

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
MENTAL HEALTH SERVICES ACT (MHSA) ADMINISTRATION**

**MHSA Mid-Year Adjustment, Fiscal Year 2024-25**

The Los Angeles County Department of Mental Health, as required under MHSA, is opening a public review and comment period for the MHSA – Mid-Year Adjustment, Fiscal Year (FY) 2024-25, regarding changes made to the MHSA Two Year Program and Expenditure Plan, FYs 2024-25 through 2025-26, adopted by the Los Angeles County Board of Supervisors on May 21, 2024. The following are the proposed actions including fiscal impact.

1. The Innovation project, Therapeutic Transportation, concluded its programming in FY 2022-23. The County is proposing to continue using Community Services and Supports (CSS) - Alternative Crisis Services funding to support its programming. Funding will begin in FY 2024-25 and is ongoing. Cost is \$6.7 million. See Attachment A for the final report.
2. Support ongoing and necessary Departmental training that provide support for the continued development of staff, both in clinical and non-clinical topics. These training topics include subjects that are required by licensed staff to acquire or maintain licensure, and essential to the ability to deliver direct mental health services to our consumers. This will provide additional resources that support the expected 600+ trainings during FY 24-25 and FY 25-26, training over 16,000 mental health providers and staff. Inclusive of MHSA WET dollars projected to be utilized for expert trainers, the shift will also be used for necessary supplies, training materials, room rentals, and ancillary services, such as Audio/Video. These services will be included as part of the Workforce Education and Training (WET) Training and Technical Assistance (TTA) program. The cost will be \$1.9 million. Funding will begin in FY 2024-25 and is ongoing.
3. Support the cost for Faculty Supervision. Across Los Angeles County, outpatient adult and child specialty mental health services are provided by the Los Angeles County Department of Mental Health (LACDMH) and its network of providers. Historically, a small subset of these patients received care at LA General at a psychiatry outpatient clinic. Due to their business needs, the Department of Health Services could no longer utilize the existing space for the LA General psychiatry outpatient clinic and approached LACDMH to transition adult clients, along with the USC Psychiatry Residents, to the nearby LACDMH Northeast Mental Health Center (3303 North Broadway, Los Angeles 90031). In addition, LACDMH has worked collaboratively with LA General to transition children and youth impacted by this closure to LACDMH specialty mental health providers. The residents continue to provide direct services (e.g. psychiatric evaluation, medication, management, crisis intervention) as part of their required Post Graduate Residency Training and receive faculty supervision by USC faculty and DMH physicians. These services will be included as part of the WET TTA program. The cost will be \$1.1 million. Funding will begin in FY 2024-25 and is ongoing.

4. Reallocate Crocker Street project funds to Capital Project – Tenant Improvement/New Facilities under the Capital Facilities and Technological Needs (CFTN) component. The Crocker Street project will not be implemented as planned. Shift \$10 million dollars in FY 2024-25 and \$3,807,519 in FY 2025-26.
5. Under the CFTN component, increase the budgeted amounts for the following IT projects: Modern Call Center and Integrated Behavioral Health Information System. The IT project, Digital Workplace: Wi-Fi at Clinics, has ended and does not need funding in FYs 2024-25 and 2025-26. Effective FY 2024-25, increase the Modern Call Center and Integrated Behavioral Health Information System Projects by \$2,678,483 and \$3,843,683, respectively. Terminate the funding of \$114,778 for the Digital Workplace: Wi-Fi at Clinics for FYs 2024-25 and 2025-26.
6. Document the Parks Wellbeing Project programming in the Two Year Program and Expenditure Plan under the Prevention Component. This project was approved for inclusion by the Stakeholders and its programming is reflected in the total budget. This project establishes wellbeing stations in key parks to engage community members in wellness activities and ensure there are safe spaces in the community that welcome all people. The goal is to implement prevention programming by enhancing existing parks' specialty programming to increase protective factors such as resilience, socio-emotional skill building in children/youth, teens and adults to bring about social connectedness within the communities. The intent is to invest in the re-design of outdoor and under-utilized existing park spaces where Parks After Dark, Teen, and Senior prevention programs are housed. This project will also create well-being lounges to promote community gathering and mental well-being activities and elevate intergenerational wellness activities. No fiscal impact.
7. Document the following items as elements under the CFTN component:
  - High Desert Crisis Stabilization Unit
  - High Desert Crisis Residential Treatment Program
  - High Desert Mental Health Hub
  - East San Gabriel Valley Remodeling
  - Jacqueline Avant Children and Family Center Third Fl Refurbishment
  - Pediatrics and Crisis Stabilization Unit at Olive view Medical CtrNo fiscal impact.
8. Document the transfer of Community Services and Supports (CSS) dollars to CFTN in the amount of \$35 million and \$60 million to WET for FY 2024-25. This

shift will preserve these funds for future use where they will be needed following implementation of the Behavioral Health Services Act (BHSA). Annual MHSA revenues have increased faster than spending and remain highly volatile. MHSA CSS funds must be spent within three years to avoid reversion. CSS funds may be shifted to CFTN and/or WET, in which the reversion timeline is 10 years.

Ongoing programming is currently well funded, the limitation on current service expansion is related to staffing, not funding. The implementation of BHSA will result in a substantial decrease in the ability to fund both WET and CFTN categories due to the reduction in Behavioral Health Services and Supports (BHSS) (formerly CSS) allocations.

9. Document that program 988 Suicide & Crisis Lifeline is funded by CSS-Alternative Crisis Services. No fiscal impact.
10. The MHSA Prudent Reserve Assessment/Reassessment form is being resubmitted to indicate a change in the Prudent Reserve maximum calculation. (See Attachment B)

## Attachment A

### INNOVATION 7 – THERAPEUTIC TRANSPORTATION FINAL REPORT

The primary purpose of the Innovation – Therapeutic Transportation (TT) project was to increase access and the quality of mental health services to underserved, unengaged groups. It was anticipated that this coming to fruition through the introduction of a more supportive and efficient way to intervene and, when needed, transport clients, while also reducing the risk for further trauma, and ensuring the client a TT member remains with them until the admission process is complete. When a mental health staff or team makes the determination to initiate an involuntary hold (5150 or 5585), the team can wait as long as 5-6 hours for an ambulance to arrive for transportation to the hospital. There are several problems with this practice; including (1) the inefficient use of staff that must stay with the client, (2) the client's own comfort is compromised, (3) once the client is placed in an ambulance or police car for transport, they are secured in such a manner that promotes safety to the exclusion of recovery.

Los Angeles County Department of Mental Health (LACDMH) intended for these teams to improve the services and supports provided for the individual placed on a hold, provide linkage between the individuals and mental health services, and provide coordination of and connection to services across all services and supports, including psychiatry. The transport team will serve as a back-up team (not first responders) and would work with the LACDMH Psychiatric Mobile Response Team (PMRT) and Law Enforcement crisis response teams exclusively, resulting in better availability and more efficient dispatches in transporting individuals to the closest facility. Through decreasing the use of ambulance and law enforcement for the transport of individuals who are medically stable, non-combative/violent and cooperative during the hold process, we hope to see results of improved response times and the ability to respond to a greater number of calls for PMRT. Ambulances and law enforcement having the opportunity to move on to other challenging cases will be realized. Currently, Los Angeles County's revised policy to allow employees to transport individuals placed on 5150/5585 holds is at final review with County Council for approval. This is intended to support providing an innovative approach to greater communication and a reduction in unnecessary fear and anxiety towards hospitalization during the hold process.

Due to challenges encountered in 2019, the 2020 pandemic and the civil unrest there were major changes to the program:

1. The program became a collaborative with Los Angeles City Fire Department (LAFD) this pilot program, vans are operated by the PMRT to transport a client who is on a psychiatric hold or to intervene on the streets to avoid the need for an involuntary hold. Utilizing specially designed vans from the outset of responding to

a call for someone in crisis allows the client's healing and recovery to begin from the first moment of contact. All vans are staffed with an expert team from LACDMH and are comprised of a clinical driver, psychiatric technician, and a peer support specialist enabled to rapidly initiate supportive case management.

2. The staff was changed from Nurses and Licensed Clinical Social Workers to Licensed Psychiatric Technicians and added drivers.
3. LAFD provided space at the fire stations to house staff on a trailer to dispatch teams with 7-12 miles radius for immediate response.
4. Five fire stations were identified to cover each supervisorial district and multiple City areas.

The purpose was to expand the current reach and impact by integrating L.A. County mental health experts into the emergency response for calls that come into 911 or go directly to the L.A. City Police Department or L.A. City Fire Department. The pilot program embedded a team of L.A. County mental health experts 24 hours a day, seven days a week, in five L.A. City Fire stations across the County to co-respond or take lead on incoming emergency calls related to, or presumed to involve, an individual experiencing a mental health crisis. The program launched in 2021 and was studied for one year with a focus on sustaining and expanding the program into other cities within L.A. County.

Specific benefits of this program include:

- Minimizing the client's trauma, stigma, and loss of privacy and dignity, which is too often a part of the transport process when ambulances and law enforcement are involved.
- Vehicles are designed with a therapeutic interior to ease the stress of the client's situation, and the teams that staff the vans are dressed in civilian clothes, not uniforms, to further de-escalate the situation.
- The Therapeutic Transportation Program's approach shortens the wait time for medically stable, non-combative, and cooperative individuals – a crucial objective for the safety of both clients and the responding LACDMH team.
- For many underserved groups, the first encounter with mental health services is often through a mental health crisis. Changing the standard transportation practices to a more private, less traumatizing, and less stigmatizing experience will lower a perception barrier to accessing mental health services and increase the likelihood families would volunteer to intervene on behalf of the potential client to obtain mental health services.
- The program frees up vital first-responder resources such as law enforcement patrols and ambulances to focus on other community safety and health priorities

**Based on these identified benefits, LACDMH proposes continued funding for this program under Community Supports and Services: Alternative Crisis Services funding.**

## Outcomes and Data

### Therapeutic Transportation incidents from July 1, 2022 through June 30, 2023

During this period, (TTP) responded to N = **2,275** incidents **1,608 (71%)** during the AM shifts (7AM-7:30PM) and **667 (29%)** during the PM shifts (7 PM- 7:30 AM). The table below displays the number of incidents by month and shift. Only station 4, and 94 have both an AM and a PM shift. The remaining stations only have AM shifts due to hiring challenges for this shift. Majority of calls **N = 235 (10.9%)** were during the month of April

FIRE STATION #	SD*	IMPLEMENTATION DATE	HOURS OF OPERATION	ADDRESS
4	1	01/30/22	24/7	450 East Temple Street, Los Angeles CA 90012
59	3	03/06/22	24/7	11505 W. Olympic Boulevard, Los Angeles, CA 90064
77	5	05/16/22	12/7	9224 Sunland Boulevard, Sun Valley, CA 91352
94	2	08/08/22	12/7	4470 Coliseum Street, Los Angeles, CA 90016
40	4	09/26/22	12/7	330 Ferry Street, Los Angeles, CA 90731

2023, followed by June N = **219 (9.6%)**

\*SD-Supervisorial District

### INCIDENTS BY STATION:

STATION #	INCIDENTS	PERCENTAGE
STATION 4	1,184	52%
STATION 40	69	3%
STATION 59	265	12%
STATION 77	229	10%
STATION 94	528	23%
<b>TOTAL</b>	<b>2,275</b>	<b>100%</b>

Station 4 was the busiest station during the reporting period, handling **52%** (N=1,184) of all incidents, followed by station 94 handling **23%** (N=528) of the calls. It may be due to the fact that both these stations have a PM shift.

### INCIDENTS BY STATION AND DISPOSITION:

STATION #	5150	6000	CANCELLED IN ROUTE	CANCELLED ON SCENE DUE TO MEDICAL	DID NOT MEET LAFD CHECKLIST REQUIREMENTS	PHONE CONSULT	REFER	REFUSED SERVICES	VOLUNTARY	TOTAL
STATION 4	348	97	469	32	24	2	8	31	173	1,184
STATION 40	14	3	25	6	1			3	17	69
STATION 59	66	37	126	8	1		3	1	23	265

STATION #	5150	6000	CANCELLED IN ROUTE	CANCELLED ON SCENE DUE TO MEDICAL	DID NOT MEET LAFD CHECKLIST REQUIREMENTS	PHONE CONSULT	REFER	REFUSED SERVICES	VOLUNTARY	TOTAL
STATION 77	66	19	122	4	3		1	3	11	229
STATION 94	188	10	250	13	2			5	60	528
<b>TOTAL</b>	<b>682</b>	<b>166</b>	<b>992</b>	<b>63</b>	<b>31</b>	<b>2</b>	<b>12</b>	<b>43</b>	<b>284</b>	<b>2,275</b>
% DISPOSITION	30%	7%	44%	3%	1%	0%	1%	2%	12%	100%

**30% (N=682)** of all incidents were placed on an involuntary hold while **12% (N=284)** voluntarily were held and **7% (N= 166)** were 6000.

**INCIDENTS BY STATION AND DESTINATION:**

STATION #	UCC	HOSPITAL	CLINIC	EMERGENCY DEPARTMENT	OTHER FACILITY	LPS FACILITY	TOTAL
STATION 4	206	178	139	59	22	4	608
STATION 40	8	9	13	2	2		34
STATION 59	10	52	27	18	12	3	122
STATION 77	48	3	6	31	2	3	93
STATION 94	135	40	41	33	3		252
<b>TOTAL</b>	<b>407</b>	<b>282</b>	<b>226</b>	<b>143</b>	<b>41</b>	<b>10</b>	<b>1,109</b>
% DESTINATION	37%	25%	20%	13%	4%	1%	

**37% (N = 407)** of all incidents were transported to an urgent care center and **25% (N = 282)** were transported to a Hospital. 20% (N = 226) went to a clinic.

**INCIDENTS BY STATION AND FACE TO FACE CONTACT:**

STATION #	NO FACE TO FACE	FACE TO FACE	TOTAL	% FACE TO FACE
STATION 4	507	677	1,184	57%
STATION 40	28	41	69	59%
STATION 59	130	135	265	51%
STATION 77	124	105	229	46%
STATION 94	254	274	528	52%
<b>TOTAL</b>	<b>1,043</b>	<b>1,232</b>	<b>2,275</b>	<b>54%</b>
% FACE TO FACE	46%	54%	100%	

**54% (N=1,232)** of incidents that TT responded to have had a face-to-face contact. Station 40 had the most face-to-face contacts with **59%** of their total incidents followed by station 4 which had **57%**. TT had no face-to-face contact with **46% (N = 1,043)** of all calls. Of

these incidents, **33% (N = 339)** had no face-to-face contact because the calls were cancelled in route.

**INCIDENTS BY STATION AND TT TRANSPORT SERVICES:**

STATION #	NOT TRANSPORTED	TRANSPORTED BY TT	TOTAL	% TRANSPORTED
STATION 4	586	600	1,184	51%
STATION 40	35	34	69	49%
STATION 59	144	121	265	46%
STATION 77	137	92	229	40%
STATION 94	280	248	528	47%
<b>TOTAL</b>	<b>1,182</b>	<b>1,095</b>	<b>2,275</b>	<b>48%</b>
<b>% TRANSPORTED?</b>	<b>52%</b>	<b>48%</b>	<b>100%</b>	

TT transported **48% (N=1,093)** of all the incidents they responded to, Station 4 transported **51%** of their incidents followed by station 40 at **49%**.

**INCIDENTS BY STATION AND REASON IF NO TRANSPORT:**

STATION #	# OF INCIDENTS	PERCENTAGE
TRANSPORTED BY TT	1,095	48.1%
CALL CANCELLED	1,049	46.1%
CLIENT REFUSED	49	2.2%
TRANSPORTED VIA AMBULANCE	44	1.9%
ON-SCENE TREATMENT/RESOLUTION	16	0.7%
OTHER	13	0.6%
CLIENT AWOLED	4	0.2%
LAW ENFORCEMENT DISENGAGED	4	0.2%
LEFT IN EMERGENCY DEPARTMENT	1	0.0%
<b>TOTAL</b>	<b>2,275</b>	<b>100%</b>

The table above displays the reasons TT incidents did not result in a transport.

This program has expanded to include the city of Santa Monica.



**Therapeutic Transportation incidents from January through December 2022**

**TOTAL NUMBER OF CALLS**

During the months of January through December 2022, Therapeutic Transportation Teams received **1,680** calls. Station 4 received **65%** (N=1,090) of the calls while station 59 received **15%** (N=246) followed by Station 94 which received **11%** (N=182)

Months	Station 4	Station 40	Station 59	Station 77	Station 94	Total
Jan*	3					<b>3</b>
Feb	129					<b>129</b>
Mar*	88		20			<b>108</b>
Apr	120		30			<b>150</b>
May*	94		23	1		<b>118</b>
Jun	93		11	15		<b>119</b>
Jul	108		32	19		<b>159</b>
Aug*	102		30	28	4	<b>164</b>
Sep*	96		39	21	44	<b>200</b>
Oct	105	16	31	19	50	<b>221</b>
Nov	82	15	16	17	42	<b>172</b>
Dec	70	4	14	7	42	<b>137</b>
<b>Total</b>	<b>1,090</b>	<b>35</b>	<b>246</b>	<b>127</b>	<b>182</b>	<b>1,680</b>
<b>Percentage</b>	<b>65%</b>	<b>2%</b>	<b>15%</b>	<b>8%</b>	<b>11%</b>	<b>100%</b>

\*Month Station open

**TRANSPORTED**

**57%** of calls were transported by Therapeutic Transportation Teams. The table below illustrates the number and percentage of transported calls by station and month.

Station	Station 4		Station 40		Station 59		Station 77		Station 94		Transport	No Transport
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
Jan*	2	1									<b>2</b>	<b>1</b>
Feb	79	50									<b>79</b>	<b>50</b>
Mar*	68	20			10	10					<b>78</b>	<b>30</b>
Apr	83	37			16	14					<b>99</b>	<b>51</b>
May*	66	28			15	8		1			<b>81</b>	<b>37</b>
Jun	51	42			7	4	7	8			<b>65</b>	<b>54</b>

Station	Station 4		Station 40		Station 59		Station 77		Station 94		Transport	No Transport	
	Transported	YES	NO	YES	NO	YES	NO	YES	NO	YES			NO
<b>Jul</b>		64	44			23	9	6	13			<b>93</b>	<b>66</b>
<b>Aug*</b>		60	42			13	17	15	13	2	2	<b>90</b>	<b>74</b>
<b>Sep*</b>		59	37			18	21	9	12	22	22	<b>108</b>	<b>92</b>
<b>Oct</b>		52	53	9	7	13	18	9	10	29	21	<b>112</b>	<b>109</b>
<b>Nov</b>		42	40	9	6	10	6	5	12	20	22	<b>86</b>	<b>86</b>
<b>Dec</b>		37	33	3	1	3	11	5	2	17	25	<b>65</b>	<b>72</b>
<b>Total</b>		<b>663</b>	<b>427</b>	<b>21</b>	<b>14</b>	<b>128</b>	<b>118</b>	<b>56</b>	<b>71</b>	<b>90</b>	<b>92</b>	<b>958</b>	<b>722</b>
<b>% Transported</b>		<b>61%</b>		<b>60%</b>		<b>52%</b>		<b>44%</b>		<b>49%</b>		<b>57%</b>	

## OUTCOMES

**36%** (N=598) of calls during this period we placed on an involuntary hold, **21%** (N=360) of calls during this period were evaluated, did not meet criteria, or transported for services (6000), **4%** (N=75) were evaluated and accepted voluntarily accepted services while **38 %** (N=636) of calls were cancelled due to various reasons. The table below illustrates the various dispositions by station during this reporting period.

Station #	5150	6000	Cancelled	Refer	Refused	Voluntary	Total
<b>Station 4</b>	404	250	386	2	4	44	<b>1,090</b>
<b>Station 40</b>	8	3	14	0	0	10	<b>35</b>
<b>Station 59</b>	67	63	107	2	0	7	<b>246</b>
<b>Station 77</b>	40	17	62	2	1	5	<b>127</b>
<b>Station 94</b>	79	27	67	0	0	9	<b>182</b>
<b>Total</b>	<b>598</b>	<b>360</b>	<b>636</b>	<b>6</b>	<b>5</b>	<b>75</b>	<b>1,680</b>
<b>Percentage</b>	<b>36%</b>	<b>21%</b>	<b>38%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>100%</b>

## DESTINATION

**57%** of TT calls were transported to a facility. Majority of transported calls, **43%** (N=413) were transported to UCC, followed by **32%** (N=310) were transported to a hospital. **11%** (N=107) were transported to the emergency room and **10%** (N=98) were transported to a clinic.

Station #	Clinic	ER	Hospital	Other Facility	UCC	No Transport	Total
<b>Station 4</b>	43	55	235	26	320	411	1,090
<b>Station 40</b>	5	2	5	1	8	14	35
<b>Station 59</b>	18	14	47	13	30	124	246

<b>Station 77</b>	8	28	6	4	14	67	127
<b>Station 94</b>	24	8	17	0	41	92	182
<b>Total</b>	98	107	310	44	413	708	1,680
<b>Percentage</b>	10%	11%	32%	5%	43%		



**DEPARTMENT OF MENTAL HEALTH**

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.  
Director

Curley L. Bonds, M.D.  
Chief Medical Officer

Rimmi Hundal, M.A.  
Chief Deputy Director

September 30, 2024

Via Electronic Mail

Marlies Perez, Chief  
California Department of Health Care Services  
Community Services Division  
P.O. Box 997413  
Sacramento, CA 95899-7413

Dear Ms. Perez:

**MENTAL HEALTH SERVICES ACT  
PRUDENT RESERVE REASSESSMENT AND CERTIFICATION**

This is to transmit the Los Angeles County-Department of Mental Health's (LAC-DMH) Prudent Reserve Reassessment and Certification forms per Welfare and Institutions Code section 5892(b)(2).

Please find the enclosed Mental Health Services Act Prudent Reserve Assessment/Reassessment Certification Form (DHCS 1819 (02/19)) and supporting Prudent Reserve calculation worksheet.

If you have any questions regarding this submission, please contact me at (213) 947-6225 or by email at [SLDato@dmh.lacounty.gov](mailto:SLDato@dmh.lacounty.gov). Alternately, your staff may contact Tracy Namkung, Budget & Financial Reporting Division, Section Manager at (213) 947-6349 or by email at [TNamkung@dmh.lacounty.gov](mailto:TNamkung@dmh.lacounty.gov).

Sincerely,

*Sara Lee Dato*

Sara Lee Dato  
Finance Manager

SLD:TN:ph

Enclosures

c: Lisa H. Wong, Psy.D.  
Rimmi Hundal, M.A.

Kalene Gilbert  
Tewodros Tedla

State of California  
Health and Human Services Agency

Department of Health Care Services

## MENTAL HEALTH SERVICES ACT PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Los Angeles

Fiscal Year: FY 2023-24

**Local Mental Health Director**

Name: Lisa H. Wong, Psy.D.

Telephone: (213) 947-6670

Email: LWong@dmh.lacounty.gov

I hereby certify<sup>1</sup> under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

<u>Lisa H. Wong, Psy.D.</u>	<u></u>	<u>9/30/24</u>
Local Mental Health Director (PRINT NAME)	Signature	Date

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<sup>1</sup> Welfare and Institutions Code section 5892 (b)(2)  
DHCS 1819 (02/19)

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
 MENTAL HEALTH SERVICES ACT PRUDENT RESERVE FUNDING LEVEL CALCULATION for FY 2023-24

Prudent Reserve Calculation:

		C	D=C*76%	E	F=D+E	G=F/5	H=G*33%
Fiscal Year	Check Issue Date	State Allocation	CSS Allocation	Reallocated CSS	CSS Total	CSS Average	Max Prudent Reserve Level
2018-19	07/15/18 thru 06/15/19	\$ 555,104,318.81	\$ 421,879,282.30				
2019-20	07/15/19 thru 06/15/20	\$ 513,664,511.39	\$ 390,385,028.66	\$ 55,298.33			
2020-21	07/15/20 thru 06/15/21	\$ 781,505,561.37	\$ 593,944,226.64				
2021-22	07/15/21 thru 06/15/22	\$ 873,104,922.37	\$ 663,559,741.00				
2022-23	07/15/22 thru 06/15/23	\$ 571,311,644.33	\$ 434,196,849.69	\$ 64,942.23			
		\$ 3,294,690,958.27	\$ 2,503,965,128.29	\$ 120,240.56	\$ 2,504,085,368.85	\$ 500,817,073.77	\$ 165,269,634.34
					CURRENT PRUDENT RESERVE		\$ 116,483,541.70
					TRANSFER FY 2023-24		\$ 31,000,000.00
					PRUDENT RESERVE BALANCE		\$ 147,483,541.70

Per WIC 5847(b)(7), counties are required to establish and maintain a prudent reserve (PR) to ensure children, adults, and seniors can continue receiving services at current levels in the event of an economic downturn. The Prudent Reserve is funded with monies allocated to the Community Services and Supports component and cannot exceed 33% of a county's average distribution for the previous five years.

Per 5892 (b)(7), counties are required to assess and certify their local prudent reserve every 5 years, beginning in FY 17-18.

Per the California Code of Regulations (CCR) 3420.30 (f) counties may reassess the Prudent Reserve funding level more frequently at the county level, which may allow for a new Prudent Reserve maximum level, based on the most recent assessment. Counties choosing to reassess the prudent reserve funding level must submit a DHCS 1819: PR Certification Form.