-revocable parolees.

2. Has the provision of specialized services to the non-revocable parolee population decreased the likelihood of incarceration?
 - a. For non-revocable parolees who chose to be a part of this project, the rate of arrests post enrollment into this program will be compared with the rate of arrests prior to the most recent incarceration.

3. Has the provision of specialized services to the non-revocable parolee population led to employment for participating non-revocable parolees?
 - a. How many non-revocable parolees, who are participating in this project, have obtained employment?
 - b. Of those non-revocable parolees who obtained employment and are participating in this project, how many earn at a level above 100% of the federal poverty level?

4. Has the provision of specialized services to the non-revocable parolee population led to participation non-revocable parolees obtaining stable housing?
 - a. How many non-revocable parolees participating in this project have obtained housing?
 - b. How long have those non-revocable parolees participating in the project who have obtained housing remained housed?

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5. Are the services provided by the Non-Revocable Parolee Intervention Team desirable to non-revocable parolees?

a. What percentage of non-revocable parolees choose to participate in the Non-Revocable Parolee Intervention Team?

b. How long do non-revocable parolees participating in this project remain enrolled?

c. How satisfied are participating non-revocable parolees with the services they receive?

i. Satisfaction survey administered every 6 months that includes questions about what could be improved with the project and what is working well, in addition to Likert Scale questions with satisfaction statements.

d. What are the reasons that non-revocable parolees decline to participate in the Non-Revocable Parolee Intervention Team?

e. The demographic profile of those non-revocable parolees who chose to participate will be compared to those who chose not to participate.

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

It is anticipated that the contract provider for this program will leverage resources in some manner.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Shasta

Annual Number of Clients to Be Served (If Applicable)

50 Total

Work Plan Name

Community Intervention Pre-Crisis Team

Population to Be Served (if applicable):

Individuals and families residing in Shasta County of all ages, race/ethnicity, and socioeconomic status that are experiencing a mental health issue that is in pre-crisis status.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The Community Intervention Pre-Crisis Team (CIPT) is a response team available 24/7 with tiered-response designed to help individuals and their families BEFORE a crisis occurs.

An access telephone number will be provided to the community through outreach by the CIPT members. Individuals, their families, and/or concerned members of the community would call with their pre-crisis situation and request assistance, and the appropriate response team would be dispatched. Local businesses would be encouraged to call for assistance when situations arise prior to calling law enforcement.

The makeup and level of expertise of response teams would vary by request, depending on what is needed. Team members would include consumers (with a focus on those with experience with homelessness), family members, and mental health educators. Teams would have partnerships with clinicians, medical staff, and law enforcement. Services would be offered in the home or at other locations within the community. Services would be provided to both consumers and family members and would vary depending on the level of help needed. Services would include homeless outreach, education about psychiatric illnesses, peer support, respite care, in-home mental health services, and crisis aftercare.

Services would be available to both individuals with a mental illness and their families, as one of the goals of this program is to intervene before a person's support system is

driven away by mental health symptoms. This project would have a wellness whole family unit focus.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Shasta

Annual Number of Clients to Be Served (If Applicable)

30 Total

Work Plan Name

Non-Revocable Parolee Intervention Team

Population to Be Served (if applicable):

Adult and older adult non-revocable parolees with a mental illness, of any gender, race/ethnicity, socioeconomic status, and being released into or currently living in Shasta County.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This project seeks to create a Non-Revocable Parolee Intervention Team with peer service coordinators that is modeled after the Full Service Partnership program that will combine the FSP services with those traditionally provided by a Forensic Multi-Disciplinary Team.

The Non-Revocable Parolee Intervention Team will consist of peer service coordinators who will have partnerships with local law enforcement agencies, corrections, probation, the court system, and Shasta County Mental Health Alcohol and Drug (SCMHAD). This program will also include the "whatever it takes" concept of wrap-around services to help support the non-revocable parolees in their reentry into the community. Peer service coordinators are an essential part of this program and will be included to provide services, serve as a positive role model, and to address the unique cultural needs of this population. This project will require collaboration with community agencies that provide housing, employment services, health services, and other services required that are unique to parolees. The desired outcome would be successful reentry into the community, which includes reduced hospitalizations, reduced recidivism, and increased employment and housing.

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Shasta

Date: 03/03/2011

Innovation Work Plans			FY10/11 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No	Name	Children, Youth		Transition Age Youth	Adult	Older Adult	
1	1	Community Intervention Pre-	35,789	7,158	3,579	21,473	3,579
2	2	Non-Revocable Parolee	37,062			30,761	6,301
3							
4							
5							
6							
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25							
26	Subtotal: Work Plans		72,851	7,158	3,579	52,234	9,880
27	Plus County Administration		1,980				
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		74,831				

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Shasta

Date: 03/03/2011

Innovation Work Plans			FY11/12 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No	Name	Children Youth		Transition Age Youth	Adult	Older Adult	
1	1	Community Intervention Pre-	583,907	116,781	58,391	350,344	58,391
2	2	Non-Revocable Parolee	592,200			491,526	100,674
3							
4							
5							
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25							
26	Subtotal: Work Plans		1,176,107	116,781	58,391	841,870	159,065
27	Plus County Administration		84,362				
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		1,260,469				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Shasta

Fiscal Year: 2010/11

Work Plan #: 1

Work Plan Name: CIPT

New Work Plan

Expansion

Months of Operation: 05/11 - 04/14
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	14,274			\$14,274
2. Operating Expenditures	8,598			\$8,598
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management	12,917			\$12,917
6. Total Proposed Work Plan Expenditures	\$35,789	\$0	\$0	\$35,789
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$35,789	\$0	\$0	\$35,789

Prepared by: Erin Ceccarelli

Date: 3/3/2011

Telephone Number: 530/229-8063

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Shasta

Fiscal Year: 2011/12

Work Plan #: 1

Work Plan Name: CIPT

New Work Plan

Expansion

Months of Operation: 05/11 - 04/14
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	89,194		199,878	\$289,072
2. Operating Expenditures	14,381		99,939	\$114,320
3. Non-recurring expenditures			99,939	\$99,939
4. Training Consultant Contracts				\$0
5. Work Plan Management	80,576			\$80,576
6. Total Proposed Work Plan Expenditures	\$184,151	\$0	\$399,756	\$583,907
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$184,151	\$0	\$399,756	\$583,907

Prepared by: Erin Ceccarelli

Date: 3/3/2011

Telephone Number: 530/229-8063

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Shasta

Fiscal Year: 2010/11

Work Plan #: 2

Work Plan Name: Non-Revocable Pa

New Work Plan

Expansion

Months of Operation: 05/11 - 04/16
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	14,976			\$14,976
2. Operating Expenditures	8,598			\$8,598
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management	13,488			\$13,488
6. Total Proposed Work Plan Expenditures	\$37,062	\$0	\$0	\$37,062
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$37,062	\$0	\$0	\$37,062

Prepared by: Erin Ceccarelli

Date: 3/3/2011

Telephone Number: 530/229-8063

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Shasta

Fiscal Year: 2011/12

Work Plan #: 2

Work Plan Name: Non-Revocable Pa

New Work Plan

Expansion

Months of Operation: 05/11 - 04/16
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	93,597		199,878	\$293,475
2. Operating Expenditures	14,365		99,939	\$114,304
3. Non-recurring expenditures			99,939	\$99,939
4. Training Consultant Contracts				\$0
5. Work Plan Management	84,482			\$84,482
6. Total Proposed Work Plan Expenditures	\$192,444	\$0	\$399,756	\$592,200
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$192,444	\$0	\$399,756	\$592,200

Prepared by: Erin Ceccarelli

Date: 3/3/2011

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