

MHSA FY 2012/13 Annual Update 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. 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 Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan be updated annually and approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

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 2012/13 annual update are true and correct.

Mental Health Director/Designee (PRINT)	Signature	Date
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MHSA Community Program Planning and Local Review Process

County: GLENN

30-day Public Comment period dates: 08/22/2012 – 09/21/2012

Date: 08/09/12

Date of Public Hearing: Monday, September 24, 2012

Instructions: Utilizing the following format, we will provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2012/13 annual update. Include the methods used to obtain stakeholder input.

The Community Program Planning (CPP) process for the development of the FY 2012/13 Annual Update builds upon the planning process that we utilized for the development of our past Community Services and Supports (CSS) Plan and Updates, as well as our Prevention and Early Intervention (PEI) Plan and Updates. Over the past several years, these planning processes were comprehensive and, since 2005, have included the input of over 900 diverse stakeholders through focus groups, stakeholder meetings, and surveys. In addition, we recently conducted stakeholder meetings at both our adult wellness center (Harmony House) and the Transition Age Youth (TAY) Center; a variety of stakeholders participated in these meetings. With this information, we were able to determine the unique needs of our community and develop an MHSA program that is well designed for our county. The overall goals of the CSS are still valid and provide an excellent guide for maintaining our MHSA services in FY 2012/13.

For this Annual Update, we conducted two stakeholder meetings to obtain input, one at Harmony House and one at the TAY Center. In addition, we routinely discuss and obtain input on the utilization of MHSA funds with our key stakeholders in our monthly System Improvement Committee (SIC) meetings, our MHSA consumer meetings, and the monthly Mental Health, Alcohol and Drug Advisory Board. In addition, we engaged stakeholders throughout the development of this update. There are also a number of consumers, family members, and other stakeholders who provide ongoing input into our MHSA services and activities. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategy to maintain services outlined in our CSS Plan. This Annual Update eliminates the Welcoming Families program, one of the two original PEI programs. Unfortunately, we were unable to enroll enough families to sustain the program. We are now planning to utilize the additional PEI funds to offer transportation to clients to help them access services and promote health and wellness. These transportation outreach services will help link clients to needed services, including mental health, health, substance abuse treatment, and other community-based programs. This added service will help clients receive the support and care needed to remain stable and living in the community.

We have analyzed data on our Full Service Partnership (FSP) clients to ensure that clients are successfully achieving positive outcomes. Outcome and service utilization data is analyzed and reviewed by the SIC to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve services for our clients and families.

The proposed Annual Update was developed and approved by the SIC after reviewing data on our current programs (including FSP data), analyzing community needs based on past stakeholder input, and determining the most effective way to further meet the needs of our unserved/ underserved populations. In addition, the MHSA Annual Update was shared with the Mental Health, Alcohol and Drug Advisory Board, and at staff meetings.

2. *Identify the stakeholders involved in the Community Program Planning (CPP) Process. (e.g., 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 SIC, which is comprised of MHSA staff, Consumer Advocate/Coaches, consumers, Health Services Agency Director and Deputy Directors, fiscal staff, Quality Improvement staff, Program Managers, 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, Management and Planning (MAP) Team, and the Mental Health, Alcohol and Drug Advisory Board. In addition, we conducted a stakeholder meeting at both our adult wellness center (Harmony House) and the TAY Center; a variety of stakeholders participated in these meetings.

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

We are eliminating one PEI program, Welcoming Families (see Project Elimination, Exhibit I). We discussed the need to eliminate this program with consumers, staff, community members, and other stakeholders at Harmony House, TAY Center, System Improvement Committee (SIC) meetings, Cultural Competence Committee meetings, Mental Health Advisory Board, and Executive Committee meetings. There has been support to eliminate this program and begin planning for and obtaining input on other PEI projects. We plan to develop another PEI program in this Fiscal Year.

Local Review Process

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

This proposed MHSA Annual Update was posted for a 30-day public review and comment period from August 22, 2012 through September 21, 2012. 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 website posting provided contact information to allow input on the plan in person, by phone, written and sent by mail, or through e-mail. A hard copy of the Annual Update was distributed to all members of the Mental Health, Alcohol and Drug Board, MHSA System Improvement Committee, consumer groups, and staff. Copies of the Annual Update were placed at the clinics in Willows and Orland; at Harmony House (the Adult Wellness Center); at the TAY Center; with partner agencies; and at the local library. The Annual Update was made 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. Indicate if no substantive comments were received.*

A public hearing was held on Monday, September 24, 2102, from 3:00 pm – 4:00 pm, at Harmony House, 343 Yolo Street, Orland, CA. Eleven (11) stakeholders participated in the public hearing, including seven (7) consumers. Stakeholder questions and comments about the Annual Update included the following:

- A consumer commented that we should have a back-up driver in case the driver on duty cannot come because he has to go do something else or is not there that day. This consumer had called to make arrangements for a ride, but was not assured that he would be able to be transported home. He was advised to call back to check and had to call back several times.
- A consumer expressed appreciation for the transportation provided – she noted that if there was no transportation, she would not be able to participate.
- There was concern about the reduced hours of the Welcoming Line and a request to increase the hours (currently 1:00 p.m. – 4:30 p.m.) to cover all of the hours that Harmony House is open (10:00 a.m. – 4:30 p.m.).
- A consumer volunteer expressed her appreciation for the idea of eliminating a program that was not working [the Welcoming Families program]and fulfilling another need [transportation].
- A consumer noted that volunteers would be willing to answer the Welcoming Line, if this was possible and they received the proper training.
- There was also concern that we no longer have the capacity to staff the line with someone who is bilingual.
- In addition, concern was expressed that original intent of the Welcoming Line was to help with crisis management; the calls would go to the Welcoming Line first before going to the crisis worker. Stakeholders noted that the Welcoming Line now seems to be more like a "resource line." It was noted that people can call HRA for those resources.
- *Glenn County response: We will work within our funding and staffing constraints to address the operating hours of the Welcoming Line, as well as the availability of bilingual staff. We will review the use of volunteers, as appropriate. In addition, we will address transportation coverage and response time as feasible.*

In addition to these specific questions and concerns, participants voiced their support of the MHSA FY 12/13 Update.

The public hearing was also used as a forum to begin discussion of the MHSA 3-Year Plan to be developed in this fiscal year for FY 2013/14 through 15/16. Participants discussed their preference to conduct focus groups and a stakeholder survey to ensure that stakeholders understand which programs are currently funding by MHSA. It was suggested that we develop a document that shows what was originally funded, the vision of those original MHSA plans, and what is funded now. These comments were recorded for future planning efforts.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

1. *Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).*

The Glenn County MHSA activities in FY 2011/12 were very successful. We have expanded our Full Service Partnership (FSP) program. We have implemented a weekend wellness program through MHSA Innovation funds to help support individuals who need services 6-7 days a week. Clients have appreciated the additional support services on the weekends, and the majority of the clients served by this program have been able to maintain an independent living situation in the community, with these additional supports.

In addition, we have been implementing our SAMHSA/HRSA Primary and Behavioral Health Care Integration grant. This has included linking clients to Ampla Health Care (an FQHC) for their primary care services, and developing a full range of healthy support services at Harmony House and the TAY Center. These healthy support services include nutrition and cooking classes, yoga, exercise and fitness, and meditation. We have worked closely with the Primary Care Physician Assistant at Ampla to support individuals to stop smoking, manage their chronic health conditions (diabetes, high blood pressure), and reduce their dependence on pain medications.

To ensure a recovery focus and to support consumer voice, we utilize four (4) part-time Youth Peer Mentors and three (3) part-time Adult Coaches to help deliver appropriate services and navigate the mental health system. Peer Mentors and Coaches have experience with mental health services and the circumstances affecting clients at various stages of their lives. Through their personal experiences, they are knowledgeable of community resources and how to access them to help with these transitions. Our Peer Mentors and Coaches are involved with our FSP clients, their families (when appropriate), and community support systems, ensuring that FSP clients receive “whatever it takes” to attain their goals and achieve positive outcomes.

TAY may also access services at our TAY Center in Orland, which provides youth with a safe, comfortable place to receive services and participate in age-appropriate activities. The TAY Center offers a youth-driven, youth friendly environment offering peer support, communication skills, expressive arts, mentoring, and counseling. The TAY Center is located in a comfortable house that welcomes youth to participate in healthy activities.

The Adult and Older Adult programs, including the FSP component, include the adult wellness center, Harmony House. This Center is located in a warm, welcoming house near downtown Orland. Harmony House allows adults and older adults to come together, participate in a number of different groups and classes, practice cooking skills in the fully equipped kitchen, and socialize in the living room and/or family room. This consumer-driven program is designed to promote health, recovery, and wellness for adults and older adults. It provides an opportunity for individuals to develop Wellness and Recovery Action Plans (WRAP) and receive comprehensive mental health services.

We continue to provide Outreach and Engagement activities to persons in the community who are at-risk of needing mental health services.

2. Describe any challenges or barriers and strategies to mitigate.

Glenn County Health Services Agency (HSA) received a Health Care Collaborative grant from SAMHSA-HRSA in September 2010 to integrate primary care services into behavioral health. This funding has created the opportunity to support our clients to be more actively involved in their health care. Our staff are learning how to support our clients to understand their health conditions, modify their behavior to improve health outcomes, and prioritize nutrition, exercise, and other healthy choices. Many of these activities have occurred at Harmony House and have created the need to restructure leadership at this wellness center to help support the increase in activities.

We have identified a case manager to serve as the Harmony House “House Leader.” This individual will be at the wellness center every day to support and manage the daily activities and coordinate programs, staff, and clients to maximize time and resources. In addition, the Behavioral Health Coordinator who has developed and implemented the TAY Center will now also provide oversight and leadership to the Harmony House activities, including mentoring the House Leader. This individual will be available to manage and resolve bigger issues and provide leadership to support health, recovery, and wellness.

Another significant issue that we are addressing is evaluating the FSP Program to ensure that this program is consistent with the legislation and the goals of the MHSA. We have found that some clients retain their FSP designation for longer than one year. We plan to review the needs of each individual and determine if he/she is receiving the appropriate level of care. FSP services are designed to support persons with a high level of need, and who desire to live in the community. This program is an excellent one and has helped many of our clients to achieve their goals. We want to ensure that these limited services are available to all who could benefit from this added level of support, for the optimal amount of time.

We continue to struggle with helping clients access transportation. Many of our clients do not have reliable transportation and, with limited public transportation in this county, they often miss appointments and/or activities. Whenever possible, we provide transportation to services to help promote healthy outcomes for our clients.

3. List any significant changes for FY 2012/13.

No significant changes to the CSS Program are anticipated in this fiscal year.

MHSA Program Component PREVENTION AND EARLY INTERVENTION

1. *Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).*

The PEI Plan initially developed two programs: the “Welcoming Line” and the “Welcoming Families” programs. The Welcoming Line is a “warm line” which is available to anyone in the community who has questions about mental health, needs linkage to other services, or needs a friendly voice to talk with. Currently, the warm line is open from 1:00 pm – 5:00 pm, Monday through Friday; in the future, as funding allows, we hope to expand the operating hours. The Welcoming Line provides preventative services, responding to callers’ questions about services, and quickly linking individuals to services when needed. The Welcoming Line is located at our MHSA Adult Wellness Center, Harmony House, and is staffed by trained individuals who are Coaches and Case Managers.

The Welcoming Line project is designed to improve access to unserved and underserved populations by immediately connecting the caller to an individual who is knowledgeable about resources, and is willing to listen to the caller and determine the need for services. The Welcoming Line is utilized by many different high-risk populations, including transition age youth, stressed individuals and family members; lesbian, gay, bisexual, transsexual, questioning, intersex, and two-spirit (LGBTQI2-S) individuals; and older adults. By offering immediate interactions and supportive responses to callers, we provide the support and welcoming conversation to help individuals remain stable and prevent an escalation in symptoms.

With our MHSA programs, we continue to work to reduce ethnic disparities, outreaching to the Spanish-speaking community and the Native American population, as well as the LGTBQI2-S communities. We have also expanded our training efforts to enhance our staff’s understanding of consumer culture. Services are culturally and linguistically appropriate and delivered in the client’s community, when feasible.

The Welcoming Families program was developed to offer outreach and early intervention to mothers/families with newborns and infants. We had originally planned to obtain referrals from Public Health Nurses who visit new mothers shortly after they arrive home with their newborn. Unfortunately, we did not receive as many referrals as expected. The effectiveness of this program did not meet expectations, as there were too few individuals who requested this service.

2. *Describe any challenges or barriers and strategies to mitigate.*

Our biggest PEI challenge in FY 2011/12 was obtaining and enrolling clients in the Welcoming Families program. As a result of low interest in this program we are eliminating this project and identifying a new service opportunity to meet the needs of our community.

3. *List any significant changes for FY 2012/13.*

We are eliminating the Welcoming Families program. Due to an insufficient number of clients enrolled, we decided to eliminate this program. This elimination allows us to better utilize our funds for programs that will be effective for our clients. Please refer to Exhibit I – Elimination of Program for more information.

We are planning to utilize the additional PEI funds to offer transportation to clients to help them access services and promote health and wellness. These transportation outreach services will help link clients to needed services, including mental health, health, substance abuse treatment, and other community-based programs. This added service will help clients receive the support and care needed to remain stable and living in the community.

MHSA Program Component INNOVATION

1. Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).

The Glenn County Innovation Project has just completed its first year. The Community Services Wellness Project hired three (3) case managers and one (1) coordinator/clinician to offer supportive services and wellness activities on Saturdays and evenings during the week. This program serves between 5-8 clients at a time. The staff 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. The staff are 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 have arranged with an individual to provide Representative Payee Services for those persons who need additional supportive assistance in managing their money. The project also links persons to our Health Care Collaborative project to ensure that clients achieve optimal healthy outcomes.

Clients appreciate the additional support and program on Saturdays. These are extremely high-risk clients who have been living in Institutions for Mental Diseases (IMDs), Board and Care facilities, or are at risk of being placed in higher levels of care. The clients in the program are now successfully living in the community, with the exception of one individual who returned to a Board and Care and then an IMD to receive the appropriate level of support. At the end of this project, we anticipate being able to sustain this program through Medi-Cal services. We serve between 5-8 clients in this program.

2. Describe any challenges or barriers and strategies to mitigate.

We have successfully implemented the current Innovation Project. Challenges to the project included reduced funding availability and the fact that clients did not want services every day of the weekend (Friday through Sunday). We addressed this issue by reducing the number of hours and days of the week that the services are offered. Clients were consulted about the reductions; they approved of the changes. Services are effective and we have experienced a reduction in the number of IMD admissions since this project has been implemented.

3. List any significant changes for FY 2012/13.

No significant changes to the Innovation Program are anticipated in this fiscal year. We anticipate that this specific Innovation Project will be transferred to other funding sources in FY 2013/14. A new Innovation Project will be developed and implemented.

MHSA Program Component
WORKFORCE EDUCATION AND TRAINING

1. Provide a brief program description (include notable performance measures, such as number of persons trained and types of training).

Full implementation of the WET Plan was completed in 09/10. We contracted with Essential Learning for multi-year access to its online training curriculum. Staff utilize this program to complete various trainings, including the completion of courses for CEUs. Consumer employees have access to this system and find it valuable for general mental health training and information. In addition, many of our consumer volunteers have access to this resource.

Through the WET Program, we also offer a stipend to MSW and/or MFT interns each semester who are working at the Mental Health Clinic to help pay for mileage and other expenses. This program allows us to recruit individuals from Chico State who might otherwise be unable to intern in our county due to commuting costs.

Existing funds will be utilized in FY 2012/13; no new funding is being requested.

2. Describe any challenges or barriers and strategies to mitigate.

We have successfully implemented the WET component and have not encountered any significant challenges or barriers. We look forward to expanding our training capacity and opportunities for both staff and consumers.

3. List any significant changes for FY 2012/13.

No significant changes to the WET Program are anticipated in this fiscal year.

MHSA Program Component
CAPITAL FACILITIES / TECHNOLOGICAL NEEDS (CFTN)

1. *Provide a brief program description (include notable performance measures, such as progress towards implementation of plans).*

The Capital Facilities funds provided the opportunity to develop our facilities to better meet the service needs of our clients. With these funds, we purchased a modular building for service provision and office space in Orland. This Capital Facilities Project fully supports our MHSA goals and objectives to improve access for unserved and underserved clients, make services more welcoming to promote wellness and recovery, and achieve optimal outcomes. We plan to have this building fully completed and operational by December 2012.

The Technological Needs funds supported our implementation of an electronic client record through the purchase of a new server, expanded IT network, and clinical desktop software. This Technological Needs Project enhanced our MSHA activities by creating a secure network which ensures client confidentiality and creates the capacity for an electronic clinical record. This project minimizes paperwork and maximizes staff time for service delivery to our clients, promoting resiliency, wellness, and recovery so that clients achieve positive outcomes.

No new CFTN funding is available at this time.

2. *Describe any challenges or barriers and strategies to mitigate.*

The main barrier to the installation of the modular building was waiting for approval of all the necessary permits. In this small, rural, agricultural community, the canals which carry water are closely protected. As a component of the building installation, we had to dig under a canal to install water and sewer pipes. As a result, we had to obtain the proper permits and wait to dig at the appropriate time of year (to avoid disrupting the flow of water). We have successfully completed this process and anticipate installing the modular and adjoining sidewalks in the next few months.

3. *Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.*

The Capital Facilities project is being implemented in adjusted timelines. The Technological Needs project has been successfully completed.

4. *List any significant changes for FY 2012/13.*

No significant changes to the CFTN Programs are anticipated in this fiscal year. No new funding is available at this time.

**MHSA Program Component
HOUSING**

<p>1. <i>Provide a brief program description (include notable performance measures, such as progress towards implementation of plan).</i></p>
<p>Glenn County Health Services Agency is in the process of applying for MHSA Housing funds for a shared housing development. HSA is working closely with CalHFA to process the application. Implementation will begin once the application has been approved and the loan has been funded.</p>
<p>2. <i>Describe any challenges or barriers and strategies to mitigate.</i></p>
<p>Not applicable at this time.</p>
<p>3. <i>Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.</i></p>
<p>Not applicable at this time.</p>
<p>4. <i>List any significant changes for FY 2012/13.</i></p>
<p>Not applicable at this time.</p>

ELIMINATION OF PROGRAM

Program/Project Number/ Name: Welcoming Families

Select one:

- CSS
- WET
- CF
- TN
- PEI
- INN

1. Clearly identify the program/project proposed for elimination.

The Welcoming Families program was developed to offer outreach and early intervention to mothers/families with newborns and infants. The Welcoming Families Program paired mental health services with the Visiting Public Health Nurse Program to support new mothers during the first year of the newborn's life.

Following the home visit, the Public Health Nurse completed a health and mental health screening tool, which assessed the mother's attachment, bonding, and mother-infant behavior and interactions. This screening tool indicated when there is a need for linkage with the Mental Health Case Manager with the Welcoming Families Program. Once the referral was made, the Welcoming Families Case Manager accompanied the Public Health Nurse during a scheduled visit to the home. This coordination of services helped to reduce the stigma of a mental health referral and improve disparities in accessing mental health services.

2. Describe the rationale for eliminating the program/project.

After working extensively with Public Health, Mental Health, Substance Abuse, and other allied agencies to develop an ongoing process for referring parents with newborns, we have reached a decision to eliminate this program. Throughout the past two years, we have met with various stakeholders to discuss the program, how to make referrals, and strategies for developing and maintaining the program. We had originally planned to obtain referrals from Public Health Nurses who visit new mothers shortly after they arrive home with their newborn. Unfortunately, we did not receive as many referrals as expected. We expanded the program from Harmony House to include our TAY Center, and worked with our TAY population who have young children. The effectiveness of this program did not meet expectations, as there were too few individuals who requested this service. As a result, we were unable to maintain the program over time.

3. Describe how the funding for the eliminated program/project will be used.

We are planning to utilize the additional PEI funds to offer transportation to clients to help them access services and promote health and wellness. These transportation outreach services will help link clients to needed services, including mental health, health, substance abuse treatment, and other community-based programs. This added service will help clients receive the support and care needed to remain stable and living in the community.

4. Describe how the population that was being served by this program will continue to be served.

New mothers continue to have access to the Public Health Nurse Program. This program is an effective resource in which a Public Health Nurse visits all mothers with a newborn while in the hospital, or shortly after returning home. In addition, services at the Harmony House and the TAY Center are available for parents of newborns and young children to achieve positive outcomes and link to other needed services.

BUDGET SUMMARY

County: GLENN COUNTY HEALTH SERVICES AGENCY

Date: 8/2/2012

	MHSa Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$0	\$410,694	\$319,581	\$0	\$90,367	
2. Estimated New FY 2012/13 Funding	\$1,464,192			\$274,536	\$91,512	
3. Transfer in FY 2012/13 ^{a/}	\$0	\$0	\$0			\$0
4. Access Local Prudent Reserve in FY 2012/13	\$0			\$0		\$0
5. Estimated Available Funding for FY 2012/13	\$1,464,192	\$410,694	\$319,581	\$274,536	\$181,879	
B. Estimated FY 2012/13 Expenditures	\$1,464,192	\$58,300	\$319,581	\$274,536	\$181,879	
C. Estimated FY 2012/13 Contingency Funding	\$0	\$352,394	\$0	\$0	\$0	

^{a/}Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	\$ 88,510
2. Contributions to the Local Prudent Reserve in FY 12/13	\$ -
3. Distributions from Local Prudent Reserve in FY 12/13	\$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2013	\$ 88,510