

EXHIBIT A

COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE

County Name: Nevada County

County Mental Health Director	Project Lead
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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 Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update 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.

All documents in the attached FY 2009/10 Annual Update are true and correct.

Michael Heggarty
Signature

8/18/09
Date

Director of Behavioral Health
Title
Local Mental Health Director/Designee

EXHIBIT B

Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: Nevada County

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 FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input.

Nevada County's Community Services and Supports (CSS) Community Planning process regarding the approved Mental Health Services Act (MHSA) work plans has been described in-depth in our MHSA Three-Year Program and Expenditure Plan for FY 2005/06, 2006/07, and 2007/08 and in the CSS Plan Update for FY 2008/2009. In brief, the planning process began in May 2005 through September 2005. An additional planning phase occurred from August 2006 through January 2007, in response to suggestions for MHSA Plan revisions from the Department of Mental Health (DMH).

Nevada County contracted with SPIRIT Mental Health Peer Empowerment Center to provide outreach to un-served and underserved populations and to act as the lead facilitator in the community input process. Our goal was to inform and involve as many people as possible in expressing their needs and goals in terms of mental health services. Residents were informed about the basics of the Mental Health Services Act and asked what services they considered most pressing. By September 2005, we had 1,434 individuals or 1.5% of our population had completed a survey, attended a meeting or focus group. We used all of our local media mediums to get information out to the general public.

In September 2005 a MHSA Steering Committee was formed to set priorities based on community input and to prepare a MHSA CSS proposal. This committee is still being utilized today. The original Steering Committee was structured with a majority of consumers and family as members. The other members compose of various interest groups, community based organizations, service providers, and Nevada county Behavioral Health Department (NCBHD) staff. This committee worked on our plan through the use of meetings, work groups, and by e-mail. In April of 2008 CSS was added to our Capital Facility and Information Technology (CF/IT) Subcommittee. These groups still meet on a bi-monthly or on as needed bases. Any member of the public is welcome to attend any of our meetings and to provide input.

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Our County was very late at submitting our FY 2008/2009 CSS Plan update, so when we had Steering Committee and CSS/CF/IT Subcommittee meetings we discussed FY 2008/2009, FY 2009/2010 and FY 2010/2011 implementation. We did this together knowing that in FY 2010/2011 we would have a significant decrease in funding and had to educate our stakeholders on this fact so that they could help in the long term planning of CSS funds to ensure sustainability of our programs.

Lastly, our plan is shared with e-mail lists of interested individuals. These lists contain over 175 individuals. These individuals range from family members consumers, contractors, community based organizations and staff from various departments with Nevada County.

The CSS Plan Update was shared with our local Mental Health Board on August 17, 2009.

Our CSS Plan Update does not include any new programs, only program expansions. All expansion plans were shared with the Mental Health Board, Steering Committee, the CSS/CF/IT Subcommittee and our e-mail subscribers. The 30-day review and comment period serves as the opportunity for the general public to provide additional input to this update of our existing CSS Plan.

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

The stakeholders involved in the Community Program Planning Process included:

1. Family members from eastern and western Nevada County
2. Consumers
3. Washoe TANF
4. Behavioral Health Contract providers:
 - a. EMQ Family First
 - b. Victor Treatment Center
 - c. Turning point providence Center
 - d. SPIRIT Peer Empowerment Center
 - e. Milhous
 - f. Progress House
 - g. Community Recovery Resources
 - h. Sierra Adoptions Services
 - i. Nevada County National Alliance on Mental Illness (NAMI)
 - j. Common Goals
 - k. Sierra Family Services
 - l. Network Provider
5. Nevada County Behavioral Health
 - a. Adult staff
 - b. Children's staff

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6. Nevada County Probation Department
7. Nevada County Juvenile Hall
8. Nevada County Sheriffs' Department
9. Nevada County Health and Human Services Agency
10. Nevada County Public Health Department
11. Nevada County Superior Court Personnel
12. Nevada County Board of Supervisors
13. Nevada County Chief Executive Office Staff
14. Nevada County Public Defender
15. Nevada County District Attorney
16. Nevada County Department of Social Services
 - a. CalWORKs
 - b. Child Protective Services
17. Nevada County Mental Health Board
18. Nevada County Substance Abuse Advisory Board member
19. Health Clinics/Hospitals
 - a. Chapa-de Indian Clinic
 - b. Sierra Family Medical Clinic
 - c. Miners family Clinic
 - d. Sierra Nevada Memorial Hospital
20. Nevada County Superintendent of Schools
21. Nevada County School District Staff
22. Grass Valley Police Chief
23. Nevada City Police Chief
24. Community Based Organizations
 - a. Sierra forever Families
 - b. Drug Free Nevada County
 - c. Depression and Bipolar Support Alliance
 - d. Charis Youth Center
 - e. Sierra Nevada Children Services
 - f. Community Collaborative of Tahoe Truckee
 - g. Nevada County Housing Development Corporation
 - h. Northern Sierra Rural Health Network
 - i. Big Brothers Big Sisters of Nevada County
 - j. FREED
 - k. Touched by a Child Foundation

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

At Steering Committee and CSS/CF/IT Subcommittee meetings information is shared by providing the Information Notice or paraphrased for the attendees. Also shared at these meetings is information that is learned from meetings attended by the Behavioral Health Director, the MHSA Coordinator, and other

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Behavioral Health Staff. The minutes from the meeting are then shared with the e-mail subscriber lists. This is done so that Nevada County stakeholders have the same information to work with as county Staff. As mentioned above the County was very late at submitting their FY 2008/2009 CSS Plan update, so when we had Steering Committee and CSS/CF/IT Subcommittee meetings we discussed FY 2008/2009, FY 2009/2010 and FY 2010/2011 implementation. We did this together knowing that in FY 2010/2011 we would have a significant decrease in funding. We had to educate stakeholders on information provided by DMH so that they could help in the long term planning of CSS funds to ensure sustainability and support of Nevada County CSS programs.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

No substantive comments were received by the public in writing or at the Mental Health Board Public Hearing Meeting.

A contractor provided CSS implementation information on MHSA Crisis Worker information after the plan was posted for 30-day review. The information was added on page two of three on Exhibit C.

5. 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.

The 30-day stakeholder review was from July 17, 2009 to August 16, 2009.

The Public Hearing was on August 17, 2009.

No substantive comments were received by the public in writing or at the Mental Health Board Public Hearing Meeting.

EXHIBIT C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: Nevada County

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

Our first two Full Service Partnerships began providing services during this period of time:

EMO began officially accepting children on 2/11/08. During the time period 1/1/08- 6/30/08, EMQ provided services to 30 children:

[REDACTED] We provided outreach and support to the families identified thru the resource centers, Colaborando, and the ridge.

Turning Point Providence Center has demonstrated measureable progress in providing outreach and 24/7 supports to adults, 18 years and over with severe and persistent mental illness, through MHSA Community Services and Supports. Progress is reflected in the reduction of psychiatric hospitalizations, incarcerations and homelessness. Services have assisted clients with acquiring increased independence through housing, rehabilitation, employment, education and improved quality of life through increased community integration. Clients' success is due to the intensive nature of the service provision, developing resources and providing recovery-based services, while empowering clients to take responsibility for choosing and making needed changes. This is further demonstrated through a decrease in the number of persons with criminal justice involvement, as well as a reduction in those participating in mental health court.

Another factor supporting client success is the open communication with Nevada County and other community partners which has advanced the tenets of recovery for the clients we are privileged to serve. Family team meetings have identified client and family strengths providing an expansion of supports for families and caregivers in support of client goals. Providence Center has entered into Master Lease agreements to better serve the housing needs of clients. This provides affordable housing alternatives for those striving to obtain independence. Other housing resources have been utilized as well, providing the least restrictive options for clients as they transition to integrated community settings. Providence Center will continue to emphasize positive outcomes through client

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centered, evidence based practices designed to promote recovery and improved quality of life for clients and families.

In Systems Development we had network providers who served the North San Juan Ridge population who are underserved by Behavioral Health in Grass Valley due to its geographic location and its unique culture. This population culture is called an alternative life style/hippy/back to the land culture which we were able to reach and provide services to through our network providers.

Another network provider wrote: "I have provided services for people of various racial and ethnic backgrounds. Many people of all ages and backgrounds would not be able to receive these services if it were not for MHSA Community Services and Supports. All of my county clients have limited and often meager financial means. Only through these services are they able to receive help for their depression, anxiety or a multitude of other problems. Just the opportunity to talk to someone about their problem can be a relief or sometimes a life saver. Many clients are able to make some real life changes: learning skills to cope in difficult times, problem solving, goal setting and understanding and appreciating their self worth."

Also starting during this time period as a Systems Development Service was the use of Interns. Interns conducted diagnostic clinical interviews to gather, analyze and evaluate psychosocial data, both on a regular basis and as part of crisis intervention. Our bilingual Intern provided bilingual translation services to the Public Health Department and for the Nevada County Behavioral Health Department in both the Truckee and Grass Valley locations; she worked with the Hispanic and Latin American population; and aided crisis workers in the Emergency Room with translation services along with aiding in the assessment and clinical diagnosis while taking into account culturally sensitive perspectives.

Lastly, in Systems Development Services the MHSA Crisis Workers have had the greatest percentage of client contacts at the local hospital Emergency Room. These contacts resulted in voluntary admissions, 5150 evaluations and consultation requests by medical staff. The Crisis Workers responded to a wide variety of cultural, social, age and gender diversification within these Emergency Room evaluations:

- Cultural diversity resulted from the variety of individuals, ranging from transient and homeless through middle class.
- Racial diversity encompassed primarily Caucasian, Hispanic, with some Asian and African American clients.
- Older Clients (over 65) are frequent and represent the high ratio of this population in Nevada County.
- Gay and transsexual contacts occurred with less frequency, but are not unusual.

Sensitivity to the special issues presented by various populations is encouraged and monitored. Training on cultural diversity was also pursued.

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In Outreach and Engagement SPIRIT writes: "Over 2,834 volunteer hours provided services to 295 participants. We offered 240 support groups and 4 training. Staff members were trained at three Center for Non-Profit Leadership trainings. Staff members were active participants on the Mental Health Board, NAMI Board, Suicide Prevention Task Force, CALNET, and Forensic Task Force. SPIRIT had representatives at CoRR's Walk for Recovery. We provided seven Stomp Out Stigmas to groups including Grass Valley Police Department, Grass Valley Lions Club, Nevada County Behavioral Health and Nevada City Elks.

Mental Health Services Act—Work Plan Description (EXHIBIT D-1)

County Name: Nevada County
Work Plan Title: Plan #1: Wraparound Program

COMMUNITY SERVICES AND SUPPORTS:

Annual Number of Clients to Be Served: 370
Total Number of Clients by Funding Category:
90 Full Service Partnerships
80 System Development
200 Outreach & Engagement

Population to Be Served:

Children aged 0 to 17 who are seriously emotionally disturbed or seriously mentally ill. These individuals who because of their mental health diagnosis will: be at serious risk of or have a history of psychiatric hospitalization, residential care, or out of home placement; children who are homeless or at risk of being homeless; at risk of aging out of the juvenile justice system or foster care with no care or support; be at risk for dropping out of school, experiencing academic failure or school disciplinary problems; or at risk of involvement with the criminal justice system. Transition age youth will have access to both of our plan providers. The provider chosen will be the most appropriate to the comfort level and where the consumer is in his or her recovery.

Work Plan Description:

Nevada County is requesting \$1,056,997 in CSS funds to provide services in all three components of the Nevada County's Full Service Partnership (FSP) Plan 1: Wraparound Program. This program is part of our approved CSS Three-Year Plan. This program consists of comprehensive Wraparound Treatment Teams that provides services 24/7; utilizing small team-based caseloads, provides field based services, and emphasizes individual and family strengths. The Teams focus on reducing/preventing out of home placement through close interagency collaboration, an individual treatment plan, and a full range of services available within the team. Also, parts of this program are services that provide System Development and Outreach and Engagement services. The target number of clients served in our programs is based on contracted amounts. The cost to provide these services has increased since last year, resulting in an improvement to fidelity to the Wraparound Treatment Model. Additional staff were hired to reduce staff to client ratios and recruited for additions skill and experience.

Our System Development services will include our Intern Program (funded by both plans), Network Providers (funded by both plans), Sierra Family Services (funded by both plans), and Child Psychologist Services.

Lastly, our Outreach and Engagement Services will include NAMI (funded by both plans) as a partner to provide peer and family support/advocacy services.

The expansion may also include any other activities approved in the original CSS plan including but not limited to: additional Latino outreach; additional or enhanced services to court involved families; juvenile wards at juvenile hall, and foster care children; services on the North San Juan

Mental Health Services Act—Work Plan Description (EXHIBIT D-1)

Ridge; additional peer support; consultation to primary care clinics; and Children's System of Care (CSOC) psychiatric services.

All of the above services that we are proposing were approved in our original CSS Three-Year Plan.

Expenditures for this workplan may include all expenditures identified in the Original Three-Year Plan (for fiscal years 2005-06 through 2007-08), including but not limited to: staffing and professional services, operating expenses (office supplies, travel and transportation, client vouchers and stabilization funding to meet other client expense needs based on the "whatever it takes" MHSA approach, translation and interpreter services, rent, utilities and equipment, medications and medical support), telepsychiatry equipment, office furniture, capital purchases, training and education, the cost of improving the functionality of information systems used to collect and report client information. Capital purchases may include the cost of vehicles, costs of equipping new employees with all necessary technology (cellular telephones, computer hardware and software, etc.), the cost of enhanced and/or increased space needs related to services, and other expenses associated with the services in this plan.

Mental Health Services Act—Work Plan Description (EXHIBIT D-2)

County Name: Nevada County
Work Plan Title: Plan 2: Assertive Community Treatment Program

COMMUNITY SERVICES AND SUPPORTS:

Annual Number of Clients to Be Served: 945
Total Number of Clients by Funding Category:
105 Full Service Partnerships
240 System Development
600 Outreach & Engagement

Population to Be Served:

Adults age 18 and up who are seriously mentally ill (SMI) who service needs are unmet or so minimally met they fall into the unmet category placing them at risk of incarceration, institutionalization, becoming homeless or are currently homeless, or involuntary care. This includes individuals who are 5150 and then receive no follow up services (by choice, chance, or system overload); SMI individuals who do not receive coordinated services in jail and then discharged to no treatment; and SMI seniors in our community who are isolated with co-occurring medical or substance abuse issues.

Work Plan Description:

Nevada County is requesting \$2,375,031 in CSS funds to fund services in all three components of the Nevada County's Full Service Partnership (FSP) Plan 2: Assertive Community Treatment Team (ACT). This program is part of our approved CSS Three-Year Plan. This program consists of ACT Teams that provides services that include treatment, support, care coordination, and rehabilitation. Services are individualized and described in a comprehensive and culturally competent service plan. Additional services are available in order to meet housing, employment, substance abuse, and physical health needs. Also, parts of this program are services that provide System Development and Outreach and Engagement services. The target number of clients served in our programs is based on contracted amounts. The cost to provide these services has increased since last year, resulting in an improvement to the fidelity of the ACT Model. Additional staff were hired to reduce staff to client ratios and recruited for additions skill and experience; flex funds were increased, and housing and employment support was increased.

We will be providing services to clients through this plan through two FSP service providers. The first service provider is through a contract with Turning Point Providence Center. Additionally, Nevada County Behavioral Health Department mini-ACT team, New Directions will be providing services. New Directions focus is on integration of members into community based activities. New Directions provides intensive case management, educational groups for healthy life styles and substance use issues, a peer counseling training program, community based supportive employment, a day labor program, and support in independent living transitions.

Our System Development services will include our Intern Program (funded by both plans), Crisis Support Program, Network Providers (funded by both plans), Sierra Family Services (funded by both plans), Sierra Nevada Memorial Home Care, Community Outreach Program and

Mental Health Services Act—Work Plan Description (EXHIBIT D-2)

Engagement (COPE) Program, Nevada Joint union High School District Mental Health/Rehabilitative Services. The Mental Health/Rehabilitative Services includes working with the client and FSP staff to create, write, and implement a Client Mental Health/Rehabilitative Plan; provide Rehabilitation/Case Management services; provide group training sessions; and provide Discharge Planning services.

Lastly, our Outreach and Engagement Services will include NAMI (funded by both plans) as a partner to provide peer and family support/advocacy services. Secondly SPIRIT-Peers for Independence and Recovery will be providing outreach and engagement services. These services include: one-on-one peer counseling, support groups, theme-specific peer support/self-help groups, outreach training to Peer Support staff and individuals that seek to empower themselves in dealing with employers and community agencies, resume assistance, job interview training, outreach to the community to educate the public about mental health prevention services, and to help “stomp out the stigma” of mental illness. New this year SPIRIT is expanding to have a satellite office in the Truckee area. Expanded services this year will include partnering with The Depression and Bipolar Support Alliance to increase services to the unserved and underserved population served by this organization. And we will be collaborating with Sierra Family Medical Clinic (SFMC). SFMC provides medical and psychological services to individuals living in the North San Juan Ridge area. The North San Juan Ridge was an area identified as being underserved due to geographic location. SFMC will be providing Case Management Services and Outreach and Engagement Services to local residence. Lastly, we will be providing psychiatric consultation to both of our low income primary care clinics, Sierra Family Medical Clinic and Miners Clinic.

During fiscal year 2009/2010 expansion may also include any other activities approved in the original CSS plan, including but not limited to: additional Latino outreach; Truckee services; additional or enhanced jail services; services on the North San Juan Ridge; consultation to primary care clinics; and additional peer support.

All of the above services that we are proposing to continue and/or expand were approved in our original CSS Three-Year Plan.

Expenditures for this work plan may include all expenditures identified in the Original Three-Year Plan (for fiscal years 2005-06 through 2007-08), including but not limited to: staffing and professional services, operating expenses (office supplies, travel and transportation, client vouchers and stabilization funding to meet other client expense needs based on the “whatever it takes” MHSA approach, translation and interpreter services, rent, utilities and equipment, medications and medical support), telepsychiatry equipment, office furniture, capital purchases, training and education, the cost of improving the functionality of information systems used to collect and report client information. Capital purchases may include the cost of vehicles, costs of equipping new employees with all necessary technology (cellular telephones, computer hardware and software, etc.), the cost of enhanced and/or increased space needs related to services, and other expenses associated with the services in this plan.

FY 2009/10 Mental Health Services Act
Summary Funding Request

County: Nevada

Date: 7/16/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$2,598,300				
2. Transfers ^{b/}					
3. Adjusted Planning Estimates	\$2,598,300	\$0	\$0	\$0	\$0
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$4,045,232				
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}	\$1,446,932				
b. Adjustment for FY 2008/09 ^{e/}					
c. Total Net Available Unspent Funds	\$1,446,932	\$0	\$0	\$0	\$0
3. Total FY 2009/10 Funding Request	\$2,598,300	\$0	\$0	\$0	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates					
3. Unapproved FY 08/09 Planning Estimates					
4. Unapproved FY 09/10 Planning Estimates	\$2,598,300				
5. Total Funding^{f/}	\$2,598,300	\$0	\$0	\$0	\$0

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHSA Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

FY 2009/10 Mental Health Services Act
Community Services and Supports Funding Request

County: Nevada

Date: 7/17/2009

CSS Work Plans			Estimated MHSA Funds by Service Category						Estimated MHSA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)	FY 09/10 Required MHSA	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult	
1.	1 WRAP AROUND PROGRAM	E	\$1,113,072	\$1,052,657	\$33,943	\$26,472	\$0	\$946,111	\$166,961	\$0	\$0	
2.	2 ASSERTIVE COMM TREATM	E	\$2,421,218	\$1,709,738	\$80,353	\$631,127	\$0	\$0	\$0	\$2,058,035	\$363,183	
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25.												
26.	Subtotal: Work Plans ^{a/}		\$3,534,290	\$2,762,395	\$114,296	\$657,599	\$0	\$946,111	\$166,961	\$2,058,035	\$363,183	
27.	Plus County Administration		\$510,942									
28.	Plus Optional 10% Operating Reserve		\$0									
29.	Plus CSS Prudent Reserve ^{b/}		\$0									
30.	Total MHSA Funds Required for CSS		\$4,045,232									

78.18%

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=
b/ Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

EXHIBIT G

Community Services and Supports Prudent Reserve Plan
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT

County: Nevada County Date 07/17/09

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS Services Funding \$3,534,290

Enter the total funds requested from Exhibit E1 – CSS line 26.

2. Less: Non-Recurring Expenditures - \$ 0

Subtract any identified CSS non-recurring expenditures included in #1 above.

3. Plus: CSS Administration + \$ 510,942

Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.

4. Sub-total \$4,045,232

5. Maximum Prudent Reserve (50%) \$2,022,616

Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.

6. Prudent Reserve Balance from Prior Approvals \$1,029,150

Enter the total amounts previously approved through Plan Updates for the local prudent reserve.

7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update + \$ 0

Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.

8. Prudent Reserve Balance \$1,029,150

Add lines 6 and 7.

9. Prudent Reserve Shortfall to Achieving 50% \$ 993,466

Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.

We will divert as needed up to the 20% allowed under current rules to the Prudent Reserve. One way to do this is to dedicate CSS Planning Estimate increases (up to 20%) to be dedicated to the Prudent Reserve before funding any new program expansion. Additionally, Nevada County is experiencing an increase in Medi-Cal revenue which will decrease CSS expenditures in the future. Lastly, unspent CSS funds from prior years will be used to fund decreases in future CSS Allocations.

Note: If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.