

**GLENN COUNTY
HEALTH SERVICES AGENCY
Behavioral Health Department**

**Mental Health Services Act
Annual Update
Fiscal Year 2013/2014**

POSTED

May 22, 2013 through June 25, 2013

This MHSA Annual Update is available for public review and comment from May 22, 2013 through June 25, 2013. We welcome your feedback in writing or at the Public Hearing to be held on June 26, 2013.

Public Hearing Information:

Wednesday, June 26, 2013

11:00 am – 12:00 pm

Community Recovery & Wellness Center (CRWC)
1187 E. South Street, Orland, CA 95963

Comments or Questions? Please contact:

Amy Lindsey, Deputy Director

Glenn County Behavioral Health

242 North Villa Street, Willows, CA 95988

Phone 530-934-6582; Fax 530-934-6592

Thank you!

**MHSA FY 2013/2014 Annual Update
COUNTY CERTIFICATION**

County: **GLENN**

<p align="center">County Mental Health Director</p> <p>Name: Scott Gruendl</p> <p>Telephone Number: 530-934-6582</p> <p>E-mail: sgruendl@glenncountyhealth.net</p>	<p align="center">Project Lead</p> <p>Name: Amy Lindsey</p> <p>Telephone Number: 530-934-6582</p> <p>E-mail: alindsey@glenncountyhealth.net</p>
<p>Mailing Address:</p> <p align="center">242 North Villa Willows, CA 95988</p>	

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 and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and non-supplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft 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. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on: xx to be submitted for approval after the Public Hearing.

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.

All documents in the attached FY 2013/14 annual update are true and correct.

Mental Health Director/Designee
(PRINT)

Signature

Date

MHSA FY 2013/2014 Annual Update FISCAL ACCOUNTABILITY CERTIFICATION¹

County: **GLENN**

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

<p>County Mental Health Director</p> <p>Name: Scott Gruendl</p> <p>Telephone Number: 530-934-6582</p> <p>E-mail: sgruendl@glenncountyhealth.net</p>	<p>County Auditor-Controller</p> <p>Name:</p> <p>Telephone Number:</p> <p>E-mail:</p>
<p>County Mental Health Department Mailing Address:</p> <p>242 North Villa Willows, CA 95988</p>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update, OR Annual Review and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Mental Health Director/Designee (PRINT)	Signature	Date
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I hereby certify that for the fiscal year ended June 30, XX, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated XX for the fiscal year ended June 30, XX. I further certify that for the fiscal year ended June 30, XX, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

County Auditor-Controller (PRINT)	Signature	Date
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¹Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
MHSOAC Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

MHSA Community Program Planning and Local Review Process

County: GLENN

30-day Public Comment dates: May 22 – June 25, 2013

Date: 05/20/13

Date of Public Hearing: Wednesday, June 26, 2013

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
<p><i>1. Briefly describe the Community Program Planning Process for development of all components included in the FY 2013/14 annual update. Include the methods used to obtain stakeholder input.</i></p> <p>The Community Program Planning (CPP) process for the development of the FY 2013/14 Annual Update builds upon the planning process that we utilized for the development of our past Plan and Annual 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.</p> <p>For the planning process for the 2013/14 MHSA Update, we conducted stakeholder meetings at both our adult wellness center (Harmony House) and the Transition Age Youth (TAY) Center. In addition, we obtained input from community stakeholders and conducted outreach to the unserved and underserved. We also obtained information from a number of different stakeholders by asking them to complete a survey. We received surveys from 93 individuals. Of these individuals, 17% were ages 12-25, 71% were adults ages 26-59, and 12% were older adults (60+).</p> <p>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 MHSA are still valid and provide an excellent guide for maintaining our MHSA services in FY 2013/14.</p> <p>In addition to these stakeholder groups and surveys, we routinely discuss and obtain input on the utilization of MHSA funds with our key stakeholders during our monthly System Improvement Committee (SIC) meetings, our MHSA consumer meetings, and the monthly Mental Health, Alcohol and Drug Advisory Board. 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.</p> <p>We have also 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.</p> <p>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 stakeholder input from the focus groups and surveys; 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.</p>

2. *Identify the stakeholders involved in the Community Program Planning Process (e.g., agency affiliation, populations represented, ages, race/ethnicity, client/family member affiliation, primary languages 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. We conducted stakeholder meetings at both our adult wellness center (Harmony House) and the Transition Age Youth (TAY) Center. In addition, we obtained input from community stakeholders and conducted outreach to the unserved and underserved. We also obtained information from a number of different stakeholders by asking them to complete a survey. We received surveys from 93 individuals. Of these individuals, 17% were ages 12-25, 71% were adults ages 26-59, and 12% were older adults (60+).

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.*

No program or project eliminations are anticipated in the 2013/14 fiscal year.

Local Review Process

4. *Describe methods used to circulate, for the purpose of public comment, the annual update. Provide information on the public hearing held by the local mental health board after the close of the 30 day review.*

This proposed MHSA Annual Update has been posted for a 30-day public review and comment period from May 22, 2013 through June 25, 2013. An electronic copy has been 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 provides 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 has been 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 have been 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 libraries. The Annual Update has been made available to clients and family members at all of these sites and on the County website.

A public hearing will be held on Wednesday, June 26, 2013 at the Community Recovery & Wellness Center (CRWC), 1187 E. South Street, Orland, CA 95963, from 11:00 am to 12:00 pm. Stakeholder questions and comments about the Annual Update will be incorporated into the final document, as appropriate.

5. *Include substantive recommendations received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the annual update that was circulated. Indicate if no substantive comments were received.*

Input on the MHSA FY 13/14 Annual Update will be reviewed and incorporated into the final document, as appropriate, prior to submission to the County Board of Supervisors for review.

MHSa Program Component COMMUNITY SERVICES AND SUPPORTS (CSS)

1. Provide a brief program description (must include number of clients served, age, race/ethnicity, cost per person). Include achievements and notable performance outcomes.

The Glenn County MHSa activities in FY 2012/13 were very successful. We have expanded our Full Service Partnership (FSP) program. Our Weekend Wellness Program, which is an MHSa Innovation program, helps support individuals to successfully live in the community, following discharge from an IMD or group home. This program has been extremely successful and clients feel that the program has been highly effective at providing a supportive ‘family’ environment on the weekends, and has provide an added level of support that they do not receive during the week day programs. In addition, we continue to successfully implement our SAMHSa/HRSA Primary and Behavioral Health Care Integration grant. We are now offering primary care services at our Behavioral Health building in Orland, through a contract with our local Federally Qualified Health Center (FQHC), Ampla Health Care (an FQHC). In addition, we continue to expand on the number of different wellness and healthy living healthy support services we offer at Harmony House and the TAY Center. These healthy support services include nutrition and cooking classes, yoga, exercise and fitness, smoking cessation, 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. Over 50% of our clients who smoked have stopped smoking in the past year. Others have learned how to manage their pain without the use of pain medication. We also offer a wellness support group in Spanish to our clients who are monolingual. This group has achieved excellent health outcomes and provides ongoing support to these individuals.

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.

Youth often access services at our TAY Center in Orland, which provides individuals ages 15-25 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. We also continue to offer outreach to the homeless population in the county. These individuals utilize our washing machine and dryer, as well as take showers, and enjoy a warm meal when they visit the center. They are encouraged to access other services, when they develop trust with the Harmony House staff and clients at the center.

The tables below show the number of CSS clients served, by age and race/ethnicity. It also shows the total dollars and dollars per client.

CSS Clients by Age

	0 - 15	16 - 25	26 - 59	60+	Total
# of Clients	194	132	366	63	755
% of Clients	25.7%	17.5%	48.5%	8.3%	100.0%

CSS Clients by Race/Ethnicity

	Caucasian	Hispanic	African American	Asian/ Pacific Islander	American Indian/ Alaskan Native	Other/ Unknown	Total
# of Clients	467	193	12	30	25	28	755
% of Clients	61.9%	25.6%	1.6%	4.0%	3.3%	3.7%	100.0%

**CSS
Dollars per Client by
Service Type**

	Total
Total Dollars	\$ 2,336,080
Und. Clts	755
Dollars/Clt	\$ 3,094.15

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 works 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 now also provides oversight and leadership to the Harmony House activities, including mentoring the House Leader. This individual is 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 long periods of time. 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.

3. List any significant changes for FY 2013/14, if applicable.

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

MHSA Program Component
PREVENTION AND EARLY INTERVENTION (PEI)

1. Provide a brief program description (must include number of clients served, age, race/ethnicity, cost per person). Include achievements and notable performance outcomes.

PEI funds two (2) projects: 1) The Welcoming Line and 2) Transportation Services:

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. 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 populations, including transition age youth, individuals and family members experiencing stress; 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.

We also utilize some PEI funds to offer Transportation Services to help clients access services and promote health and wellness. These transportation outreach services link clients to needed community services, including mental health, health, substance abuse treatment, and other community-based programs. Transportation services ensure that clients receive the support and care needed to remain stable and living in the community. Transportation services were added in response to stakeholder feedback that additional transportation services were needed to meet the needs of the clients.

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. We have increased the number of staff who are bilingual, which has created a welcoming environment for monolingual clients.

The Welcoming Line averages six calls per day, with a range of 1 to 17 calls. Approximately 60% of the callers were female, and only a small percentage required an interpreter. The majority of calls were supportive calls with existing clients, providing important linkage and a warm, welcoming voice to support them when they are feeling alone and isolated.

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

We continually strive to offer additional services in Spanish. We are also working to obtain an individual who is bilingual Hmong, to help outreach to the Hmong community in Glenn County. We are examining to possibility to utilize a CSU Chico State Masters-level student to fill this part time position.

3. *List any significant changes for FY 2013/14, if applicable.*

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

MHSA Program Component INNOVATION (INN)

1. Provide a brief program description. Include achievements and notable performance outcomes.

Weekend Wellness Project

The Glenn County Innovation Project has just completed its second 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 occasional evenings during the week. This program serves between 12 and 15 clients at a time. Staff provide services in the client's home, to ensure that they are complying with medications; have adequate food and other staples; provide transportation to services; and/or help de-escalate a potential crisis.

The Weekend Wellness program offers services every Saturday, from 9:00 to 3:00. They participate in a number of different activities, cook and share a meal together, and plan activities in the community and surrounding towns. This program has created a 'family-like' environment for the clients, providing them with a different type of service.

Clients in the program have described the Weekend Wellness Program: "We participate in services during the week at Harmony House. There are a lot of different activities and a lot of people coming and going throughout the day. On Saturday, it is our day, where only clients enrolled in Weekend Wellness come together, to support each other, share a meal, plan a weekend activity. **We are like a family!** We support each other in our wellness and health, don't say negative things, and treat each other with respect. We don't have families or people to support us. This gives us a place to be together, get and receive support, and be accepted for who we are." One client expressed that Weekend Wellness has turned his life around. He has become very active in the group, takes leadership of some of the groups, and supports others to come and be active. These outcomes achieved through this program have exceeded our expectations!

Clients in the Weekend Wellness program are also linked to our Health Care Collaborative project to ensure that clients achieve optimal health outcomes.

These clients are extremely high-risk individuals who have been recently discharged from higher levels of placement, including Institutions for Mental Diseases (IMDs), Board and Care facilities, and/or group homes. They are also at high risk of being placed in higher levels of care if they do not receive the services needed to keep them stable in the community. All of the clients except one have been successfully living in the community. One individual returned to a Board and Care and then an IMD to receive the appropriate level of support to meet their needs. At the end of this Innovation project, we anticipate sustaining this program through Medi-Cal services.

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

We have fully implemented the Weekend Wellness Innovation Project and are pleased with the initial results. We plan to continue this project for one more year, in order to collect additional data and outcomes, to demonstrate the success of the project. Challenges to the project included reduced funding availability. It is not a barrier, but it was interesting to learn that the clients were offered services on both Saturday and Sunday, but asked that they could have one day 'off' from receiving services ("I want to watch football on Sundays"). We addressed this issue by offering services only on Saturday. Clients were consulted about the reduction; 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 2014/15. A new Innovation Project will then be developed and implemented.

**MHSA Program Component
WORKFORCE EDUCATION AND TRAINING (WET)**

<p><i>1. Provide a brief program description. Include achievements and notable outcomes.</i></p>
<p>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.</p> <p>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 California State University, Chico, who might otherwise be unable to intern in our county due to commuting costs.</p> <p>Existing funds will be utilized in FY 2013/14; no new funding is requested/transferred.</p>
<p><i>2. Describe any challenges or barriers and strategies to mitigate. Identify shortages in personnel, if any.</i></p>
<p>We have successfully implemented the WET component and have not encountered any significant challenges or barriers. We will continue to develop opportunities to expand our training capacity for both staff and consumers.</p>
<p><i>3. List any significant changes for FY 2013/14, if applicable.</i></p>
<p>No significant changes to the WET Program are anticipated in this fiscal year.</p>

MHSA Program Component
CAPITAL FACILITIES/TECHNOLOGY (CFTN)

1. Provide a brief program description. Include achievements and notable outcomes.

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 September 2013.

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.

New CFTN funding is not 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, the modular has been installed, ramps built, and utilities completed. We are waiting for a few final approvals and fire clearance. We expect that we will be fully utilizing this building by the end of summer 2013.

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 through adjusted timelines. The Technological Needs project has been successfully completed.

4. List any significant changes for FY 2013/14, if applicable.

No significant changes to the CFTN Programs are anticipated in this fiscal year.

MHSA FY 13/14 FUNDING SUMMARY

County:	GLENN BEHAVIORAL HEALTH						Date:	5/20/2013
		MHSA Funding						
		CSS	WET	CFTN	PEI	INN	Local Prudent Reserve	
A. Estimated FY 2013/14 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years		\$425,051	\$412,033	\$0	\$125,041	\$32,017		
2. Estimated New FY 2013/14 Funding		\$1,592,541			\$398,135	\$104,772		
3. Transfer in FY 2013/14 ^{av}		\$0	\$0	\$0			\$0	
4. Access Local Prudent Reserve in FY 2013/14		\$0			\$0		\$0	
5. Estimated Available Funding for FY 2013/14		\$2,017,592	\$412,033	\$0	\$523,176	\$136,789		
B. Estimated FY 2013/14 Expenditures		\$1,744,609	\$58,300	\$0	\$295,530	\$86,659		
C. Estimated FY 2013/14 Contingency Funding		\$272,983	\$353,733	\$0	\$227,646	\$50,130		
^{av} 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 total 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, 2013			\$88,510					
2. Contributions to the Local Prudent Reserve in FY 2013/14			\$0					
3. Distributions from Local Prudent Reserve in FY 2013/14			\$0					
4. Estimated Local Prudent Reserve Balance on June 30, 2014			\$88,510					