

EXHIBIT A

County Summary Sheet

County: _____

Date: _____

	CRITERIA	YES	NO
1.	Did the County include all of the checked forms?		
2.	Was the 30 day public review comment period met? <i>Reference: CCR, tit. 9, § 3315, subdivision (a)</i>		
3.	Was the Public Hearing held after the completion of the 30-day public comment period? <i>Reference: W&I Code § 5848, subd. (b)</i>		
4.	Has the FY 08/09 Revenue and Expenditure Report been sent to DMH?		

EXHIBIT B

County Certification

County: _____

Date: _____

	CRITERIA	YES	NO
1.	Is the contact information included for the County Mental Health Director?		
2.	Is the contact information included for the Project Lead?		
3.	Is the mailing address included?		
4.	Is the County Certification signed/dated by the Mental Health Director/Designee?		

EXHIBIT C

Community Program Planning and Local Review Process

County: _____

Date: _____

	CRITERIA	YES	NO	N/A
Community Program Planning				
1a.	Is there a brief description of how the requirements of the Community Program Planning Process for the development of the FY 2010/11 annual update/update were met? <i>Reference: Cal. Code Regs., tit. 9 § 3300</i>			
1b.	Did the County include methods used to obtain stakeholder input? <i>Reference: Cal. Code Regs., title 9, § 3315 (a)</i>			
2.	Are stakeholder entities identified?			
3.	If eliminating a program/project: Did the County describe how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project?			
Local Review Process				
4.	Is there a description of the methods used to circulate, for the purpose of public comment, the annual update/update? <i>Reference: Cal. Code Regs., tit. 9, § 3315 (a)(1)(A)</i>			
5.	Did the County describe substantitive comments received, and any substantive changes made due to the comments received? <i>Reference: Cal. Code Regs., tit. 9, §§ 3300, 3310(d) and 3315(a)</i>			

**EXHIBIT E
MHTA Summary Funding Request**

County: _____

Date: _____

	MHTA Funding					Local Prudent Reserve
	CSS	WET	CFTN	PEI	INN	
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$0					
2. Transfers						
3. Adjusted Planning Estimates	\$0					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$0	\$0	\$0			
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 2006/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}						
c. Unexpended FY 2008/09 Funds						
d. Adjustment for FY 2009/2010						
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$0	\$0	\$0	\$0	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0		\$0	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation ^{b/}	\$0	\$0	\$0	\$0	\$0	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

Community Program Planning 5%	\$0			\$0	\$0
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	Maximum	CFTN	WET	Prudent Reserve	Total
CSS 20% Transfer Limit					\$0

EXHIBIT E
MHSA Summary Funding Request

Exhibit E - MHSA Summary Funding Request (Review Tool Questions)	Yes	No	NA
A1) Are the FY 2010/11 Planning Estimates correct?			
A2) Did the County request to transfer funds from CSS? A2) If yes, is this amount ≤ the 20% limit? <i>Reference: WIC Section 5892 (b); DMH Information Notice: 09-20, Enclosure 5; and MHSA Fiscal References, FY 10/11 20% Limit as of 9/17/09</i> http://www.dmh.ca.gov/DMHDocs/docs/notices09/09-20_Enclosure1.pdf			
B1) Does line B1 sum correctly based on the Total Requested line of Exhibit E for each component? <i>Reference: DMH Information Notice: 10-01, Enclosure 1, page 2</i>			
B2) Is the CPP funding requested ≤ 5% of each components Planning Estimate? <i>Reference: DMH Information Notice: 10-01, page 8</i>			
B3) Do the unexpended amounts on lines B3a, B3b, and B3c equal the amounts reported on the Annual MHSA Revenue and Expenditure Report for FY 2008/09?			
C) If the County included unapproved Planning Estimates from previous fiscal years, is there funding available from the fiscal years in which they are requesting funds?			
D) If the County is requesting to use their Local Prudent Reserve funds, is the amount requested available in the County's Prudent Reserve?			

**EXHIBIT E1
CSS BUDGET SUMMARY**

County: _____

Date: _____

CSS Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	
Previously Approved Programs										
1.		\$0								
2.		\$0								
3.		\$0								
4.		\$0								
5.		\$0								
6.		\$0								
7.		\$0								
8.		\$0								
9.		\$0								
10.		\$0								
11.		\$0								
12.		\$0								
13.		\$0								
14.		\$0								
15.		\$0								Percentage
16.		\$0								
17.		\$0								
18.		\$0								
19.		\$0								
20.		\$0								
21.		\$0								
22.		\$0								
23.		\$0								
24.		\$0								
25.		\$0								
25.		\$0					\$0			
26.	Subtotal: Programs ^{a/}	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
27.	Plus up to 15% County Administration									
28.	Plus up to 10% Operating Reserve									
29.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$0								
New Programs										
1.		\$0								
2.		\$0								
3.		\$0								
4.		\$0								
5.		\$0								
6.		\$0								
7.		\$0								
8.		\$0								
9.		\$0								
10.		\$0								
11.	Subtotal: Programs ^{a/}	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
12.	Plus up to 15% County Administration									#VALUE!
13.	Plus up to 10% Operating Reserve									#VALUE!
14.	Subtotal: New Programs/County Admin./Operating Reserve	\$0								
15.	Total MHSA Funds Requested for CSS	\$0								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

	Other Funding Sources										Total %
	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total		
Total Mental Health Expenditures	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!

**EXHIBIT E1
CSS BUDGET SUMMARY**

Exhibit E1 - CSS Budget Summary (Review Tool Questions)		Yes	No	N/A
1a.	Is the administration line ≤ the recommended 15%?			
1b.	If the administration line is > 15% , is there a signed statement by the County MH Director?			
2.	If applicable, is the operating reserve ≤ 10%?			
3a.	Are the majority of services funds requested for FSPs ≥ 50%? <i>Reference: Cal Code Regs., tit. 9, § 3620, subd. (c)</i>			
3b.	Do the majority of services funds requested for FSPs serve all age groups? <i>Reference: Cal Code Regs., tit. 9, § 3620, subd. (j)</i>			
3c.	If the answers to question 3a is no, did the County list additional funding and amounts to be used for FSPs? <i>Reference: Cal Code Regs., tit. 9, § 3620(c)</i>			

**EXHIBIT E2
WET Budget Summary**

County: _____
Date: _____

Workforce Education and Training		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Category				
No.	Name		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
Previously Approved Programs							
1.		\$0					
2.		\$0					
3.		\$0					
4.		\$0					
5.		\$0					
6.		\$0					
7.		\$0					
8.		\$0					
9.		\$0					
10.		\$0					
11.		\$0					
12.		\$0					
13.		\$0					
14.		\$0					
15.		\$0					
16.		\$0					
17.		\$0					
18.		\$0					
19.		\$0					
20.		\$0					
21.		\$0					
22.		\$0					
23.		\$0					
24.		\$0					
25.		\$0					
26.	Subtotal: Previously Approved Programs	\$0	\$0	\$0	\$0	\$0	Percentage
27.	Plus up to 15% County Administration						#DIV/0!
28.	Plus up to 10% Operating Reserve						#DIV/0!
29.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$0					
New Programs							
1.		\$0					
2.		\$0					
3.		\$0					
4.		\$0					
5.		\$0					
6.		\$0					
7.		\$0					
8.		\$0					
9.		\$0					
10.		\$0					
11.	Subtotal: WET New Programs	\$0	\$0	\$0	\$0	\$0	Percentage
12.	Plus up to 15% County Administration						#VALUE!
13.	Plus up to 10% Operating Reserve						#VALUE!
14.	Subtotal: New Programs/County Admin./Operating Reserve	\$0					
15.	Total MHSA Funds Requested	\$0					

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

EXHIBIT E2
WET Budget Summary

Exhibit E2 - WET Budget Summary (Review Tool Questions)		YES	NO	NA
1a.	Is the administration line ≤ the recommended 15%?			
1b.	If not, is there a signed statement by the County MH Director?			
2.	If applicable, is the operating reserve ≤ 10%?			

**EXHIBIT E3
CFTN Budget Summary**

County: _____
Date: _____

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 10/11 Required MHSA Funding	Type of Project		
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs		
1.				\$0			
2.				\$0			
3.				\$0			
4.				\$0			
5.				\$0			
6.				\$0			
7.				\$0			
8.				\$0			
9.				\$0			
10.				\$0			
11.				\$0			
12.				\$0			
13.				\$0			
14.				\$0			
15.				\$0			
16.				\$0			
17.				\$0			
18.				\$0			
19.				\$0			
20.				\$0			
21.				\$0			
22.				\$0			
23.				\$0			
24.				\$0			
25.				\$0			
26.	Subtotal: Work Plans/Projects			\$0	\$0	\$0	Percentage
27.	Plus up to 15% County Administration						#VALUE!
28.	Plus up to 10% Operating Reserve						
29.	Total MHSA Funds Requested			\$0			

**EXHIBIT E3
CFTN Budget Summary**

Exhibit E3 - CFTN Budget Summary (Review Tool Questions)		YES	NO	NA
1a.	A) Is the administration line \leq the recommended 15%?			
1b.	A1) If not, is there a signed statement by the County MH Director?			
2	B) If applicable, is the operating reserve \leq 10%?			

**EXHIBIT F2
Capital Facilities New and Existing
Project Description**

County: _____
 Project Name: _____
 Date: _____

	CRITERIA	YES	NO	N/A
	New Projects Only			
1a.	Are checkboxes marked indicating the type of building/project?			
1b.	Does the building description include the prior use and ownership?			
1c.	Does the building description include the scope and renovation?			
1d.	If proposing to renovate an existing facility , does the description include how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services?			
1e.	If proposing to renovate for administrative services , does the description include how the offices will augment/support the County's ability to provide programs/services?			
1f.	If the facility is privately owned , does the description include the method used for protecting the County's capital interest in the renovation and use of the property?			
2.	Is there a description of the intended purpose of the project, including programs/services to be provided and the projected number of clients individuals and families and the age groups to be served?			
3.	Does the description of the project location include the proximity to public transportation and type of structures and property uses in the surrounding area?			

EXHIBIT F2
Capital Facilities New and Existing
Project Description

4a.	Does the description include whether the buildings will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes?			
4b.	If the building will be used for other purposes, does the project description indicate what percentage of space will be designated for MHSA supports and services and for other uses?			
4c.	If the building will be used for other purposes, does the description explain the relationship between the mental health programs/services and supports and other uses?			
5.	Does the narrative include the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of 20 years?			
Leasing (Rent) to Own Building Only:				
6a.	Did the County provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase?			
6b.	Did the County include a description of length and terms of lease prior to transfer of ownership to the county?			
Purchase of Land with No MHSA Funds Budgeted for Building Only:				
7a.	Did the County provide a justification why purchasing land with no MHSA funds budgeted for building/construction is needed?			
7b.	Did the County provide a timeline with expected sources of income for construction or purchasing of building upon this land?			
7c.	Did the County explain how this option will serve to increase the County's infrastructure?			
Restrictive Settings Only:				
8.	Did the County submit specific facts and justification that demonstrates the need for a building with a restrictive setting?			
9.	If the proposed project deviates from the approved CFTN component, was a description provided of the stakeholder involvement and support for the deviation?			

EXHIBIT F2
Capital Facilities New and Existing
Project Description

Existing Projects Only			
1.	Was a summary of the originally approved CF project included?		
2.	Was an explanation provided as to why the initial funding was insufficient to complete the project?		
3.	Was there an explanation of how the additional funds will be used?		
4.	Did the County explain how the stakeholders were provided an opportunity to participate in the request for additional funds?		

**Exhibit F3
Technological Needs New/Existing Project**

County: _____
 Project
 #/Name: _____
 Date: _____

	CRITERIA	YES	NO	N/A
1.	Is a Project Name included? _____ If Existing Project, is a Project Number included? _____			
2.	Did the County select one: NEW or EXISTING box?			
Technological Needs New and Existing Project Description				
1.	Is at least one box from each group that describes this MHSa Technological Needs project checked?			
2.	Is the type of MHSa Technological Needs Project checked?			
2a.	If the project includes an EHR or PHR, are the standards in Appendix B of Enclosure 3 followed?			
3.	Is the Technological Needs project implementation approach checked?			

**Exhibit F3
Technological Needs New/Existing Project**

Technological Needs New Project Description				
1.	Is a summary of the TN project provided?			
2.	Is a description of how this project is critical for accomplishing the County's and Department's MHPA goals and objectives provided?			
3.	Is a description of how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI) provided?			
4.	Is a list of the inventory of new software, hardware, and licenses to be purchased for this project provided?			
5.	Is a detailed project plan including the Anticipated Start and End Date provided?			
6.	Has the County completed a detailed Work Flow Analysis of the current system? If yes, is a brief summary of the current system's workflow provided? If not, is an explanation why one has not been completed and when the County intends on completing it provided?			
7.	If the project's scope and/or funding deviates from the information presented in the County's approved Component Proposal, is a description of the Stakeholder involvement and support for the deviation provided?			
8.	If this project is an EHR related project, are all components in the Major Milestones for this project checked?			
9.	If this is the County's first project work plan submission for an EHR related project or if the County's major milestones timeline has changed since the County's last submission, is a proposed implementation timeline with the major milestones on this exhibit attached?			
10.	Is a completed Project Risk Assessment attached?			
11.	If this is the County's first project work plan submission or if any information in the County's personnel analysis has changed since the County's last submission, is a new County Personnel Analysis (management and staff) on this exhibit provided?			
12.	If this is the County's first work plan submission for an EHR related project or if any information in the County's vendor selection criteria has changed since the County's last submission, is a description of the County's criteria for selecting an EHR vendor (such as RFP) provided?			
13.	Did the County certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? If no, is an explanation provided?			

**Exhibit F3
Technological Needs New/Existing Project**

Technological Needs Existing Project			
1.	Is a brief summary of the TN project and its current status provided?		
2.	Is a justification how this request is a continuation of a previously approved project and not a new project provided?		
3.	Why was the initial funding insufficient? Are all boxes that apply checked and is an explanation of each provided?		
4.	How will the additional funds be used? Are all boxes that apply checked and is an explanation of each provided?		
5.	Which sections, if any, of the County's original project are being changed or updated? Are all boxes that apply checked and is an explanation of each provided?		
6.	Is an explanation of how the Stakeholders were provided an opportunity to participate in the decision provided?		
Certification Statement			
1.	Are the Chief Information Officer's signature and date included?		
2.	Are the HIPPA Privacy/Security Officer signature and date included?		

EXHIBIT H
Supplemental MHSAs Housing Program
Assignment Agreement

County: _____

Date: _____

	CRITERIA	YES	NO
1.	Has the County assigned their MHSAs Housing funds?		
2.	Did the County specify the amount of funds to be assigned to the MHSAs Housing Program?		
3.	Did the County specify which Fiscal Year the funds assigned to the MHSAs Housing Program will be drawn from?		
4.	Did the County Mental Health Director or Designee sign/date Exhibit H?		