

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Component Summary Worksheet

County: Amador

Date: 12/30/2019

		A	B	C	D	E	F
SECTION 1: Interest		CSS	PEI	INN	WET	CFTN	TOTAL
1	Component Interest Earned	\$22,992.91	\$1,283.83	\$4,046.49			\$28,323.23
2	Joint Powers Authority Interest Earned						\$0.00

		A	B	C
SECTION 2: Prudent Reserve		CSS	PEI	TOTAL
3	Local Prudent Reserve Beginning Balance			\$1,607,714.00
4	Transfer from Local Prudent Reserve			\$0.00
5	CSS Funds Transferred to Local Prudent Reserve	\$0.00		\$0.00
6	Local Prudent Reserve Adjustments			\$0.00
7	Local Prudent Reserve Ending Balance			\$1,607,714.00

		A	B	C	D	E	F
SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve		CSS	PEI	WET	CFTN	PR	TOTAL
8	Transfers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

		A	B	C	D	E	F
SECTION 4: Program Expenditures and Sources of Funding		CSS	PEI	INN	WET	CFTN	TOTAL
9	MHSA Funds	\$2,211,733.25	\$435,043.00	\$177,893.00	\$32,458.00	\$140,920.27	\$2,998,047.52
10	Medi-Cal FFP	\$1,025,096.48	\$0.00	\$0.00	\$0.00	\$0.00	\$1,025,096.48
11	1991 Realignment	\$930,394.00	\$0.00	\$0.00	\$0.00	\$0.00	\$930,394.00
12	Behavioral Health Subaccount	\$850,744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$850,744.00
13	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	TOTAL	\$5,017,967.73	\$435,043.00	\$177,893.00	\$32,458.00	\$140,920.27	\$5,804,282.00

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		TOTAL
15	Total Annual Planning Costs	\$0.00
16	Total Evaluation Costs	\$0.00
17	Total Administration	\$1,301,229.00
18	Total WET RP	
19	Total PEI SW	\$0.00
20	Total MHSA HP	\$28,569.00
21	Total Mental Health Services For Veterans	\$0.00

DHCS 1822 D (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Prevention and Early Intervention (PEI) Summary Worksheet

County: Amador

Date:

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1 PEI Annual Planning Costs						\$0.00
2 PEI Evaluation Costs						\$0.00
3 PEI Administration Costs	\$73,243.00					\$73,243.00
4 PEI Funds Expended by CalMHSA for PEI Statewide						\$0.00
5 PEI Funds Transferred to JPA						\$0.00
6 PEI Expenditures Incurred by JPA						\$0.00
7 PEI Program Expenditures	\$361,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$361,600.00
8 Total PEI Expenditures (Excluding Transfers and PEI Statewide)	\$435,043.00	\$0.00	\$0.00	\$0.00	\$0.00	\$435,043.00

SECTION TWO

	A	B
	Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
9 MHA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHA PEI Expenditures	45.09%	

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Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Prevention and Early Intervention (PEI) Summary Worksheet

County: Amador

Date:

SECTION THREE

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	County Code	Program Name	Prior Program Name	Combined/Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	3	Nexus YEP	Nexus Youth Empowerment	Standalone	Prevention		100%	100%	100.0%	\$46,000.00					\$46,000.00
11	3	Nexus Promotores de Salud		Standalone	Stigma & Discrimination Reduction		100%	98%	96.0%	\$34,000.00					\$34,000.00
12	3	Resource Connection - Grandparents Program		Standalone	Outreach		100%	38%	38.0%	\$26,049.00					\$26,049.00
13	3	Nexus O & E	Nexus FRC Outreach & Engagement	Standalone	Prevention		100%	24%	24.0%	\$115,292.00					\$115,292.00
14	3	First 5		Standalone	Early Intervention		100%	81%	81.0%	\$29,978.00					\$29,978.00
15	3	Nexus Building Blocks		Standalone	Early Intervention		100%	92%	92.0%	\$40,000.00					\$40,000.00
16	3	Labyrinth		Standalone	Stigma & Discrimination Reduction		100%	20%	20.0%	\$52,271.00					\$52,271.00
17	3	Senior Peer	Isolated Seniors Project	Standalone	Outreach		100%	0%	0.0%	\$7,973.00					\$7,973.00
18	3	MHA - LGBTQ		Standalone	Stigma & Discrimination Reduction		100%	82%	82.0%	\$10,237.00					\$10,237.00
19															\$0.00
20															\$0.00
21															\$0.00
22															\$0.00
23															\$0.00
24															\$0.00
25															\$0.00
26															\$0.00
27															\$0.00
28															\$0.00
29															\$0.00
30															\$0.00
31															\$0.00
32															\$0.00
33															\$0.00
34															\$0.00
35															\$0.00
36															\$0.00
37															\$0.00
38															\$0.00

DHCS 1822 E (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Innovation (INN) Summary Worksheet

County: Amador Date: 12/30/2019

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Fund (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1 INN Annual Planning Costs						\$0.00
2 INN Indirect Administration	\$47,875.00					\$47,875.00
3 INN Funds Transferred to JPA						\$0.00
4 INN Expenditures Incurred by JPA						\$0.00
5 INN Project Administration	\$56,853.00	\$0.00	\$0.00	\$0.00	\$0.00	\$56,853.00
6 INN Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7 INN Project Direct	\$73,165.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73,165.00
8 INN Project Subtotal	\$130,018.00	\$0.00	\$0.00	\$0.00	\$0.00	\$130,018.00
9 Total Innovation Expenditures (Excluding Transfers to JPA)	\$177,893.00	\$0.00	\$0.00	\$0.00	\$0.00	\$177,893.00

DHCS 1822 E (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Innovation (INN) Summary Worksheet

County: Amador Date: 12/30/2019

SECTION TWO

#		A	B	C	D	E	F	G	H	I	J	K	L	M
		County Code	Project Name	Prior Project Name	Project MHSOAC Approval Date	Project Start Date	MHSOAC-Authorized MHSOAC INN Project Budget	Amended MHSOAC-Authorized MHSOAC INN Project Budget	Project Expenditure Type	Total MHSOAC Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other
10	A	3	Circle of Wellness: Mother, Child, Family		7/1/2017	7/1/2017	\$177,008.00		Project Administration					
10	B	3	Circle of Wellness: Mother, Child, Family		7/1/2017	7/1/2017	\$177,008.00		Project Evaluation					
10	C	3	Circle of Wellness: Mother, Child, Family		7/1/2017	7/1/2017	\$177,008.00		Project Direct	\$40,910.00				
10	D	3	Circle of Wellness: Mother, Child, Family		7/1/2017	7/1/2017	\$177,008.00		Project Subtotal	\$40,910.00	\$0.00	\$0.00	\$0.00	\$0.00
11	A	3	Co-occurring Group for TAY		7/1/2017	5/1/2018	\$154,827.00		Project Administration	\$56,853.00				
11	B	3	Co-occurring Group for TAY		7/1/2017	5/1/2018	\$154,827.00		Project Evaluation					
11	C	3	Co-occurring Group for TAY		7/1/2017	5/1/2018	\$154,827.00		Project Direct	\$32,255.00				
11	D	3	Co-occurring Group for TAY		7/1/2017	5/1/2018	\$154,827.00		Project Subtotal	\$89,108.00	\$0.00	\$0.00	\$0.00	\$0.00
12	A													
12	B													
12	C									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	D													
13	A													
13	B													
13	C									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	D													
14	A													
14	B													
14	C									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	D													
15	A													
15	B													
15	C									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	D													

DHCS 1822 E (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Innovation (INN) Summary Worksheet

County: Date:

16	A														
16	B														
16	C														
16	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	A														
17	B														
17	C														
17	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	A														
18	B														
18	C														
18	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	A														
19	B														
19	C														
19	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	A														
20	B														
20	C														
20	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	A														
21	B														
21	C														
21	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	A														
22	B														
22	C														
22	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	A														
23	B														
23	C														
23	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	A														
24	B														
24	C														
24	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	A														
25	B														
25	C														
25	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DHCS 1822 F (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Workforce Education and Training (WET) Summary Worksheet

County: Amador

Date: 12/30/2019

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	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 Expenditures Incurred by JPA						\$0.00
6	WET Program Expenditures	\$32,458.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,458.00
7	Total WET Expenditures (Excluding Transfers to JPA)	\$32,458.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,458.00

SECTION TWO

#	A County Code	B Funding Category	C Total MHSA Funds (Including Interest)	D Medi-Cal FFP	E 1991 Realignment	F Behavioral Health Subaccount	G Other	H Grand Total
8		Workforce Staffing						\$0.00
9	3	Training/Technical Assistance	\$10,458.00					\$10,458.00
10		Mental Health Career Pathways						\$0.00
11		Residency/Internship						\$0.00
12	3	Financial Incentive	\$22,000.00					\$22,000.00

DHCS 1822 G (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Capital Facility Technological Needs (CFTN) Summary Worksheet

County: Amador

Date: 12/30/2019

#	County Code	Project Name	Prior Project Name	Project Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8	3	Anasazi	IT	Technological Need	\$140,920.27					\$140,920.27
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
21										\$0.00
22										\$0.00
23										\$0.00
24										\$0.00
25										\$0.00
26										\$0.00
27										\$0.00

DHCS 1822 G (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Capital Facility Technological Needs (CFTN) Summary Worksheet

County: Amador

Date: 12/30/2019

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1 CFTN Annual Planning Costs						\$0.00
2 CFTN Evaluation Costs						\$0.00
3 CFTN Administration Costs						\$0.00
4 CFTN Funds Transferred to JPA						\$0.00
5 CFTN Expenditures Incurred by JPA						\$0.00
6 CFTN Project Expenditures	\$140,920.27	\$0.00	\$0.00	\$0.00	\$0.00	\$140,920.27
7 Total CFTN Expenditures (Excluding Transfers to JPA)	\$140,920.27	\$0.00	\$0.00	\$0.00	\$0.00	\$140,920.27

SECTION TWO

A	B	C	D	E	F	G	H	I	J
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DHCS 1822 H (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2018-19

MHSA Adjustments Worksheet

County:

Date:

SECTION ONE

#	A County Code	B Account	C Adjustment Type	D Adjustment to Fiscal Year	E Amount	F Reason
1						
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DHCS 1822 I (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2018-19

FFP Revenue Adjustment Worksheet

County: Amador

Date: 12/30/2019

SECTION ONE

	A	B	C	D	E	F	G
#	County Code	Adjustment to FY	Cost Report Stage	Account	Beginning Balance	Adjustment Amount	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

DHCS 1822 J (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2018-19

Comments Worksheet

County: Amador

Date: 12/30/2019

	A	B	C
#	Account	Fiscal Year	Comments
1			
2			
3			
4			
5			
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12			
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