

CSS Updated March 12, 2021		FY 2019-20			FY 2020-21			FY 2021-22			FY 20/21 Budget Reduction and FY21/22 Plan Update Notes	Original 3 Yr Plan Notes
		FY 2019-20 Approved Budget	Actual Expenditures	% Change	FY 2020-21 Approved Budget	Projected Expenditures	% Change	Approved FY 2021-22 Budget	Proposed Changes	Requested Updated FY 2021-22 Budget		
ACCESS & LINKAGE TO TREATMENT (TX)	BHS Outreach & Engagement (O&E) (all ages) (pg 76, FY 2019-20 MHSA Annual Plan Update)	2,569,933	2,059,798	80%	2,569,933	1,183,361	46%	2,569,933	(2,569,933)	-	FY 20/21: Partially shifted CSS O&E budget to PEI, resulting in a \$1.4M decrease. FY 21/22: Fully shifted CSS budget to PEI (see SC PPT 11-16-20)	Keep the budget same level for the lease cost as program will need to relocate in FY20/21.
	Multi-Service Center for Homeless Mentally Illness Adults	900,000	713,465	79%	900,000	798,446	89%	900,000		900,000		
	Open Access (pg 82, FY 2019-20 Plan)				2,300,000	2,585,397	112%	2,300,000	300,000	2,600,000	FY 21/22: Right-sizing budget due to over-expenditures in FY 20/21.	Open Access previously part of Recovery Center program. Programs separated beginning FY 20/21, with level funding.
	Correctional Health Services: Jail to Community Re-Entry Program (JCRP) (pg 80, FY 2019-20 Plan)	2,600,000	1,290,624	50%	2,200,000	1,364,941	62%	2,700,000		2,700,000	FY 20/21: Savings due to use of CARES revenue.	Program approved for 28 FTEs and has been diligently trying to hire despite on-going hiring challenges. As of mid-January 2020, program has filled 17 FTEs, and anticipates being fully staffed by FY 22-23. Budget request for the Three-Year Plan are based on estimated increases in costs due to continual filling of remaining 11 vacancies over each Fiscal Year.
	SUBTOTAL Access & Linkage to Tx	6,069,933	4,063,887	67%	7,969,933	5,932,145	74%	8,469,933	(2,269,933)	6,200,000		

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CRISIS PREVENTION & SUPPORT	Mobile Crisis Assessment (pg 99, FY 2019-20 MHSA Plan)	8,835,858	8,691,031	98%	9,135,858	9,375,708	103%	9,135,858	-	9,135,858		
	<i>portion of "Mobile Crisis Assessment" budget operated by CYBH for individuals ages 0-17 years</i>	2,864,032	2,859,992	100%	3,164,032	3,541,991	112%	3,164,032	-	3,164,032	FY 20/21: Higher expenditures due to impact of lower Medi-Cal revenue being generated due to COVID.	Beginning FY 2020-21, increase budget back up to approved FY 2018-19 budget to support efforts to improve response time.
	<i>portion of "Mobile Crisis Assessment" budget operated by AOABH for individuals ages 18 and older</i>	5,971,826	5,831,039	98%	5,971,826	5,833,717	98%	5,971,826		5,971,826		Budget for new lease cost at 4000 Metropolitan.
	Crisis Stabilization Units (CSUs) (pg 103)	4,150,000	2,667,339	64%	6,700,000	5,055,061	75%	10,000,000		10,000,000	FY 21/22: Difference in approved budget from FY 20/21 to FY 21/22 reflect the fact that CSUs were in start up during FY 20/21 and will be fully operational in FY 21/22.	Requesting to add one new CSU in FY20/21 at Anita Wellness Campus. The total amount will support 2 CSUs (1 at College Hospital in Costa Mesa serving 18+ and 1 at Anita Wellness Campus serving 13+). Budget reflects partial funding for Anita CSU in FY 2020-21.
	In-Home Crisis Stabilization (pg 104)	2,585,480	2,203,200	85%	2,935,480	2,458,206	84%	2,935,480	-	2,935,480		
	<i>portion of "In-Home Crisis Stabilization" budget operated by CYBH for individuals ages 0-17 years</i>	1,085,480	1,196,727	110%	1,435,480	1,220,451	85%	1,435,480	-	1,435,480		Requesting an annual increase of \$350,000 beginning FY 2020-21. Children's provider is currently serving 700 clients, which is 300 over the contracted number of 400 clients.
	<i>portion of "In-Home Crisis Stabilization" budget operated by AOABH for individuals ages 18 and older</i>	1,500,000	1,006,472	67%	1,500,000	1,237,755	83%	1,500,000		1,500,000		Program launched in FY 2018-19. Propose to keep funding at approved budget level as program is still fully ramping up.
	Crisis Residential Services (CRS) (pg 107)	7,730,845	6,417,083	83%	9,030,845	7,855,863	87%	11,280,845	(265,000)	11,015,845		
	<i>portion of "Crisis Residential Services" budget operated by CYBH for individuals ages 0-17 years</i>	2,988,248	3,173,955	106%	3,488,248	2,811,455	81%	4,988,248	-	4,988,248	FY 20/21: Reduction of \$500K resulting from CCRP not being implemented until FY 21/22. (see SC PPT 11-16-20). Timing of most recent projections indicating an increase in future MHSA revenue occurred too late for RFP to be released and CCRP contract(s) to be awarded prior to July 1, 2021	Track 1: Existing Crisis Residential Services - current budget for this program is \$2,988,248 and will remain level for the next 3 fiscal years. Track 2: Crisis Children's Residential (New State Mandated Service as part of Continuum of Care reform) - Program is requesting to add \$500,000 for FY 2020-21 which will be carried forward to FY 2021-23; in FY 2021-22, Program is requesting an additional increase of \$1.5 million to fully implement the program, which will be carried forward to FY 2022-23. Timelines are estimated as HCA still waiting for final guidelines to be released by DHCS. Waymakers:
	<i>portion of "Crisis Residential Services" budget operated by CYBH for individuals ages 18-25 years</i>	1,491,368	1,367,932	92%	1,541,368	1,449,598	94%	1,541,368	(500,000)	1,041,368	FY 21/22: Savings of \$500K resulting from keeping CYBH TAY CRP at 6 beds and not continuing with 6 SRP beds that were consistently underutilized. (see SC PPT 11-16-20). No loss of services due to continued availability of CRP beds that serve 16-25 year olds operated by CYBH and AOABH.	\$50k increase beginning FY 2020-21 to cover increased lease costs.
<i>portion of "Crisis Residential Services" budget operated by AOABH for individuals ages 18 and older</i>	3,251,229	1,875,196	58%	4,001,229	3,594,810	90%	4,751,229	235,000	4,986,229	FY 21/22: Additional annual cost of \$235,000 to be added for Anita lease.	\$1.5M increase due to adding new 15-bed facility at Anita Wellness Campus beginning FY 20/21. Budget reflects partial funding for Anita CSU in FY 2020-21. Program is creating beds for Older Adults; due to high MediCal reimbursement by provider, no additional CSS funding was needed to increase capacity to serve for Older Adults.	
SUBTOTAL Crisis Prevention & Support	23,302,183	19,978,653	86%	27,802,183	24,744,838	89%	33,352,183	(265,000)	33,087,183		As part of the MHSA Strategic Priority of "Suicide Prevention," available funding may be added to one or more of the programs in this section to meet program and/or Strategic Priority Needs.	

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OUTPATIENT TREATMENT: Full Service Partnership Programs	Children's FSP Program (pg 173)	11,054,575	10,147,015	92%	11,054,575	8,811,278	80%	11,054,575	-	11,054,575		
	Transitional Age Youth (TAY) FSP Program (pg 173)	8,184,468	6,879,791	84%	8,184,468	6,242,645	76%	8,184,468	(500,000)	7,684,468	FY 21/22: Reduction of (\$500,000) based on average historical data of \$7.7M expenditures versus the \$8.2M originally budgeted (see SC PPT on 11-16-20).	Approved/requested budgets are to cover the contracted maximum obligations for services. Annual CSS expenditures vary based on MediCal billing. HCA is working with providers to increase MediCal billing, and as less CSS funds are needed, CSS budgets will be adjusted accordingly. Adult budget is also less lease costs due to one program being housed temporarily at another FSP clinic.
	Adult FSP Program (pg 173)	31,607,934	20,501,165	65%	31,307,934	25,212,009	81%	31,307,934	(1,500,000)	29,807,934		
	portion of "Adult FSP" budget operated by AOABH for individuals ages 18 and older being assessed for Assisted Outpatient Treatment FSP eligibility (pg 117)	5,015,841	4,316,911	86%	4,715,841	4,248,907	90%	4,715,841		4,715,841		FY 20-21 reduction of \$300K based on the current year FY 19-20 projection and prior year's actuals.
	portion of "Adult FSP" budget operated by AOABH for individuals ages 18 and older residing in Permanent Supportive Housing (pg 165)	5,000,000		0%	5,000,000	1,300,000	26%	5,000,000	(1,500,000)	3,500,000	FY 20/21 savings of \$3.7M and FY 21/22 savings of \$1.5M due to 1) planned pilot ramp up of FSP serving residents of Permanent Supportive Housing and 2) use of alternate revenue identified during these FYs (see SC PPT 11-16-20).	Program will specifically support clients who are living with SPMI and in permanent supportive housing.
Older Adult FSP Program (pg 173)	2,683,249	2,232,677	83%	3,219,899	2,582,548	80%	3,219,899		3,219,899		Increase to serve 30 additional clients for a total of 180 clients.	
Program for Assertive Community Treatment (PACT); county-operated FSP; pg 191)	10,799,650	8,592,847	80%	10,599,650	8,945,653	84%	10,599,650	100,000	10,699,650			
portion of "PACT" budget operated by CYBH for individuals ages 0-21	1,100,000	758,096	69%	1,100,000	836,269	76%	1,100,000	100,000	1,200,000	FY 21-22: Increase of \$100,000 to fund after-hours on-call coverage and expanded flexible spending used to support people on their recovery journeys (i.e., housing assistance, tuition payment, tutoring, childcare, etc.) in line with FSP program requirements. Program has been operating with a part-time psychiatrist and other staffing vacancies which resulted in savings. However when program is fully staffed, additional funds will be needed to cover 24/7 on-call and flexible funding for clients.	Program launched in FY 2018-19. Propose to keep funding at approved budget level as program is still fully ramping up and looking for additional ways to increase crisis responsiveness, which will result in additional costs.	
portion of "PACT" budget operated by AOABH for individuals ages 18 and older	9,028,018	7,319,157	81%	8,528,018	7,526,664	88%	8,528,018		8,528,018		Right-sized budget while retaining funds for 6 FTEs that will be transferred (4 from ICS program) beginning in FY 20-21, and looking for additional ways to increase crisis responsiveness, which will result in additional costs.	
OUTPATIENT TREATMENT: Clinic Expansion	Children & Youth Clinic Services (pg 151, FY 2019-20 MHSA Plan)	500,000	372,324	74%	2,500,000	76,311	3%	3,000,000	(500,000)	2,500,000	FY 20/21: Of the \$2 million added in FY20/21, \$1.2 million was for clinic expansion, \$300,000 was for Therapeutic Foster Care (TFC) and \$500,000 was for the LCAP match to support student outpatient services. Due to the impact of COVID-19, none of these expansions occurred in FY 20/21 and funds were not expended. FY 21/22: An additional \$500,000 was planned to be added for LCAP match to support student outpatient services, bringing the total for this service to \$1 million in FY 21/22. Because program start-up did not begin in FY 20/21 as originally anticipated, it is recommended that we regard FY 21/22+R3 as the start-up year and keep funding for LCAP match at \$500,000 (i.e., resulting in \$500k budget reduction in FY 21/22). // In addition, \$1.2 million is in the process of being added to FY 21/22 contracts in anticipation that Therapeutic Foster Care will be implemented this year. As part of the MHSA Strategic Priority to "Improve Access to Behavioral Health Services," available funding may be added if demand for services exceeds currently projected budget.	Existing Outpatient Services (formerly Youth Core Services): Current budget is \$500,000 which will remain level for the next 3 FYs. Proposing to expand services to all eligible youth living with SED/SMI (and not just youth eligible for State Pathways to Well-Being program, as described in the last Three-Year Plan). // Beginning FY 2020-21: \$1.5 million annually is requested to implement mental health services to support the State-mandated program Therapeutic Foster Care (TFC). Funds would also provide mental health services for youth referred by Social Services Agency who are in foster care and/or at-risk of foster care involvement, as well as for youth screened in primary care settings through the ACES Aware Initiative. At full implementation, the numbers of youth referred by these sources is estimated to be up to an additional 2,500 youth. // In support of the Access and Suicide Prevention Priorities, also proposing adding \$500k for planning with school-districts/OCDE on expanding outpatient treatment for school-aged youth experiencing SED and their families. Planning will include identifying schools that will match MHSA dollars with LCAP or other funds. Proposed services will also draw down Medi-Cal FFP, thus promoting sustainability and increased service capacity. Planning will also include establishing data-sharing metrics and methods, MOUs, etc with participating schools. // Beginning FY 2021-22: Add another \$500k (for a total of \$1million annually) for LCAP match to support student outpatient treatment, with continued drawing down of Medi-Cal. TFC/ACES/SSA-referred services will continue at \$1.5 million and Existing Outpatient Services will continue at \$500k annually. Services provided may be clinic- or field-based depending on the needs of the child/youth/family. // STRTP costs have been moved to the Residential Treatment category.
OC Children with Co-Occurring Mental Health Disorders (pg 157, FY 2019-20 MHSA Plan)	600,000	1,169,080	195%	1,000,000	799,269	80%	1,000,000		1,000,000		\$400,000 increase was moved from the corresponding Children's FSP contract to adjust for the budget increase of this contract.	

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OUTPATIENT TREATMENT	Outpatient Recovery <i>(formerly known as Recovery Clinics / Centers)</i> (pg 161, FY 2019-20 Plan)	8,458,531	7,994,409	95%	6,158,531	5,689,666	92%	6,158,531	(300,000)	5,858,531	<i>FY 21/22:</i> Right-sizing budget with additional savings from vacant positions	Separated Open Access' \$2.3M budget from Recovery Center's budget and moved to Access & Linkage to Treatment Section; level funding for program.
	Older Adult Services (pg 169, FY 2019-20 Plan)	1,668,135	1,607,796	96%	2,168,135	1,568,686	72%	2,168,135		2,168,135	<i>FY 20/21:</i> Savings resulting from eligible expenditures being funded with CARES Act.	Increasing to right-size budget, incorporating increased lease costs at 4000 Metropolitan.
	Services for the Short-Term Therapeutic Residential Program (STRTP) (pg 154, FY 2019-20 MHSA Plan)	4,870,000	2,527,478	52%	6,500,000	2,732,948	42%	8,000,000	(1,000,000)	7,000,000	<i>FY 21/22:</i> Proposing a 1-year reduction of \$1 million to account for extended needed for program start up due to DHCS' lengthy Mental Health Program Approval process. <i>As part of the MHSA Strategic Priority to "Improve Access to Behavioral Health Services," available funding may be added if demand for services exceeds currently projected budget.</i>	Beginning FY 2020-21: Transfer annual budget of \$4,870,000 from Continuum of Care (formerly Youth Core Services) to separate STRTP program (which was previously embedded within the former Youth Core Services program), and increase the annual budget by \$130,000 to right-size the annual budget since those funds had been previously transferred to CFTN for capital renovations to bring an office serving MHSA clients up to code, thus bringing current annual STRTP budget to \$5 million. Also requesting an increase of \$1.5 million in FY 2020-21 to cover the increasing number of providers signing onto this State-mandated program, as well as the increasing costs of these intensive services, bringing total requested FY 2020-21 budget to \$6.5 million. Beginning FY 2021-22: Add another increase of \$1.5 million to cover additional providers and high cost of these intensive services, bringing total on-going annual budget to \$8 million.
	RETIRED: Integrated Community Services (pg 165, FY 2019-20 Plan)	1,648,000	1,654,589	100%	1,197,000	4,265	0%	1,197,000	(1,197,000)	-	<i>FY 20/21 and FY 21/22</i> annual savings of \$1.2M resulting from program being transitioned to CalOptima at end of FY 19/20 (see SC PPT 11-16-20).	4 County FTEs will move to PACT in FY 20-21 because program will no longer provide county-operated services within the Community Health Clinic.
	CANCELED: Telehealth/Virtual Behavioral Health Care (pg 172)	-	-	-	2,500,000	-	0%	3,000,000	(3,000,000)	-	<i>FY 20/21</i> savings of \$2.5M and <i>FY 21/22</i> savings of \$3M due to rapid expansion of telehealth services across multiple programs in response to COVID-19 using other revenue sources (see SC PPT 11-16-20).	Proposed expansion using tele- & virtual behavioral health options to promote access to services, alleviate high caseloads in outpatient clinics, and provide the option for increased telepsychiatry services. HCA will monitor service demand/capacity and program expenditures, and transfer CSS carryover funds should service demand/expenditures exceed the current proposed budget. HCA will update the Steering Committee should the need for additional CSS carryover funds be identified.
	RETIRED: Adolescent Co-Occurring MH & SUD Residential Treatment	-	6,328	0%			0%					Program continuing through non-MHSA funds.
	RETIRED: Adult Co-Occurring MH & SUD Residential Treatment	500,000	-	0%	-	-	N/A					Program will be at Anita Campus and funded through non-MHSA funds.
SUBTOTAL ALL Outpatient Treatment	82,574,542	63,685,499	77%	86,390,192	62,665,278	73%	88,890,192	(7,897,000)	80,993,192			

SUPPORTIVE SERVICES	RETIRING: Mentoring for Children and Youth (pg 210, FY 2019-20 MHSA Plan)	500,000	492,268	98%	500,000	488,489	98%	500,000	(500,000)	-	<i>FY 21/22:</i> Savings of \$500K resulting from contract ending 6/30/2021 and not being renewed. It is anticipated that these supportive services will continue to be provided, at least in part, through the "Peer Mentor and Parent Partner Support" program.	
	Peer Mentor and Parent Partner Support (all ages; pg 201, FY 2019-20 MHSA Plan)	4,249,888	3,739,043	88%	4,249,888	3,990,109	94%	4,249,888		4,249,888	As noted above, this program will allow for continued support of children, youth and their parents following the discontinuation of "Mentoring for Children and Youth" program.	FY 2019-20 are partial expenditures due to vacancies for positions added when program expanded in FY 2018-19 mid-year. Hiring for FTEs is nearing completion, thus requesting to keep budget level.
	Wellness Centers (pg 205, FY 2019-20 MHSA Plan)	3,254,351	3,247,607	100%	3,354,351	3,333,217	99%	3,354,351		3,354,351		Adjusted per contract agreements and facility maintenance/ improvements at Wellness Center Central.
	Supported Employment (pg 228, FY 2019-20 MHSA Plan)	1,371,262	1,147,774	84%	1,371,262	1,298,548	95%	1,371,262		1,371,262		
	Transportation Program (pg 226, FY 2019-20 MHSA Plan)	900,000	965,862	107%	1,150,000	560,000	49%	1,300,000	(200,000)	1,100,000	<i>FY 20/21</i> savings of \$600K and <i>FY 21/22</i> savings of \$200K resulting from decreased transportation usage during COVID-19 pandemic (see SC PPT 11-16-20). <i>As part of the MHSA Strategic Priority to "Improve Access to Behavioral Health Services," available CSS funds may be added during FY 21/22 if demand for transportation services exceeds current proposed budget.</i>	Requesting to add \$250K starting FY 20/21 to increase transportation assistance, which includes right-sizing rides for adults 18+ and beginning transportation assistance to families with young minors. Increase budget by another \$150k beginning FY 21/22 as expansion for families is fully implemented. HCA will monitor service demand/capacity and program expenditures, and transfer CSS carryover funds should service demand/expenditures exceed the current proposed budget. HCA will update the Steering Committee should the need for additional CSS carryover funds be identified.
SUBTOTAL Supportive Services	10,275,501	9,592,554	93%	10,625,501	9,670,363	91%	10,775,501	(700,000)	10,075,501			

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SUPPORTIVE HOUSING / HOMELESSNESS	Housing & Year Round Emergency Shelter (pg 231, FY 2019-20 MHSA Plan; formerly known as Short-Term Housing Services)	1,367,180	224,279	16%	1,367,180	609,000	45%	1,367,180		1,367,180	AOABH Housing and Supportive Services has worked closely with the Office of Coordination to allocate beds and streamline the admission process for AOABH clients at Kramer and Yale. This will increase access, utilization and spending at both shelters, thus it is anticipated that the full budget will be spent in FY 21/22 and right-sizing of budget not recommended at this time.	
	Bridge Housing for Homeless (pg 233)	2,000,000	1,573,174	79%	2,000,000	1,983,567	99%	2,000,000		2,000,000		
	CSS Housing includes MOU with OCCR and funds for development of permanent supportive housing; (pg 235)	30,772,577	30,729,723	100%	293,678	293,678	100%	302,488	53,558	356,046		Combines OCCR Housing MOU & PSH Funds into single budget line
	SUBTOTAL Supportive Housing/Homelessness	34,139,757	32,527,176	95%	3,660,858	2,886,245	79%	3,669,668	53,558	3,723,226		

Subtotal Of All CSS Programs	156,361,916	129,847,769	83%	136,448,667	105,898,869	78%	145,157,477	(11,078,375)	134,079,102		
Administrative Costs	17,833,503	18,108,124	102%	18,639,508	16,139,508	87%	19,469,693	71,315	19,541,008	FY 20/21 Expenditures were lower than originally budgeted due to shift in staff to support the COVID-19 response (i.e., Disaster Response), and hours worked were paid for through CARES Act. FY 21/22: Initially adjusted admin budget to remain level with FY 20/21 budget (i.e., reduction of \$830,185 from approved FY 21/22 admin budget). This reduction was due to 1) increased Medi-Cal generation and 2) shift in BHS' decision to deploy surveys in-house through marketing firm, rather than oversampling on the CHIS, so data could be returned more quickly for planning use (CHIS data become available ~18 months after collection). Shift away from CHIS resulted in ~\$250k in savings annually. After leveling FY 21/22 budget to FY 20/21 amount, added \$901.5k to cover costs related to transitioning CSS programs into the OC Navigator, the digital resource navigator tool being developed as part of the BH System Transformation INN Project. These funds will also be used to begin development of automated and electronic features designed to increase productivity and operational efficiency of multiple programs (i.e. electronic bed board for CSUs, CRS, etc.; dashboards and generated reports; integration with HCA EHR, etc.)	Added 3% increases per FY due to the recently approved COLAs for OCEA's and OCMA's members. Propose to add \$542,000 annually to 100% oversample CHIS in Orange County. Data would be used to support community planning through a systematic, existing effort to identify mental health disparities in Orange County.
Total MHSA/CSS Funds Requested	174,195,419	147,955,892	85%	155,088,175	122,038,377	79%	164,627,171	(11,007,060)	153,620,111		

CSS TRANSFERS TO OTHER COMPONENTS SECTION											
to WET	5,085,282	3,823,525	75%	6,216,634	5,038,928	81%	5,219,984	-	5,219,984		
to CFTN	28,787,797	14,799,492	51%	12,519,749	11,093,221	89%	8,840,752	7,466,632	16,307,384	See CFTN worksheet for explanation of proposed increase to FY 21/22 transfer from CSS.	
to Prudent Reserve	-	-		-			-				
Subtotal CSS Transfers Section	33,873,080	18,623,017	55%	18,736,383	16,132,149	86%	14,060,736	7,466,632	21,527,368		