Mental Health Services Act

Fiscal Year 2018-19
May 2019

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

Mission: Optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery but also connectedness and community reintegration.

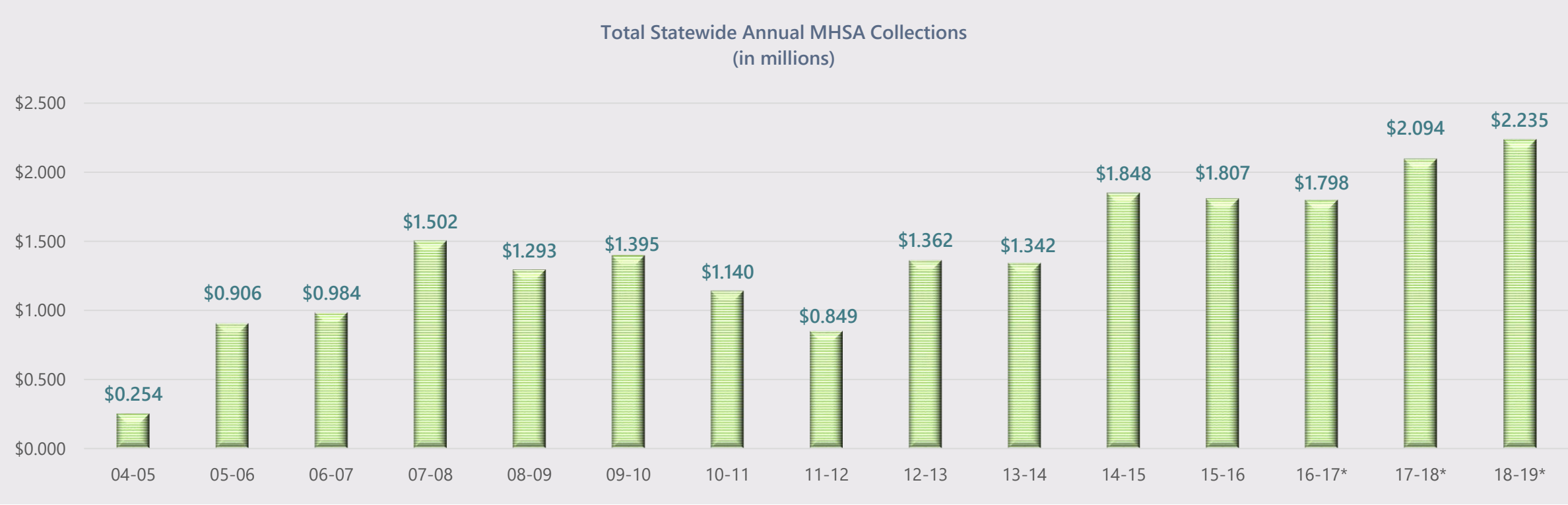
05.22.2019FINAL

MHSA Presentation Overview

Proposition 63 - History and Statewide Collections

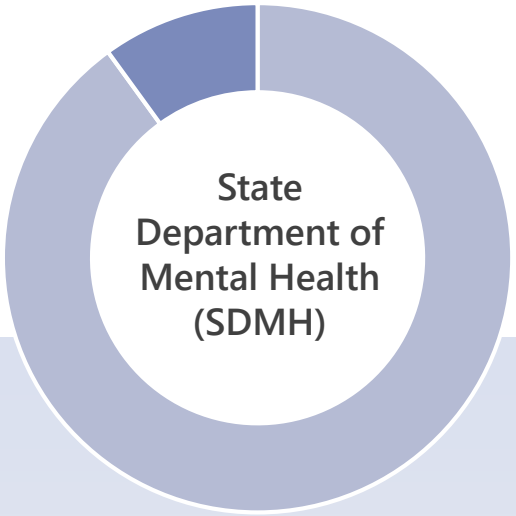
- The Mental Health Services Act (MHSA) was enacted in January 2005 following the passage of Proposition 63 in late 2004. The Act imposes a 1% income tax on personal income in excess of $1.0 million to provide resources that will greatly improve the delivery of community-based mental health services and treatment across the State.

- Welfare and Institutions Code (WIC) §5891 states that MHSA revenues may only fund mental health services, and MHSA programs and activities. **MHSA funds cannot be used to supplant existing County funds.**

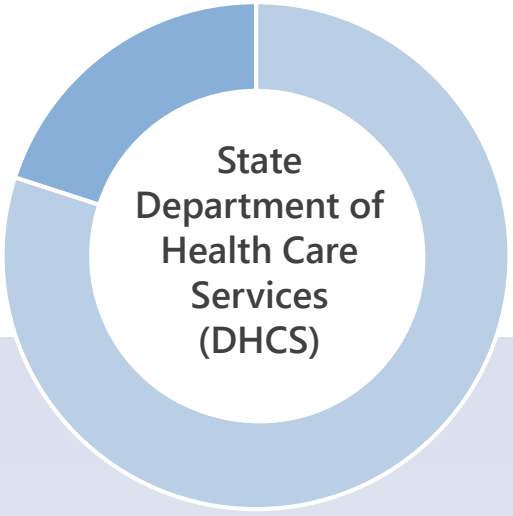


*Reflects estimated revenues as reported in the Governor's Budget FY 2018-19. An accrual adjustment for revenues not yet received by the end of the fiscal year is necessary. Revenues are deposited two fiscal years after the revenue is earned (e.g. FY2016-17 revenues deposited into the MHSA State Fund during FY2018-19) after completion of a reconciliation of final tax receipts and previous cash transfers.

State Entities and Responsibilities



The former SDMH was responsible for planning the sequential phases of development for each of the **five MHSA components** and overseeing county implementation of MHSA.



DHCS is primarily responsible for overseeing local mental health agencies' spending of MHSA funds.

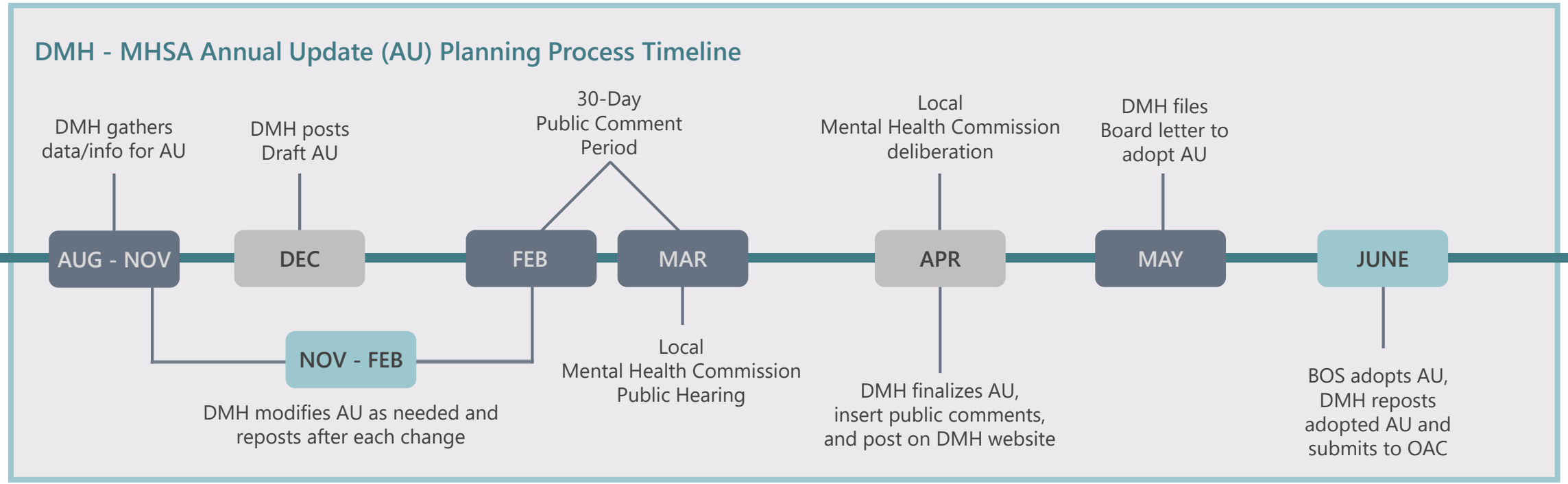
DHCS contracts with each county for the following components:

- PEI programs;
- children's services; and
- adult services.

The OAC oversees MHSA implementation; develops strategies to overcome stigma; reviews and approves innovations projects; and provides technical assistance and training to counties, providers, and stakeholders.

MHSA Three-Year Implementation Plan and Annual Updates

- WIC §5847 requires counties to develop a Three-Year Program and Expenditure Plan, based on available unspent funds and anticipated revenue collections, and submit to OAC. Counties are to engage with stakeholders for input.
- Counties must also submit Annual Updates reflecting the status of their programs and services, as well as any changes.
- The OAC is mandated to:
  - oversee MHSA-funded programs and services through these documents, and
  - evaluate how MHSA funding has been used, what outcomes have resulted, and how to improve services and programs.



MHSA Program - Components

MHSA addresses a broad continuum of county mental health services for all populations: children, transition-age youth, adults, older adults, families, and underserved. MHSA specifies five required components that support county mental health systems.

CSS Community Services and Supports

Direct mental health services and supports for children and youth, transition age youth, adults, and older adults

Permanent supportive housing for clients with serious mental illness

PEI Prevention and Early Intervention

Services to engage individuals before the development of serious mental illness or at the earliest signs of mental health struggles

Statewide projects: Suicide Prevention, Student Mental Health Initiative, Stigma and Discrimination Reduction

INN Innovations

Opportunities to design and test time-limited new or changing mental health practices that have not yet been demonstrated as effective, and to fuse such practices into the mental health system, thereby increasing:

- access to underserved communities,
- promotion of interagency collaboration, and
- the overall quality of mental health services

WET Workforce, Education and Training

Enhancement of the mental health workforce through continuous education and training programs

CFTN Capital Facilities and Technological Needs

Building projects and improvements of mental health services delivery systems using the latest technology

MHSA Allocations and Spending Timeline

- The State Controller deposits MHSA tax revenues and makes monthly distributions to each County's local trust fund.

- MHSA specifies:
  - the percentages that counties are to allocate from their monthly collections to each component; and
  - the amount of time to spend MHSA funds by component.

Component	Allocation by Percent	Years to Spend
CSS	76%	3 years
PEI	19%	3 years
INN	5% [1]	5 years from date of OAC project approval
WET	One-time funding [2]	10 years
CFTN	One-time funding [2]	10 years
Total	100%	

Notes

1. INN -
   - Counties are required to utilize 5% of the total CSS and PEI funding for Innovation programs.

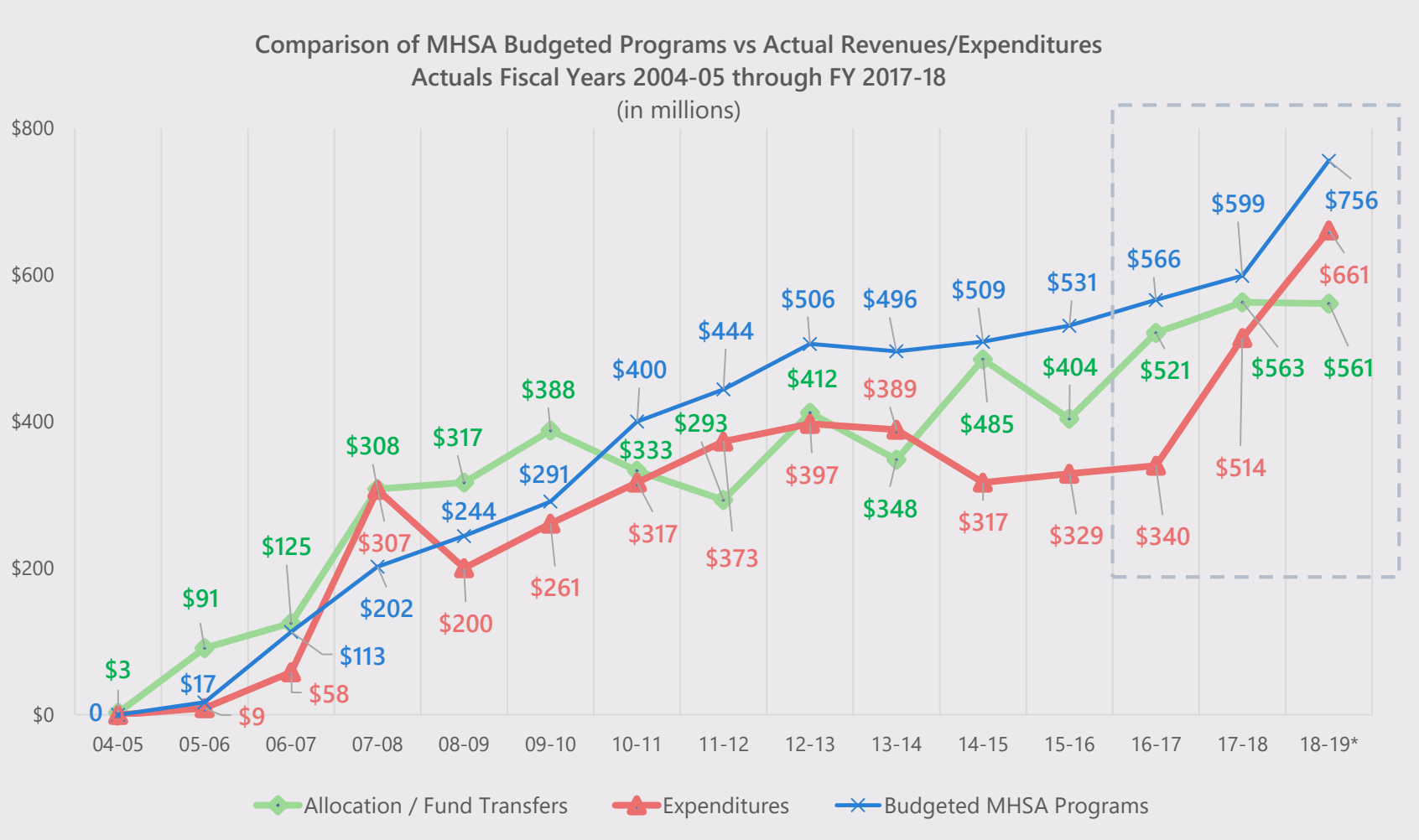
2. WET and CFTN -
   - The State initially provided one-time funding directly to counties.
   - Transfers of CSS funds to WET and/or CFTN are permitted in accordance with MHSA guidelines.

Fund Transfers - between Components and to JPA / CalHFA

- MHSA sets policies regarding fund transfers from one component to another.
- Prior to transferring any funds, counties must reflect proposed transfers in their Three-Year Spending Plan (Plan), Annual Updates, or Midyear Updates; and request Board adoption of the Plan/Updates following a 30-day public comment period.

Transfers from	Transfers To	Requirements
CSS	WET, CFTN, and/or Prudent Reserve	Transfers: 1) up to 20% of the average amount of total **CSS funds** received in the prior five years can be made each fiscal year after FY 2007-08, and 2) are irrevocable.
CSS	PEI	- Proposed fiscal regulations call for adoption of §3420.15 requiring counties to submit to the State: 1) the total amount of **CSS dollars** to be transferred, and 2) data/justification that supports the additional PEI need. - The State will provide a decision within 45 days of the request. The Plan or Updates must be revised accordingly to demonstrate the effectiveness of the additional PEI programming (if transfer is approved) or to reflect the reversion to CSS (if denied).
CSS or PEI	Joint Powers Authority (JPA)	- Counties must ensure transfers made from the trust fund to the JPA are expended for the authorized purpose within specific timeframes to avoid reversion.
CSS	Calif Housing Finance Agency (CalHFA)	- Counties may transfer **CSS funds** to CalHFA for the development of permanent supportive housing for persons with a serious mental disorder or for seriously emotionally disturbed children and adolescents.

DMH - Annual MHSA Budget, Revenue and Expenditures



- The line graph reflects:
  - ongoing CSS, PEI and INN allocations;
  - one-time allocations for WET and CFTN; and
  - fund transfers from CSS to WET and CFTN.
- 2007-08: total expenditures of $307M included transfers of $156M ($123M CSS and $33M PEI) to the Prudent Reserve (PR).
- 2008-09: an additional $5.0M in CSS was transferred to the PR.
- Revenues depicted in this line graph do not include interest earned.

**All current FY 2018-19 figures in this presentation are projections*

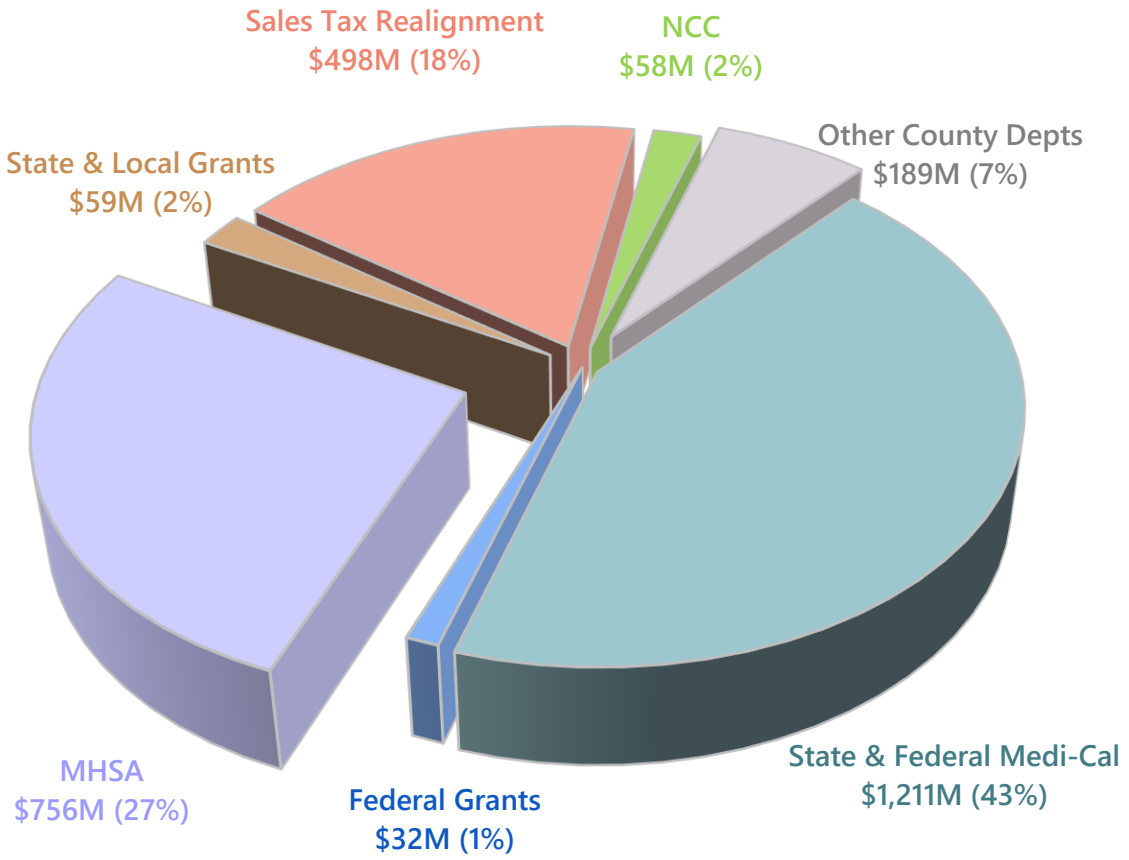
DMH - FY 2018-19 $2.8 Billion Revenue Budget

The $2.8 billion revenue budget is primarily comprised of the following funding sources:

State & Federal Medi-Cal $1.2 billion (43%) - Mandated inpatient and outpatient services to Medi-Cal eligible clients based on approved eligibility status

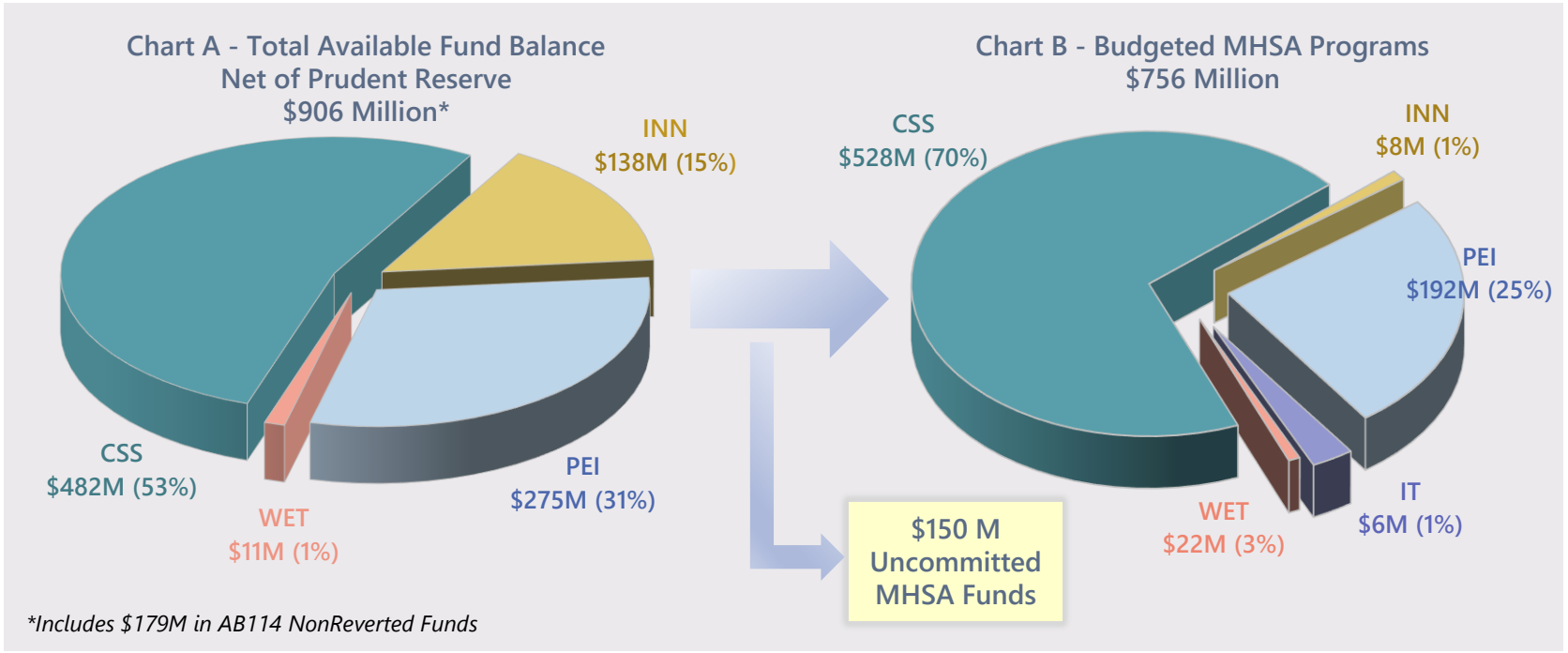
MHSA $756.0 million (27%) - Intensive outpatient, recovery and wellness oriented services; prevention and early intervention services; workforce education and training; capital needs; and innovative and technological projects

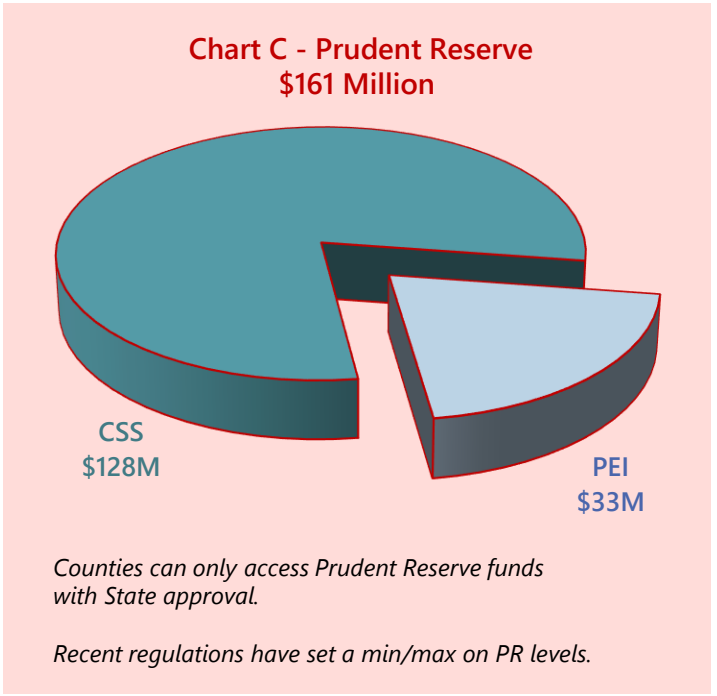
Sales Tax Realignment $498.0 million (18%) - General outpatient services, mainly in the Probation Halls / Camps and group homes; State Hospitals and IMD beds; and Fee-For-Service inpatient beds and professional psychiatric services



DMH - FY 2018-19 MHSA Fund Balance vs Budgeted MHSA Programs

- MHSA allocations from the State are deposited into the DMH MHSA Trust Fund (BT1).
- The total beginning cash balance as of July 1, 2018 was $1.068B (includes $161M in Chart C - Prudent Reserve (PR)).
- Chart A shows that $906M (net of PR) is available for use, of which $756 million in Chart B is committed in the FY 2018-19 Final Adopted Budget to support MHSA programs and activities.
- Chart A does not reflect new monies (ongoing CSS, PEI and INN) received monthly. Use of fund balance is on a first in, first out (FIFO) basis.





Pie charts shown in millions

Composition of MHSA $1.068 Billion Fund Balance

Chart A
Total Beginning Fund Balance
as of July 1, 2018
$1.068 Billion

Chart B1
Total Fund Balance Available for Use
$906 Million
(includes $179M in AB114 NonReverted Funds)

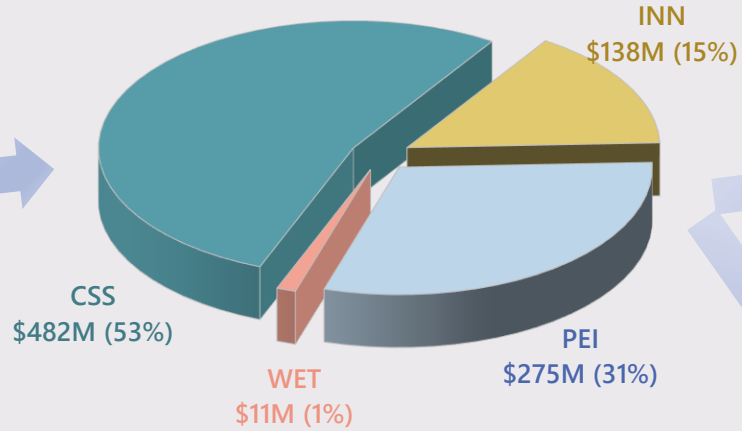


Chart C1
Uncommitted MHSA Funds
$150 Million

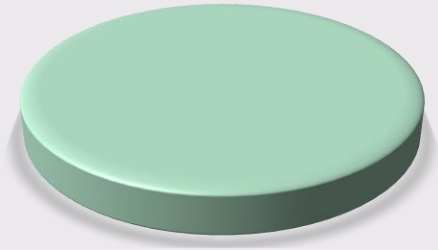


Chart B2
Prudent Reserve
$161 Million

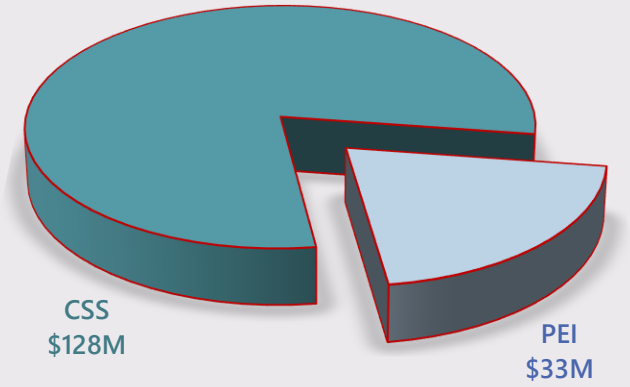
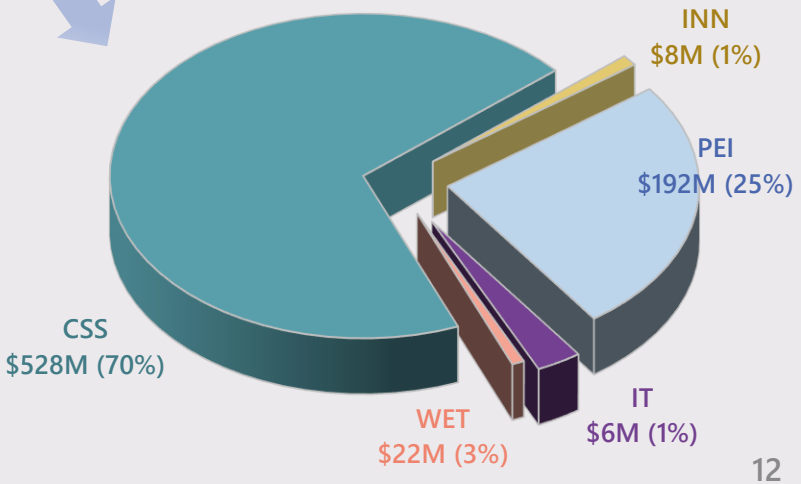


Chart C2
Budgeted MHSA Programs
$756 Million



DMH - Five Year Financials + FY 2018-19 Projections

The tables below show the level of MHSA expenditures in relation to the overall DMH Final Adopted Budget.

Total Department Budget

Fiscal Year	Final Adopted Budget (in billions)	Actual Expenditures (in billions)	Variance from Budget (in millions)
FY 2013-14	$1.9	$1.8	$197.3
FY 2014-15	$2.1	$1.8	$300.7
FY 2015-16	$2.2	$1.9	$315.4
FY 2016-17	$2.3	$2.0	$324.6
FY 2017-18	$2.4	$2.2	$222.9
FY 2018-19*	$2.8	$2.4	$400.0

MHSA Budget

Fiscal Year	Final Adopted Budget (in millions)	Actual Expenditures (in millions)	Variance from Budget (in millions)
FY 2013-14	$495.6	$388.8	$106.8
FY 2014-15	$508.6	$316.9	$191.7
FY 2015-16	$531.3	$328.6	$202.6
FY 2016-17	$565.7	$340.2	$225.5
FY 2017-18	$599.0	$513.8	$85.2
FY 2018-19*	$756.0	$661.0	$95.0

Prudent Reserve - MHSA Rainy Day Fund

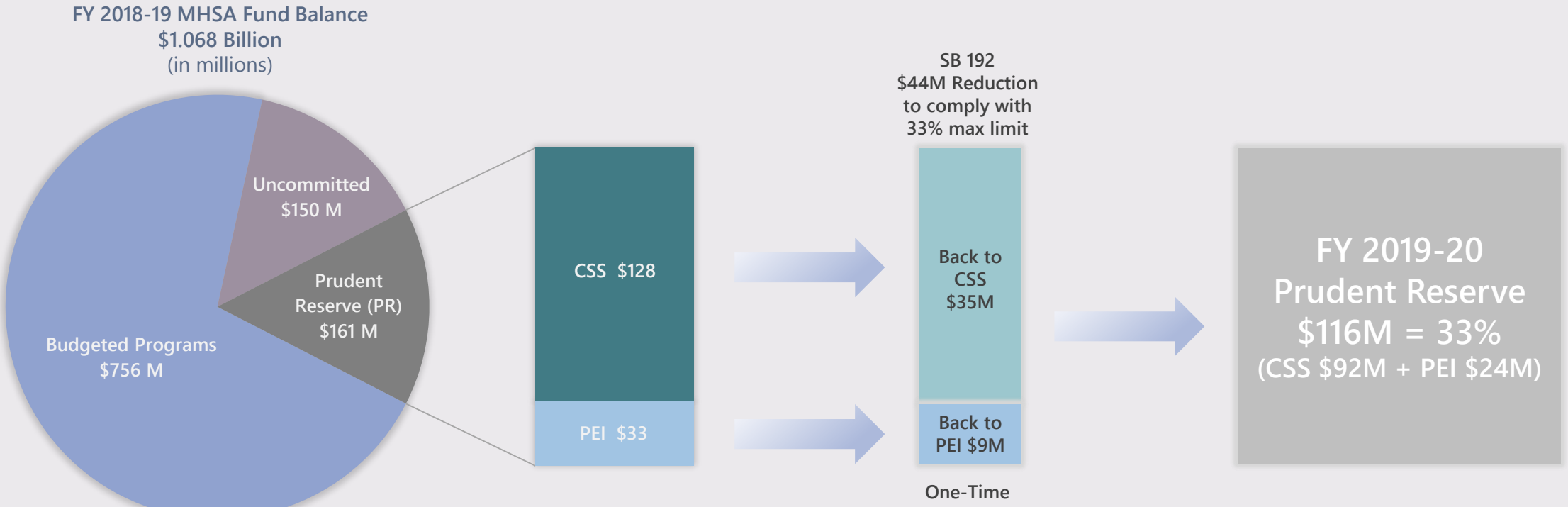
- WIC §5847 requires counties to establish and maintain a Prudent Reserve (PR) to ensure MHSA programs will continue to serve children, adults and seniors during years in which tax revenues are below recent averages.

- Access to the PR will be determined on a statewide level, as the State will calculate the access threshold and release the information prior to the start of the upcoming fiscal year. Funding level requirements will be suspend during the period access to the PR is in effect.

Action	Funding Levels Requirements Throughout the Years
SDMH Info Notice 07-25 Dec 2007	Initially, MHSA required 50% of the most recent annual approved funding level for the CSS component to be set aside in the PR.
Assembly Bill 5 Jan 2009	Expanded the PR to include programs serving clients through CSS and PEI. Counties must maintain a PR equal to **50% of the most recent annual approved CSS and 50% of the most recent annual approved PEI funding levels**.
WIC §5892	Specified that in any year after FY 2007-08, **a maximum of 20% of the average amount of total CSS dollars** received in the previous five years can be redirected to fund the PR (as well as WET and CFTN).
Senate Bill (SB)192 Sept 2018	Established a **maximum funding level of 33%** of the average CSS dollars received in the previous five years. This amount must be reassessed by the counties every five years as a part of their Three Year Spending Plan.
Proposed Fiscal Regs DHCS-16-009 April 2019	Proposed fiscal regulations call for adoption of §3420.30 requiring counties to fund the Prudent Reserve at a **minimum of 23% and a maximum of 33%** of the average amount of CSS allocation. An assessment must be made on the maximum level every five years and reflected in the Three Year Plan and Updates.

Prudent Reserve - Maximum Limit

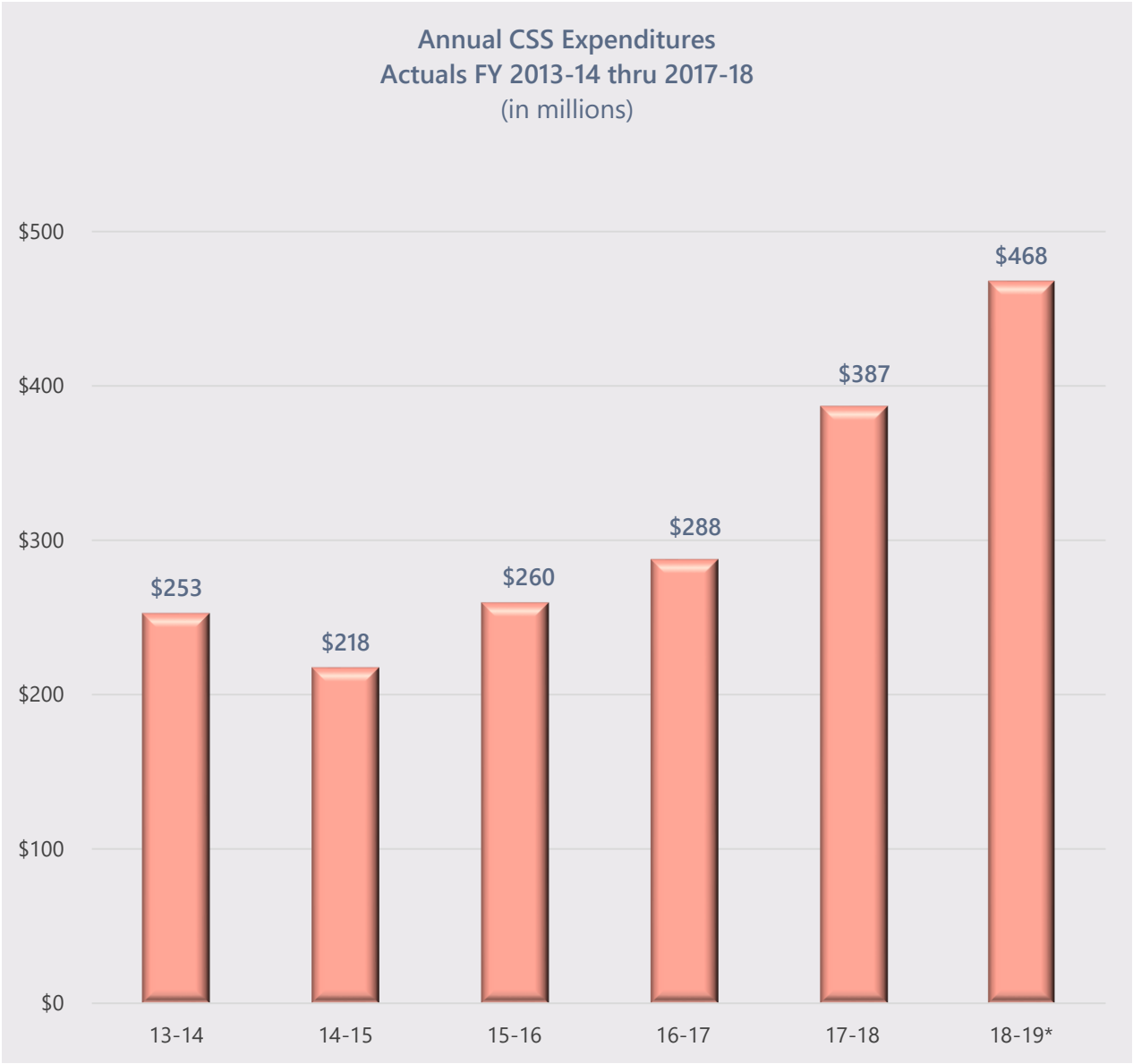
- SB 192 recently established a maximum funding level of 33% of the average CSS dollars received in the previous five years.
- An adjustment will be necessary to reduce the current PR balance of $161M to $116M in FY 2019-20, with corresponding increases to CSS and PEI.
- The $150M Uncommitted Balance plus the Prudent Reserve allows DMH to sustain current service levels for approximately six months in the event that MHSA revenues fall below recent averages.



CSS - 3 years spending period

- As the largest component, CSS was designed with service categories that shape the integrated system of care for clients diagnosed with a serious mental illness.
- Annual allocations average $418M over a five-year period.

Service Category	Description
Full Service Partnership (FSP)	Community collaboration and a "whatever it takes" approach to ensure full spectrum community-based mental health service delivery to individuals from identified focal populations.
General Systems Development	Services that include programs to improve mental health services and supports for all consumers.
Planning Outreach and Engagement	Activities aimed at engaging the unserved, underserved, and inappropriately served populations with the goal of reducing disparities.
Housing	In partnership with the California Housing Finance Agency, CSS provides funding for permanent supportive, affordable housing for individual with mental illness and their families, especially those who are homeless.

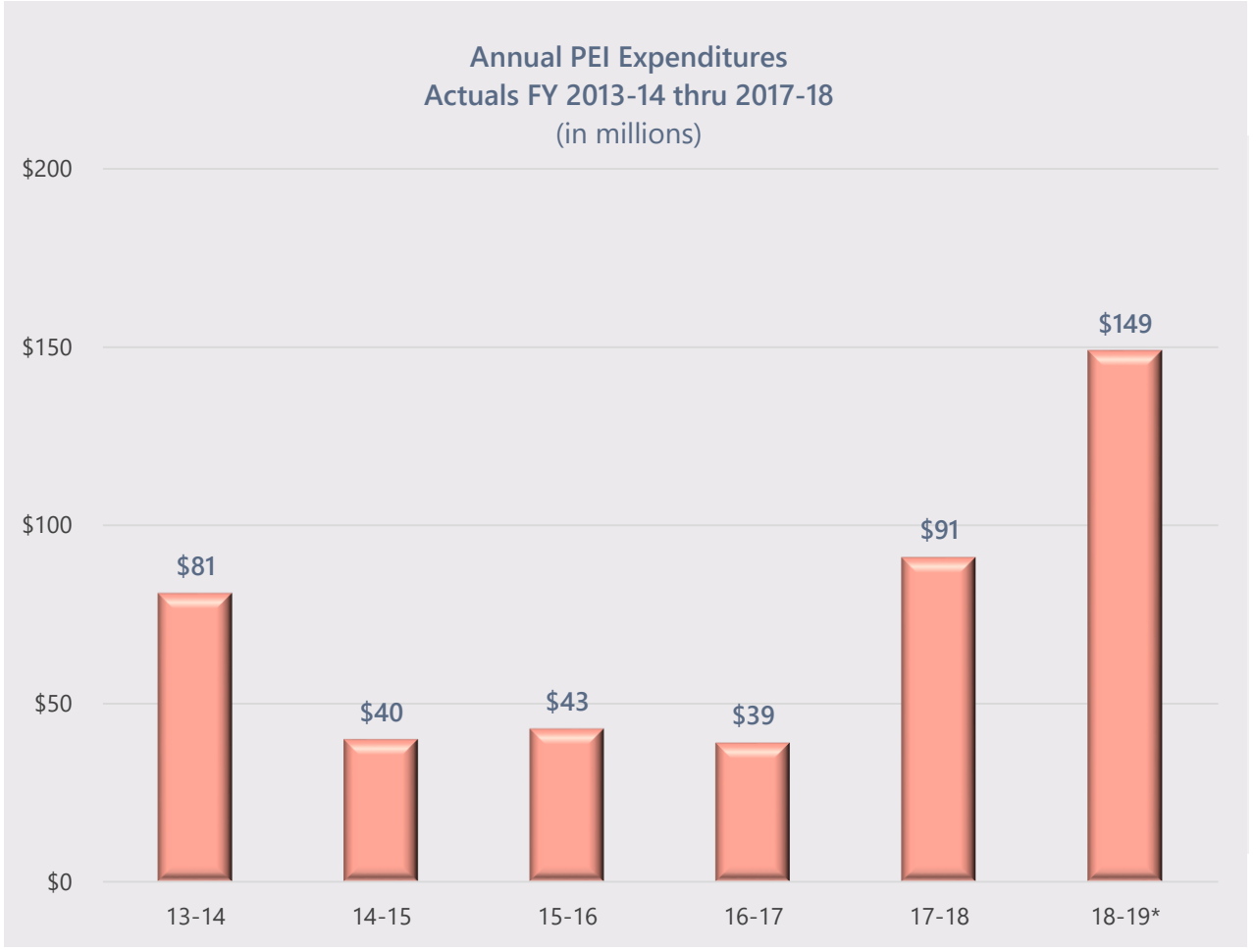


PEI - 3 years spending period

- PEI is the second largest component of MHSA. PEI focuses on prevention and early intervention services, education, support, and outreach to individuals and families at risk of developing a mental illness or experiencing early symptoms.

- Annual ongoing PEI allocations average $89M over a five-year period.

Service Category
Prevention of Mental Illness by targeting those with risk factors or increasing protection factors
Early Intervention of individuals and families for whom a short, relatively low-intensity intervention is appropriate to improve mental health issues and avoid the need for more extensive treatment
Suicide Prevention services and training to strengthen the capacity of existing community resources and creating new collaborative and comprehensive efforts at the individual, family, and community level. Services include: community outreach and education to identify suicide risks and protective factors; linking direct services to individuals contemplating, threatening, or attempting suicide; and access to trained suicide prevention hotlines.
Stigma and Discrimination Reduction training, campaigns and activities reduce and eliminate barriers that prevent people from utilizing mental health services. Services include: anti-stigma education specifically targeting underrepresented communities through outreach utilizing culturally sensitive tools; connecting and linking resources to schools, families, and community agencies; and educating and empowering clients and families.



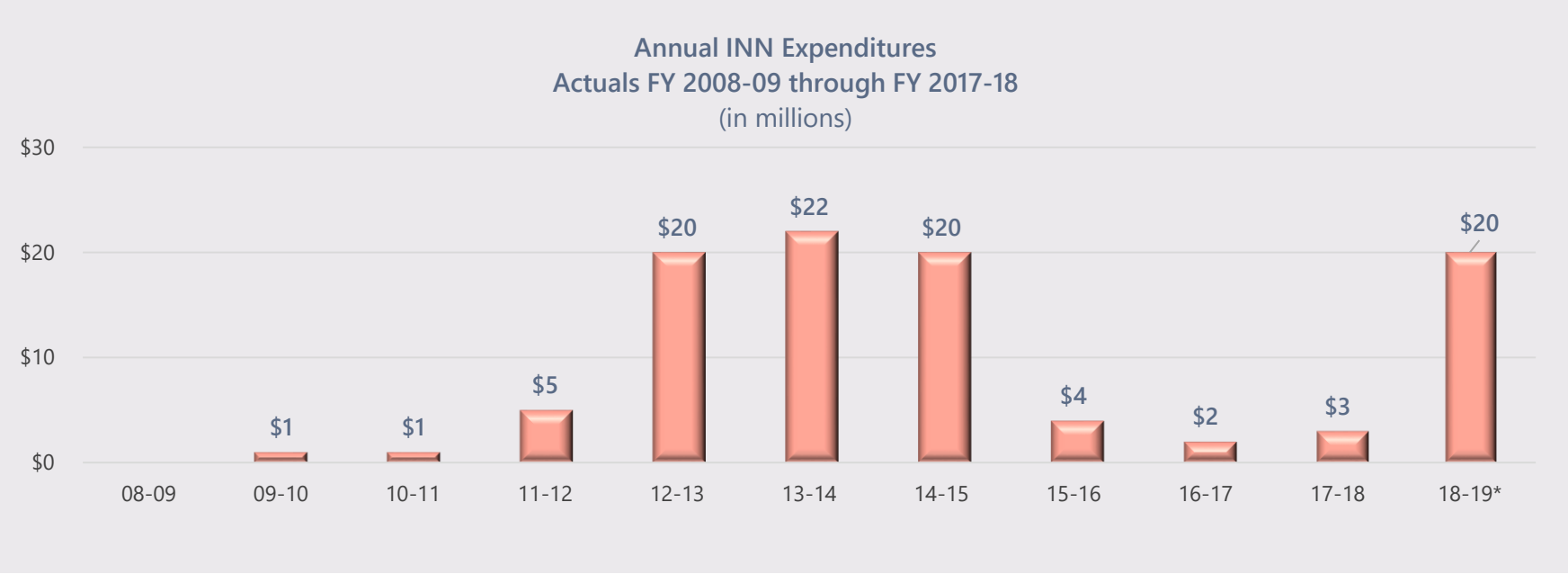
CSS and PEI Projects

Recent CSS-Funded Projects
Women's Reintegration Expansion and Well-Being Center
FSP Expansion for Contracted Providers
Child Well-Being Services
Medical Staff Expansion at Directly Operated Clinics (Prescribers)
Expansion of TAY Drop In Center Services
Expansion of MET and HOME Teams
Urgent Care Centers Expansions
Flex Funds for Housing and Rental Subsidies
Expansion of Recovery, Resilience and Reintegration (RRR) Services
Backfill of Expired SB82 Funding for Mobile Triage Teams
Community Development Commission Permanent Supportive and Affordable Housing
Transfer to MHSA WET and CFTN Plans

Recent PEI-Funded Projects
Awareness Media Campaigns
Expansion of Early Psychosis Services
LAUSD and LACOE Support for Students' Health and Well-Being
Peer Resource Centers
Promotores
DCFS Family Engagement; Prevention and Aftercare Network
DPH Home Visiting and Nurse Partnerships
Youth Diversion Project
Portland Identification and Early Referral (PIER) Model Program
Public Library PEI Programming
Parks and Recreation Parks After Dark Program
Suicide Prevention Projects

INN - 5 years spending period

- The Innovations component of MHSA provides funding for projects that:
  - introduce a new mental health practice or approach;
  - make a change to an existing practice; and/or
  - apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.
- The primary purpose is to:
  - increase access to mental health services, especially for underserved groups;
  - increase the quality of mental health services; or
  - promote interagency and community collaboration related to mental health services and supports / outcomes.



- Projects are time-limited and therefore, must be completed and MHSA funds spent within 5 years following OAC approval of the project.
- Annual INN allocations average $23 million over a five-year period.

INN Projects

Project	Project Description	OAC Approval	Gross Amount
Community Capacity Building to Prevent and Address Trauma (INN 2)	This project centers on building the capacity of the community to identify and support community members at risk of trauma or experiencing trauma utilizing the assets of the community by testing out strategies that will ultimately lead to better mental health and reductions in trauma, through the building of shared community values, leadership development and community member empowerment.	May 28, 2015	$84.0 million
Technology Suite (INN 3)	DMH entered into a Board-approved agreement with CalMHSA, a Joint Powers Authority utilized by counties, to administer the administrative functions of this multi-county project. The participation agreement was approved by Board on February 20, 2018. Components of the Technology Suite require accessibility from a computer, cellphone and tablet utilizing customized applications for: 1. Digital detection of emotional, thought and behavioral disturbances through passively collected data and sophisticated analyses that sense changes in the user interface known to correlate with social isolation, depression, mania, the early psychotic (prodromal) syndrome, and other indicators of either the onset of new mental illness or the recurrence of a chronic condition. As concerning signals are detected, communication to the user is generated through texts, emails, peer (see below) or clinician outreach to prompt care. 2. A web-based network of trained and certified peers on call to chat 24/7 with individuals experiencing worsening symptoms of mental illness, as well as family members and caregivers. A link to this network is available through the reengineered DMH website. Other forms of social media will be used to widely disseminate the service across the County. It will be branded as both a support and a triage tool for anyone experiencing problems at any time, especially those unfamiliar with self-management techniques, confused or unclear about the resources available for help, or reluctant to walk into a mental health clinic.	Oct 26, 2017	$33.0 million

INN Projects (cont'd)

Project	Project Description	OAC Approval	Gross Amount
Technology Suite (cont'd)	3. Virtual, evidence-based online treatment protocols that use avatars to deliver clinical care. Virtual tools allow for 24/7 client-provider interface and can be accessed anytime, anywhere.	Oct 26, 2017	$33.0 million
Transcranial Magnetic Stimulation "TMS" (INN 4)	Implement TMS as a strategy to effectively treat depression in clients that have tried two or more anti-depressants without relief and improvement. DMH will deliver TMS via an outfitted van that travels to different outpatient mental health programs.	Apr 26, 2018	$2.4 million
Peer Support Specialist Full Service Partnership "FSP" (INN 5)	Implement two teams comprised mostly of peer support specialists to provide FSP level services.	April 26, 2018	$9.9 million
Therapeutic Transportation (INN 7)	Implement 20 teams across the county and across multiple shifts to transform the County's approach to responding to individuals placed on an involuntary hold or at significant risk of being placed on a hold through engagement, support and recovery-focused interventions delivered using specially outfitted vans, staffed with mental health clinicians, mental health counselor, RNs, and peer support specialists. Staff would offer a supportive and expedited response to transportation as well as initiate supportive case management in order to begin the healing and recovery from the exacerbation of mental health symptoms from the first point of contact. Each team will respond to the Psychiatric Mobile Response Team's (PMRT) request either to transport a client who is on a hold or to intervene on the streets to avoid the need for an involuntary hold.	Sept 27, 2018	$22.0 million

INN Projects (cont'd)

Project	Project Description	OAC Approval	Gross Amount
Early Psychosis Learning Healthcare Network (INN 8)	Implement the Portland Identification and Early Intervention (PIER) program to identify and comprehensively treat individuals ages 12-25 who are in the prodromal or initial 18 months of a first psychotic episode. PIER is one of several coordinated specialty care models for this population. The learning healthcare network will allow counties to collect common outcome data, be able to use it to inform treatment, and engage in cross-county learning informed by outcome data.	Dec 17, 2018	$4.5 million
Conservatee Support (INN 9)	This project seeks to increase conservatees' support and access to an array of services in their community in order to increase autonomy, improved quality of life and community integration. Two teams per service area will be composed of a clinician and a peer mentor. The 16 teams will provide support, case management and consultative services for a caseload of 50 clients conserved through the Public Guardian (PG), who are living in the community/Board and Care (B&C) facility (approximately 800 individuals at this time) and not within the confines of a locked facility. These two person teams will be embedded within existing mental health clinics and serve as PG experts or champions for clients on conservatorships. There will be regular treatment team meetings and in-service trainings for clinicians, peer mentors, families, B&C operator/staff and the PG to create shared goals and treatment plans for these clients.	Sept 27, 2018	$16.3 million

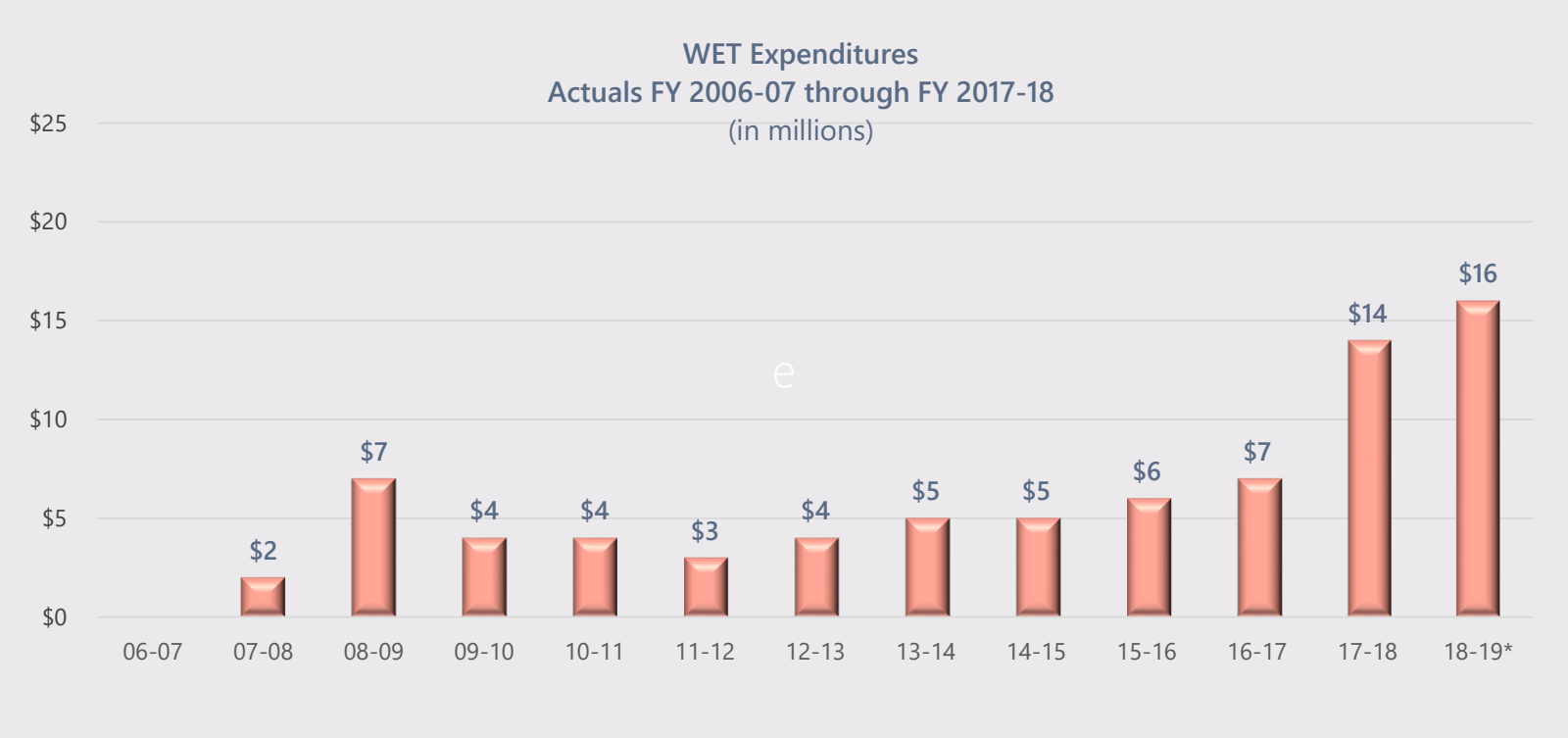
INN Projects (cont'd)

Project	Project Description	OAC Approval	Gross Amount
Trieste	The TRIESTE Project proposes to implement five related innovations to create a regional pilot project that will demonstrate how individual and system outcomes and consumer satisfaction in our mental health system can be dramatically improved without increasing the cost of services. It will temporarily replace the entire existing MHSA/Medicaid-based funding system within a specific geographic region to demonstrate how effectiveness and satisfaction can be improved when services are untethered from the current payment and documentation systems. These funds will allow DMH to engage the local community in a robust stakeholder process to determine what the community actually wants and needs and design a service system that will be more responsive to those needs. The five innovations are: ▪ a recovery-informed reimbursement system that replaces minute-by-minute billing with a multi-tier case rate system; ▪ recovery-informed documentation and process-monitoring that reflect and inform the individual's recovery journey; ▪ recovery-informed performance measurement that measures our ability to help our members to achieve true community inclusion; ▪ shifting from a clinical model to the provision of "wellbeing-focused" services like supported employment and community integration services; and ▪ technology that supports payment, documentation and accountability reforms.	May 29, 2019	$116.8 million

WET - 10 years spending period

- The State allocated one-time funding in fiscal years 2006-07 and 2007-08 for WET programs designed to address the fundamental concepts of creating and supporting a workforce (present and future) that is culturally competent, provides client/family driven mental health services, and adheres to wellness, recovery and resilience values.

- DMH submitted its initial WET Plan in October 2008 with two additional revisions in December 2008 and April 2009. The plan was approved April 8, 2009.



WET-funded programs:

- UCLA and Charles Drew Affiliation Agreements

- Financial Incentive Programs
  - Mental Health Psychiatrist Student Loan Repayment
  - Stipend Program for Psychologists, MSWs, MFTs, and NPs

- Training and Technical Assistance
  - Navigator Skill Development Program
  - Licensure Preparation Program
  - Promotores
  - Interpreter Training Program

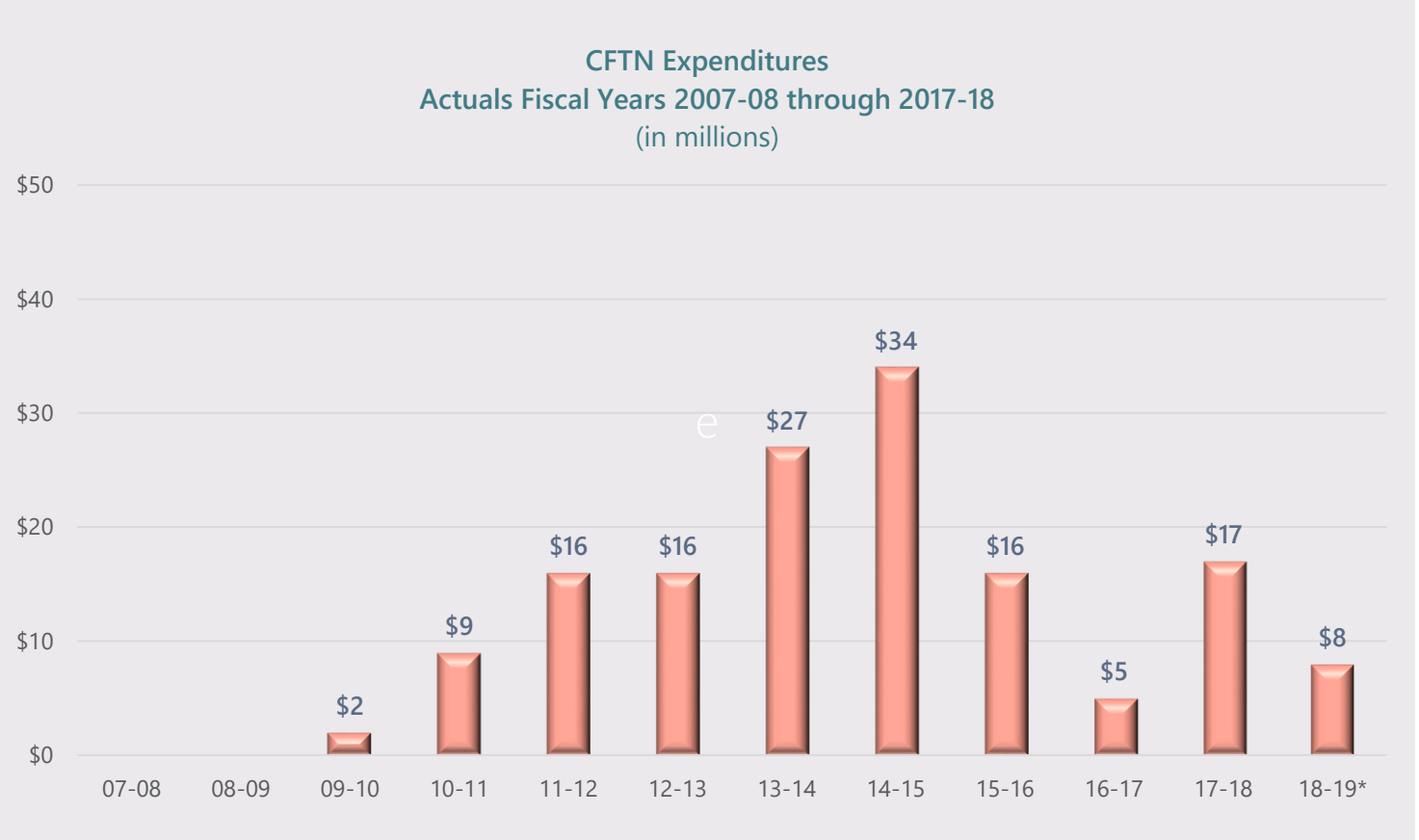
Cap Facilities & Tech Needs (CFTN) - 10 years spending period

- The State allocated one-time funding in fiscal years 2007-08 and 2008-09 to increase and improve existing capital facilities infrastructure and support technology projects to accommodate the implementation of MHSA plans.

- Capital Facilities:
  - Allocations fund land and building acquisitions, construction of mental health service facilities and administrative space; and renovation and expansion of existing County-owned facilities which require modernization and transformation to provide an environment for the clients and families.

  - The CF plan was approved by the State in May 2010.

- Technology Needs:
  The IT Plan was approved by the State in May 2009.
  It contains six projects:
  - IBHIS
  - Contract Provider Technology Projects
  - Consumer/Family Access to Computer Resources
  - Personal Health Record Awareness and Education
  - Data Warehouse Re-Design
  - Virtual Care: Tele-Psychiatry Expansion



FY 2018-19 Use of Fund Balance

	(in millions)	Reversion Date	CSS [1]	PEI [2]	INN	WET	CFTN	Total
A	FY2018-19 Projected Utilization		$467.9	$149.0	$20.1	$16.4	$7.6	**$661.0**
B	Less: Available Financing (based on FIFO)							
B1	- Carryover from FY2016-17	June 30, 2019	46.2	75.5	-	-	-	**$121.7**
B2	- Carryover from FY2017-18	June 30, 2020	436.2	111.2	-	-	-	**$547.4**
B3	- AB114 NonReverted Funds	June 30, 2020	-	88.2	79.3	11.4	-	**$178.9**
B4	- Funds Transferred from FY2018-19 CSS	June 30, 2021	-	-	-	20.2	19.0	**$39.2**
1	Remaining FY2017-18 Bal [line #B2]	June 30, 2020	14.5	37.7	-	-	-	**$52.2**
2	Remaining AB114 Bal [line #B3]	June 30, 2020	-	88.2	59.2	-	-	**$147.4**
3	Bal of Transferred CSS Funds [line #B4]	June 30, 2021	-	-	-	15.2	11.4	**$26.6**
4	Prior Year INN - Approved by OAC	June 30, 2020	-	-	45.3	-	-	**$45.3**
5	Prior Year INN - Pending OAC Approval	TBD	-	-	14.0	-	-	**$14.0**
6	Ongoing Allocation: FY2018-19	June 30, 2021	424.7	108.3	28.3	-	-	$561.3
7	Transfer of FY2018-19 CSS to WET & CFTN [line #B4]	June 30, 2021	(39.2)	-	-	-	-	**$(39.2)**
8	Subtotal		= 400.0	= 234.2	= 146.8	= 15.2	= 11.4	**= $807.6**
9	Prudent Reserve (PR)		127.6	33.2	-	-	-	**$160.8**
10	**FY2018-19 Projected Ending Fund Bal**		**= $527.6**	**= $267.4**	**= $146.8**	**= $15.2**	**= $11.4**	**= $968.4**
11	**FY2019-20 Recommended Budget**		-	-	-	-	-	**$(764.5)**
12	**FY2019-20 Uncommitted Funds + PR**							**$203.9**

- This slide shows the use of one-time fund balance to cover FY 2018-19 estimated expenditures.
- The FIFO method is used to exhaust prior year funds.
- A projected fund balance of $968.4M is anticipated by fiscal year-end (includes ongoing dollars received in the current fiscal year; remaining balances from FY 2017-18 and AB114; and the prudent reserve.

[1] CSS
FY2018-19 Est Expenditures $467.9
Less (FIFO): FY2016-17 Funds (46.2)
= 421.7
Less (FIFO): FY2017-18 Funds (436.2)
Remaining FY 2017-18 Funds $14.5

[2] PEI
FY2018-19 Est Expenditures $149.0
Less (FIFO): FY2016-17 Funds (75.5)
= 73.5
Less (FIFO): FY2017-18 Funds (111.2)
Remaining FY 2017-18 Funds $37.7

THANK YOU