

Notification of Election of Distribution – SFY 2010

The _____ Alcohol, Drug
Addiction and Mental Health Services Board or Community Mental Health Board
has decided the following:

_____ *The Board plans to elect distribution of 408 funds.*

_____ The Board plans not to elect distribution of 408 funds

Signed:

Executive Director
Alcohol, Drug Addiction and Mental Health Services Board or
Community Mental Health Board

Date:

State Inpatient Days

BOARD NAME _____	
2010 Planned Use of State Inpatient Days	
1. Regional Psychiatric Hospital Name	
Total All State Regional Psychiatric Hospitals	

* When specifying an RPH, please indicate a particular campus.

Signed _____
ADAMH/CMH Board Executive Director

CSN Services

I anticipate renewing contracts for CSN services.

_____ Yes, pursuant to Board Resolution dated ___ / ___ / 2009

_____ No