

Version 7/1/2018  
**Annual Mental Health Services Act Revenue and Expenditure Report**  
**Fiscal Year 2017-18**  
**Information**

1	Date:	12/18/2018
2	County:	Amador
3	County Code:	03
4	Address:	10877 Conductor Blvd Ste. 300
5	City:	Sutter Creek
6	Zip:	95642
7	County Population: Over 200,000? (Yes or No)	No
8	Name of Preparer:	Melissa Cranfill
9	Title of Preparer:	BH Director
10	Preparer Contact Email:	mcranfill@amadorgov.org
11	Preparer Contact Telephone	209-223-6335

County: Amador

Date: 12/18/2018

	A	B	C	D	E	F	G	H	I	J	K
	CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
<b>SECTION 1: Interest and Prudent Reserve</b>											
1	Interest Earned on Local MHS Fund										\$22,802.55
2	Local Prudent Reserve Beginning Balance	\$1,107,714.00									\$1,107,714.00
3	Local Prudent Reserve Ending Balance	\$1,607,714.00									\$1,607,714.00
	<b>TOTAL</b>										\$22,802.55

	A	B	C	D	E	F	G	H	I	J	K
	CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
<b>SECTION 2: Transfers from Prudent Reserve and Interest Earned</b>											
4	Transfer from Local Prudent Reserve										\$0.00
5	FY 2017-18 Interest Earned on local MHS Fund	\$4,329.94	\$1,140.13							\$0.00	\$5,469.07
6	<b>TOTAL</b>	\$4,329.94	\$1,140.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,802.55

	A	B	C	D	E	F	G	H	I	J	K
	CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
<b>SECTION 3: Transfers to Prudent Reserve, WET or CFTN</b>											
7	Transfers				\$0.00					\$500,000.00	\$0.00

	A	B	C	D	E	F	G	H	I	J	K
	CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
<b>SECTION 4: Program Expenditures and Sources of Funding 2017-18</b>											
8	MHSA Funds (Including Interest)	\$3,216,961.49	\$251,999.00	\$54,981.80	\$119,853.55		\$0.00	\$0.00	\$80,211.27		\$4,641,746.75
9	Medi-Cal FFP	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
10	1991 Realignment	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
11	Behavioral Health Subaccount	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
12	Other	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
13	<b>TOTAL</b>	\$3,216,961.49	\$251,999.00	\$54,981.80	\$119,853.55	\$0.00	\$0.00	\$0.00	\$80,211.27		\$4,641,746.75

	A	B	C	D	E	F	G	H	I	J	K
	CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
<b>SECTION 5: MHSA Planning Costs</b>											
14	Total Annual Planning Costs	\$0.00									\$0.00
15	Total Evaluation Costs	\$0.00									\$0.00
16	Total Administration	\$1,220,285.75									\$1,220,285.75

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 Annual Mental Health Services Act Revenue and Expenditure Report  
 Fiscal Year 2017-18  
 Community Services and Supports (CSS) Summary

County: Amador

Date: 12/18/2018

**SECTION ONE**

	A		B		C			D		E		F	
	MHSA Funds		Medi-Cal FFP		1991 Realignment			Behavioral Health Subaccount		Other		Grand Total	
1	CSS Annual Planning Costs											\$0.00	
2	CSS Evaluation Costs											\$0.00	
3	CSS Administration Costs											\$0.00	
4	CSS Funds Transferred to JPA		\$764,993.08									\$764,993.08	
5	CSS Expenditure Incurred by JPA											\$0.00	
6	CSS Funds Transferred to CalHFA											\$0.00	
7	CSS Funds Transferred to WFT											\$0.00	
8	CSS Funds Transferred to CFTN											\$0.00	
9	CSS Funds Transferred to PR		\$500,000.00									\$500,000.00	
10	CSS Program Expenditures		\$2,451,968.41	\$0.00	\$0.00					\$0.00		\$2,451,968.41	
11	Total CSS Expenditures (Excluding Funds Transferred to JPA)		\$3,716,961.49	\$0.00	\$0.00					\$0.00		\$3,716,961.49	
12	Total CSS Expenditures (Excluding Funds Transferred)		\$3,216,961.49	\$0.00	\$0.00					\$0.00		\$3,216,961.49	

**SECTION TWO**

#	County Code	Program Name	Prior Program Name	Service Category	E		G			H		I	J
					MHSA Funds		Other Funds			Behavioral Health Subaccount			
1	03	FSP		FSP	\$1,196,171.98								\$1,196,171.98
2	03	GSD		Non-FSP	\$730,752.60								\$730,752.60
3	03	NAMI		Non-FSP	\$33,614.10								\$33,614.10
4	03	Client and Family Advocate		Non-FSP	\$130,000.00								\$130,000.00
5	03	Wellness Center		Non-FSP	\$361,429.73								\$361,429.73
6													\$0.00

County: Alameda Date: 12/19/2018

SECTION ONE

	A		B		C		D		E		F
	MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total					
1. PEI Annual Planning Costs						\$0.00					
2. PEI Administration Costs						\$0.00					
3. PEI Administration Costs	\$411,784.67					\$411,784.67					
4. PEI Funds Expended by CHMHSAA for PEI SW						\$0.00					
5. PEI Funds Transferred to JPA						\$0.00					
6. PEI Funds Incurred by JPA						\$0.00					
7. PEI Program Expenditures	\$595,974.97	\$0.00	\$0.00	\$0.00	\$0.00	\$595,974.97					
8. Total PEI Expenditures (Excluding Transfer and PEI SW)	\$917,759.64	\$0.00	\$0.00	\$0.00	\$0.00	\$917,759.64					

SECTION TWO

1. MHSA PEI Fund Expenditures in Program to Clients 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	Percent Expended for Clients 25 and Under, All PEI	Percent Expended for Clients 25 and Under, JPA
	11.67%	

SECTION THREE

#	County	Program Name	Prior Program Name	Combined Standalone	Program Type	Program Activity Name (in Combined Program)	Subtotal Percent for Combined Program	% of PEI Expended on Clients 25 & Under (Combined Program Activities in Combined Program)	% of PEI Expended on Clients 25 & Under (Combined Summary and Standalone)	MHSA Funds					Grand Total
										Total MHSA (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Other	
1	3	Liberty		Standalone	Combined Summary		100%	0%	\$70,805.00					\$70,805.00	
2	3	First 2		Standalone	Early Intervention		100%	81%	\$70,805.00					\$70,805.00	
3	3	PHC Outreach & Engagement		Standalone	Access and Linkage		100%	24%	\$140,000.00					\$140,000.00	
4	3	Neuro Building Blocks		Standalone	Early Intervention		100%	52%	\$40,000.00					\$40,000.00	
5	3	Neuro Youth Empowerment		Standalone	Outreach Summary		100%	8%	\$46,000.00					\$46,000.00	
6	3	Neuro Promoters of Salud		Standalone	Prevention		100%	38%	\$23,855.33					\$23,855.33	
7	3	Resource Connection Grandparents Program		Standalone	Outreach		100%	0%	\$10,718.37					\$10,718.37	
8	3	Related Seniors Project		Standalone			100%	0%	\$10,718.37					\$10,718.37	
9														\$10,000.00	
														\$30,421.27	
														\$40,000.00	
														\$46,000.00	
														\$23,855.33	
														\$10,718.37	
														\$10,000.00	
														\$34,000.00	
														\$10,718.37	
														\$0.00	

County: Amador Date: 12/19/2018

SECTION ONE

	MHSOA Funds		Other Funds		Grand Total
	A	B	C	D	
1. INN Annual Planning Costs					\$0.00
2. INN Project Administration					\$0.00
3. INN Project Administration - JPA					\$0.00
4. INN Expenditures Incurred by JPA					\$0.00
5. INN Project Administration	\$45,538.00	\$0.00	\$0.00	\$0.00	\$45,538.00
6. INN Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. INN Project Direct	\$208,461.00	\$0.00	\$0.00	\$0.00	\$208,461.00
8. INN Project Subtotal	\$251,999.00	\$0.00	\$0.00	\$0.00	\$251,999.00
9. Total Innovation Expenditures (Excluding Transfers to JPA)	\$251,999.00	\$0.00	\$0.00	\$0.00	\$251,999.00

SECTION TWO

#	County	Project Name	Prior Project Name	INN Component	Approval Date	Project Start Date	MHSOA-Authorized MHSOA INN Project Budget	Amended MHSOA INN Project Budget	Project Expenditure Type	MHSOA Funds			Grand Total
										F	G	H	
1	3	Co-Occurring Group for TAY	Co-Occurring Group for TAY	MHSOA	5/27/2017	5/22/2018	\$118,891.00	\$118,891.00	Project Administration			\$17,334.00	\$17,334.00
1	3	Co-Occurring Group for TAY	Co-Occurring Group for TAY	MHSOA	5/27/2017	5/22/2018	\$118,891.00	\$118,891.00	Project Evaluation			\$52,955.00	\$52,955.00
1	3	Co-Occurring Group for TAY	Co-Occurring Group for TAY	MHSOA	5/27/2017	5/22/2018	\$118,891.00	\$118,891.00	Project Direct			\$100,329.00	\$100,329.00
2	3	Circle of Wellness: Mother, Child, Family	Circle of Wellness	MHSOA	5/25/2017	NA	\$75,212.00	\$75,212.00	Project Administration			\$28,204.00	\$28,204.00
2	3	Circle of Wellness: Mother, Child, Family	Circle of Wellness	MHSOA	5/25/2017	NA	\$75,212.00	\$75,212.00	Project Evaluation			\$72,465.00	\$72,465.00
2	3	Circle of Wellness: Mother, Child, Family	Circle of Wellness	MHSOA	5/25/2017	NA	\$75,212.00	\$75,212.00	Project Subtotal			\$151,670.00	\$151,670.00
2	2			Other Funds					1991 Reallocation	\$0.00	\$0.00	\$0.00	\$0.00
									Medi-Cal FFP	\$0.00	\$0.00	\$0.00	\$0.00
									BH Subaccount	\$0.00	\$0.00	\$0.00	\$0.00
									Other	\$0.00	\$0.00	\$0.00	\$0.00

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 Annual Mental Health Services Act Revenue and Expenditure Report  
 Fiscal Year 2017-18  
 Workforce Education and Training (WET) Summary

County: Amador

Date: 12/18/2018

**SECTION ONE**

	A		B		C		D		E		F
	MHSA Fund		Medi-Cal FFP		1991 Realignment		Behavioral Health Subaccount		Other		Grand Total
1	WET Annual Planning Costs										\$0.00
2	WET Evaluation Costs										\$0.00
3	WET Administration Costs										\$0.00
4	WET Funds Transferred to JPA										\$0.00
5	WET Expenditure Incurred by JPA										\$0.00
6	WET Program Expenditures		\$54,981.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54,981.80
7	Total WET Expenditures (Excluding Transfers to JPA)		\$54,981.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54,981.80

**SECTION TWO**

#	County	B		C		D		E		F		G		H
		Wet Component		MHSA Funds		Medi-Cal FFP		1991 Realignment		Behavioral Health Subaccount		Other		Grand Total
1	3	Workforce Staffing		\$4,436.73										\$4,436.73
2	3	Training/Technical Assistance		\$28,545.07										\$28,545.07
3		MH Career Pathways												\$0.00
4		Residency/Internship												\$0.00
5	3	Financial Incentive		\$22,000.00										\$22,000.00

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 Annual Mental Health Services Act Revenue and Expenditure Report  
 Fiscal Year 2017-18  
 Capital Facility Technological Needs (CFTN) Summary

County: Amador

Date: 12/18/2018

**SECTION ONE**

	A		B		C		D		E		F	
	MHSAs Funds		Other Fund		1991 Realignment		Behavioral Health Subaccount		Other		Grand Total	
	Total MSHA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total						
1	CF Annual Planning Costs					\$0.00						\$0.00
2	TN Annual Planning Costs					\$0.00						\$0.00
3	CF Evaluation Costs					\$0.00						\$0.00
4	TN Evaluation Costs					\$0.00						\$0.00
5	CF Administration					\$0.00						\$0.00
6	TN Administration					\$0.00						\$0.00
7	CFTN Program Expenditure	\$119,853.55	\$0.00	\$0.00	\$0.00	\$119,853.55			\$0.00	\$0.00		\$119,853.55
8	Total CFTN Expenditures	\$119,853.55	\$0.00	\$0.00	\$0.00	\$119,853.55			\$0.00	\$0.00		\$119,853.55

**SECTION TWO**

#	County	Project Name	Prior Project Name	Project Type	E	CFTN Component				H	I	J
						D	F	G	Other Fund			
					MHSA Fund	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total			
1	3	IT		Technological Need	Total MSHA (Including Interest) \$119,853.55							\$119,853.55
2												\$0.00
3												\$0.00
4												\$0.00
5												\$0.00
6												\$0.00
7												\$0.00
8												\$0.00
9												\$0.00
10												\$0.00
11												\$0.00
12												\$0.00
13												\$0.00
14												\$0.00
15												\$0.00
16												\$0.00
17												\$0.00
18												\$0.00
19												\$0.00
20												\$0.00

**Annual Mental Health Services Act Revenue and Expenditure Report  
 Fiscal Year 2017-18  
 WET RP and MHSA HP Summary**

County:

Date:

**SECTION ONE**

A	B	C	D	E	F		G	H
					MHSA Funds	Other Funds		
WET RP, HP Component		Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total	
#	Funding Type							
1	WET Regional Partnerships (WET RP)							
2	MHSA Housing Program (Unencumbered Funds)	\$80,211.27						\$80,211.27



**Annual Mental Health Services Act Revenue and Expenditure Report  
Fiscal Year 2017-18  
Adjustments Worksheet (MHSA)**

County: Amador

Date: 12/18/2018

**SECTION ONE**

#	A County	B Component	C Adjustment to FY	D Amount	E Reason
1					
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Version 7/1/2018

**Annual Mental Health Services Act Revenue and Expenditure Report  
Fiscal Year 2017-18  
FFP Revenue Adjustment**

County: Amador

Date: 12/18/2018

**SECTION ONE**

#	A County	B Fiscal Year	C Cost Report Stage	D Component	E Beginning Balance	F Adjustment Amount	G Ending Balance
1							\$0.00
2							\$0.00
3							\$0.00
4							\$0.00
5							\$0.00
6							\$0.00
7							\$0.00
8							\$0.00
9							\$0.00
10							\$0.00
11							\$0.00
12							\$0.00
13							\$0.00
14							\$0.00
15							\$0.00
16							\$0.00
17							\$0.00
18							\$0.00
19							\$0.00
20							\$0.00

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**Annual Mental Health Services Act Revenue and Expenditure Report**  
**Fiscal Year 2017-18**  
**Comments**

	Comments
1	Report does not include FFP which will be determined through completion of the FY17/18 Medi-Cal Cost Report.
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