

**State of California
Office of Administrative Law**

In re:
Department of Health Care Services

Regulatory Action:

Title 09, California Code of Regulations

Adopt sections: 3200.022, 3200.025,
3200.079, 3200.181,
3200.195, 3200.197,
3200.213, 3200.227,
3200.244, 3200.252,
3200.254.1, 3200.257,
3200.258, 3200.323, 3420,
3420.10, 3420.15, 3420.20,
3420.30, 3420.35, 3420.40,
3420.45, 3420.50, 3420.55,
3420.60, 3420.65,
3510.005, 3510.030

Amend sections: 3200.080, 3200.110,
3200.251, 3200.260, 3510

Repeal sections:

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2020-0319-01

OAL Matter Type: Regular (S)

This action adopts a framework for counties, as defined, that receive Mental Health Services Act (MHSA) funds, to allocate, transfer, expend, and report the use of these funds, including provisions governing the reversion of funds to the state as a result of a county's failure to spend MHSA funds within specified time periods.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/1/2020.

Date: May 6, 2020

Original Signature

Dale P. Mentink
Senior Attorney

For: Kenneth J. Pogue
Director

Original: Jennifer Kent, Director
Copy: Greg Rodriguez

NOTICE PUBLICATION/REGULATIONS

STD. 400 (REV. 01-2013)

See instructions on reverse

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2019-0308-02	REGULATORY ACTION NUMBER 2020-0319-015	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

MAY 06 2020

3:00 P.M.

2020 MAR 19 P 4:39
OFFICE OF
ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY
Department of Health Care Services

AGENCY FILE NUMBER (If any)
DHCS-16-009

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re. Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2019, 12-2	PUBLICATION DATE 3/22/2019

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Mental Health Services Act (MHSA) Fiscal Regulations		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT See attached sheet	
TITLE(S) 9		AMEND 3200.080, 3200.110, 3200.251, 3200.260, 3510	
3. TYPE OF FILING		REPEAL	
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) Dates of Availability: January 30, 2020 through February 14 2020			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) <input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY <input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____			
7. CONTACT PERSON Greg Rodriguez		TELEPHONE NUMBER (916) 345-8396	FAX NUMBER (Optional) (916) 440-5748
E-MAIL ADDRESS (Optional)			

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Original Signature

DATE

3/19/20

TYPED NAME AND TITLE OF SIGNATORY

Bradley A. Gilbert Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAY 06 2020

Office of Administrative Law

Notice Register File Number – Z-2019-0308-02

STD 400

B. Submission of Regulations – Sections Adopted

3200.022, 3200.025, 3200.079, 3200.181, 3200.195, 3200.197, 3200.213, 3200.227, 3200.244,
3200.252, 3200.254.1, 3200.257, 3200.258, 3200.323, 3420, 3420.10, 3420.15, 3420.20,
3420.30, 3420.35, 3420.40, 3420.45, 3420.50, 3420.55, 3420.60, 3420.65, 3510.005, 3510.030.

TITLE 9. REHABILITATIVE AND DEVELOPMENTAL SERVICES
DIVISION 1. DEPARTMENT OF MENTAL HEALTH
CHAPTER 14. MENTAL HEALTH SERVICES ACT

Article 2. Definitions

1) Adopt section 3200.022 to read as follows:

§ 3200.022. Capital Facilities and Technological Needs (CFTN).

“Capital Facilities and Technological Needs” means projects for the acquisition and development of land and the construction or renovation of buildings or the development, maintenance or improvement of information technology for the provision of Mental Health Services Act administration, services, and supports. Capital Facilities and Technological Needs does not include housing projects.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847(b)(5), 5892(a)(2) and 5892(b)(1), Welfare and Institutions Code.

2) Adopt section 3200.025 to read as follows:

§ 3200.025. Capital Facilities and Technological Needs Account or CFTN Account.

“Capital Facilities and Technological Needs Account” or “CFTN Account” means money in a County’s Local Mental Health Services Fund that the County allocates for CFTN, or transfers from the CSS Account for CFTN.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(a)(2), 5892(b) and 5892(f), Welfare and Institutions Code.

3) Adopt section 3200.079 to read as follows:

§ 3200.079. Community Services and Supports Account or CSS Account.

“Community Services and Supports Account” or “CSS Account” means the money in a County’s Local Mental Health Services Fund that the County allocates for Community Services and Supports programs and services as described in Article 6.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(a)(5), 5892(b) and 5892(f), Welfare and Institutions Code.

4) Amend section 3200.080 to read as follows:

§ 3200.080. Community Services and Supports Component or CSS Component.

“Community Services and Supports Component or CSS Component” means the component-section of the Three-Year Program and Expenditure Plans that refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those found in Welfare and Institutions Code ~~S~~sections 5800 et. seq. (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children’s System of Care).

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847~~(a)~~(b)(2) and (3) and 5847(c), Welfare and Institutions Code.

5) Amend section 3200.110 to read as follows:

§ 3200.110. Department.

“Department” means the State Department of Health Care Services ~~State~~
~~Department of Mental Health.~~

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 4001(a) 5890(a), 5892(d), 5897, 5898, 5899(a), 5899(b), 5899(g) and 5899.1(b), Welfare and Institutions Code.

6) Adopt section 3200.181 to read as follows:

§ 3200.181. Innovation Account or INN Account.

“Innovation Account” or “INN Account” means the money in a County’s Local Mental Health Services Fund that the County allocates for Innovative Projects as described in Article 9.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(a)(6) and 5892(f), Welfare and Institutions Code.

7) Adopt section 3200.195 to read as follows:

§ 3200.195. Investment Gain.

“Investment Gain” means any realized earning, less any realized loss, on Local Mental Health Services Fund money invested by a County, including capital gains, dividends, and interest.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(f) and 5899(c)(3), Welfare and Institutions Code.

8) Adopt section 3200.197 to read as follows:

§ 3200.197. Investment Loss.

“Investment Loss” means a realized reduction in principal of Local Mental Health Services Fund money invested by a County.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(f) and 5899(c)(3), Welfare and Institutions Code.

9) Adopt section 3200.213 to read as follows:

§ 3200.213. Local Mental Health Services Fund.

“Local Mental Health Services Fund” means a County account that holds Mental Health Services Fund money and any Investment Gain on that money.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5891(c) and 5892(f), Welfare and Institutions Code.

10) Adopt section 3200.227 to read as follows:

§ 3200.227. Mental Health Services Fund.

“Mental Health Services Fund” means a fund in the State Treasury, established pursuant to Welfare and Institutions Code section 5890(a), to hold tax revenue generated pursuant to Revenue and Taxation Code section 17043, which is distributed to Counties to fund Mental Health Services Act programs and services.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5890(a), Welfare and Institutions Code.

11) Adopt section 3200.244 to read as follows:

§ 3200.244. Prevention and Early Intervention Account or PEI Account.

“Prevention and Early Intervention Account” or “PEI Account” means the money in a County’s Local Mental Health Services Fund that the County allocates for PEI programs as described in Article 7, or transfers from the CSS Account for PEI programs as described in Article 7.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(a)(3) and (4) and 5892(f), Welfare and Institutions Code.

12) Re-designate section 3200.252 as 3200.251 to read as follows:

§ 3200.2512. Project-Based Housing.

“Project-Based Housing” means the unit(s) of an apartment complex, duplex, triplex, or other structure leased and/or purchased by the County for the purpose of providing housing.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(a), 5813.5(c), 5813.5(d) and 5878.1(a), Welfare and Institutions Code.

13) Adopt section 3200.252 to read as follows:

§ 3200.252. Prudent Reserve.

“Prudent Reserve” means Local Mental Health Services Fund money held by a County for use as described in sections 5847(b)(7), (f), and 5892(b)(1) of the Welfare and Institutions Code.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847(b)(7), 5847(f) and 5892(b)(1), Welfare and Institutions Code.

14) Adopt section 3200.254.1 to read as follows:

§ 3200.254.1. Redistributed Funds.

“Redistributed Funds” means monies from the Reversion Account that the State Controller distributes to other counties as specified in sections 5892(h)(1) and 5899.1(a) of the Welfare and Institutions Code.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(h) and 5899.1(a), Welfare and Institutions Code.

15) Adopt section 3200.257 to read as follows:

§ 3200.257. Reversion Account.

“Reversion Account” means an account within the Mental Health Services Fund to hold funds reverted from counties pursuant to sections 3420.50, 3420.55 and 3420.60.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5892(h)(1), Welfare and Institutions Code.

16) Adopt section 3200.258 to read as follows:

§ 3200.258. Reversion Period.

“Reversion Period” means the length of time a County has to spend its Local Mental Health Services Fund money before the funds become subject to reversion. The length of time varies depending on a County’s population and the component account to which the County allocates the money, as provided in sections 3420.50, 3420.55 and 3420.60.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5892(h), Welfare and Institutions Code.

17) Amend section 3200.260 to read as follows:

§ 3200.260. Small County.

“Small County” means a County in California with a total population of less than 200,000, according to the most recent ~~projection~~ estimate by the California State Department of Finance, as of the first day of the fiscal year.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5892(h)(3) and (4), Welfare and Institutions Code ~~9 CCR Section 1754.~~

18) Adopt section 3200.323 to read as follows:

§ 3200.323. Workforce Education and Training Account or WET Account.

“Workforce Education and Training Account” or “WET Account” means the money in a County’s Local Mental Health Services Fund that the County allocates for Workforce Education and Training as described in Article 8, or transfers from the CSS Account for Workforce Education and Training as described in Article 8.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(a)(1), 5892(b) and 5892(f), Welfare and Institutions Code.

Article 4. Funding Provisions

19) Adopt Section 3420 to read as follows:

§ 3420. Local Mental Health Services Fund: Allocation and Expenditure

Requirements.

- (a) Each County shall establish a Local Mental Health Services Fund.
- (b) Each County shall allocate funds distributed by the State Controller into the County's Local Mental Health Services Fund, other than Redistributed Funds, on the following percentage bases:
 - (1) Five (5) percent to the INN Account.
 - (2) Nineteen (19) percent to the PEI Account, pursuant to the application of Welfare and Institutions Code section 5892(a)(6).
 - (3) Seventy-six (76) percent to the CSS Account.
- (c) Each County shall allocate Redistributed Funds as specified by the Department in accordance with Welfare and Institutions Code section 5899.1(a).
- (d) Each County shall spend:
 - (1) CSS Account monies only on programs and services described in Article 6, except for funds transferred pursuant to sections 3420.10 and 3420.15.
 - (2) PEI Account monies only on programs and services described in Article 7.
 - (3) INN Account monies only on projects described in Article 9.
 - (4) WET Account monies only on programs described in Article 8.
 - (5) CFTN Account monies only on Capital Facilities or Technological Needs.

(e) Each County shall spend the funds identified in subsection (d) in accordance with the County's currently adopted Three-Year Program and Expenditure Plan or annual update or updates pursuant to sections 3310 and 3315.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5890(a), 5891(a), 5891(d), 5892(a)(3), 5892(a)(5) and (6), 5892(b), 5892(f), 5892(g), 5892(h) and 5899.1(a), Welfare and Institutions Code.

20) Adopt section 3420.10 to read as follows:

§ 3420.10. Community Services and Supports (CSS) Account Transfers to Prudent Reserve, CFTN Account and WET Account.

(a) A County may transfer funds only from its CSS Account into its Prudent Reserve, CFTN Account, and/or WET Account. All transfers shall meet the following requirements:

(1) For each fiscal year, a County may only transfer into its Prudent Reserve, CFTN Account, WET Account, or any combination of the three, up to twenty (20) percent of the average amount of the total funds, including Redistributed Funds, which the State Controller distributed to the County's Local Mental Health Services Fund over the previous five (5) fiscal years. The calculation for this twenty (20) percent shall be as follows:

(A) Add the total funds, including Redistributed Funds, which the State Controller distributed to the County's Local Mental Health Services Fund over the previous five (5) fiscal years.

(B) Divide the result in paragraph (A) above by five (5); and,

(C) Multiply the result in paragraph (B) above by twenty (20) percent.

(2) The County shall not transfer funds from the CSS Account into its Prudent Reserve, CFTN Account, and/or WET Account during the same fiscal year in which the County transfers funds from its Prudent Reserve into its CSS Account, pursuant to section 3420.35.

(3) Before a County transfers funds from its CSS Account into its Prudent Reserve, CFTN Account, or WET Account, the County shall include the proposed transfer and use of the funds in its Three-Year Program and Expenditure Plan or annual update or updates pursuant to sections 3310 and 3315.

(b) A County's transfer of funds from the CSS Account to its CFTN Account or WET Account is irrevocable; the County shall not return such funds to its CSS Account.

(c) If in a fiscal year a County's Prudent Reserve falls below the minimum funding level as calculated pursuant to section 3420.30(b), in each subsequent fiscal year in which the conditions in section 3420.35(a)(1) and (a)(2) are not met, the County shall transfer a minimum of twenty percent (20%) of the amount of the County's minimum funding level until the minimum funding level in the County's Prudent Reserve is met. The amount transferred to the Prudent Reserve in each fiscal year pursuant to this subsection shall not exceed the total amount as calculated in subsection (a)(1).

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847(a), 5847(b)(5)-(7), 5847(e), 5848(a), 5848(b), 5891(d), 5892(b), 5892(g) and 5892(h)(1) and (3), Welfare and Institutions Code.

21) Adopt section 3420.15 to read as follows:

§ 3420.15. Community Services and Supports (CSS) Account Transfer to Prevention and Early Intervention (PEI) Account.

(a) A County may transfer funds from its CSS Account to its PEI Account if, before transferring the funds, the County first complies with subsections (b) and (c), and then obtains approval from the Department to transfer the funds to be expended as described in subsections (d) and (e).

(b) A County shall include a description of the proposed transfer in its Three-Year Program and Expenditure Plan, annual update, or updates in accordance with sections 3310 and 3315. The description of the proposed transfer shall include the information in subsection (d) and may include an alternative plan for the expenditure of the CSS Account monies should the Department deny the request for transfer, in addition to any other information required by section 3310.

(c) A County's Board of Supervisors shall adopt the Three-Year Program and Expenditure Plan, annual update, or updates describing the proposed transfer of funds to the PEI Account.

(d) A County shall submit documentation by email to the Department at MHSA@dhcs.ca.gov that demonstrates how increasing the County's PEI Account expenditure will decrease the need and cost for additional services to severely mentally ill persons in the County by at least the same amount as the proposed increase. The County shall submit the following information:

(1) Name of the PEI Program(s).

(2) Total amount of CSS Account monies requested for the PEI Program(s) by Fiscal Year.

(3) A description of the PEI Program(s).

(4) Data that demonstrates the increase in PEI services shall decrease the need for additional services to severely mentally ill persons in the County.

(5) Data that demonstrates the increase in PEI Account expenditures shall decrease the cost for additional services to severely mentally ill persons in the County.

(6) The fiscal years for which the County requests the transfer of funds.

(7) The number of fiscal years that it will take the County to achieve a decrease in the need and cost for additional services to severely mentally ill persons in the County.

(e) The Department shall provide written notice to a County either approving or denying a County's request to transfer funds from its CSS Account to its PEI Account within forty-five (45) calendar days of receipt of the information required in subsection

(d). A notice denying the County's request to transfer funds from its CSS Account to its PEI Account shall include the reasons for the Department's decision.

(f)(1) A County may appeal the Department's denial of a request to transfer funds from its CSS Account to its PEI Account. The appeal shall include an explanation stating the basis for the appeal and supporting documentation. The appeal shall be submitted by the County to the Department, by email to MHSA@dhcs.ca.gov, within thirty (30) calendar days of the date on the notice specified in subsection (e).

(2) The Department shall only consider the original request as specified in subsection (d) during the review of the County's appeal.

(g) The Department shall provide written notice to a County either approving or denying a County's appeal within forty-five (45) calendar days of receipt of the appeal. A notice denying the County's appeal shall include the reasons for the Department's decision.

(h) If the request is approved by the Department, the County shall include data in its Three-Year Program and Expenditure Plan, annual update, or updates to demonstrate the effectiveness of the PEI Program or services in decreasing the need and cost for additional services for each fiscal year that the Department approves the County to transfer CSS Account monies to the PEI Account.

(i) If the request is denied by the Department the County shall update its next Three-Year Program and Expenditure Plan, annual update, or update to reflect the denial.

(j) A County shall report any transfers from its CSS Account to its PEI Account in its Annual Mental Health Services Act Revenue and Expenditure Report, pursuant to section 3510.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847(a), 5847(b)(1)-(3), 5847(e), 5848(a), 5848(b), 5891(d), 5892(a)(4), 5892(g), 5899(a), 5899(b), 5899(c)(1), 5899(d)(1) and (2) and 5899(d)(5), Welfare and Institutions Code.

22) Adopt section 3420.20 to read as follows:

§ 3420.20. Local Mental Health Services Fund Transfers to Joint Powers

Authority (JPA).

(a) A County may transfer funds from its Local Mental Health Services Fund to a joint powers authority (JPA) formed pursuant to Government Code section 6500 et seq., if before transferring funds:

(1) The County includes a description of the proposed transfer in its Three-Year Program and Expenditure Plan, annual update, or updates in accordance with sections 3310 and 3315. The description shall identify the source of the transfer, which may include the County's CSS Account, PEI Account, INN Account, WET Account, or CFTN Account; and

(2) The County's Board of Supervisors adopts the Three-Year Program and Expenditure Plan, annual update, or updates, describing the proposed transfer of funds to a JPA.

(b) A County shall ensure that the JPA spends all of its funds in compliance with the County's Three-Year Program and Expenditure Plan, annual update, or updates, as adopted by the County's Board of Supervisors.

(c) A County shall report on its Annual MHSA Revenue and Expenditure Report each transfer of funds from the Local Mental Health Services Fund to the JPA, each of the JPA's expenditures of the funds, and each Investment Gain on the funds, in accordance with section 3510.

(d) A County shall ensure that the JPA spends all of its funds within the timeframes specified in sections 3420.50, 3420.55 and 3420.60 to avoid the reversion of funds to the Mental Health Services Fund. The Reversion Period for funds a County transfers to a JPA shall begin the first fiscal year in which the State Controller distributes the money into the Local Mental Health Services Fund. Funds a County transfers to a JPA are expended when the JPA spends the funds for the authorized purpose described in the County's Three-Year Program and Expenditure Plan, annual update or update. If a JPA fails to spend funds within the applicable Reversion Period the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(e) A County shall ensure that a JPA in which the County participates:

(1) Invests the County's funds consistent with how the County invests its other funds; and

(2) Makes any Investment Gain earned from the County's funds during a fiscal year available for expenditure by the County during that same fiscal year. Any Investment Gain shall be subject to reversion if not spent within the specified timeframes pursuant to sections 3420.50, 3420.55, and 3420.60. The first fiscal year of the Reversion Period shall be the year the JPA made the Investment Gain available for expenditure by the County.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847(a), 5847(b), 5847(e), 5848(a), 5848(b), 5891(d), 5892(f), 5892(g), 5892(h), 5897(b), 5899(c)(1)-(4) and 5899(d), Welfare and Institutions Code.

23) Adopt section 3420.30 to read as follows:

§ 3420.30. Prudent Reserve Funding Levels.

(a) A County shall fund its Prudent Reserve only with funds transferred from its CSS Account pursuant to section 3420.10.

(b) A County shall fund its Prudent Reserve at a minimum level of five (5) percent and a maximum level of thirty-three (33) percent of the average amount the County allocated to its CSS Account, pursuant to section 3420, over the previous five (5) fiscal years. The calculation for the minimum and maximum funding levels percentage shall be as follows:

(1) Add the total funds allocated to the County's CSS Account over the previous five (5) fiscal years.

(2) Divide the amount in subsection (b)(1) by five (5); and,

(3) Multiply the amount in subsection (b)(2) by five (5) percent to determine the minimum level, and multiply the amount in subsection (b)(2) by thirty-three (33) percent to determine the maximum level.

(c) A County shall assess its Prudent Reserve funding level as of July 1, 2019 and include the assessment in the County's Three-Year Program and Expenditure Plan or annual update for the 2019-20 Fiscal Year pursuant to sections 3310 and 3315. The assessment shall include the maximum funding level and the actual funding level of the County's Prudent Reserve as of July 1, 2019.

(d) A County shall reassess its Prudent Reserve funding levels as of July 1, 2024, and as of July 1 every five (5) fiscal years thereafter and include the

reassessment in the applicable County Three-Year Program and Expenditure Plan pursuant to sections 3310 and 3315. The reassessment shall include the minimum and maximum funding levels and the actual funding level of the County's Prudent Reserve. A County may reassess its Prudent Reserve funding levels more frequently.

(e) A County shall submit a complete Mental Health Services Act Prudent Reserve Assessment/Reassessment form DHCS 1819 (02/19), hereby incorporated by reference, to the Department by email at MHSa@dhcs.ca.gov when submitting a County's Three Year Program and Expenditure Plan or annual update, beginning in fiscal year 2019-2020 and every five (5) fiscal years thereafter and during any other fiscal year a County assesses its Prudent Reserve levels.

(f) A County shall maintain a Prudent Reserve balance that does not exceed the maximum funding level as the County determined in its most recent assessment or reassessment, pursuant to subsections (c) and (d).

(g) A County shall transfer funds in excess of the County's maximum funding level into its CSS Account during fiscal year 2019-2020 and during each subsequent fiscal year in which the County reassesses its Prudent Reserve funding level pursuant to subsection (d). A County may transfer funds from its CSS Account to its CFTN Account, WET Account, PEI Account or JPA, pursuant to sections 3420.10, 3420.15 and 3420.20 during the same fiscal year in which the County transfers funds from its Prudent Reserve to its CSS Account pursuant to this subsection.

(h) A County that transferred funds from its PEI Account to its Prudent Reserve in fiscal year 2007-08 may transfer funds in excess of the County's maximum funding level into its PEI Account during fiscal year 2019-20, and during each subsequent fiscal year

in which the County reassesses its Prudent Reserve funding level pursuant to subsection (d). A County may transfer funds from its Prudent Reserve to its PEI Account until the amount transferred equals the amount the County transferred from its PEI Account to its Prudent Reserve in fiscal year 2007-08.

(i) Funds a County transfers into its CSS Account pursuant to subsection (g) shall be subject to reversion, as specified in sections 3420.50 and 3420.55, 3420.60, and the applicable Reversion Period for those funds shall begin the fiscal year the County transferred the funds from the Prudent Reserve to the CSS Account.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847(b)(7), 5892(b) and 5892(h), Welfare and Institutions Code.

24) Adopt section 3420.35 to read as follows:

§ 3420.35. Prudent Reserve Transfers to CSS Account and PEI Account.

(a) A County may transfer funds from its Prudent Reserve into its CSS Account and/or PEI Account in a year in which the condition in paragraph (1) is met. A County shall transfer funds from its Prudent Reserve into its CSS Account in a year in which the conditions in paragraph (2) are met. These transfers shall be permissible even when it results in a County's Prudent Reserve falling below the minimum funding level as calculated pursuant to section 3420.30(b).

(1) The Department determines revenues for the Mental Health Services Fund are below the average of the five (5) previous fiscal years adjusted by changes in the state population and the California Consumer Price Index.

(2) The County's projected allocation of funds for the CSS Account is not sufficient to continue to serve the same number of individuals the County served in the previous fiscal year under the following CSS service categories: Full Service Partnership, General System Development, and Outreach and Engagement. A County shall base the County's projected allocation of funds for the CSS Account on the total projected revenue for the Mental Health Services Fund, as reported in the Governor's Budget - HHS 1, State Department of Health Care Services, Fund Condition Statements found at <http://www.ebudget.ca.gov>.

(A) A County, at the beginning of each fiscal year, shall determine the number of children, adults, and seniors the County served under the CSS service categories specified in paragraph (2) during the previous fiscal year and project the cost of serving

the same number of children, adults, and seniors under the CSS service categories specified in paragraph (2) in the current fiscal year.

(B) A County shall transfer funds from its Prudent Reserve to its CSS Account in the amount of the difference between the projected allocation of funds and the projected cost of services, if the projected cost of services is greater than the projected allocation of funds pursuant to section 3420(b)(3). If the balance of the Prudent Reserve is less than the difference between the projected allocation of funds and the projected cost, the County shall transfer the entire balance of funds in the Prudent Reserve to the CSS Account. The County's projected allocation of funds for the CSS Account shall be based on the total projected revenue for the Mental Health Services Fund, as reported in the Governor's Budget - HHS 1, State Department of Health Care Services, Fund Condition Statements found at <http://www.ebudget.ca.gov>.

(3) A County shall maintain records that support the determination and process described in paragraphs (1) and (2).

(b) If a County transfers funds from the Prudent Reserve, the County shall include the transfer, including the component account(s) receiving the transfer and the amount transferred from the Prudent Reserve, in its next Three-Year Program and Expenditure Plan, annual update, or updates pursuant to sections 3310 and 3315.

(c) A County shall not transfer funds from the CSS Account into its PEI Account, CFTN Account or WET Account during the same fiscal year in which the County transfers funds from its Prudent Reserve into its CSS Account pursuant to this section.

(d) A County shall report on the Annual MHSA Revenue and Expenditure Report each transfer of funds from the Prudent Reserve into the CSS Account or the PEI Account.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5847(b)(7), 5847(f), 5848, 5891(d), 5892(b), 5892(g), 5899(a), 5899(c)(1), 5899(d)(1) and (2) and 5899(d)(5), Welfare and Institutions Code.

25) Adopt section 3420.40 to read as follows:

§ 3420.40. County Investments.

(a) A County shall invest funds distributed to its Local Mental Health Services Fund consistent with other county investments.

(b) A County shall transfer any Investment Gain earned during a fiscal year into the Local Mental Health Services Fund during the same fiscal year.

(c) A County shall allocate any Investment Gain or Investment Loss to the component account containing the principal upon which the Investment Gain or Investment Loss accrued during the fiscal year in which the Investment Gain or Investment Loss occurred.

(d) A County shall allocate any Investment Gain or Investment Loss on Prudent Reserve funds to the CSS Account during the fiscal year in which the Investment Gain or Investment Loss occurred.

(e) A County shall spend any Investment Gain within the timeframes specified in sections 3420.50, 3420.55 and 3420.60.

(f) A County shall report in the Annual MHSA Revenue and Expenditure Report any Investment Gain or Investment Loss by component account.

Note: Authority cited: Section 5898 Welfare and Institutions Code. Reference: Sections 5892(b), 5892(f), 5892(h), 5899(c)(3) and 5899(d), Welfare and Institutions Code.

26) Adopt Section 3420.45 to read as follows:

§ 3420.45. Maintenance of Records.

(a) A County and a joint powers authority that receives funds from a County pursuant to section 3420.20 shall maintain records in accordance with Generally Accepted Accounting Principles (GAAP), Governmental Accounting Standards Board (GASB) standards, and the State Controller's Manual of Accounting Standards and Procedures for Counties, except for receipts and expenditures for the Capital Facilities and Technological Needs component, which shall be maintained using the cash basis of accounting that recognizes expenditures at the time payment is made.

(b) A County shall maintain records of all revenue sources and revenue amounts deposited into its Local Mental Health Services Fund.

(c) A County shall maintain records of all allocations from its Local Mental Health Services Fund into the CSS Account, PEI Account, and INN Account.

(d) A County shall maintain records of all transfers from the CSS Account, PEI Account, INN Account, WET Account, and CFTN Account.

(e) A County shall maintain records of all transfers from the Prudent Reserve.

(f) A County shall maintain records of all transfers from the Local Mental Health Services Fund into a County investment.

(g) A County shall maintain records of each Investment Gain and Investment Loss by Account.

(h) A County shall maintain records of all transfers of principal and Investment Gain from a County investment into the Local Mental Health Services Fund.

(i) A County shall maintain records of all expenditures of Mental Health Services Act funds by fiscal year and by component account.

(j) A County shall maintain records of the number of children, adults, and seniors who received CSS and PEI services during each fiscal year.

(k) A County shall maintain records of the number of veterans and the amount of funds spent on mental health services for veterans during each fiscal year.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 30200, Government Code; and Sections 5847(b)(7), 5847(e), 5847(f), 5890(d), 5891(a), 5891(d), 5892(a), 5892(b), 5892(g), 5892(h), 5899(a), 5899(c), 5899(d) and 5899(f), Welfare and Institutions Code.

27) Adopt Section 3420.50 to read as follows:

§ 3420.50. Reversion for Counties with a Population of 200,000 or More: CSS Account, PEI Account, and INN Account.

(a) This section applies to a County that has a population of 200,000 or more as determined by the Department. The Department shall provide counties with population data by July 1 each year. A County's population for a fiscal year shall be based on the Department of Finance county population estimates data as of January 1 of the previous fiscal year, as reported in State of California, Department of Finance, E-1, Population Estimates for, Cities, Counties, and the state Population Estimates with Annual Percent Change.

(b) Unless transferred into the Prudent Reserve, the CFTN Account, or the WET Account pursuant to section 3420.10, a County shall spend CSS Account monies within three (3) fiscal years of receiving those funds from the State Controller, or within three (3) fiscal years of transferring funds from the Prudent Reserve to its CSS Account pursuant to sections 3420.30(g) or 3420.35. In determining the three (3) fiscal year period, the fiscal year in which the State Controller distributes CSS funds to the County, or the fiscal year in which the County transfers funds from the Prudent Reserve to its CSS Account pursuant to sections 3420.30(g) or 3420.35, shall be the first fiscal year. If a County fails to spend such funds within three (3) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(c) A County shall spend funds received from the CalHFA within three (3) fiscal years of receiving the money. In determining the three (3) fiscal year period, the

fiscal year in which CalHFA returns the money to the County shall be the first fiscal year. If a County fails to spend such funds within three (3) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(d) A County shall spend PEI Account monies, including funds a County transferred from its CSS Account to its PEI Account pursuant to Section 3420.15, within three (3) fiscal years of receiving those funds from the State Controller, or within three (3) fiscal years of transferring funds from the Prudent Reserve to its PEI Account pursuant to sections 3420.30(h) or 3420.35(a)(1). In determining the three (3) fiscal year period, the fiscal year in which the State Controller distributes PEI funds to the County, or the fiscal year in which the County transfers funds from the Prudent Reserve to its PEI Account pursuant to sections 3420.30(h) or 3420.35(a)(1), shall be the first fiscal year. If a County fails to spend such funds within three (3) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(e) Within three (3) fiscal years of receiving INN Account monies from the State Controller, a County shall identify the INN Account monies in the budget of an Innovative Project Plan as specified in Section 3930(d) and obtain approval from the Mental Health Services Oversight and Accountability Commission for the Innovative Project Plan. In determining the three (3) fiscal year period, the fiscal year in which the State Controller distributes the funds to the County shall be the first fiscal year. If a County fails to identify INN Account monies in the budget of an Innovative Project Plan and obtain approval of that Plan from the Mental Health Services Oversight and

Accountability Commission within three (3) fiscal years those funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(f)(1) A County shall spend INN Account monies during the period the monies are encumbered under the terms of an Innovative Project Plan or within three (3) fiscal years of receiving approval for the Innovative Project Plan, whichever is later. In determining the three (3) fiscal year period, the fiscal year in which the Mental Health Services Oversight and Accountability Commission initially approved the Innovative Project Plan shall be the first fiscal year. If a County fails to spend such funds by the later of these two periods, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(2) INN Account monies identified in the budget of an Innovative Project Plan shall be considered encumbered. INN Account monies shall remain encumbered for the fiscal years and in the amounts identified in the budget of the Innovative Project Plan. Any amendment to an Innovative Project Plan that extends the time period of the Innovative Project, or changes the amount of funds in the budget of the Innovative Project, which is approved by the Mental Health Services Oversight Accountability Commission, shall extend the period or change the amount of funds encumbered under the Innovative Project Plan. INN Account monies shall no longer be encumbered under an Innovative Project Plan effective the date a County terminates the Innovative Project pursuant to Section 3910.020.

(3) If the period of time INN Account monies are encumbered, under the terms of an Innovative Project Plan, concludes before the end of the three (3) fiscal year period, or the County terminates an Innovative Project pursuant to section 3910.020 before the

end of the three (3) fiscal year period, a County may reassign any unspent funds to another Innovative Project pursuant to Article 9. The County shall spend reassigned funds within three (3) fiscal years. In determining the three (3) fiscal year period, the fiscal year in which the Mental Health Services Oversight and Accountability Commission approved the initial Innovative Project Plan shall be the first fiscal year. If a County fails to spend reassigned funds within these three (3) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(g) A County shall spend any Investment Gain within three (3) years of depositing the Investment Gain into its Local Mental Health Services Fund pursuant to Section 3420.40. In determining the three (3) fiscal year period, the fiscal year in which the County deposits the Investment Gain into its Local Mental Health Services Fund shall be the first fiscal year. If a County fails to spend such funds within three (3) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(h) A County shall spend CSS Account, PEI Account, and INN Account monies for authorized purposes, as specified in section 3420. Any CSS Account, PEI Account, and INN Account monies spent for unauthorized purposes shall be subject to reversion.

(i) Funds the Department withholds from a County pursuant to section 3510.005 shall be considered revenue at the time the funds would have been distributed to the County had they not been withheld. A withhold shall not extend the length of time that a County has to spend Local Mental Health Services Fund monies before the funds are subject to reversion.

(j) This section shall apply to Mental Health Services Fund monies the State Controller distributed to a County, including Redistributed Funds, monies CalHFA returned to a County and Investment Gain, during fiscal year 2015-2016 and in subsequent fiscal years.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections, 5892(a)(3), 5892(a)(6), 5892(b), 5892(f)-(h)(2), 5892.5(b) and 5899.1(a), Welfare and Institutions Code.

28) Adopt section 3420.55 to read as follows:

§ 3420.55. Reversion for Counties with a Population of Less than 200,000: CSS Account, PEI Account, and INN Account.

(a) This section applies to a County with a population of less than 200,000 as determined by the Department. The Department shall provide counties with population data by July 1 each year. A County's population for a fiscal year shall be based on the Department of Finance county population estimates data as of January 1 of the previous fiscal year, as reported in State of California, Department of Finance, E-1, Population Estimates for, Cities, Counties, and the State Population Estimates with Annual Percent Change.

(b) Unless transferred into the Prudent Reserve, the CFTN Account, or the WET Account pursuant to section 3420.10, a County shall spend CSS Account monies within five (5) fiscal years of receiving those funds from the State Controller, or within five (5) fiscal years of transferring funds from the Prudent Reserve to its CSS Account pursuant to sections 3420.30(g) or 3420.35. In determining the five (5) fiscal year period, the fiscal year in which the State Controller distributes CSS funds to the County, or the fiscal year in which the County transfers funds from the Prudent Reserve to its CSS Account pursuant to sections 3420.30(g) or 3420.35, shall be the first fiscal year. If a County fails to spend such funds within five (5) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(c) A County shall spend funds received from the CalHFA within five (5) fiscal years of receiving the money. In determining the five (5) fiscal year period, the fiscal year in which CalHFA returns the money to the County shall be the first fiscal year. If a County fails to spend such funds within five (5) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(d) A County shall spend PEI Account monies, including funds a County transferred from its CSS Account to its PEI Account pursuant to Section 3420.15, within five (5) fiscal years of receiving those funds from the State Controller, or within five (5) fiscal years of transferring funds from the Prudent Reserve to its PEI Account pursuant to sections 3420.30(h) or 3420.35(a)(1). In determining the five (5) fiscal year period, the fiscal year in which the State Controller distributes PEI funds to the County, or the fiscal year in which the County transfers funds from the Prudent Reserve to its PEI Account pursuant to section 3420.30(h) or 3420.35(a)(1), shall be the first fiscal year. If a County fails to spend such funds within five (5) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(e) Within five (5) fiscal years of receiving INN Account monies from the State Controller, a County shall identify the INN Account monies in the budget of an Innovative Project Plan as specified in Section 3930(d) and obtain approval from the Mental Health Services Oversight and Accountability Commission for the Innovative Project Plan. In determining the five (5) fiscal year period, the fiscal year in which the State Controller distributes the funds to the County shall be the first fiscal year. If a County fails to identify INN Account monies in the budget of an Innovative Project Plan

and obtain approval of that Plan from the Mental Health Services Oversight and Accountability Commission within five (5) fiscal years those funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(f)(1) A County shall spend INN Account monies during the period the monies are encumbered under the terms of an Innovative Project Plan or within five (5) fiscal years of receiving approval for the Innovative Project Plan, whichever is later. In determining the five (5) fiscal year period, the fiscal year in which the Mental Health Services Oversight and Accountability Commission initially approved the Innovative Project Plan shall be the first fiscal year. If a County fails to spend such funds by the later of these two periods, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(2) INN Account monies identified in the budget of an Innovative Project Plan shall be considered encumbered. INN Account monies shall remain encumbered for the fiscal years and in the amounts identified in the budget of the Innovative Project Plan. Any amendment to an Innovative Project Plan that extends the time period of the Innovative Project, or changes the amount of funds in the budget of the Innovative Project, which is approved by the Mental Health Services Oversight Accountability Commission, shall extend the period or change the amount of funds encumbered under the Innovative Project Plan. INN Account monies shall no longer be encumbered under an Innovative Project Plan effective the date a County terminates the Innovative Project pursuant to Section 3910.020.

(3) If the period of time INN Account monies are encumbered, under the terms of an Innovative Project Plan, concludes before the end of the five (5) fiscal year period, or

the County terminates an Innovative Project pursuant to section 3910.020 before the end of the five (5) fiscal year period, a County may reassign any unspent funds to another Innovative Project pursuant to Article 9. The County shall spend reassigned funds within five (5) fiscal years. In determining the five (5) fiscal year period, the fiscal year in which the Mental Health Services Oversight and Accountability Commission approved the initial Innovative Project Plan shall be the first fiscal year. If a County fails to spend reassigned funds within these five (5) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(g) A County shall spend Investment Gain within five (5) years of depositing the Investment Gain into its Local Mental Health Services Fund pursuant to Section 3420.40. In determining the five (5) fiscal year period, the fiscal year in which the County deposits the Investment Gain into its Local Mental Health Services Fund shall be the first fiscal year. If a County fails to spend such funds within five (5) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(h) A County shall spend CSS Account, PEI Account, and INN Account monies for authorized purposes, as specified in Section 3420. Any CSS Account, PEI Account, and INN Account monies spent for unauthorized purposes shall be subject to reversion.

(i) Funds the Department withholds from the County pursuant to section 3510.005 shall be considered revenue at the time the funds would have been distributed to the County had they not been withheld. A withhold shall not extend the length of time that a County has to spend Local Mental Health Services Fund monies before the funds are subject to reversion.

(j) This section shall apply to Mental Health Services Fund monies the State Controller distributed to a County, including Redistributed Funds, monies CalHFA returned to a County and Investment Gain, during fiscal year 2015-2016 and in subsequent fiscal years.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(a)(3)-(6), 5892(b), 5892(f), 5892(g), 5892(h)(1), 5892(h)(3) and (4), 5892.5(b) and 5899.1(a), Welfare and Institutions Code.

29) Adopt section 3420.60 to read as follows:

§ 3420.60. Reversion for All Counties: CFTN Account and WET Account.

(a) A County shall spend CFTN Account and WET Account monies, including funds transferred from its CSS Account to its CFTN Account or WET Account pursuant to Section 3420.10 within ten (10) fiscal years of receiving those funds from the State Controller or within ten (10) fiscal years of transferring funds from the Prudent Reserve to its CSS Account pursuant to section 3420.30(g). In determining the ten (10) fiscal year period, the fiscal year in which the State Controller distributes CSS funds to the County, or the fiscal year in which the County transfers funds from the Prudent Reserve to its CSS Account pursuant to section 3420.30(g), shall be the first fiscal year. If a County fails to spend such funds within ten (10) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(b) CFTN Account monies that a County uses to purchase an asset shall be considered spent when the County purchases the asset, pursuant to Section 3420.45(a).

(c) A County shall spend CFTN Account and WET Account monies for authorized purposes as specified in section 3420. Any CFTN Account and WET Account monies spent for unauthorized purposes shall be subject to reversion.

(d) This section shall apply to Mental Health Services Fund monies the State Controller distributed to a County during fiscal year 2008-09 and subsequent fiscal years.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(h)(1) and 5899.1(a), Welfare and Institutions Code.

30) Adopt section 3420.65 to read as follows:

§ 3420.65. Notice to Counties of Reversion Amounts and Appeal Process.

(a) Within thirty (30) calendar days of receipt of a complete and accurate Annual MHSA Revenue and Expenditure Report, as specified in section 3510, the Department shall determine and mail notice to the County of the amount of funds that are subject to reversion. The notice shall include a schedule of the County's funds subject to reversion by component account and the data from the County's Annual MHSA Revenue and Expenditure Reports that the Department used to determine the amounts subject to reversion.

(b) To appeal the Department's determination, a County shall submit an appeal to the Department by email to MHSA@dhcs.ca.gov within thirty (30) calendar days of receiving the notice. The appeal shall include all of the following:

(1) A complete Mental Health Services Act Adjustments to Revenue or Expenditure Summary Worksheet, DHCS 1821 (02/19), hereby incorporated by reference; and

(2) An executed Annual MHSA Revenue and Expenditure Report and Adjustment Worksheet County Certification, DHCS 1820 (02/19), hereby incorporated by reference.

(c) Within forty-five (45) calendar days of receipt of an appeal, the Department shall notify the County of either approval or disapproval of the appeal and the reasons for the decision.

(d) If an appeal is not received within thirty (30) calendar days of receiving the notice from the Department or all of the required items in subsection (b) are not included, the funds identified in the notice shall revert to the Mental Health Services Fund for deposit into the Reversion Account.

(e) The amount of County Local Mental Health Service Fund monies that are reverted in a fiscal year shall be subject to change as a result of a Department audit.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(h), 5899(a), 5899(c)(4) and 5899.1(a), Welfare and Institutions Code.

Article 5. Reporting Requirements

31) Amend Section 3510 to read as follows:

§ 3510. Annual MHSA Revenue and Expenditure Report.

~~(a) The County shall submit to the Department an Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report. The Annual MHSA Revenue and Expenditure Report shall include, but not be limited to, the following:~~

~~(1) Administration Expenditures: The County shall report the actual total expenditures incurred and the revenues received for MHSA administration during the reporting fiscal year.~~

~~(A) The report shall include system-wide one-time costs that cannot be assigned to a specific program.~~

~~(2) Program Expenditures: The County shall report the actual total expenditures incurred by service or funding category and revenues received during the reporting fiscal year and complete a separate Program Revenue and Expenditure Report for each program funded through the County MHSA Performance Contract.~~

~~(A) The report shall include one-time costs associated with a specific program.~~

~~(3) One-Time Expenditures: The County shall report the amount approved in the County MHSA Performance Contract, and the actual total expenditures incurred during the reporting fiscal year, for each approved One-Time Expenditure listed in the County Performance Contract.~~

~~(A) The One-Time Expenditures shall also be included as either Program Expenditures or Administration Expenditures.~~

~~(4) MHSA Funds: The County shall report MHSA funds received from the Department and interest income earned during the reporting fiscal year.~~

~~(b) The County shall submit the Annual MHSA Revenue and Expenditure Report no later than December 31 following the end of the fiscal year.~~

~~(c) If the County does not submit the Annual MHSA Revenue and Expenditure Report by the required deadline, the Department may withhold MHSA funds.~~

(a) Each County receiving a direct distribution of Mental Health Services Fund monies from the State Controller shall submit a complete and accurate Annual MHSA Revenue and Expenditure Report to the Department by email at MHSA@dhcs.ca.gov and to the Mental Health Services Oversight and Accountability Commission at MHSOAC@mhsoc.ca.gov, by January 31, following the end of the reporting fiscal year.

(b) The Annual MHSA Revenue and Expenditure Report shall include the following:

(1) Information Worksheet, DHCS 1822 A (02/19), hereby incorporated by reference.

(2) Component Summary Worksheet, DHCS 1822 B (02/19), hereby incorporated by reference.

(3) Community Services and Supports (CSS) Summary Worksheet, DHCS 1822 C (02/19), hereby incorporated by reference.

(4) Prevention and Early Intervention (PEI) Summary Worksheet, DHCS 1822 D (02/19), hereby incorporated by reference.

(5) Innovation (INN) Summary Worksheet, DHCS 1822 E (02/19), hereby incorporated by reference.

(6) Workforce Education and Training (WET) Summary Worksheet, DHCS 1822 F (02/19), hereby incorporated by reference.

(7) Capital Facility Technological Needs (CFTN) Summary Worksheet, DHCS 1822 G (02/19), hereby incorporated by reference.

(8) MHSA Adjustments Worksheet, DHCS 1822 H (02/19), hereby incorporated by reference.

(9) FFP Revenue Adjustment Worksheet, DHCS 1822 I (02/19), hereby incorporated by reference.

(10) Comments Worksheet, DHCS 1822 J (02/19), hereby incorporated by reference.

(11) Annual MHSA Revenue and Expenditure Report and Adjustment Worksheet County Certification Form, DHCS 1820 (02/19).

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5610, 5612, 5664, 5801, ~~5820 and 5860~~ and 5899, Welfare and Institutions Code; and Section 3, MHSA.

32) Adopt Section 3510.005 to read as follows:

§ 3510.005. Withhold for Failure to Timely Submit a Complete and Accurate Annual MHSA Revenue and Expenditure Report.

(a) If a County does not submit an Annual MHSA Revenue and Expenditure Report pursuant to section 3510 by January 31, the Department shall send notification to the County Mental Health Director and the MHSA Coordinator by email within five (5) business days of January 31 that the report was not timely submitted.

(b) If a County provides an incomplete or inaccurate Annual MHSA Revenue and Expenditure Report pursuant to section 3510, as determined by the Department, the Department shall send notification to the County Mental Health Director and the MHSA Coordinator by email within fifteen (15) calendar days of January 31 that the report is incomplete or inaccurate and deemed not submitted.

(c) Within thirty (30) calendar days of the date of notification in subsection (a) or (b) the County shall submit a complete and accurate Annual MHSA Revenue and Expenditure Report to the Department.

(d) If the County does not submit a complete and accurate Annual MHSA Revenue and Expenditure Report to the Department within thirty (30) calendar days of the date of notification in subsection (a) or (b), the Department shall:

(1) Withhold twenty-five (25) percent of each monthly distribution to the County from the Mental Health Services Fund; and

(2) Inform the County Mental Health Director by email of the County's failure to comply with subsection (c) and of the twenty-five (25) percent withhold.

(e) Upon submission of a complete and accurate Annual MHSA Revenue and Expenditure Report, the Department shall release the funds withheld pursuant to subsection (d)(1), to the County.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5899(e), Welfare and Institutions Code.

33) Adopt Section 3510.030 to read as follows:

§ 3510.030. Annual MHSA Revenue and Expenditure Report and Adjustment

Worksheet Certification.

Each County shall submit a complete and accurate Annual MHSA Revenue and Expenditure and Adjustment Worksheet County Certification form, DHCS 1820 (02/19), to the Department at MHSA@dhcs.ca.gov and to the Mental Health Services Oversight and Accountability Commission at MHSOAC@mhsoac.ca.gov, when submitting the Annual MHSA Revenue and Expenditure Report, pursuant to Section 3510.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5892(h), 5899(a) and 5899.1(a), Welfare and Institutions Code.

**MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT**

County/City: _____

Fiscal Year: _____

Local Mental Health Director

Name: _____

Telephone: _____

Email: _____

I hereby certify¹ 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).

Local Mental Health Director (PRINT NAME)

Signature

Date

¹ Welfare and Institutions Code section 5892 (b)(2)

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: _____

Local Mental Health Director

Name: _____

Telephone: _____

Email: _____

Document for Certification:

FY: _____

I hereby certify¹ under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.

Local Mental Health Director (PRINT)

Signature

Date

¹ Welfare and Institutions Code section 5899(a)

Row 1: Enter the reversion fiscal year.

Row 2: Enter the County/City name.

Row 3: Enter the date when the MHSA Revenue or Expenditure Summary was completed.

Row 4: Enter the administrative headquarters street address for the County Mental Health or Behavioral Health Department as appropriate.

Row 5: Enter the administrative headquarters city for the County Mental Health or Behavioral Health Department as appropriate.

Row 6: Enter the administrative headquarters zip code for the County Mental Health or Behavioral Health Department as appropriate.

Row 7: Enter the name of the person who prepared the MHSA Revenue or Expenditure Summary or is responsible for responding to inquiries about the MHSA Revenue or Expenditure Summary.

Row 8: Enter the title of the person who prepared the MHSA Adjustments to Revenue or Expenditure Summary or is responsible for responding to inquiries about the MHSA Adjustments to Revenue or Expenditure Summary.

Row 9: Enter the contact email address of the person who prepared the ARER or is responsible for responding to inquiries about the MHSA Adjustments to Revenue or Expenditure Summary.

Row 10: Enter the contact telephone number of the person who prepared the ARER or is responsible for responding to inquiries about the MHSA Adjustments to Revenue or Expenditure Summary.

Rows 11-110, Column A: Selection only. Enter the type of adjustment. Options are Expenditure or Interest Revenue.

Rows 11-110, Column B: Enter the Fiscal Year being adjusted.

Rows 11-110, Column C: Selection only. Enter the account being adjusted. Options include: CSS, PEI, INN, WET, CFTN, Prudent Reserve.

Rows 11-110, Column D: Enter the amount the County has on record.

Rows 11-110, Column E: Enter the amount the State has on record.

Rows 11-110, Column F: No entry. This amount is equal to Rows 11-110, Column D minus Column E.

Rows 11-110, Column G: Enter the reason for the adjustment.

Submission Instructions: This form must be submitted electronically to the Department of Health Care Services at:

mhsa@dhca.ca.gov

DHCS 1821 (02/19)
MENTAL HEALTH SERVICES ACT
Adjustments to Revenue or Expenditure Summary Worksheet

1	Reversion Fiscal Year:	
2	County/City:	
3	Date:	
4	Address:	
5	City:	
6	Zip:	
7	Name of Preparer:	
8	Title of Preparer:	
	Preparer Contact Email:	
	Preparer Contact Telephone:	

	A	B	C	D	E	F	G
#	Type of Adjustment	Adjustment to FY	Account	County Amount	State Amount	Adjustment Amount	Reason
11						\$ -	
12						\$ -	
13						\$ -	
14						\$ -	
15						\$ -	
16						\$ -	
17						\$ -	
18						\$ -	
19						\$ -	
20						\$ -	
21						\$ -	
22						\$ -	
23						\$ -	
						\$ -	
						\$ -	
26						\$ -	
27						\$ -	
28						\$ -	
29						\$ -	
30						\$ -	
31						\$ -	
32						\$ -	
33						\$ -	
34						\$ -	
35						\$ -	

DHCS 1821 (02/19)
MENTAL HEALTH SERVICES ACT
Adjustments to Revenue or Expenditure Summary Worksheet

1	Reversion Fiscal Year:	
2	County/City:	
3	Date:	
4	Address:	
5	City:	
6	Zip:	
7	Name of Preparer:	
8	Title of Preparer:	
9	Preparer Contact Email:	
10	Preparer Contact Telephone:	

#	A	B	C	D	E	F	G
	Type of Adjustment	Adjustment to FY	Account	County Amount	State Amount	Adjustment Amount	Reason
36						\$ -	
37						\$ -	
38						\$ -	
39						\$ -	
40						\$ -	
41						\$ -	
42						\$ -	
43						\$ -	
44						\$ -	
45						\$ -	
46						\$ -	
47						\$ -	
48						\$ -	
49						\$ -	
50						\$ -	
51						\$ -	
52						\$ -	
53						\$ -	
54						\$ -	
55						\$ -	
56						\$ -	
57						\$ -	
58						\$ -	
59						\$ -	
60						\$ -	

DHCS 1821 (02/19)
MENTAL HEALTH SERVICES ACT
Adjustments to Revenue or Expenditure Summary Worksheet

1	Reversion Fiscal Year:	
2	County/City:	
3	Date:	
4	Address:	
5	City:	
6	Zip:	
7	Name of Preparer:	
8	Title of Preparer:	
	Preparer Contact Email:	
	Preparer Contact Telephone:	

	A	B	C	D	E	F	G
#	Type of Adjustment	Adjustment to FY	Account	County Amount	State Amount	Adjustment Amount	Reason
61						\$ -	
62						\$ -	
63						\$ -	
64						\$ -	
65						\$ -	
66						\$ -	
67						\$ -	
68						\$ -	
69						\$ -	
70						\$ -	
71						\$ -	
72						\$ -	
73						\$ -	
						\$ -	
						\$ -	
76						\$ -	
77						\$ -	
78						\$ -	
79						\$ -	
80						\$ -	
81						\$ -	
82						\$ -	
83						\$ -	
84						\$ -	
85						\$ -	

DHCS 1821 (02/19)
MENTAL HEALTH SERVICES ACT
Adjustments to Revenue or Expenditure Summary Worksheet

1	Reversion Fiscal Year:	
2	County/City:	
3	Date:	
4	Address:	
5	City:	
6	Zip:	
7	Name of Preparer:	
8	Title of Preparer:	
9	Preparer Contact Email:	
10	Preparer Contact Telephone:	

#	A	B	C	D	E	F	G
	Type of Adjustment	Adjustment to FY	Account	County Amount	State Amount	Adjustment Amount	Reason
86						\$ -	
87						\$ -	
88						\$ -	
89						\$ -	
90						\$ -	
91						\$ -	
92						\$ -	
93						\$ -	
94						\$ -	
95						\$ -	
96						\$ -	
97						\$ -	
98						\$ -	
99						\$ -	
100						\$ -	
101						\$ -	
102						\$ -	
103						\$ -	
104						\$ -	
105						\$ -	
106						\$ -	
107						\$ -	
108						\$ -	
109						\$ -	
110						\$ -	

Row 1: Enter the date when the ARER was completed.

Row 2: Enter the reporting fiscal year for the ARER.

Row 3: Selection Only. Select the name of the County for which this ARER was prepared from the pull-down menu in the response cell.

Row 4: No entry. This field will auto populate. The County code is consistent with the coding system used in the Data Collection and Reporting system.

Row 5: Enter the administrative headquarters address for the County Mental Health or Behavioral Health Department as appropriate.

Row 6: Enter the administrative headquarters city for the County Mental Health or Behavioral Health Department as appropriate.

Row 7: Enter the administrative headquarters zip code for the County Mental Health or Behavioral Health Department as appropriate.

Row 8: No entry. This field will auto-populate "Yes" if the County's population is equal to or greater than 200,000 or "No" if the County's population is less than 200,000. Population data is available at:

<http://dof.ca.gov/Forecasting/Demographics/Estimates/E-1/>

Row 9: Enter the name of the person who prepared the ARER or is responsible for responding to inquiries about the ARER.

Row 10: Enter the title of the person who prepared the ARER or is responsible for responding to inquiries about the ARER.

Row 11: Enter the contact Email address of the person who prepared the ARER or is responsible for responding to inquiries about the ARER.

Row 12: Enter the contact telephone number of the person who prepared the ARER or is responsible for responding to inquiries about the ARER.

DHCS 1822 A (02/19)

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

Fiscal Year:
Information Worksheet

1	Date:	
2	ARER Fiscal Year (20YY-YY):	
3	County:	
4	County Code:	
5	Address:	
6	City:	
7	Zip:	
8	County Population: Over 200,000? (Yes or No)	
9	Name of Preparer:	
10	Title of Preparer:	
11	Preparer Contact Email:	
12	Preparer Contact Telephone:	

County: No entry. This field will auto-populate from the Information worksheet.

Date: No entry. This field will auto-populate from the Information worksheet.

Row 1, Column A: Enter the amount of interest earned on MHSA funds that is attributable to the CSS Account.

Row 1, Column B: Enter the amount of interest earned on MHSA funds that is attributable to the PEI Account.

Row 1, Column C: Enter the amount of interest earned on MHSA funds that is attributable to the INN Account.

Row 1, Column D: Enter the amount of interest earned on MHSA funds that is attributable to the WET Account.

Row 1, Column E: Enter the amount of interest earned on MHSA funds that is attributable to the CFTN Account.

Row 1, Column F: No entry. This amount is the sum of Row 1, Columns A-E.

Row 1, Interest Earned: report interest earned on the local MHS Fund, by Account where applicable. Use one of the following methods to determine the amount of interest to apportion to each Account:

1. Actual interest earned by Account

2. Share of funding by Account

Row 2, Column A: Enter the amount of interest earned on MHSA funds transferred to the JPA that is attributable to the CSS Account.

Row 2, Column B: Enter the amount of interest earned on MHSA funds transferred to the JPA that is attributable to the PEI Account.

Row 2, Column C: Enter the amount of interest earned on MHSA funds transferred to the JPA that is attributable to the INN Account.

Row 2, Column D: Enter the amount of interest earned on MHSA funds transferred to the JPA that is attributable to the WET Account.

Row 2, Column E: Enter the amount of interest earned on MHSA funds transferred to the JPA that is attributable to the CFTN Account.

Row 2, Column F: No entry. This amount is the sum of Row 2, Columns A-E.

Row 3, Column A: This cell is blank.

Row 3, Column B: This cell is blank.

Row 3, Column C: Enter the beginning balance of the Prudent Reserve. This amount must match the Prudent Reserve ending balance reported in the prior year's ARER.

Row 4, Column A: Enter the amount of funds transferred from the Prudent Reserve to the CSS Account.

Row 4, Column B: Enter the amount of funds transferred from the Prudent Reserve to the PEI Account.

Row 4, Column C: No entry. This amount is the sum of Row 4, Columns A-B. The amount will reflect as a negative amount.

Row 5, Column A: No entry. Data will autopopulate from Worksheet 3. CSS, Row 10, Column A.

Row 5, Column B: This cell is blank.

Row 5, Column C: No entry. Data will autopopulate from Row 5, Column A.

Row 6, Column A: This cell is blank.

Row 6, Column B: This cell is blank.

Row 6, Column C: No entry. Data will autopopulate from Worksheet 8. Adjustment (MHSA), Section Three, Row 1-30, Column D.

Row 7, Column A: This cell is blank.

Row 7, Column B: This cell is blank.

Row 7, Column C: No entry. This amount is the sum of Row 3, Column C, Row 4 Column C, Row 5 Column C, and Row 6 Column C.

Row 8, Column A: No entry. Data will autopopulate from the Worksheet 3. CSS and is the sum of Row 7 Column A, Row 8 Column A, Row 9 Column A, and Row 10 Column A. The amount will reflect as a negative amount.

Row 8, Column B: No entry. Data will auto populate from Worksheet 3. CSS, Row 7, Column A.

Row 8, Column C: No entry. Data will auto populate from Worksheet 3. CSS, Row 8, Column A.

Row 8, Column D: No entry. Data will auto populate from Worksheet 3. CSS, Row 9, Column A.

Row 8, Column E: No entry. Data will auto populate from Worksheet 3. CSS, Row 10, Column A.

Row 8, Column F: No entry. This amount is the sum of Row 8, Columns A-E.

Row 9, Column A: No entry. Data will auto populate from Worksheet 3. CSS, Row 13, Column A.

Row 9, Column B: No entry. Data will auto populate from Worksheet 4. PEI, Row 8, Column A.

Row 9, Column C: No entry. Data will auto populate from Worksheet 5. INN, Row 9, Column A.

Row 9, Column D: No entry. Data will auto populate from Worksheet 6. WET, Row 7, Column A.

Row 9, Column E: No entry. Data will auto populate from Worksheet 7. CFTN, Row 5, Column A.

Row 9, Column F: No entry. This amount is the sum of Row 9, Columns A-E.

Row 10, Column A: No entry. Data will auto populate from Worksheet 3. CSS, Row 13, Column B.

Row 10, Column B: No entry. Data will auto populate from Worksheet 4. PEI, Row 8, Column B.

Row 10, Column C: No entry. Data will auto populate from Worksheet 5. INN, Row 9, Column B.

Row 10, Column D: No entry. Data will auto populate from Worksheet 6. WET, Row 7, Column B.

Row 10, Column E: No entry. Data will auto populate from Worksheet 7. CFTN, Row 5, Column B.

Row 10, Column F: No entry. This amount is the sum of Row 10, Columns A-E.

Row 11, Column A: No entry. Data will auto populate from Worksheet 3. CSS, Row 13, Column C.

Row 11, Column B: No entry. Data will auto populate from Worksheet 4. PEI, Row 8, Column C.

Row 11, Column C: No entry. Data will auto populate from Worksheet 5. INN, Row 9, Column C.

Row 11, Column D: No entry. Data will auto populate from Worksheet 6. WET, Row 7, Column C.

Row 11, Column E: No entry. Data will auto populate from Worksheet 7. CFTN, Row 5, Column C.

Row 11, Column F: No entry. This amount is the sum of Row 11, Columns A-E.

Row 12, Column A: No entry. Data will auto populate from Worksheet 3. CSS, Row 13, Column D.

Row 12, Column B: No entry. Data will auto populate from Worksheet 4. PEI, Row 8, Column D.

Row 12, Column C: No entry. Data will auto populate from Worksheet 5. INN, Row 9, Column D.

Row 12, Column D: No entry. Data will auto populate from Worksheet 6. WET, Row 7, Column D.

Row 12, Column E: No entry. Data will auto populate from Worksheet 7. CFTN, Row 5, Column D.

Row 12, Column F: No entry. This amount is the sum of Row 12, Columns A-E.

Row 13, Column A: No entry. Data will auto populate from Worksheet 3. CSS, Row 13, Column E.

Row 13, Column B: No entry. Data will auto populate from Worksheet 4. PEI, Row 8, Column E.

Row 13, Column C: No entry. Data will auto populate from Worksheet 5. INN, Row 9, Column E.
Row 13, Column D: No entry. Data will auto populate from Worksheet 6. WET, Row 7, Column E.
Row 13, Column E: No entry. Data will auto populate from Worksheet 7. CFTN, Row 5, Column E.
Row 13, Column F: No entry. This amount is the sum of Row 13, Columns A-E.
Row 14, Column A: No entry. This amount is the sum of Rows 9-13, Column A.
Row 14, Column B: No entry. This amount is the sum of Rows 9-13, Column B.
Row 14, Column C: No entry. This amount is the sum of Rows 9-13, Column C.
Row 14, Column D: No entry. This amount is the sum of Rows 9-13, Column D.
Row 14, Column E: No entry. This amount is the sum of Rows 9-13, Column E.
Row 14, Column F: No entry. This amount is the sum of Row 9, Column A-E.

Row 15, Column A: No entry. This amount is the sum of Worksheet 3. CSS Row 1 Column A, Worksheet 4. PEI Row 1 Column A, Worksheet 5. INN Row 1 Column A, Worksheet 6. WET Row 1 Column A, and Worksheet 7. CFTN Row 1 Column A.

Row 16, Column A: No entry. This amount is the sum of Worksheet 3. CSS Row 2 Column A, Worksheet 4. PEI Row 2 Column A, Worksheet 5. INN Row 6 Column A, Worksheet 6. WET Row 2 Column A, and Worksheet 7. CFTN Row 2 Column A.

Row 17, Column A: No entry. This amount is the sum of Worksheet 3. CSS Row 3 Column A, Worksheet 4. PEI Row 3 Column A, Worksheet 5. INN Rows 2 and 5 Column A, Worksheet 6. WET Row 3 Column A, and Worksheet 7. CFTN Row 3 Column A.

Row 18, Column A: Enter the amount of WET Regional Partnership funds expended for goods or services during the reporting fiscal year.

Row 19, Column A: No entry. Data will auto populate from Worksheet 4. PEI, Section One, Row 4, Column A.

Row 20, Column A: Enter the amount of unencumbered MHSA Housing Program funds expended for goods or services, if applicable.

Row 21, Column A: Enter the total MHSA funds spent on mental health services provided to veterans for all programs and projects funded from the CSS, PEI, and INN accounts, combined. Enter \$0 if there were no MHSA funds spent to provide services to veterans. Counties do not need to report MHSA funds spent on mental health services for veterans separately by component.

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

County:

Date:

SECTION 1: Interest		A CSS	B PEI	C INN	D WET	E CFTN	F TOTAL
1	Component Interest Earned						\$0.00
2	Joint Powers Authority Interest Earned						\$0.00

SECTION 2: Prudent Reserve		A CSS	B PEI	C TOTAL
3	Local Prudent Reserve Beginning Balance			
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			\$0.00

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

SECTION 4: Program Expenditures and Sources of Funding		A CSS	B PEI	C INN	D WET	E CFTN	F TOTAL
9	MHSA Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	Medi-Cal FFP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	1991 Realignment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Behavioral Health Subaccount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

County:

Date:

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

County: No entry. This field will auto-populate from the Information worksheet.

Date: No entry. This field will auto-populate from the Information worksheet.

Row 1, Column A: Enter the amount of MHSA funds, including interest, expended for CSS Annual Planning.

Row 1, Column B: Enter the amount of Medi-Cal FFP funds expended for CSS Annual Planning.

Row 1, Column C: Enter the amount of 1991 Realignment funds expended for CSS Annual Planning.

Row 1, Column D: Enter the amount of Behavioral Health Subaccount funds expended for CSS Annual Planning.

Row 1, Column E: Enter the amount of Other funds expended for CSS Annual Planning. Other funds include funding from sources not otherwise identified such as from local General Fund or other local sources, or from sources such as Federal grants or other grants.

Row 1, Column F: No entry. This amount is the sum of Row 1, Columns A-E.

Row 2, Column A: Enter the amount of MHSA funds, including interest, expended for CSS Evaluation.

Row 2, Column B: Enter the amount of Medi-Cal FFP funds expended for CSS Evaluation.

Row 2, Column C: Enter the amount of 1991 Realignment funds expended for CSS Evaluation.

Row 2, Column D: Enter the amount of Behavioral Health subaccount funds expended for CSS Evaluation.

Row 2, Column E: Enter the amount of Other funds expended for CSS Evaluation.

Row 2, Column F: No entry. This amount is the sum of Row 2, Columns A-E.

Row 3, Column A: Enter the amount of MHSA funds, including interest, expended for CSS Administration. This amount should include direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are administrative costs that only benefit CSS programs or services. Indirect administrative costs are those administrative costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate allocation method to allocate indirect costs to the CSS Account. The share of costs attributed to the CSS Account should be in proportion to the extent the CSS programs or services benefit from the support activity. Counties must maintain proper documentation of the allocation methodology used to allocate indirect costs to administration of CSS programs or services. To avoid double-counting, do not include costs incurred as both Administration Costs and either Annual Planning Costs, Evaluation Costs or Program Expenditures.

Row 3, Column B: This cell is blank.

Row 3, Column C: This cell is blank.

Row 3, Column D: This cell is blank.

Row 3, Column E: This cell is blank.

Row 3, Column F: No entry. This amount is equal to Row 3, Column A.

Row 4, Column A: Enter the amount of MHSA funds, including interest, transferred to a Joint Powers Authority (JPA) for CSS programs.

Row 4, Column B: This cell is blank.

Row 4, Column C: This cell is blank.

Row 4, Column D: This cell is blank.

Row 4, Column E: This cell is blank.

Row 4, Column F: No entry. This amount is equal to Row 4, Column A.

Row 5, Column A: Enter the amount of MHSA funds, including interest, expended by a JPA on behalf of the County during the reporting fiscal year for authorized CSS goods or services. Funds reported here as transferred will not increase the Total CSS Expenditures (Row 12).

Row 5, Column B: This cell is blank.

Row 5, Column C: This cell is blank.

Row 5, Column D: This cell is blank.

Row 5, Column E: This cell is blank.

Row 5, Column F: No entry. This amount is equal to Row 5, Column A.

Row 6, Column A: Enter the amount of MHSA funds, including interest, transferred to CalHFA during the reporting fiscal year for the Special Needs Housing Program (SNHP). CalHFA operates the SNHP on behalf of jurisdictions throughout California. The SNHP allows local governments to use Mental Health Services Act (MHSA) funds and other local funds, as appropriate, to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness. Participation requires a completed SNHP Participation Agreement between CalHFA and the County.

Row 6, Column B: This cell is blank.

Row 6, Column C: This cell is blank.

Row 6, Column D: This cell is blank.

Row 6, Column E: This cell is blank.

Row 6, Column F: No entry. This amount is equal to Row 6, Column A.

Row 7, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to PEI during the reporting fiscal year.

Row 7, Column B: This cell is blank.

Row 7, Column C: This cell is blank.

Row 7, Column D: This cell is blank.

Row 7, Column E: This cell is blank.

Row 7, Column F: No entry. This amount is equal to Row 7, Column A.

Row 8, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to WET during the reporting fiscal year.

Row 8, Column B: This cell is blank.

Row 8, Column C: This cell is blank.

Row 8, Column D: This cell is blank.

Row 8, Column E: This cell is blank.

Row 8, Column F: No entry. This amount is equal to Row 8, Column A.

Row 9, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to CFTN during the reporting fiscal year.

Row 9, Column B: This cell is blank.

Row 9, Column C: This cell is blank.

Row 9, Column D: This cell is blank.

Row 9, Column E: This cell is blank.

Row 9, Column F: No entry. This amount is equal to Row 9, Column A.

Row 10, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to Prudent Reserve during the reporting fiscal year.

Row 10, Column B: This cell is blank.

Row 10, Column C: This cell is blank.

Row 10, Column D: This cell is blank.

Row 10, Column E: This cell is blank.

Row 10, Column F: No entry. This amount is equal to Row 10, Column A.

Row 11, Column A: No entry. This amount is equal to Rows 14-113, Column E.

Row 11, Column B: No entry. This amount is equal to Rows 14-113, Column F.

Row 11, Column C: No entry. This amount is equal to Rows 14-113, Column G.

Row 11, Column D: No entry. This amount is equal to Rows 14-113, Column H.

Row 11, Column E: No entry. This amount is equal to Rows 14-113, Column I.

Row 11, Column F: No entry. This amount is equal to the sum of Row 11, Columns A-E.

Row 12, Column A: No entry. This amount is equal to the sum of Rows 1-3 and 5-11, Column A.

Row 12, Column B: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column B.

Row 12, Column C: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column C.

Row 12, Column D: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column D.

Row 12, Column E: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column E.

Row 12, Column F: No entry. This amount is equal to the sum of Row 12, Columns A-E.

Row 13, Column A: No entry. This amount is equal to the sum of Rows 1-3, 5-6, and 11, Column A.

Row 13, Column B: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column B.

Row 13, Column C: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column C.

Row 13: Column D: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column D.

Row 13: Column E: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column E.

Row 13: Column F: No entry. This amount is equal to the sum of Row 13, Columns A-E.

Rows 14-113, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 14-113 Column B: Enter the Program name for each CSS program funded by the CSS Account. Program name must be consistent with Program Name provided in the most recent MHSA Three-Year Program and Expenditure Plan or Annual Update covering the same Fiscal Year. If a County has changed the name of a Program subsequent to publication of the relevant Three-Year Program and Expenditure Plan or Annual Update, the County must provide the name change on worksheet 10. Comments.

Rows 14-113, Column C: If the Program name is identical to the Program name reported in the prior year ARER or this is a new program this reporting year, no entry. If the Program name has changed from what was reported on the prior year ARER, enter the name used to identify this Program in the prior year ARER. If this program represents a combination of two or more programs formerly reported separately, or if this program was formerly combined with another Program, leave this field blank, but provide a comment on the Worksheet 10.

Rows 14-113, Column D: Selection only. Select the program type from the drop-down menu. Options are Full-Service Partnership (FSP) or non-Full-Service Partnership (Non-FSP). Non-FSP includes General System Development and Outreach and Engagement programs.

Rows 14-113, Column E: Enter the amount of MHSA funds, including Interest, expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column F: Enter the amount of Medi-Cal FFP funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column G: Enter the amount of 1991 Realignment funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column H: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column I: Enter the amount of Other funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column J: No entry. This field represents the sum of Rows 14-113, Columns E-I.

DHCS 1822 C (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
Community Services and Supports (CSS) Summary Worksheet

County:

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
	CSS Annual Planning Costs						\$0.00
2	CSS Evaluation Costs						\$0.00
3	CSS Administration Costs						\$0.00
4	CSS Funds Transferred to JPA						\$0.00
5	CSS Expenditures Incurred by JPA						\$0.00
6	CSS Funds Transferred to CalHFA						\$0.00
7	CSS Funds Transferred to PEI						\$0.00
8	CSS Funds Transferred to WET						\$0.00
9	CSS Funds Transferred to CFTN						\$0.00
10	CSS Funds Transferred to PR						\$0.00
11	CSS Program Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DHCS 1822 C (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
Community Services and Supports (CSS) Summary Worksheet

County:

Date:

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
	County Code	Program Name	Prior Program Name	Program Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
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
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 C (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
Community Services and Supports (CSS) Summary Worksheet

County:		Date:								
39										\$0.00
40										\$0.00
41										\$0.00
42										\$0.00
43										\$0.00
										\$0.00
										\$0.00
46										\$0.00
47										\$0.00
48										\$0.00
49										\$0.00
50										\$0.00
51										\$0.00
52										\$0.00
53										\$0.00
54										\$0.00
55										\$0.00
56										\$0.00
57										\$0.00
58										\$0.00
59										\$0.00
60										\$0.00
61										\$0.00
62										\$0.00
63										\$0.00

DHCS 1822 C (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
Community Services and Supports (CSS) Summary Worksheet

County:		Date:								
64										\$0.00
65										\$0.00
66										\$0.00
67										\$0.00
68										\$0.00
69										\$0.00
70										\$0.00
71										\$0.00
72										\$0.00
73										\$0.00
74										\$0.00
75										\$0.00
76										\$0.00
77										\$0.00
78										\$0.00
79										\$0.00
80										\$0.00
81										\$0.00
82										\$0.00
83										\$0.00
84										\$0.00
85										\$0.00
86										\$0.00
87										\$0.00
88										\$0.00

DHCS 1822 C (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
Community Services and Supports (CSS) Summary Worksheet

County:

Date:

89										\$0.00
90										\$0.00
91										\$0.00
92										\$0.00
93										\$0.00
										\$0.00
										\$0.00
96										\$0.00
97										\$0.00
98										\$0.00
99										\$0.00
100										\$0.00
101										\$0.00
102										\$0.00
103										\$0.00
104										\$0.00
105										\$0.00
106										\$0.00
107										\$0.00
108										\$0.00
109										\$0.00
110										\$0.00
111										\$0.00
112										\$0.00
113										\$0.00

County: No entry. This field will auto-populate from the Information worksheet.

Date: No entry. This field will auto-populate from the Information worksheet.

Row 1, Column A: Enter the amount of MHSA funds, including interest, expended for PEI Annual Planning.

Row 1, Column B: Enter the amount of Medi-Cal FFP funds expended for PEI Annual Planning.

Row 1, Column C: Enter the amount of 1991 Realignment funds expended for PEI Annual Planning.

Row 1, Column D: Enter the amount of Behavioral Health Subaccount funds expended for PEI Annual Planning.

Row 1, Column E: Enter the amount of Other funds expended for PEI Annual Planning. Other funds include funding from sources not otherwise identified such as from local General Fund or other local sources, or from sources such as Federal grants or other grants.

Row 1, Column F: No entry. This amount is the sum of Row 1, Columns A-E.

Row 2, Column A: Enter the amount of MHSA funds, including interest, expended for PEI Evaluation.

Row 2, Column B: Enter the amount of Medi-Cal FFP funds expended for PEI Evaluation.

Row 2, Column C: Enter the amount of 1991 Realignment funds expended for PEI Evaluation.

Row 2, Column D: Enter the amount of Behavioral Health Subaccount funds expended for PEI Evaluation.

Row 2, Column E: Enter the amount of Other funds expended for PEI Evaluation.

Row 2, Column F: No entry. This amount is the sum of Row 2, Columns A-E.

Row 3, Column A: Enter the amount of MHSA funds, including interest, expended for PEI Administration. This amount should include direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are administrative costs that only benefit PEI programs or services. Indirect administrative costs are those administrative costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate allocation method to allocate indirect costs to the PEI Account. The share of costs attributed to the PEI Account should be in proportion to the extent the PEI programs or services benefit from the support activity. Counties must maintain proper documentation of the allocation methodology used to allocate indirect costs to administration of PEI programs or services.

To avoid double-counting, do not include costs incurred as both Administration Costs and either Annual Planning Costs, Evaluation Costs or Program Expenditures.

Row 3, Column B: Enter the amount of Medi-Cal FFP funds expended for PEI Administration.

Row 3, Column C: Enter the amount of 1991 Realignment funds expended for PEI Administration.

Row 3, Column D: Enter the amount of Behavioral Health Subaccount funds expended for PEI Administration.

Row 3, Column E: Enter the amount of Other funds expended for PEI Administration.

Row 3, Column F: No entry. This amount is the sum of Row 3, Columns A-E.

Row 4, Column A: Enter the amount of MHSA funds, including interest, expended by CalMHSA on behalf of the County for authorized PEI Statewide Projects during the reporting fiscal year. PEI Statewide Project funding was made available to counties in FY 2008-09 through FY 2011-12. To avoid double counting, funds reported here as expended will not be included in Row 8, Column A. They are reported separately on Worksheet 2. Component Summary, Row 19, Column A.

Row 4, Column B: This cell is blank.

Row 4, Column C: This cell is blank.

Row 4, Column D: This cell is blank.

Row 4, Column E: This cell is blank.

Row 4, Column F: No entry. This amount is equal to Row 4, Column A.

Row 5, Column A: Enter the amount of MHSA funds, including interest, transferred to a Joint Powers Authority (JPA) for PEI programs.

Row 5, Column B: This cell is blank.

Row 5, Column C: This cell is blank.

Row 5, Column D: This cell is blank.

Row 5, Column E: This cell is blank.

Row 5, Column F: No entry. This amount is equal to Row 5, Column A.

Row 6, Column A: Enter the amount of MHSA funds, including interest, expended by a JPA on behalf of the County during the reporting fiscal year for authorized PEI programs. Transfers of MHSA PEI funds made to a JPA for State-Level Projects should not be reflected as PEI Funds Expended by CalMHSA for PEI Statewide (Row 4). Funds reported here as transferred will not increase the Total PEI Expenditures (Row 8).

Row 6, Column B: This cell is blank.

Row 6, Column C: This cell is blank.

Row 6, Column D: This cell is blank.

Row 6, Column E: This cell is blank.

Row 6, Column F: No entry. This amount is equal to Row 6, Column A.

Row 7, Column A: No entry. This amount is equal to the sum of Rows 10-109, Column J

Row 7, Column B: No entry. This amount is equal to the sum of Rows 10-109, Column K.

Row 7, Column C: No entry. This amount is equal to the sum of Rows 10-109, Column L.

Row 7, Column D: No entry. This amount is equal to the sum of Rows 10-109, Column M.

Row 7, Column E: No entry. This amount is equal to the sum of Rows 10-109, Column N.

Row 7, Column F: No entry. This amount is equal to the sum of Row 7, Columns A-E.

Row 8, Column A: No entry. This amount is equal to the sum of Rows 1-3 and 6-7, Column A.

Row 8, Column B: No entry. This amount is equal to the sum of Rows 1-3 and 6-7, Column B.

Row 8, Column C: No entry. This amount is equal to the sum of Rows 1-3 and 6-7, Column C.

Row 8, Column D: No entry. This amount is equal to the sum of Rows 1-3 and 6-7, Column D.

Row 8, Column E: No entry. This amount is equal to the sum of Rows 1-3 and 6-7, Column E.

Row 8, Column F: No entry. This amount is equal to the sum of Row 8, Columns A-E.

Row 9, Column A: No entry. This amount is equal to the sum of Rows 10-109, Column I divided by Row 8, Column A. Per California Code of Regulations (CCR), title 9, section 3706(a), counties are required to serve all ages in one or more PEI programs. Per section 3706(b), counties are required to use at least 51 percent of the Prevention and Early Intervention Fund to serve individuals who are 25 years old or younger. Per section 3760(c), programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting this requirement. A County with population under 200,000 that meets certain conditions may opt out of this requirement (CCR Title 9, Section 3706(d)).

Row 9, Column B: Enter the estimated percentage of funding reported in Row 6, Column A, that were expended in support of clients aged 25 and under.

Rows 10-109, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 10-109, Column B: Enter the Program name for each PEI program funded by the PEI Account. Program name must be consistent with Program Name provided in the most recent MHSA Three-Year Program and Expenditure Plan or Annual Update covering the same Fiscal Year. Each Standalone and Combined Program must have a unique name to ensure the calculation in Column H functions properly. If a County has changed the name of a Program subsequent to publication of the relevant Three-Year Program and Expenditure Plan or Annual Update, the County must provide the name change on worksheet 10. Comments.

Rows 10-109, Column C: If the Program name is identical to the Program name reported in the prior year ARER or this is a new program this reporting year, no entry. If the Program name has changed from what was reported on the prior year ARER, enter the name used to identify this Program in the prior year ARER. If this program represents a combination of two or more programs formerly reported separately, or if this program was formerly combined with another Program, leave this field blank, but provide a comment on the Worksheet 10.

Rows 10-109, Column D: Selection only. Select the program type. Options are Combined or Standalone. If the row data refers to a Program Activity within a Combined Program or to summary information for a Combined Program, select Combined.

Otherwise, select Standalone. Counties may combine an Early Intervention Program with a Prevention Program as long as the requirements in CCR, Sections 3710 and 3720 are met.

Rows 10-109, Column E: Selection only. Identify the program type for each program and program activity funded with PEI funds. Options include Early Intervention Program (CCR, Section 3710), Outreach for Increasing Recognition of Early Signs of Mental Illness (CCR Section 3715), Prevention Program (CCR Section 3720), Stigma and Discrimination Reduction Program (CCR Section 3725), Access and Linkage to Treatment Program (CCR Section 3726), Suicide Prevention Programs (CCR Section 3730), Improving Timely Access to Services for Underserved Populations (CCR 3735(a)(2)(A), or Combined Summary (CCR Section 3510.010(a)(1)(A)1. If the County provides for its Outreach for Increasing Recognition of Early Signs of Mental Illness Program through another MHSA component, explain on worksheet 10. Comments.

Rows 10-109, Column F: For Combined Programs, enter the name for each Program Activity row used to report data for the Combined Program. Do not enter data into this cell for Standalone programs and Combined Summary rows.

Rows 10-109, Column G: Enter an estimate of the percentage of MHSA PEI expenditures in a Combined Program dedicated to the selected Program Activity in the Program Type column (Column E). Enter a value between zero and 100. For Programs designated as Standalone in Column D, enter 100. Do not enter data in this column for rows identified as program summary rows. The sum of percentages reported for Program Activities in a Combined Program must equal 100.

Rows 10-109, Column H: Enter an estimate of the percentage of Total MHSA Fund program expenditures (Column J) dedicated to clients age 25 and under. Enter as a value between zero and 100. For Program Activities within a Combined Program, estimate the percentage of the Program Activity expenditures dedicated to serving clients age 25 and under. Leave blank if Column E is selected as Combined Summary.

Rows 10-109, Column I: No entry. The cell auto-populates from data entered in Column G and Column H. This cell displays the weighted average of the percentages reported for each of the Program Activities within the Combined Program. The weighted average is the sum of Columns G and H.

Rows 10-109, Column J: Enter the amount of MHSA PEI component funds, including interest, expended for goods and services delivered during the reporting year for each program. For a Combined Program, enter expenditure data only for the summary row (Program Type "Combined Summary" in Column E).

Rows 10-109, Column K: Enter the amount of Medi-Cal FFP funds expended for goods and services delivered during the reporting year for each program. For a Combined Program, enter expenditure data only for the summary row (Program Type "Combined Summary" in Column E).

Rows 10-109, Column L: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting year for each program. For a Combined Program, enter expenditure data only for the summary row (Program Type "Combined Summary" in Column E).

Rows 10-109, Column M: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting year for each program. For a Combined Program, enter expenditure data only for the summary row (Program Type "Combined Summary" in Column E).

Rows 10-109, Column N: Enter the amount of Other Funds expended for goods and services delivered during the reporting year for each program. For a Combined Program, enter expenditure data only for the summary row.

Rows 10-109, Column O: No entry. This amount is the sum of Columns J-N. The Column should be blank for program activity rows within a combined program.

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

County:

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						\$0.00
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total PEI Expenditures (Excluding Transfers and PEI Statewide)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION TWO

		A	B
		Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
9	MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	0%	

DHCS 1822 D (02/10)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
Prevention and Early Intervention (PEI) Summary Worksheet

County:

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	1091 Realignment	Behavioral Health Subaccount	Other	Grand Total
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
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

County: _____ Date: _____

DHCS 1822 D (02/10)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
Prevention and Early Intervention (PEI) Summary Worksheet

County:			Date:											
60														\$0.00
61														\$0.00
62														\$0.00
63														\$0.00
64														\$0.00
65														\$0.00
66														\$0.00
67														\$0.00
68														\$0.00
69														\$0.00
70														\$0.00
71														\$0.00
72														\$0.00
														\$0.00
														\$0.00
76														\$0.00
77														\$0.00
78														\$0.00
79														\$0.00
80														\$0.00
81														\$0.00
82														\$0.00
83														\$0.00
84														\$0.00

County: _____ Date: _____

[illegible]

County: No entry. This field will auto-populate from the Information worksheet.

Date: No entry. This field will auto-populate from the Information worksheet.

Row 1, Column A: Enter the amount of MHSA funds, including interest, expended for INN Annual Planning.

Row 1, Column B: Enter the amount of Medi-Cal FFP funds expended for INN Annual Planning.

Row 1, Column C: Enter the amount of 1991 Realignment funds expended for INN Annual Planning.

Row 1, Column D: Enter the amount of Behavioral Health Subaccount funds expended for INN Annual Planning.

Row 1, Column E: Enter the amount of Other funds expended for INN Annual Planning. Other funds include funding from sources not otherwise identified such as from local General Fund or other local sources, or from sources such as Federal grants or other grants.

Row 1, Column F: No entry. This amount is the sum of Row 1, Columns A-E.

Row 2, Column A: Enter the amount of MHSA funds, including interest, expended for INN Indirect Administration costs. Indirect administrative costs are those administrative costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate allocation method to allocate indirect costs to the INN Account. The share of costs attributed to the INN Account should be in proportion to the extent the INN projects or services benefit from the support activity. Counties must maintain proper documentation of the allocation methodology used to allocate indirect costs to administration of INN projects or services. To avoid double-counting, do not include costs incurred as both INN Indirect Administration Costs and either INN Project Administration, INN Project Evaluation or INN Project Direct Expenditures.

Row 2, Column B: Enter the amount of Medi-Cal FFP funds expended for INN Indirect Administration.

Row 2, Column C: Enter the amount of 1991 Realignment funds expended for INN Indirect Administration.

Row 2, Column D: Enter the amount of Behavioral Health subaccount funds expended for INN Indirect Administration.

Row 2, Column E: Enter the amount of Other funds expended for INN Indirect Administration.

Row 2, Column F: No entry. This amount is the sum of Row 2, Columns A-E.

Row 3, Column A: Enter the amount of MHSA funds, including interest, transferred to a Joint Powers Authority (JPA) for INN projects.

Row 3, Column B: This cell is blank.

Row 3, Column C: This cell is blank.

Row 3, Column D: This cell is blank.

Row 3, Column E: This cell is blank.

Row 3, Column F: No entry. This amount is equal to Row 3, Column A.

Row 4, Column A: Enter the amount of MHSA funds, including interest, expended by a JPA on behalf of the County during the reporting fiscal year for authorized INN projects. Funds reported here as transferred will not increase the Total INN Expenditures (Row 9).

Row 4, Column B: This cell is blank.

Row 4, Column C: This cell is blank.

Row 4, Column D: This cell is blank.

Row 4, Column E: This cell is blank.

Row 4, Column F: No entry. This amount is equal to Row 4, Column A.

Row 5, Column A: No entry. This amount is equal to the sum of Rows 10-34, Column I identified as Project Administration in Column H.

Row 5, Column B: No entry. This amount is equal to the sum of Rows 10-34, Column J identified as Project Administration in Column H.

Row 5, Column C: No entry. This amount is equal to the sum of Rows 10-34, Column K identified as Project Administration in Column H.

Row 5, Column D: No entry. This amount is equal to the sum of Rows 10-34, Column L identified as Project Administration in Column H.

Row 5, Column E: No entry. This amount is equal to the sum of Rows 10-34, Column M identified as Project Administration in Column H.

Row 5, Column F: No entry. This amount is equal to the sum of Row 5, Columns A-E.

Row 6, Column A: No entry. This amount is equal to the sum of Rows 10-34, Column I identified as Project Evaluation in Column H.

Row 6, Column B: No entry. This amount is equal to the sum of Rows 10-34, Column J identified as Project Evaluation in Column H.

Row 6, Column C: No entry. This amount is equal to the sum of Rows 10-34, Column K identified as Project Evaluation in Column H.

Row 6, Column D: No entry. This amount is equal to the sum of Rows 10-34, Column L identified as Project Evaluation in Column H.

Row 6, Column E: No entry. This amount is equal to the sum of Rows 10-34, Column M identified as Project Evaluation in Column H.

Row 6, Column F: No entry. This amount is equal to the sum of Row 6, Columns A-E.

Row 7, Column A: No entry. This amount is equal to the sum of Rows 10-34, Column I identified as Project Direct in Column H.

Row 7, Column B: No entry. This amount is equal to the sum of Rows 10-34, Column J identified as Project Direct in Column H.

Row 7, Column C: No entry. This amount is equal to the sum of Rows 10-34, Column K identified as Project Direct in Column H.

Row 7, Column D: No entry. This amount is equal to the sum of Rows 10-34, Column L identified as Project Direct in Column H.

Row 7, Column E: No entry. This amount is equal to the sum of Rows 10-34, Column M identified as Project Direct in Column H.

Row 7, Column F: No entry. This amount is equal to the sum of Rows 7, Columns A-E.

Row 8, Column A: No entry. This amount is equal to the sum of Rows 5-7, Column A.

Row 8, Column B: No entry. This amount is equal to the sum of Rows 5-7, Column B.

Row 8, Column C: No entry. This amount is equal to the sum of Rows 5-7, Column C.

Row 8, Column D: No entry. This amount is equal to the sum of Rows 5-7, Column D.

Row 8, Column E: No entry. This amount is equal to the sum of Rows 5-7, Column E.

Row 8, Column F: No entry. This amount is equal to the sum of Row 8, Columns A-E.

Row 9, Column A: No entry. This amount is equal to the sum of Rows 1-2 and 4-7, Column A.

Row 9, Column B: No entry. This amount is equal to the sum of Rows 1-2 and 5-7, Column B.

Row 9, Column C: No entry. This amount is equal to the sum of Rows 1-2 and 5-7, Column C.

Row 9, Column D: No entry. This amount is equal to the sum of Rows 1-2 and 5-7, Column D.

Row 9, Column E: No entry. This amount is equal to the sum of Rows 1-2 and 5-7, Column E.

Row 9, Column F: No entry. This amount is equal to the sum of Row 9, Columns A-E.

Rows 10A-34A, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 10A-34A, Column B: Enter the Program name for each INN project funded by the INN Account. Project name must be consistent with Project Name provided in the most recent MHSA Three-Year Program and Expenditure Plan or Annual Update covering the same Fiscal Year. If a County has changed the name of a Project subsequent to publication of the relevant Three-Year Program and Expenditure Plan or Annual Update, the County must provide the name change on worksheet 10. Comments.

Rows 10A-34A, Column C: If the Project name is identical to the Project name reported in the prior year ARER or this is a new program this reporting year, no entry. If the Project name has changed from what was reported on the prior year ARER, enter the name used to identify this Project in the prior year ARER. If this Project represents a combination of two or more Projects formerly reported separately, or if this Project was formerly combined with another Project leave this field blank, but provide a comment on the Worksheet 10.

Rows 10A-34A, Column D: Enter in the date of the MHSOAC meeting in which the MHSOAC initially approved the Project.

Rows 10A-34A, Column E: Enter in the start date for the Project. The start date is the date on which the County began implementing the project. INN projects are time-limited projects that can extend a maximum of five years from their respective Start Date. (California Code of Regulations, Title 9, Section 3910.010(a))

Rows 10A-34A, Column F: Enter the amount of MHSA INN funding the MHSOAC initially authorized for the Project on the date entered in Column E. Provide a comment in Worksheet 10. Comments explaining the amount authorized, including any specific MHSA INN allocations designed for expenditure in the approved project.

Rows 10A-34A, Column G: If the Project has not been amended, no entry. Otherwise, enter the additional amount of MHSA INN funding authorized by the MHSOAC for the Project through an amendment. The sum of Column F and Column G should equal the total amount the MHSOAC authorized for the Project through the amendment. Provide a comment in Worksheet 10. Comments explaining the additional amount authorized, including any specific MHSA INN allocations designed for expenditure in the approved project.

Rows 10A-34A, Column H: No entry.

Rows 10A-34A, Column I: Enter the amount of MHSA funds, including interest, expended for goods and services delivered during the reporting fiscal year for each Project, for Project Administration.

Rows 10A-34A, Column J: Enter the amount of Medi-Cal FFP funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Administration.

Rows 10A-34A, Column K: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Administration.

Rows 10A-34A, Column L: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Administration.

Rows 10A-34A, Column M: Enter the amount of Other funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Administration.

Rows 10A-34A, Column N: No entry. This amount is the sum of Rows 10A-34A, Columns I-M.

Rows 10B-34B, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 10B-34B, Column B: No entry. This data autopopulates from Rows 10A-34A, Column B.

Rows 10B-34B, Column C: No entry. This data autopopulates from Rows 10A-34A, Column C.

Rows 10B-34B, Column D: No entry. This data autopopulates from Rows 10A-34A, Column D.

Rows 10B-34B, Column E: No entry. This data autopopulates from Rows 10A-34A, Column E.

Rows 10B-34B, Column F: No entry. This data autopopulates from Rows 10A-34A, Column F.

Rows 10B-34B, Column G: No entry. This data autopopulates from Rows 10A-34A, Column G.

Rows 10B-34B, Column H: No entry.

Rows 10B-34B, Column I: Enter the amount of MHSA funds, including interest, expended for goods and services delivered during the reporting fiscal year for each Project, for Project Evaluation.

Rows 10B-34B, Column J: Enter the amount of Medi-Cal FFP funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Evaluation.

Rows 10B-34B, Column K: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Evaluation.

Rows 10B-34B, Column L: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Evaluation.

Rows 10B-34B, Column M: Enter the amount of Other funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Evaluation.

Rows 10B-34B, Column N: No entry. This amount is the sum of Rows 10B-34B, Columns I-M.

Rows 10C-34C, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 10C-34C, Column B: No entry. This data autopopulates from Rows 10A-34A, Column B.

Rows 10C-34C, Column C: No entry. This data autopopulates from Rows 10A-34A, Column C.

Rows 10C-34C, Column D: No entry. This data autopopulates from Rows 10A-34A, Column D.

Rows 10C-34C, Column E: No entry. This data autopopulates from Rows 10A-34A, Column E.

Rows 10C-34C, Column F: No entry. This data autopopulates from Rows 10A-34A, Column F.

Rows 10C-34C, Column G: No entry. This data autopopulates from Rows 10A-34A, Column G.

Rows 10C-34C, Column H: No entry.

Rows 10C-34C, Column I: Enter the amount of MHSA funds, including interest, expended for goods and services delivered during the reporting fiscal year for each Project, for Project Direct.

Rows 10C-34C, Column J: Enter the amount of Medi-Cal FFP funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Direct.

Rows 10C-34C, Column K: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Direct.

Rows 10C-34C, Column L: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Direct.

Rows 10C-34C, Column M: Enter the amount of Other funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Direct.

Rows 10C-34C, Column N: No entry. This amount is the sum of Rows 10C-34C, Columns I-M.

Rows 10D-34D, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 10D-34D, Column B: No entry. This data autopopulates from Rows 10A-34A, Column B.

Rows 10D-34D, Column C: No entry. This data autopopulates from Rows 10A-34A, Column C.

Rows 10D-34D, Column D: No entry. This data autopopulates from Rows 10A-34A, Column D.

Rows 10D-34D, Column E: No entry. This data autopopulates from Rows 10A-34A, Column E.

Rows 10D-34D, Column F: No entry. This data autopopulates from Rows 10A-34A, Column F.

Rows 10D-34D, Column G: No entry. This data autopopulates from Rows 10A-34A, Column G.

Rows 10D-34D, Column H: No entry.

Rows 10D-34D, Column I: No entry. This amount is the sum of Rows 10A-34A, Rows 10B-34B, Rows 10C-34C, Column I.

Rows 10D-34D, Column J: No entry. This amount is the sum of Rows 10A-34A, Rows 10B-34B, Rows 10C-34C, Column J.

Rows 10D-34D, Column K: No entry. This amount is the sum of Rows 10A-34A, Rows 10B-34B, Rows 10C-34C, Column K.

Rows 10D-34D, Column L: No entry. This amount is the sum of Rows 10A-34A, Rows 10B-34B, Rows 10C-34C, Column L.

Rows 10D-34D, Column M: No entry. This amount is the sum of Rows 10A-34A, Rows 10B-34B, Rows 10C-34C, Column M.

Rows 10D-34D, Column N: No entry. This amount is the sum of Rows 10D-34D, Columns I-M.

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

County:

Date:

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						\$0.00
3	INN Funds Transferred to JPA						\$0.00
	INN Expenditures Incurred by JPA						\$0.00
	INN Project Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	INN Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	INN Project Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	INN Project Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

County:

Date:

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 MHSA INN Project Budget	Amended MHSOAC-Authorized MHSA INN Project Budget	Project Expenditure Type	Total MHSA Funds (Including Interest)	Modi-Cal FFP	1991 Reallgnment	Behavioral Health Subaccount	Other
10	A								Project Administration					
10	B								Project Evaluation					
10	C								Project Direct					
10	D								Project Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	A													
	B													
	C													
	D									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	A													
12	B													
12	C													
12	D									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	A													
13	B													
13	C													
13	D									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	A													
14	B													
14	C													
14	D									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	A													
15	B													
15	C													
15	D									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DHCS 1822 E (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
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
17	A														
17	B														
17	C														
17	D									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	A														
18	B														
18	C														
	D									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	A														
	B														
19	C														
19	D									\$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
21	A														
21	B														
21	C														
21	D									\$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
23	A														
23	B														
23	C														
23	D									\$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
25	A														
25	B														
25	C														
25	D									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

County:		Date:												
26	A													
26	B													
26	C													
26	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	A													
27	B													
27	C													
27	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	A													
28	B													
28	C													
28	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29	A													
29	B													
29	C													
29	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	A													
30	B													
30	C													
30	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31	A													
31	B													
31	C													
31	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32	A													
32	B													
32	C													
32	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33	A													
33	B													
33	C													
33	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34	A													
34	B													
34	C													
34	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

County: No entry. This field will auto-populate from the Information worksheet.

Date: No entry. This field will auto-populate from the Information worksheet.

Row 1, Column A: Enter the amount of MHSA funds, including interest, expended for CSS Annual Planning.

Row 1, Column B: Enter the amount of Medi-Cal FFP funds expended for CSS Annual Planning.

Row 1, Column C: Enter the amount of 1991 Realignment funds expended for CSS Annual Planning.

Row 1, Column D: Enter the amount of Behavioral Health Subaccount funds expended for CSS Annual Planning.

Row 1, Column E: Enter the amount of Other funds expended for CSS Annual Planning. Other funds include funding from sources not otherwise identified such as from local General Fund or other local sources, or from sources such as Federal grants or other grants.

Row 1, Column F: No entry. This amount is the sum of Row 1, Columns A-E.

Row 2, Column A: Enter the amount of MHSA funds, including interest, expended for CSS Evaluation.

Row 2, Column B: Enter the amount of Medi-Cal FFP funds expended for CSS Evaluation.

Row 2, Column C: Enter the amount of 1991 Realignment funds expended for CSS Evaluation.

Row 2, Column D: Enter the amount of Behavioral Health subaccount funds expended for CSS Evaluation.

Row 2, Column E: Enter the amount of Other funds expended for CSS Evaluation.

Row 2, Column F: No entry. This amount is the sum of Row 2, Columns A-E.

Row 3, Column A: Enter the amount of MHSA funds, including interest, expended for CSS Administration. This amount should include direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are administrative costs that only benefit CSS programs or services. Indirect administrative costs are those administrative costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate allocation method to allocate indirect costs to the CSS Account. The share of costs attributed to the CSS Account should be in proportion to the extent the CSS programs or services benefit from the support activity. Counties must maintain proper documentation of the allocation methodology used to allocate indirect costs to administration of CSS programs or services. To avoid double-counting, do not include costs incurred as both Administration Costs and either Annual Planning Costs, Evaluation Costs or Program Expenditures.

Row 3, Column B: This cell is blank.

Row 3, Column C: This cell is blank.

Row 3, Column D: This cell is blank.

Row 3, Column E: This cell is blank.

Row 3, Column F: No entry. This amount is equal to Row 3, Column A.

Row 4, Column A: Enter the amount of MHSA funds, including interest, transferred to a Joint Powers Authority (JPA) for CSS programs.

Row 4, Column B: This cell is blank.

Row 4, Column C: This cell is blank.

Row 4, Column D: This cell is blank.

Row 4, Column E: This cell is blank.

Row 4, Column F: No entry. This amount is equal to Row 4, Column A.

Row 5, Column A: Enter the amount of MHSA funds, including interest, expended by a JPA on behalf of the County during the reporting fiscal year for authorized CSS goods or services. Funds reported here as transferred will not increase the Total CSS Expenditures (Row 12).

Row 5, Column B: This cell is blank.

Row 5, Column C: This cell is blank.

Row 5, Column D: This cell is blank.

Row 5, Column E: This cell is blank.

Row 5, Column F: No entry. This amount is equal to Row 5, Column A.

Row 6, Column A: Enter the amount of MHSA funds, including interest, transferred to CalHFA during the reporting fiscal year for the Special Needs Housing Program (SNHP). CalHFA operates the SNHP on behalf of jurisdictions throughout California. The SNHP allows local governments to use Mental Health Services Act (MHSA) funds and other local funds, as appropriate, to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness. Participation requires a completed SNHP Participation Agreement between CalHFA and the County.

Row 6, Column B: This cell is blank.

Row 6, Column C: This cell is blank.

Row 6, Column D: This cell is blank.

Row 6, Column E: This cell is blank.

Row 6, Column F: No entry. This amount is equal to Row 6, Column A.

Row 7, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to PEI during the reporting fiscal year.

Row 7, Column B: This cell is blank.

Row 7, Column C: This cell is blank.

Row 7, Column D: This cell is blank.

Row 7, Column E: This cell is blank.

Row 7, Column F: No entry. This amount is equal to Row 7, Column A.

Row 8, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to WET during the reporting fiscal year.

Row 8, Column B: This cell is blank.

Row 8, Column C: This cell is blank.

Row 8, Column D: This cell is blank.

Row 8, Column E: This cell is blank.

Row 8, Column F: No entry. This amount is equal to Row 8, Column A.

Row 9, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to CFTN during the reporting fiscal year.

Row 9, Column B: This cell is blank.

Row 9, Column C: This cell is blank.

Row 9, Column D: This cell is blank.

Row 9, Column E: This cell is blank.

Row 9, Column F: No entry. This amount is equal to Row 9, Column A.

Row 10, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to Prudent Reserve during the reporting fiscal year.

Row 10, Column B: This cell is blank.

Row 10, Column C: This cell is blank.

Row 10, Column D: This cell is blank.

Row 10, Column E: This cell is blank.

Row 10, Column F: No entry. This amount is equal to Row 10, Column A.

Row 11, Column A: No entry. This amount is equal to Rows 14-113, Column E.

Row 11, Column B: No entry. This amount is equal to Rows 14-113, Column F.

Row 11, Column C: No entry. This amount is equal to Rows 14-113, Column G.

Row 11, Column D: No entry. This amount is equal to Rows 14-113, Column H.

Row 11, Column E: No entry. This amount is equal to Rows 14-113, Column I.

Row 11, Column F: No entry. This amount is equal to the sum of Row 11, Columns A-E.

Row 12, Column A: No entry. This amount is equal to the sum of Rows 1-3 and 5-11, Column A.

Row 12, Column B: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column B.

Row 12, Column C: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column C.

Row 12, Column D: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column D.

Row 12, Column E: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column E.

Row 12, Column F: No entry. This amount is equal to the sum of Row 12, Columns A-E.

Row 13, Column A: No entry. This amount is equal to the sum of Rows 1-3, 5-6, and 11, Column A.

Row 13, Column B: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column B.

Row 13, Column C: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column C.

Row 13: Column D: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column D.

Row 13: Column E: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column E.

Row 13: Column F: No entry. This amount is equal to the sum of Row 13, Columns A-E.

Rows 14-113, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 14-113 Column B: Enter the Program name for each CSS program funded by the CSS Account. Program name must be consistent with Program Name provided in the most recent MHSA Three-Year Program and Expenditure Plan or Annual Update covering the same Fiscal Year. If a County has changed the name of a Program subsequent to publication of the relevant Three-Year Program and Expenditure Plan or Annual Update, the County must provide the name change on worksheet 10. Comments.

Rows 14-113, Column C: If the Program name is identical to the Program name reported in the prior year ARER or this is a new program this reporting year, no entry. If the Program name has changed from what was reported on the prior year ARER, enter the name used to identify this Program in the prior year ARER. If this program represents a combination of two or more programs formerly reported separately, or if this program was formerly combined with another Program, leave this field blank, but provide a comment on the Worksheet 10.

Rows 14-113, Column D: Selection only. Select the program type from the drop-down menu. Options are Full-Service Partnership (FSP) or non-Full-Service Partnership (Non-FSP). Non-FSP includes General System Development and Outreach and Engagement programs.

Rows 14-113, Column E: Enter the amount of MHSA funds, including Interest, expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column F: Enter the amount of Medi-Cal FFP funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column G: Enter the amount of 1991 Realignment funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column H: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column I: Enter the amount of Other funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column J: No entry. This field represents the sum of Rows 14-113, Columns E-I.

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

County:

Date:

SECTION ONE

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

SECTION TWO

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

F
Grand Total
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00

County: No entry. This field will auto-populate from the Information worksheet.

Date: No entry. This field will auto-populate from the Information worksheet.

Row 1, Column A: Enter the amount of MHSA funds, including interest, expended for CFTN Annual Planning.

Row 1, Column B: Enter the amount of Medi-Cal FFP funds expended for CFTN Annual Planning.

Row 1, Column C: Enter the amount of 1991 Realignment funds expended for CFTN Annual Planning.

Row 1, Column D: Enter the amount of Behavioral Health Subaccount funds expended for CFTN Annual Planning.

Row 1, Column E: Enter the amount of Other funds expended for CFTN Annual Planning. Other funds include funding from sources not otherwise identified such as from local General Fund or other local sources, or from sources such as Federal grants or other grants.

Row 1, Column F: No entry. This amount is the sum of Row 1, Columns A-E.

Row 2, Column A: Enter the amount of MHSA funds, including interest, expended for CFTN Evaluation.

Row 2, Column B: Enter the amount of Medi-Cal FFP funds expended for CFTN Evaluation.

Row 2, Column C: Enter the amount of 1991 Realignment funds expended for CFTN Evaluation.

Row 2, Column D: Enter the amount of Behavioral Health subaccount funds expended for CFTN Evaluation.

Row 2, Column E: Enter the amount of Other funds expended for CFTN Evaluation.

Row 2, Column F: No entry. This amount is the sum of Row 2, Columns A-E.

Row 3, Column A: Enter the amount of MHSA funds, including interest, expended for CFTN Administration. This amount should include direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are administrative costs that only benefit CFTN projects. Indirect administrative costs are those administrative costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate allocation method to allocate indirect costs to the CFTN Account. The share of costs attributed to the CFTN Account should be in proportion to the extent the CFTN project benefit from the support activity. Counties must maintain proper documentation of the allocation methodology used to allocate indirect costs to administration of CFTN projects. To avoid double-counting, do not include costs incurred as both Administration Costs and either Annual Planning Costs, Evaluation Costs or Project Expenditures.

Row 3, Column B: Enter the amount of Medi-Cal FFP funds expended for CFTN Administration.

Row 3, Column C: Enter the amount of 1991 Realignment funds expended for CFTN Administration.

Row 3, Column D: Enter the amount of Behavioral Health subaccount funds expended for CFTN Administration.

Row 3, Column E: Enter the amount of Other funds expended for CFTN Administration.

Row 3, Column F: No entry. This amount is the sum of Row 3, Columns A-E.

Row 4, Column A: Enter the amount of MHSA funds, including interest, transferred to a Joint Powers Authority (JPA) for CFTN projects.

Row 4, Column B: This cell is blank.

Row 4, Column C: This cell is blank.

Row 4, Column D: This cell is blank.

Row 4, Column E: This cell is blank.

Row 4, Column F: No entry. This amount is equal to Row 4, Column A.

Row 5, Column A: Enter the amount of MHSA funds, including interest, expended by a JPA on behalf of the County during the reporting fiscal year for authorized CFTN goods or services.

Row 5, Column B: This cell is blank.

Row 5, Column C: This cell is blank.

Row 5, Column D: This cell is blank.

Row 5, Column E: This cell is blank.

Row 5, Column F: No entry. This amount is equal to Row 5, Column A.

Row 6, Column A: No entry. This amount is the sum of Rows 8-27, Column E.

Row 6, Column B: No entry. This amount is the sum of Rows 8-27, Column F.

Row 6, Column C: No entry. This amount is the sum of Rows 8-27, Column G.

Row 6, Column D: No entry. This amount is the sum of Rows 8-27, Column H.

Row 6, Column E: No entry. This amount is the sum of Rows 8-27, Column I.

Row 6, Column F: No entry. This amount is the sum of Row 6, Columns A-E.

Row 7, Column A: No entry. This amount is the sum of Rows 1-3 and 5-6, Column A.

Row 7, Column B: No entry. This amount is the sum of Rows 1-3 and 6, Column B.

Row 7, Column C: No entry. This amount is the sum of Rows 1-3 and 6, Column C.

Row 7, Column D: No entry. This amount is the sum of Rows 1-3 and 6, Column D.

Row 7, Column E: No entry. This amount is the sum of Rows 1-3 and 6, Column E.

Row 7, Column F: No entry. This amount is the sum of Row 7, Columns A-E.

Rows 8-27, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 8-27, Column B: Enter the Project name for each CFTN project funded by the CFTN Account. Project name must be consistent with Project Name provided in the most recent MHSA Three-Year Program and Expenditure Plan or Annual Update covering the same Fiscal Year. If a County has changed the name of a Project subsequent to publication of the relevant Three-Year Program and Expenditure Plan or Annual Update, the County must provide the name change on worksheet 10. Comments.

Rows 8-27, Column C: If the Project name is identical to the Project name reported in the prior year ARER or this is a new project this reporting year, no entry. If the Project name has changed from what was reported on the prior year ARER, enter the name used to identify this Project in the prior year ARER. If this project represents a combination of two or more projects formerly reported separately, or if this program was formerly combined with another Project leave this field blank, but provide a comment on the Worksheet 10.

Rows 8-27, Column D: Selection Only. Select the Project Type. Options are Capital Facility or Technological Needs.

Rows 8-27, Column E: Enter the amount of MHSA funds, including interest, expended for goods and services delivered during the reporting fiscal year for CFTN.

Row 8-27, Column F: Enter the amount of MediCal FFP funds expended for goods and services delivered during the reporting fiscal year for CFTN.

Row 8-27, Column G: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for CFTN.

Row 8-27, Column H: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting fiscal year for CFTN.

Row 8-27, Column I: Enter the amount of Other funds expended for goods and services delivered during the reporting fiscal year for CFTN.

Row 8-27, Column J: No entry. This amount is the sum of Rows 8-27, Columns E-I.

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

County:

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
	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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Total CFTN Expenditures (Excluding Transfers to JPA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION TWO

A	B	C	D	E	F	G	H	I	J
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DHCS 1822 G (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:

Date:

#	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
										\$0.00
										\$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

County: No entry. This field will auto-populate from the Information worksheet.

Date: No entry. This field will auto-populate from the Information worksheet.

Rows 1-60, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 1-30, Column B: Selection only. Enter the Account for which the MHSA adjustment is being reported. Options include CSS, PEI, INN, WET, or CFTN.

Rows 1-30, Column C: Selection only. Enter the adjustment type. Options include expenditure or interest revenue.

Rows 1-30, Column D: Enter the Fiscal Year for which the adjustment is being reported.

Rows 1-30, Column E: Enter the amount of the adjustment. Enter a positive number to reflect an increase in MHSA expenditures or interest revenue and a negative number to reflect a decrease in MHSA expenditures or interest revenue.

Rows 1-30, Column F: Enter the reason for the adjustment.

Rows 31-60, Column B: No entry.

Rows 31-60, Column C: Enter the Fiscal Year for which the adjustment is being reported.

Rows 31-60, Column D: Enter the amount of the adjustment. Enter a positive number to reflect an increase to the Prudent Reserve and a negative number to reflect a decrease to the Prudent Reserve.

Rows 31-60, Column E: Enter the reason for the adjustment.

DHCS 1822 H (02/19)

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

Fiscal Year:

MHSA Adjustments Worksheet

County:

Date

SECTION ONE

	A	B	C	D	E	F
#	County Code	Account	Adjustment Type	Adjustment to Fiscal Year	Amount	Reason
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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27						
28						
29						
30						

DHCS 1822 H (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
MHSA Adjustments Worksheet

County:		Date	
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DHCS 1822 H (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
MHSA Adjustments Worksheet

County:

Date

SECTION TWO

	A	B	C	D	E
#	County Code	Account	Adjustment to Fiscal Year	Amount	Reason
31		Prudent Reserve			
32		Prudent Reserve			
33		Prudent Reserve			
34		Prudent Reserve			
35		Prudent Reserve			
36		Prudent Reserve			
37		Prudent Reserve			
38		Prudent Reserve			
39		Prudent Reserve			
40		Prudent Reserve			
41		Prudent Reserve			
42		Prudent Reserve			
43		Prudent Reserve			
44		Prudent Reserve			
45		Prudent Reserve			
46		Prudent Reserve			
		Prudent Reserve			
48		Prudent Reserve			
49		Prudent Reserve			
50		Prudent Reserve			
51		Prudent Reserve			
52		Prudent Reserve			
53		Prudent Reserve			
54		Prudent Reserve			
55		Prudent Reserve			
56		Prudent Reserve			
57		Prudent Reserve			
58		Prudent Reserve			
59		Prudent Reserve			
60		Prudent Reserve			

County: No entry. This field will auto-populate from the Information worksheet.

Date: No entry. This field will auto-populate from the Information worksheet.

Rows 1-40, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 1-40, Column B: Enter the fiscal year for which the County is entering an adjustment to the amount of MHSA funds expended due to a change in FFP revenue.

Rows 1-40, Column C: Selection only. Enter cost report stage. Options include Initial, Settled, Audited. Select Initial if the adjustment is due to a change to the amount of FFP revenue after the County filed its initial cost report for the Fiscal Year identified in Column B. Select Settled, if the adjustment is due to a change to the amount of FFP revenue after the Department completed its interim cost report settlement for the Fiscal Year identified in Column B. Select Audit, if the adjustment is due to a change to the amount of FFP revenue received after DHCS completed its audit of the cost report for the Fiscal Year identified in Column B.

Rows 1-40, Column D: Selection only. Enter the Account for which the MHSA adjustment is being reported. Options include CSS, PEI, INN, WET, or CFTN.

Rows 1-40, Column E: Enter the amount of MHSA funds expended for the component identified in Column D as reported in the ARER filed for the fiscal year identified in Column B.

Rows 1-40, Column F: Enter the amount of the MHSA expenditures to be adjusted. Enter a positive number to report an increase to MHSA expenditures and a negative number to report a decrease to MHSA expenditures.

Rows 1-40, Column G: No entry. This amount is the sum of Rows 1-40, Columns E-F.

DHCS 1822 I (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
FFP Revenue Adjustment Worksheet

County:

Date:

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 I (02/19)

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

Fiscal Year:

FFP Revenue Adjustment Worksheet

County:		Date:	
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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
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
39							\$0.00
40							\$0.00

County: No entry. This field will auto-populate from the Information worksheet.

Date: No entry. This field will auto-populate from the Information worksheet.

Rows 1-40, Column A: Selection only. Select the account for which the Comment is necessary.

Rows 1-40, Column B: Enter the Fiscal Year for which the Comment is necessary.

Rows 1-40, Column C: Enter the Comment.

DHCS 1822 J (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
Comments Worksheet

County:

Date:

	A	B	C
#	Account	Fiscal Year	Comments
1			
2			
3			
4			
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6			
7			
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10			
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12			
13			
14			
15			

DHCS 1822 J (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year:
Comments Worksheet

County:	
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Date:	
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16			
17			
18			
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20			
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