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DHCS 1822 A (02/19)

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

Fiscal Year: 2020-2021

Information Worksheet

1	Date:	6/30/2022
2	ARER Fiscal Year (20YY-YY):	2020-2021
3	County:	SISKIYOU
4	County Code:	47
5	Address:	2060 CAMPUS DRIVE
6	City:	YREKA
7	Zip:	96097
8	County Population: Over 200,000? (Yes or No)	No
9	Name of Preparer:	Rose Bullock
10	Title of Preparer:	Administrative Services Manager
11	Preparer Contact Email:	rbullock@co.siskiyou.ca.us
12	Preparer Contact Telephone:	(530) 841-4732

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 cell.

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

Row 5: Enter the administrative headquarters address for the County Mental Health or Behavioral Health D

Row 6: Enter the administrative headquarters city for the County Mental Health or Behavioral Health Depa

Row 7: Enter the administrative headquarters zip code for the County Mental Health or Behavioral Health

Row 8: No entry. This field will auto-populate "Yes" if the County's population is equal to or greater than 200,000. County's population is less than 200,000. Population data is available at: <http://dof.ca.gov/Forecasting/De>

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

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

Row 11: Enter the contact Email address of the person who prepared the ARER or is responsible for resp
the ARER.

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

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Component Summary Worksheet

County: SISKIYOU

Date: 6/30/2022

		A	B	C	D	E	F
SECTION 1: Interest		CSS	PEI	INN	WET	CFTN	TOTAL
1	Component Interest Earned	\$29,166.61	\$7,288.74	\$1,849.45	\$0.00	\$0.00	\$38,304.80
2	Joint Powers Authority Interest Earned						\$0.00

		A	B	C
SECTION 2: Prudent Reserve		CSS	PEI	TOTAL
3	Local Prudent Reserve Beginning Balance			\$692,430.95
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			-\$0.25
7	Local Prudent Reserve Ending Balance			\$692,430.70

		A	B	C	D	E	F
SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve		CSS	PEI	WET	CFTN	PR	TOTAL
8	Transfers	-\$147,372.00	\$0.00	\$22,372.00	\$125,000.00	\$0.00	\$0.00

		A	B	C	D	E	F
SECTION 4: Program Expenditures and Sources of Funding		CSS	PEI	INN	WET	CFTN	TOTAL
9	MHSA Funds	\$2,515,464.79	\$459,260.70	\$198,202.28	\$22,372.00	\$125,000.00	\$3,320,299.77
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	\$2,515,464.79	\$459,260.70	\$198,202.28	\$22,372.00	\$125,000.00	\$3,320,299.77

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		TOTAL
15	Total Annual Planning Costs	\$14,089.61
16	Total Evaluation Costs	\$0.00
17	Total Administration	\$234,794.81
18	Total WET RP	
19	Total PEI SW	\$3,925.40
20	Total MHSA HP	\$637,880.39
21	Total Mental Health Services For Veterans	\$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 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 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 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 debit to the Prudent Reserve.

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 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.

Row 8, Column A: No entry. Data will autopopulate from the Worksheet 3. CSS and is the sum of Row 7 C
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. Worksheet 5. INN Row 1 Column A, Worksheet 6. WET Row 1 Column A, and Worksheet 7. CFTN Row 1

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

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

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

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

Row 20, Column A: Enter the amount of unencumbered MHSA Housing Program funds expended for goods

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

DHCS 1822 C (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
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
1	CSS Annual Planning Costs	\$14,089.61				\$14,089.61
2	CSS Evaluation Costs	\$0.00				\$0.00
3	CSS Administration Costs	\$184,353.76				\$184,353.76
4	CSS Funds Transferred to JPA	\$0.00				\$0.00
5	CSS Expenditures Incurred by JPA	\$0.00				\$0.00
6	CSS Funds Transferred to CalHFA	\$0.00				\$0.00
7	CSS Funds Transferred to PEI	\$0.00				\$0.00
8	CSS Funds Transferred to WET	\$22,372.00				\$22,372.00
9	CSS Funds Transferred to CFTN	\$125,000.00				\$125,000.00
10	CSS Funds Transferred to PR	\$0.00				\$0.00
11	CSS Program Expenditures	\$2,317,021.42	\$0.00	\$0.00	\$0.00	\$2,317,021.42
12	Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$2,662,836.79	\$0.00	\$0.00	\$0.00	\$2,662,836.79
13	Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)	\$2,515,464.79	\$0.00	\$0.00	\$0.00	\$2,515,464.79

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	47	Adult and Older Adult Full Service Partnerships		FSP	\$666,164.65					\$666,164.65
15	47	Youth and Family Full Service Partnerships		FSP	\$435,462.40					\$435,462.40
16	47	Flex Funds		FSP	\$322,727.65					\$322,727.65
17	47	Wellness and Recovery Programs		FSP	\$251,202.48					\$251,202.48
18	47	Homeless Outreach		NON-FSP	\$1,875.00					\$1,875.00
19	47	Veterans Outreach and Engagement		NON-FSP	\$0.00					\$0.00
20	47	General System Development		NON-FSP	\$517,677.90					\$517,677.90
21	47	Crisis Intervention & Response		NON-FSP	\$98,097.36					\$98,097.36
22	47	Wellness and Recovery Programs		NON-FSP	\$15,104.51					\$15,104.51
23	47	Community Outreach		NON-FSP	\$7,239.47					\$7,239.47
24	47	Day Reporting Center		NON-FSP	\$1,470.00					\$1,470.00
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

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 funds not otherwise identified such as from local General Fund or other local sources, or from sources such as Federal 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 includes direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are those 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 must be in proportion to the extent the CSS programs or services benefit from the support activity. Counties must maintain documentation of the allocation methodology used to allocate indirect costs to administration of CSS programs or services. Do not double-counting, do not include costs incurred as both Administration Costs and either Annual Planning Costs, Evaluation 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 for the reporting fiscal year for authorized CSS goods or services. Funds reported here as transferred will not increase total 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 and allows local governments to use Mental Health Services Act (MHSA) funds and other local funds, as appropriate, 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 WEI 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 CFT 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 Pr 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 by the County Name entered on Worksheet 1, Information, Row 3. The County Code corresponds to the numeric ID 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 MHPA 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 Program and Expenditure Plan or Annual Update, the County must provide the name change on worksheet 10. (Worksheet 10)

Rows 14-113, Column C: If the Program name is identical to the Program name reported in the prior year ARER, no entry. If the Program name has changed from what was reported on the prior year ARER, enter the new 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 and add 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 programs.

Rows 14-113, Column E: Enter the amount of MHPA 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 D (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Prevention and Early Intervention (PEI) Summary Worksheet

County: SISKIYOU 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					\$0.00
2 PEI Evaluation Costs	\$0.00					\$0.00
3 PEI Administration Costs	\$16,237.77					\$16,237.77
4 PEI Funds Expended by CalMHSA for PEI Statewide	\$3,925.40					\$3,925.40
5 PEI Funds Transferred to JPA	\$10,000.00					\$10,000.00
6 PEI Expenditures Incurred by JPA	\$0.00					\$0.00
7 PEI Program Expenditures	\$443,022.93	\$0.00	\$0.00	\$0.00	\$0.00	\$443,022.93
8 Total PEI Expenditures (Excluding Transfers and PEI Statewide)	\$459,260.70	\$0.00	\$0.00	\$0.00	\$0.00	\$459,260.70

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	88.70%	

DHCS 1822 D (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Prevention and Early Intervention (PEI) Summary Worksheet

County: SISKIYOU SISKIYOU Date: 6/30/2022

SECTION THREE

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	County Code	Program Name	Prior Program Name	Combined/Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	47	FRC/CRC's Family & Adult Programs		Standalone	Prevention		100%	62%	62.0%	\$71,052.75					\$71,052.75
11	47	Summer/After-school Programs		Standalone	Prevention		100%	100%	100.0%	\$15,500.00					\$15,500.00
12	47	Youth Programs		Standalone	Prevention		100%	100%	200.0%	\$50,600.00					\$50,600.00
13	47	Family and Adult Programs		Standalone	Prevention		100%	0%	0.0%	\$0.00					\$0.00
14	47	Youth Mental Health First Aid - Lotus		Standalone	Suicide Prevention		100%	0%	0.0%	\$3,500.00					\$3,500.00
15	47	School Programs		Standalone	Prevention		100%	100%	100.0%	\$16,000.00					\$16,000.00
16	47	Writing from the heart		Standalone	SDR		100%	0%	0.0%	\$7,704.00					\$7,704.00
17	47	Writing from the heart (YHS Class)		Standalone	Prevention		100%	100%	100.0%	\$5,778.00					\$5,778.00
18	47	Rural Youth Media Outreach Program		Standalone	SDR		100%	100%	100.0%	\$14,000.00					\$14,000.00
19	47	Challenge Day - YHS		Standalone	SDR		100%	100%	100.0%	\$0.00					\$0.00
20	47	Healthy Siskiyou Mobile Unit		Standalone	Access and Linkage		100%	14%	14.0%	\$7,239.48					\$7,239.48
21	47	Latino Outreach, Translation and Peer		Standalone	Access and Linkage		100%	2%	2.0%	\$25,052.20					\$25,052.20
22	47	FRC's/CRC's SDR		Standalone	SDR		100%	50%	50.0%	\$87,296.50					\$87,296.50
23	47	Adult Mental Health First Aid - Lotus		Standalone	Early Intervention		100%	50%	50.0%	\$6,500.00					\$6,500.00
24	47	Early Screenings		Standalone	Early Intervention		100%	0%	149.0%	\$28,000.00					\$28,000.00
25	47	FRC's/CRC's Referrals & Access		Standalone	Access & Linkage		100%	100%	100.0%	\$82,800.00					\$82,800.00
26	47	Early Screenings		Standalone	Early Intervention		100%	49%	149.0%	\$2,000.00					\$2,000.00
27	47	Early Screenings		Standalone	Early Intervention		100%	100%	149.0%	\$10,000.00					\$10,000.00
28	47	Youth Programs		Standalone	Prevention		100%	100%	200.0%	\$10,000.00					\$10,000.00
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: 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 those otherwise identified such as from local General Fund or other local sources, or from sources such as Federal 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 includes direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are those that benefit PEI programs or services. Indirect administrative costs are those administrative costs that are incurred for the purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate method to allocate indirect costs to the PEI Account. The share of costs attributed to the PEI Account should be proportional to the extent the PEI programs or services benefit from the support activity. Counties must maintain proper documentation of the methodology used to allocate indirect costs to administration of PEI programs or services. To avoid double counting, costs incurred as both Administration Costs and either Annual Planning Costs, Evaluation Costs or Program Costs should be reported only once.

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 PEI Statewide Projects during the reporting fiscal year. PEI Statewide Project funding was made available through FY 2011-12. To avoid double counting, funds reported here as expended will not be included in PEI Statewide Project funding 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 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 reporting fiscal year for authorized PEI programs. Transfers of MHSA PEI funds made to a JPA for State-L reflected as PEI Funds Expended by CalMHSA for PEI Statewide (Row 4). Funds reported here as transferred 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, Code of Regulations (CCR), title 9, section 3706(a), counties are required to serve all ages in one or more 3706(b), counties are required to use at least 51 percent of the Prevention and Early Intervention Fund to 25 years old or younger. Per section 3760(c), programs that serve parents, caregivers, or family members MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as m County with population under 200,000 that meets certain conditions may opt out of this requirement (CCR

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

Rows 10-109, Column A: No entry. This field auto-populates as the County enters expenditure data and is the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the num 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. Prog consistent with Program Name provided in the most recent MHSA Three-Year Program and Expenditure P covering the same Fiscal Year. Each Standalone and Combined Program must have a unique name to en Column H functions properly. If a County has changed the name of a Program subsequent to publication of Program and Expenditure Plan or Annual Update, the County must provide the name change on workshee

Rows 10-109, Column C: If the Program name is identical to the Program name reported in the prior year for this program this reporting year, no entry. If the Program name has changed from what was reported on the prior year, enter the program 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 and add a comment on the Worksheet 10.

Rows 10-109, Column D: Selection only. Select the program type. Options are Combined or Standalone. If the program is a Program Activity within a Combined Program or to summary information for a Combined Program, select Combined. If the program is Standalone, select Standalone. Counties may combine an Early Intervention Program with a Prevention Program as long as the CCR, Sections 3710 and 3720 are met.

Rows 10-109, Column E: Selection only. Identify the program type for each program and program activity. 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 3727), Improving Timely Access to Services for Underserved Populations (CCR 3735(a)(2)(A), or Combined Summary Program (CCR 3510.010(a)(1)(A)). If the County provides for its Outreach for Increasing Recognition of Early Signs of Mental Illness 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 identify 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 for the selected Program Activity in the Program Type column (Column E). Enter a value between zero and 100. If the program is Standalone in Column D, enter 100. Do not enter data in this column for rows identified as program summary. The 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 for clients age 25 and under. Enter as a value between zero and 100. For Program Activities within a Combined Program, enter the percentage of the Program Activity expenditures dedicated to serving clients age 25 and under. Leave blank for Standalone and Combined Summary.

Rows 10-109, Column I: No entry. The cell auto-populates from data entered in Column G and Column H. It is a weighted average of the percentages reported for each of the Program Activities within the Combined Program. The 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 program activities 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 within a combined program.

DHCS 1822 E (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
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				\$0.00
2	INN Indirect Administration	\$12,494.61				\$12,494.61
3	INN Funds Transferred to JPA	\$0.00				\$0.00
4	INN Expenditures Incurred by JPA	\$0.00				\$0.00
5	INN Project Administration	\$21,708.67	\$0.00	\$0.00	\$0.00	\$21,708.67
6	INN Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	INN Project Direct	\$163,999.00	\$0.00	\$0.00	\$0.00	\$163,999.00
8	INN Project Subtotal	\$185,707.67	\$0.00	\$0.00	\$0.00	\$185,707.67
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$198,202.28	\$0.00	\$0.00	\$0.00	\$198,202.28

DHCS 1822 E (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Innovation (INN) Summary Worksheet

County: SISKIYOU

Date: 6/30/2022

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)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other
10	A	47	INTEGRATED CARE PROJECT	HEALTH CARE C	2/25/2016	2/25/2016	\$1,229,038.00		Project Administration	\$18,829.57				
10	B	47	INTEGRATED CARE PROJECT	HEALTH CARE C	2/25/2016	2/25/2016	\$1,229,038.00		Project Evaluation					
10	C	47	INTEGRATED CARE PROJECT	HEALTH CARE C	2/25/2016	2/25/2016	\$1,229,038.00		Project Direct	\$20,244.00				
10	D	47	INTEGRATED CARE PROJECT	HEALTH CARE C	2/25/2016	2/25/2016	\$1,229,038.00		Project Subtotal	\$39,073.57	\$0.00	\$0.00	\$0.00	\$0.00
11	A	47	MULTI-COUNTY FULL SERVICE PARTNERSHIP PROJECT		6/5/2020	7/1/2020	\$700,001.00		Project Administration	\$2,879.10				
11	B	47	MULTI-COUNTY FULL SERVICE PARTNERSHIP PROJECT		6/5/2020	7/1/2020	\$700,001.00		Project Evaluation					
11	C	47	MULTI-COUNTY FULL SERVICE PARTNERSHIP PROJECT		6/5/2020	7/1/2020	\$700,001.00		Project Direct	\$143,755.00				
11	D	47	MULTI-COUNTY FULL SERVICE PARTNERSHIP PROJECT		6/5/2020	7/1/2020	\$700,001.00		Project Subtotal	\$146,634.10	\$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

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 those funds that are otherwise identified such as from local General Fund or other local sources, or from sources such as Federal 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. Administrative costs are those administrative costs that are incurred for a common or joint purpose and cannot be allocated to benefiting only one MHSA component. Counties must use an appropriate allocation method to allocate indirect administrative costs to the INN Account. The share of costs attributed to the INN Account should be in proportion to the extent the INN project or service benefits from the support activity. Counties must maintain proper documentation of the allocation methodology used for the allocation to administration of INN projects or services. To avoid double-counting, do not include costs incurred as both Direct Administrative Costs and either INN Project Administration, INN Project Evaluation or INN Project Direct Expenses.

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.

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 reporting fiscal year for authorized INN projects. Funds reported here as transferred will not increase the Total (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 H.

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

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

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

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

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

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

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

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

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

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

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

Row 7, Column E: No entry. This amount is equal to the sum of Rows 10-34, Column M identified as Project 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 identifies the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the number 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 most recent Program and Expenditure Plan or Annual Update, the County must provide the name change on worksheet 10.

Rows 10A-34A, Column C: If the Project name is identical to the Project name reported in the prior year ARER program this reporting year, no entry. If the Project name has changed from what was reported on the prior year ARER, enter the Project name used to identify this Project in the prior year ARER. If this Project represents a combination of two or more projects reported separately, or if this Project was formerly combined with another Project leave this field blank, but enter "0" on 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 project begins. INN projects are time-limited projects that can extend a maximum of five years from their respective start dates (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. This amount is 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 is the total amount the MHSOAC authorized for the Project through the amendment. Provide a comment in Worksheet 10 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 information on Worksheet 1. Information, Row 3. The County Code corresponds to the number assigned 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 identifies the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the number 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 identifies the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the number 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.

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

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

DHCS 1822 F (02/19)

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

Fiscal Year: 2020-2021

Workforce Education and Training (WET) Summary Worksheet

County: SISKIYOU

Date: 6/30/2022

SECTION ONE

			A	B	C	D	E	F
			Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	WET Annual Planning Costs		\$0.00					\$0.00
2	WET Evaluation Costs		\$0.00					\$0.00
3	WET Administration Costs		\$0.00					\$0.00
4	WET Funds Transferred to JPA		\$0.00					\$0.00
5	WET Expenditures Incurred by JPA		\$0.00					\$0.00
6	WET Program Expenditures		\$22,372.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,372.00
7	Total WET Expenditures (Excluding Transfers to JPA)		\$22,372.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,372.00

SECTION TWO

#	A County Code	B Funding Category	C Total MHSA Funds (Including Interest)	D Medi-Cal FFP	E 1991 Realignment	F Behavioral Health Subaccount	G Other	H Grand Total
8		Workforce Staffing						\$0.00
9	47	Training/Technical Assistance	\$22,372.00					\$22,372.00
10		Mental Health Career Pathways						\$0.00
11		Residency/Internship						\$0.00
12		Financial Incentive						\$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 MHPA funds, including interest, expended for WET Annual Planning.

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

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

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

Row 1, Column E: Enter the amount of Other funds expended for WET Annual Planning. Other funds include but are not otherwise identified such as from local General Fund or other local sources, or from sources such as federal 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 MHPA funds, including interest, expended for WET Evaluation.

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

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

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

Row 2, Column E: Enter the amount of Other funds expended for WET 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 MHPA funds, including interest, expended for WET Administration. This amount should include direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are those costs that only benefit WET programs or services. Indirect administrative costs are those administrative costs that are shared for a common or joint purpose and cannot be readily identified as benefiting only one MHPA component. County should use an appropriate allocation method to allocate indirect costs to the WET Account. The share of costs attributed to WET should be in proportion to the extent the WET programs or services benefit from the support activity. County should maintain documentation of the allocation methodology used to allocate indirect costs to administration of WET programs. To avoid double-counting, do not include costs incurred as both Administration Costs and either Annual Planning Costs or Program Expenditures.

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

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

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

Row 3, Column E: Enter the amount of Other funds expended for WET 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 MHPA funds, including interest, transferred to a Joint Powers Authority for WET 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 MHPA funds, including interest, expended by a JPA on behalf of the County for the reporting fiscal year for authorized WET 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 8-12, Column C.

Row 6, Column B: No entry. This amount is the sum of Rows 8-12, Column D.

Row 6, Column C: No entry. This amount is the sum of Rows 8-12, Column E.

Row 6, Column D: No entry. This amount is the sum of Rows 8-12, Column F.

Row 6, Column E: No entry. This amount is the sum of Rows 8-12, Column G.

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.

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

Row 8, Column B: No entry.

Row 8, Column C: Enter the amount of MHSA funds, including interest, expended for goods and services delivered during the reporting fiscal year for Workforce Staffing.

Row 8, Column D: Enter the amount of MediCal FFP funds expended for goods and services delivered during the reporting fiscal year for Workforce Staffing.

Row 8, Column E: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for Workforce Staffing.

Row 8, Column F: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting fiscal year for Workforce Staffing.

Row 8, Column G: Enter the amount of Other funds expended for goods and services delivered during the reporting fiscal year for Workforce Staffing.

Row 8, Column H: No entry. This amount is the sum of Row 8, Columns C-G.

Row 9, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined by the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric code for the County in the Data Collection and Reporting system.

Row 9, Column B: No entry.

Row 9, Column C: Enter the amount of MHSA funds, including interest, expended for goods and services delivered during the reporting fiscal year for Training/Technical Assistance.

Row 9, Column D: Enter the amount of MediCal FFP funds expended for goods and services delivered during the reporting fiscal year for Training/Technical Assistance.

Row 9, Column E: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for Training/Technical Assistance.

Row 9, Column F: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting fiscal year for Training/Technical Assistance.

Row 9, Column G: Enter the amount of Other funds expended for goods and services delivered during the reporting fiscal year for Training/Technical Assistance.

Row 9, Column H: No entry. This amount is the sum of Row 9, Columns C-G.

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

Row 10, Column B: No entry.

Row 10, Column C: Enter the amount of MHSA funds, including interest, expended for goods and services delivered during the reporting fiscal year for Mental Health Career Pathways.

Row 10, Column D: Enter the amount of MediCal FFP funds expended for goods and services delivered during the reporting fiscal year for Mental Health Career Pathways.

Row 10, Column E: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for Mental Health Career Pathways.

Row 10, Column F: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting fiscal year for Mental Health Career Pathways.

Row 10, Column G: Enter the amount of Other funds expended for goods and services delivered during the reporting fiscal year for Mental Health Career Pathways.

Row 10, Column H: No entry. This amount is the sum of Row 10, Columns C-G.

Row 11, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined by the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric code for the County in the Data Collection and Reporting system.

Row 11, Column B: No entry.

Row 11, Column C: Enter the amount of MHSA funds, including interest, expended for goods and services delivered during the reporting fiscal year for Residency/Internship.

Row 11, Column D: Enter the amount of MediCal FFP funds expended for goods and services delivered during the reporting fiscal year for Residency/Internship.

Row 11, Column E: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for Residency/Internship.

Row 11, Column F: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting fiscal year for Residency/Internship.

Row 11, Column G: Enter the amount of Other funds expended for goods and services delivered during the reporting fiscal year for Residency/Internship.

Row 11, Column H: No entry. This amount is the sum of Row 11, Columns C-G.

Row 12, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined by the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric code for the County in the Data Collection and Reporting system.

Row 12, Column B: No entry.

Row 12, Column C: Enter the amount of MHSA funds, including interest, expended for goods and services delivered during the reporting fiscal year for Financial Incentives.

Row 12, Column D: Enter the amount of MediCal FFP funds expended for goods and services delivered during the reporting fiscal year for Financial Incentives.

Row 12, Column E: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for Financial Incentives.

Row 12, Column F: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting fiscal year for Financial Incentives.

Row 12, Column G: Enter the amount of Other funds expended for goods and services delivered during the reporting fiscal year for Financial Incentives.

Row 12, Column H: No entry. This amount is the sum of Row 12, Columns C-G.

DHCS 1822 G (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
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
1	CFTN Annual Planning Costs	\$0.00				\$0.00
2	CFTN Evaluation Costs	\$0.00				\$0.00
3	CFTN Administration Costs	\$0.00				\$0.00
4	CFTN Funds Transferred to JPA	\$0.00				\$0.00
5	CFTN Expenditures Incurred by JPA	\$0.00				\$0.00
6	CFTN Project Expenditures	\$125,000.00	\$0.00	\$0.00	\$0.00	\$125,000.00
7	Total CFTN Expenditures (Excluding Transfers to JPA)	\$125,000.00	\$0.00	\$0.00	\$0.00	\$125,000.00

SECTION TWO

#	A	B	C	D	E	F	G	H	I	J
#	County Code	Project Name	Prior Project Name	Project Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8	47	CONT HEALTH RECORD MAINTENANCE		Technological Need	\$125,000.00					\$125,000.00
9										\$0.00
10										\$0.00
11										\$0.00
12										\$0.00
13										\$0.00
14										\$0.00
15										\$0.00
16										\$0.00
17										\$0.00
18										\$0.00
19										\$0.00
20										\$0.00
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.

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 but are not otherwise identified such as from local General Fund or other local sources, or from sources such as federal 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. Direct administrative costs include direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are those costs that only benefit CFTN projects. Indirect administrative costs are those administrative costs that are incurred for a common purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate method to allocate indirect costs to the CFTN Account. The share of costs attributed to the CFTN Account is based on the extent the CFTN project benefit from the support activity. Counties must maintain proper documentation of the methodology used to allocate indirect costs to administration of CFTN projects. To avoid double-counting, indirect costs are not to be incurred as both Administration Costs and either Annual Planning Costs, Evaluation Costs or Project Expenses.

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 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 for 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 the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric code for 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 with Project Name provided in the most recent MHSA Three-Year Program and Expenditure Plan or Annual Update for the same Fiscal Year. If a County has changed the name of a Project subsequent to publication of the relevant 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 reporting year, no entry. If the Project name has changed from what was reported on the prior year ARER, identify this Project in the prior year ARER. If this project represents a combination of two or more projects reported separately, or if this program was formerly combined with another Project leave this field blank, but provide comments on Worksheet 10.

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

Rows 8-27, Column E: Enter the amount of MHSA funds, including interest, expended for goods and services 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 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 H (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
MHSA Adjustments Worksheet

County: SISKIYOU

Date: 6/30/2022

SECTION ONE

#	A County Code	B Account	C Adjustment Type	D Adjustment to Fiscal Year	E Amount	F Reason
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
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26						
27						
28						
29						

DHCS 1822 H (02/19)

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

Fiscal Year: 2020-2021

MHSA Adjustments Worksheet

County:	SISKIYOU	Date	6/30/2022
30			

DHCS 1822 H (02/19)

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

Fiscal Year: 2020-2021

MHSA Adjustments Worksheet

County:	SISKIYOU
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Date	6/30/2022
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DHCS 1822 H (02/19)

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

Fiscal Year: 2020-2021

MHSA Adjustments Worksheet

County: SISKIYOU

Date: 6/30/2022

SECTION TWO

#	A County Code	B Account	C Adjustment to Fiscal Year	D Amount	E Reason
31	47	Prudent Reserve	19/20	-\$0.25	Prudent Reserve ending balance for FY19-20 is off by .25 due to rounding
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			
47		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			

DHCS 1822 H (02/19)

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

Fiscal Year: 2020-2021

MHSA Adjustments Worksheet

County:	SISKIYOU	Date	6/30/2022
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 1-60, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined by the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric code for 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 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 expenditure 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 in expenditure 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 I (02/19)

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

Fiscal Year: 2020-2021

FFP Revenue Adjustment Worksheet

County:

Date:

SECTION ONE

#	A County Code	B Adjustment to FY	C Cost Report Stage	D Account	E Beginning Balance	F Adjustment Amount	G Ending Balance
1							\$0.00
2							\$0.00
3							\$0.00
4							\$0.00
5							\$0.00
6							\$0.00
7							\$0.00
8							\$0.00
9							\$0.00
10							\$0.00
11							\$0.00
12							\$0.00
13							\$0.00
14							\$0.00
15							\$0.00

DHCS 1822 I (02/19)

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

Fiscal Year: 2020-2021

FFP Revenue Adjustment Worksheet

County:	SISKIYOU	Date:	6/30/2022
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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

DHCS 1822 I (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
FFP Revenue Adjustment Worksheet

County: SISKIYOU **Date:** 6/30/2022

40							\$0.00
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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 by the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric code for 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 FFP revenue 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 cost report settlement for the Fiscal Year identified in Column B. Select Audit, if the adjustment is due to a change in 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 MESA adjustment is being reported. Options include PEI, INN, WET, or CFTN.

Rows 1-40, Column E: Enter the amount of MESA funds expended for the component identified in Column D. Enter a positive number for an increase to MESA expenditures and a negative number for a decrease to MESA expenditures. ARER filed for the fiscal year identified in Column B.

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

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

DHCS 1822 J (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Comments Worksheet

County: SISKIYOU

Date: 6/30/2022

	A	B	C
#	Account	Fiscal Year	Comments
1			
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DHCS 1822 J (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Comments Worksheet

County: SISKIYOU

Date: 6/30/2022

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DHCS 1822 J (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Comments Worksheet

County: SISKIYOU

Date: 6/30/2022

39			
40			

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.

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Info County Code	Info Population	CSS_Service_Category	PEI_Combined_Standalone	PEI_Program_Type	INN_Expenditure_Type	WET_Funding_Category	CFTN_Project_Type	Adjustment_MHSA_Component	MHSA_Adjustment_FY	FFP_Adjustment_FY	Adjustment_Reason	Cost_Report_Stage		
2	Alameda	01	Yes	FSP	Combined	Prevention	Project	Workforce Staffing	Capital Facility	CSS	FY 2015-16	FY 2009-10	Cost Report Reconciliation	Audited	
3	Alpine	02	No	Non-FSP	Standalone	Early Intervention	Project Administration	Training/Technical Assistance	Technological Need	PEI	FY 2016-17	FY 2010-11	Cost Report Audit	Settled	
4	Amador	03				Outreach	Project Evaluation	MH Career Pathways		INN		FY 2011-12	SDMC Chart Audit	Initial	
5	Berkeley City	65				Stigma & Discrimination Reduction		Residency/Internship		WET		FY 2012-13	Local Quality Assurance Audit		
6	Butte	04				Suicide Prevention		Financial Incentive		CFTN		FY 2013-14	Error		
7	Calaveras	05				Access and Linkage				WET RP		FY 2014-15	Other		
8	Colusa	06				Improving Timely Access				PEI SW		FY 2015-16			
9	Contra Costa	07				Combined Summary				MHSA HP		FY 2016-17			
10	Del Norte	08								Prudent Reserve					
11	El Dorado	09													
12	Fresno	10													
13	Glenn	11													
14	Humboldt	12													
15	Imperial	13													
16	Inyo	14													
17	Kern	15													
18	Kings	16													
19	Lake	17													
20	Lassen	18													
21	Los Angeles	19													
22	Madera	20													
23	Marin	21													
24	Mariposa	22													
25	Mendocino	23													
26	Merced	24													
27	Modoc	25													
28	Mono	26													
29	Monterey	27													
30	Napa	28													
31	Nevada	29													
32	Orange	30													
33	Placer	31													
34	Plumas	32													
35	Riverside	33													
36	Sacramento	34													
37	San Benito	35													
38	San Bernardino	36													
39	San Diego	37													
40	San Francisco	38													
41	San Joaquin	39													
42	San Luis Obispo	40													
43	San Mateo	41													
44	Santa Barbara	42													
45	Santa Clara	43													
46	Santa Cruz	44													
47	Shasta	45													
48	Sierra	46													
49	Siskiyou	47													
50	Solano	48													
51	Sonoma	49													
52	Stanislaus	50													
53	Sutter/Yuba	63													
54	Tehama	52													
55	Tri-City	66													
56	Trinity	53													
57	Tulare	54													
58	Tuolumne	55													
59	Ventura	56													
60	Yolo	57													

	A	B	C	D	E	F	G
1				About the Data			
2	E-1: State/County Population Estimates with Annual Percent Change						
3	January 1, 2017 and 2018						
4							
5	State/County	Total Population	1/1/2018	Percent Change	County Population: Over 200,000? (Yes or No)		
6		1/1/2017	1/1/2018				
7							
8	California	39,500,973	39,809,693	0.8			
9							
10	Alameda	1,646,405	1,660,202	0.8	Yes		
11	Alpine	1,156	1,154	-0.2	No		
12	Amador	38,382	38,094	-0.8	No		
13	Butte	226,403	227,621	0.5	Yes		
14	Calaveras	45,175	45,157	0.0	No		
15	Colusa	22,050	22,098	0.2	No		
16	Contra Costa	1,139,313	1,149,363	0.9	Yes		
17	Del Norte	27,060	27,221	0.6	No		
18	El Dorado	186,223	188,399	1.2	No		
19	Fresno	995,233	1,007,229	1.2	Yes		
20	Glenn	28,730	28,796	0.2	No		
21	Humboldt	136,430	136,002	-0.3	No		
22	Imperial	187,921	190,624	1.4	No		
23	Inyo	18,598	18,577	-0.1	No		
24	Kern	896,101	905,801	1.1	Yes		
25	Kings	149,559	151,662	1.4	No		
26	Lake	64,740	65,081	0.5	No		
27	Lassen	30,661	30,911	0.8	No		
28	Los Angeles	10,231,271	10,283,729	0.5	Yes		
29	Madera	156,963	158,894	1.2	No		
30	Marin	263,262	263,886	0.2	Yes		
31	Mariposa	18,137	18,129	0.0	No		
32	Mendocino	89,092	89,299	0.2	No		
33	Merced	275,104	279,977	1.8	Yes		
34	Modoc	9,562	9,612	0.5	No		
35	Mono	13,759	13,822	0.5	No		
36	Monterey	442,149	443,281	0.3	Yes		
37	Napa	141,784	141,294	-0.3	No		
38	Nevada	98,613	99,155	0.5	No		
39	Orange	3,198,968	3,221,103	0.7	Yes		
40	Placer	383,173	389,532	1.7	Yes		
41	Plumas	19,818	19,773	-0.2	No		
42	Riverside	2,382,640	2,415,955	1.4	Yes		
43	Sacramento	1,513,415	1,529,501	1.1	Yes		
44	San Benito	56,879	57,088	0.4	No		
45	San Bernardino	2,155,590	2,174,938	0.9	Yes		
46	San Diego	3,309,509	3,337,456	0.8	Yes		
47	San Francisco	874,008	883,963	1.1	Yes		
48	San Joaquin	747,263	758,744	1.5	Yes		
49	San Luis Obispo	279,210	280,101	0.3	Yes		
50	San Mateo	770,256	774,155	0.5	Yes		
51	Santa Barbara	450,025	453,457	0.8	Yes		
52	Santa Clara	1,937,473	1,956,598	1.0	Yes		
53	Santa Cruz	276,504	276,864	0.1	Yes		
54	Shasta	178,148	178,271	0.1	No		
55	Sierra	3,203	3,207	0.1	No		
56	Siskiyou	44,655	44,612	-0.1	No		
57	Solano	436,640	439,793	0.7	Yes		
58	Sonoma	504,613	503,332	-0.3	Yes		
59	Stanislaus	549,976	555,624	1.0	Yes		
60	Sutter	96,919	97,238	0.3	No		
61	Tehama	63,949	64,039	0.1	No		
62	Trinity	13,634	13,635	0.0	No		
63	Tulare	470,716	475,834	1.1	Yes		
64	Tuolumne	54,725	54,740	0.0	No		
65	Ventura	855,910	859,073	0.4	Yes		
66	Yolo	218,673	221,270	1.2	Yes		
67	Yuba	74,645	74,727	0.1	No		
68							
69	Sutter/Yuba	171,564	171,965		No		
70	Berkeley City	120,700	121,874	1	No		
71	Tri-City	224,180	225,393		Yes		
72							
73	Claremont	36,293	36,446	0.4			
74	La Verne	33,169	33,260	0.3			
75	Pomona	154,718	155,687	0.6			
76							
77							
78	Department of Finance						
79	Demographic Research Unit						
80	Phone: (916) 323-4086						

	A	B	C	D	E	F	G
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82	For more information: http://www.dof.ca.gov/research/demographic/reports/estimates/e-1/view.php						
83	Released on May 1, 2017						