

**INYO COUNTY
BEHAVIORAL HEALTH
Mental Health Services**



**Mental Health Services Act
Community Services and Supports (CSS) and
Prevention and Early Intervention (PEI)**

**Plan Update
Fiscal Year 2009-2010**

POSTED
June 18, 2009

This MHSA CSS and PEI Plan Update is available for public review and comment through July 20, 2009. We welcome your feedback via phone, fax, or email, or during the Public Hearing to be held on Monday, July 20, 2009.

Public Hearing Information:

Inyo County MHSA Wellness Center
587 N. 3rd Street, Bishop, CA
Monday, July 20, 2009 at 09:30 a.m.

Questions or comments? Please contact:

Inyo County Behavioral Health
162 J Grove Street
Bishop, CA 93514
Phone 760-873-6533; Fax 760-873-3277
gzwier@inyocounty.us

Thank you!

**COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE**

Inyo 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.

<to be signed prior to submission to State>

Signature

Gail Zwier, Director

<to be signed prior to submission to State>

Date

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

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.

The planning processes for our original Three-Year Community Services and Supports (CSS) Plan and our original Prevention and Early Intervention (PEI) Plan were comprehensive and included the input of over 450 diverse stakeholders through focus groups and surveys. With this information, we were able to determine the unique needs of our community and develop a MHSA program that is well designed for our county. The overall goals of the initial CSS and PEI Plans are still valid and provide an excellent guide for maintaining our MHSA services in FY 2009-10.

As this Update simply maintains our original MHSA Plans, we did not conduct a new, formal stakeholder planning process. However, we discussed the utilization of these funds with our key stakeholders through our MHSA Leadership Committee meetings; in addition, we engaged additional stakeholders throughout the development of this request.

We analyzed data on our Full Service Partnership (FSP) clients to ensure that clients are successfully achieving positive outcomes. Outcome and service utilization data is analyzed and reviewed by the MHSA Leadership Committee to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve services for our clients and families.

The proposed Update was developed and approved by the MHSA Leadership Committee after reviewing data on our current programs (including FSP data), analyzing community needs based on past stakeholder input, and determining the most effective way to further meet the needs of our unserved/underserved populations.

This proposed MHSA Plan Update has been posted for a 30-day public review and comment period from June 18 through July 20, 2009. An electronic copy is posted on the County website with an announcement of the public review and comment period, as well as the Public Hearing information. A copy of the proposed Update has been distributed to all members of the Mental Health Board and the MHSA Leadership Committee. Copies of the Update are available in the Bishop Behavioral Health Clinic; Bishop Social Services office; Health and Human Services Administrative office; Health and Human Services, Lone Pine office; and all county libraries, including the Bishop, Big Pine, Independence, Lone Pine, Furnace Creek, and Shoshone branches.

A public hearing will be held on Monday, July 20, 2009, at the Bishop Wellness Center (587 N. 3rd Street, Bishop, CA) at 9:30 a.m. Input on the MHSA FY09/10 Plan Update will be reviewed and incorporated into the final document, as appropriate, prior to submission to DMH for approval.

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

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.

FY 2007-08 was a significant year for MHSA CSS services in Inyo County. Through MHSA implementation, we improved access to services, expanded consumer involvement, and ensured positive outcomes for our clients and their families. Key activities from January through June 2008 are highlighted below.

Transition Age Youth (TAY) Program

The TAY program is co-located with the foster youth Transitional Housing Program “plus” (THP+). TAY youth benefit from this supportive environment and the combined staff and resources of the coordinated programs and efforts. The TAY program provides the youth with a number of different services, including housing, health services, employment opportunities, independent living skills, group and individual counseling, and medication services, when needed. Two youth participating in the program were Native American and two youth were Caucasian. Youth also participate in activities such as photography, karaoke, cooking, “coffee and talk,” guitar, and music appreciation.

Adult Program and Wellness Centers

The Adult Program has occurred primarily at the wellness centers in Bishop and Lone Pine. The Bishop site is co-located in a small house in a trailer park where many of our clients live. This location creates easy access to a full array of groups and activities. Most groups are facilitated by consumers or by family members. Each morning begins with a “coffee and talk” hour when many consumers “check in” with each other and staff. It is a safe and welcoming, although bustling, environment. Consumer-facilitated groups include a peer support and recovery group, meditation, art, wellness, cooking, exercise, bowling, writing, music appreciation, and yoga. There are also two community gardens planted from seed. These gardens created the opportunity for clients to learn gardening skills, as well as how to preserve food through canning.

A stakeholder meeting is held every Tuesday evening to plan activities and address any barriers or complications. The group has taken ownership and pride in the center. The program also provides linkage to respite care, housing, benefit assistance, jobs and volunteering, counseling, and access to health and dental care. The Lone Pine Wellness Center was established toward the end of this time period with consumers from Bishop helping to set up and make the site comfortable. The Lone Pine site is a small home close to the center of the town.

Older Adult Program and Wellness Centers

Several Adults were identified as transitioning into the Older Adult population. Older adults were connected with Adult Protective Services, In Home Health Services, and the Linkages program.

Administration

Administrative activities occurred in several areas: 1) development of MHSA programs and interventions as a component of a fully integrated, “transformed” behavioral health system that recognizes the recovery principles throughout the organization; 2) initial implementation of a new billing and data monitoring system that will move us toward an electronic tracking system to monitor costs and outcomes; 3) partnering with other agencies in the community in the development of a wraparound program through SB 163; and 4) planning other MHSA components to address areas identified through CSS planning and stakeholder input.

Outreach and Engagement Activities

Outreach and engagement occurred through several of the activities at the wellness centers. Twice per week, sandwiches were given to persons identified as homeless or at risk of homelessness; individuals also received meals served twice per week at a local church. The wellness center offered showers and assistance with laundry. Two open house events occurred, one in Bishop and one in Lone Pine. The community was also invited to a barbeque and a Thanksgiving dinner was offered from the wellness center. Outreach connections were developed with the Salvation Army and thrift stores in the community, as well with TAY at the Juvenile Center, community school sites, and with youth who were returning to the community.

Outreach focused strongly on the Latino population, and included door-to-door outreach in the community with invitations to the wellness center, offering English classes at the wellness center, holding a Cinco de Mayo celebration, and offering interpreter services to persons in need of assistance to access behavioral health or health services. An effort was also made to further engage the Native American population and has become a focus in the development of wraparound services for youth and families.

Cultural Competency Activities

In addition to the activities described above, there has also been initial planning into providing support for the LGBTQ population. Ideas include support at the individual level, as well as offering group support to our TAY.

The inclusion of consumers in all aspects of the CSS planning and implementation has also continued. The consumers have a sense of “ownership” of the wellness center and its activities. The employment of consumers and family members has continued to be an important goal and has been partially realized through the opportunities offered through CSS.



County Name

Inyo County

Work Plan Title

MHSA CSS System Transformation program

Populations to be served

Children (ages 0-17)
 Transition Age Youth (ages 16-25)
 Adults (ages 18-59)
 Older Adults (ages 60+)
 All genders, races/ethnicity
 Bilingual Spanish services available; other languages accommodated through interpreters

Work Plan Description

The MHSA CSS System Transformation program provides a ‘whatever it takes’ service approach in helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address each individual’s unique needs and mental health. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual.

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; short-term hospitalizations; peer-led self-help/support groups; education and employment support; anti-stigma events; linkages to needed services; and housing support. Our Adult and Older Adult Wellness Centers (located in Bishop and Lone Pine) provide adults and older adults with necessary services and supports in a welcoming environment. In addition, our Transition Age Youth program provides opportunities for youth to participate in age-appropriate activities. CSS programs continue to provide the opportunity to change our service delivery model and build transformational programs and services.

Outreach and Engagement activities and System Development services engage persons who are currently unserved and underserved. Outreach and engagement promotes access to services through outreach activities with allied agencies and in the community. System development activities support the delivery of mental health services to all ages and include crisis intervention; the development of safety plans to help clients remain in the community with extended support; and a full range of mental health services.

Full Service Partnerships help identified individuals achieve their desired outcomes through the delivery of individualized, client/family-driven mental health services and supports. Full Service Partnership (FSP) services provide ‘whatever it takes’ to help these individuals recover and live successfully in the community. Services are voluntary, client-directed, strength-based, and employ wellness, resiliency, and recovery principles. Bilingual, bicultural staff and peer support are a crucial part of our service delivery teams. In FY 09/10, we plan to expand our FSP program to include children (ages 0-17); services to this population will promote the principles of MHSA and ensure positive outcomes for these clients and their families.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 135 Total
 Number of Clients By Funding Category
 25 Full Service Partnerships
 20 System Development
 90 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 _____ Total
 Number of Clients By Type of Prevention
 _____ Early Intervention
 _____ Indicated/Selected
 _____ Universal



County Name

Inyo County

Work Plan Title

PATHS Preschool (PEI Project)

Populations to be served

Children (ages 0-5)
 All genders, races/ethnicity
 Bilingual Spanish services available; other languages accommodated through interpreters

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 _____ Total
 Number of Clients By Funding Category
 _____ Full Service Partnerships
 _____ System Development
 _____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 80 Total
 Number of Clients By Type of Prevention
 20 Early Intervention
 60 Indicated/Selected
 _____ Universal

Work Plan Description

This early childhood program provides prevention and early intervention services for young children (ages 0-5), especially those who are aggressive and have socialization issues. The PATHS Preschool program is an evidence-based practice that facilitates the development of self-control, positive self-esteem, emotional awareness, and interpersonal problem-solving techniques. These skills work to reduce classroom disruptions caused by bullying and other hostile behavior.

The lessons and activities of PATHS Preschool highlight writing, reading, storytelling, singing, drawing, science, and math concepts, and help students build the critical cognitive skills necessary for school readiness and academic success. The PATHS Preschool program is integrated into existing learning environments and adapted to suit individual classroom needs. The curriculum is designed to be taught by preschool teachers and integrated into regular classroom activities.

PATHS Preschool is being implemented over a 2-year period in at least 16 preschool centers throughout Inyo County, including preschools managed by the local Native American tribe and the Inyo Mono Advocates for Community Action (IMACA), an organization that advocates for low-income residents of Inyo and Mono counties.

PEI funding supports a 0.5 FTE PATHS Preschool Coordinator, who oversees the implementation, training, and operational functions of the PATHS Preschool program. This position is a contract position between ICBH and the County Office of Education. PEI funds also cover the two-year curriculum for the preschool centers, as well as the training costs associated with training the PATHS Coordinator, preschool teachers, and parents as appropriate.



County Name

Inyo County

Work Plan Title

Parent-Child Interaction Therapy Community Collaborative

Populations to be served

Children (ages 2-7)
 Parents of Children (ages 2-7)
 All genders, races/ethnicity
 Bilingual Spanish services available; other languages accommodated through interpreters

Work Plan Description

Parent-Child Interaction Therapy (PCIT) is an integrated and intensive parent-training program which has been found to be effective for families with aggressive, defiant, and non-compliant children; families with parents who have limited parenting skills; and families who have experienced domestic violence and/or child abuse. PCIT focuses on promoting positive parent-child relationships and interactions, while teaching parents effective parenting skills. PCIT has been shown to be an effective treatment program for children ages 2-7 years. This program has been adapted as an intervention for many different types of families (child welfare population, at-risk families, adoptive families, foster families, and other languages including Spanish).

PCIT teaches families individualized parenting skills that are developed through a process in which parents directly receive instruction through an earpiece that is linked to a therapist. The therapist, behind a one-way mirror and/or via a live camera feed, observes interactions between the parent and child, coaches the development of relationship enhancing techniques, and gives behavioral interventions for responding to difficult parent-child situations. Sessions last about one hour, occur over 18-20 weekly visits, and show very strong outcomes for both parents and children.

Currently, ICBH offers PCIT at one location in the county: our mental health clinic in Bishop. An ICBH mental health clinician is trained in PCIT and receives supervision and support approximately one (1) hour each week through a contract with a certified PCIT trainer. Our PCIT Community Collaborative program has been working to expand PCIT delivery in the public mental health system and into the community. We are in the process of training up to four (4) mental health clinicians, targeting both ICBH staff and personnel from local community-based organizations. PEI funding has allowed us to contract with the University of California, Davis, for PCIT instruction and follow-up, as well as fund the clinicians' time spent in training. In 09/10, the funds will also allow us to contract with a children's services clinician to provide additional support to the PCIT program.

We have purchased a second suite of PCIT equipment and set up an additional PCIT delivery site at the ICBH mental health clinic in Lone Pine. This equipment will be "mobile" and available to our trained partner organizations in the community. In addition, as an incentive for participation in this intensive and lengthy program, ICBH utilizes PEI funding to offer scholarships to families for each stage of PCIT that is completed. Distribution of scholarship monies occurs on a step scale, with larger payments occurring as the therapy progresses. Families who successfully complete the entire PCIT program will be given a bonus. If possible, we also plan to offer PCIT services in Spanish to meet the needs of our underserved Latino community.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 _____ Total
 Number of Clients By Funding Category
 _____ Full Service Partnerships
 _____ System Development
 _____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 30 Total
 Number of Clients By Type of Prevention
 30 Early Intervention
 _____ Indicated/Selected
 _____ Universal



County Name

Inyo County

Work Plan Title

Older Adult Prevention and Early Intervention Services

Populations to be served

Older Adults (ages 60+)
 All genders, races/ethnicity
 Bilingual Spanish services available; other languages accommodated through interpreters

Work Plan Description

The Older Adult Prevention and Early Intervention Program provides early mental health screening and intervention to older adults who are receiving Linkages Services, In Home Supportive Services, and/or are receiving Meals on Wheels. This program also trains agency partners, including Public Health and local physicians, to recognize the signs and symptoms of mental illness in older adults. This program provides linkage and support for older adults to access mental health and health care services.

The Older Adult Prevention and Early Intervention Program funds a half-time Case Manager position to support prevention and early intervention activities throughout the county in order to identify older adults who need mental health services. The program, utilizing a Mental Health Nurse funded through CSS, offers comprehensive assessment services to those older adults experiencing mental health problems that may interfere with their ability to remain independent in the community. The Case Manager then links these individuals to resources within the community, including County Behavioral Health services. This program offers service alternatives for older adults who have been unserved and underserved in this community. Services are voluntary and client-directed, strength-based, employ wellness and recovery principles, address both immediate and long-term needs of program members, and are delivered in a timely manner that is sensitive to the cultural needs of the population served.

The Case Manager and Mental Health Nurse collaborate with other agencies that provide services to this population. These agencies include the In-Home Supportive Services, Adult Protective Services, local physicians, Public Health, Linkages Program, nursing homes, home health agencies, home delivery meals programs, and regional organizations which serve the elderly. All agencies receive training to complete a brief screening tool to help them recognize signs and symptoms of mental illness in older adults.

The Case Manager and Mental Health Nurse also provide services to older adults who are at risk of hospitalization or institutionalization and who may be homeless or isolated. These positions offer prevention and early intervention services to older adults in community settings that are the natural gathering places for older adults, such as our Senior Center sites in the community sites of Bishop, Big Pine, Independence, Lone Pine, and Tecopa. Older adults who need additional services are referred to Behavioral Health for ongoing treatment, as appropriate. In 09/10, the PEI funds will also allow us to contract with an older adult services clinician to provide additional support to the Older Adult PEI program.

In addition, the Mental Health Nurse links caregivers to support groups to provide support and early intervention to family members who are caring for an elderly relative.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 _____ Total
 Number of Clients By Funding Category
 _____ Full Service Partnerships
 _____ System Development
 _____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 35 Total
 Number of Clients By Type of Prevention
 15 Early Intervention
 20 Indicated/Selected
 _____ Universal

**FY 2009/10 Mental Health Services Act
Summary Funding Request**

County: Inyo

Date: 6/15/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$1,033,600			\$225,000	
2. Transfers ^{b/}	\$0				
3. Adjusted Planning Estimates	\$1,033,600	\$0	\$0	\$225,000	\$0
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$1,033,600			\$225,000	
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}	\$142,061			\$0	
b. Adjustment for FY 2008/09 ^{e/}	\$142,061			\$0	
c. Total Net Available Unspent Funds	\$0	\$0	\$0	\$0	\$0
3. Total FY 2009/10 Funding Request	\$1,033,600	\$0	\$0	\$225,000	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates					
3. Unapproved FY 08/09 Planning Estimates	\$0				
4. Unapproved FY 09/10 Planning Estimates	\$1,033,600			\$225,000	
5. Total Funding^{f/}	\$1,033,600	\$0	\$0	\$225,000	\$0

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

County: Inyo

Date: 6/15/2009

CSS Work Plans				FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)			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	System Transformation	E	\$878,560	\$448,066	\$344,396	\$86,099	\$0	\$175,712	\$ 219,640	\$307,496	\$175,712
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26.	Subtotal: Work Plans ^{a/}			\$878,560	\$448,066	\$344,396	\$86,099	\$0	\$175,712	\$ 219,640	\$307,496	\$175,712
27.	Plus County Administration			\$155,040								
28.	Plus Optional 10% Operating Reserve			\$0								
29.	Plus CSS Prudent Reserve ^{b/}			\$0								
30.	Total MHSA Funds Required for CSS			\$1,033,600								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

51%

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

**FY 2009/10 Mental Health Services Act
Prevention and Early Intervention Funding Request**

County: Inyo

Date: 6/15/2009

PEI Work Plans			FY 09/10 Required MHA Funding	Estimated MHA Funds by Type of Intervention			Estimated MHA Funds by Age Group			
No.	Name	Universal Prevention		Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult	
1.	1	PATHS Preschool	\$50,000	\$0	\$37,500	\$12,500	\$50,000	\$0	\$0	\$0
2.	2	PCIT Community Collaboration	\$70,625	\$0	\$0	\$70,625	\$70,625	\$0	\$0	\$0
3.	3	Older Adult PEI Services	\$70,625	\$0	\$40,963	\$29,662	\$0	\$0	\$0	\$70,625
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26.	Subtotal: Work Plans^{a/}		\$191,250	\$0	\$78,463	\$112,787	\$120,625	\$0	\$0	\$70,625
27.	Plus County Administration		\$33,750							
28.	Plus Optional 10% Operating Reserve		\$0							
31.	Total MHA Funds Required for PEI		\$225,000							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years=

63.07%

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

Inyo County
June 2009

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

1. Requested FY 2009/10 CSS Services Funding **\$ 899,089**

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 **+ 134,511**

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

4. Sub-total **1,033,600**

5. Maximum Prudent Reserve (50%) **\$ 516,800**

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 **\$ 372,486**

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 **\$ 372,486**

Add lines 6 and 7.

9. Prudent Reserve Shortfall to Achieving 50% **\$ 144,314**

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 plan to request that unspent funds from previous fiscal years be dedicated to the Prudent Reserve. These future allocations will fully fund our prudent reserve before the July 1, 2011 deadline.