

DHCS 1822 A (02/19)

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

**Fiscal Year: 2019-20**

**Information Worksheet**

1	Date:	12/15/2020
2	ARER Fiscal Year (20YY-YY):	2019-20
3	County:	Kings
4	County Code:	16
5	Address:	460 Kings County Dr. Suite 101
6	City:	Hanford
7	Zip:	93274
8	County Population: Over 200,000? (Yes or No)	No
9	Name of Preparer:	Matthew Boyett
10	Title of Preparer:	Fiscal Analyst
11	Preparer Contact Email:	matthew.boyett@co.kings.ca.us
12	Preparer Contact Telephone:	559.852.2438

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.

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/Estima>

to inquiries about the ARER.

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.

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Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2019-20  
Component Summary Worksheet

County: Kings

Date: 12/15/2020

		A	B	C	D	E	F
<b>SECTION 1: Interest</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CFTN</b>	<b>TOTAL</b>
1	Component Interest Earned	\$116,902.89	\$0.00	\$61,277.77	\$0.00	\$30,742.68	\$208,923.34
2	Joint Powers Authority Interest Earned						\$0.00

		A	B	C
<b>SECTION 2: Prudent Reserve</b>		<b>CSS</b>	<b>PEI</b>	<b>TOTAL</b>
3	Local Prudent Reserve Beginning Balance			\$2,138,118.00
4	Transfer from Local Prudent Reserve	\$438,191.40	\$515,129.28	-\$953,320.68
5	CSS Funds Transferred to Local Prudent Reserve	\$0.00		\$0.00
6	Local Prudent Reserve Adjustments			\$0.00
7	Local Prudent Reserve Ending Balance			\$1,184,797.32

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

		A	B	C	D	E	F
<b>SECTION 4: Program Expenditures and Sources of Funding</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CFTN</b>	<b>TOTAL</b>
9	MHSA Funds	\$8,091,725.13	\$1,169,675.87	\$487,428.54	\$0.00	\$1,092,624.83	\$10,841,454.37
10	Medi-Cal FFP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	1991 Realignment	\$886,473.59	\$0.00	\$0.00	\$0.00	\$0.00	\$886,473.59
12	Behavioral Health Subaccount	\$0.00	\$7,002.32	\$0.00	\$0.00	\$0.00	\$7,002.32
13	Other	\$1,152,513.74	\$711,578.17	\$0.00	\$0.00	\$0.00	\$1,864,091.91
14	<b>TOTAL</b>	<b>\$10,130,712.46</b>	<b>\$1,888,256.36</b>	<b>\$487,428.54</b>	<b>\$0.00</b>	<b>\$1,092,624.83</b>	<b>\$13,599,022.19</b>

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SECTION 5: Miscellaneous MHSA Costs and Expenditures		A
		TOTAL
15	Total Annual Planning Costs	\$0.00
16	Total Evaluation Costs	\$159,370.00
17	Total Administration	\$407,705.13
18	Total WET RP	\$0.00
19	Total PEI SW	\$95,895.70
20	Total MHSA HP	\$0.00
21	Total Mental Health Services For Veterans	\$100,306.91

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

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

the CSS Account.

the PEI Account.

the INN Account.

the WET Account.

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

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

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

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

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

Row 2, Column E: Enter the amount of interest earned on MHS 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.

Account.

Account.

reflect as a negative amount.

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 (MHS),

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.

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.

A.

A.

A.

A.

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

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.

A.

A.

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

B.

B.

B.

B.

Column B.

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

C.

C.

C.

C.

Column C.

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

D.

D.

D.

D.

Column D.

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

E.

E.

E.

E.

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 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 veteran

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**Fiscal Year: 2019-20**  
**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	\$0.00				\$0.00	
2	CSS Evaluation Costs	\$119,590.00				\$119,590.00	
3	CSS Administration Costs	\$237,504.95	\$886,473.59		\$697,195.32	\$1,821,173.86	
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	\$7,734,630.18	\$0.00	\$0.00	\$0.00	\$455,318.42	\$8,189,948.60
12	<b>Total CSS Expenditures (Excluding Funds Transferred to JPA)</b>	<b>\$8,091,725.13</b>	<b>\$0.00</b>	<b>\$886,473.59</b>	<b>\$0.00</b>	<b>\$1,152,513.74</b>	<b>\$10,130,712.46</b>
13	<b>Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)</b>	<b>\$8,091,725.13</b>	<b>\$0.00</b>	<b>\$886,473.59</b>	<b>\$0.00</b>	<b>\$1,152,513.74</b>	<b>\$10,130,712.46</b>



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**SECTION TWO**

#	A County Code	B Program Name	C Prior Program Name	D Program Type	E Total MHSA Funds (Including Interest)	F Medi-Cal FFP	G 1991 Realignment	H Behavioral Health Subaccount	I Other	J Grand Total
14	16	Wraparound Services-Children/TAY FSP		FSP	\$1,792,384.52					\$1,792,384.52
15	16	Parent-Child Interaction Therapy (PCIT)		Non-FSP	\$500.73					\$500.73
16	16	Intensive Case Management/Outpatient Prog.		FSP	\$1,557,229.77				\$455,318.42	\$2,012,548.19
17	16	Assertive Community Treatment		FSP	\$928,039.53					\$928,039.53
18	16	Full Service Partnership for Adults/Older Adults		FSP	\$1,519,051.44					\$1,519,051.44
19	16	Collaborative Justice Treatment Court		Non-FSP	\$378,335.95					\$378,335.95
20	16	MH Services for Domestic Violence Survivors		Non-FSP	\$188,817.08					\$188,817.08
21	16	KARELink		Non-FSP	\$1,166,282.43					\$1,166,282.43
22	16	Outreach and Engagement	O&E Multi-Service Centers	Non-FSP	\$149,990.23					\$149,990.23
23	16	CSS MHSA Housing Program Assigned Funds		Non-FSP	\$53,998.50					\$53,998.50
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

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Date: 12/15/2020

39											\$0.00
40											\$0.00
41											\$0.00
42											\$0.00
43											\$0.00
44											\$0.00
45											\$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

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Date: 12/15/2020

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

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**Fiscal Year: 2019-20**  
**Community Services and Supports (CSS) Summary Worksheet**

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Date: 12/15/2020

89										\$0.00
90										\$0.00
91										\$0.00
92										\$0.00
93										\$0.00
94										\$0.00
95										\$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.

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.

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 gr

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 co

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 Expend

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 a

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

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

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

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 D (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
Fiscal Year: 2019-20  
Prevention and Early Intervention (PEI) Summary Worksheet

County: Kings Kings

Date: 12/15/2020

**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
3 PEI Administration Costs	\$0.00			\$7,002.32	\$603,056.58	\$610,058.90
4 PEI Funds Expended by CalMHSA for PEI Statewide	\$95,895.70					\$95,895.70
5 PEI Funds Transferred to JPA						\$0.00
6 PEI Expenditures Incurred by JPA						\$0.00
7 PEI Program Expenditures	\$1,169,675.87	\$0.00	\$0.00	\$0.00	\$108,521.59	\$1,278,197.46
8 Total PEI Expenditures (Excluding Transfers and PEI Statewide)	\$1,169,675.87	\$0.00	\$0.00	\$7,002.32	\$711,578.17	\$1,888,256.36

**SECTION TWO**

	A	B
	Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
9 MHA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHA PEI Expenditures	41.66%	0.00%



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**Fiscal Year: 2019-20**  
**Prevention and Early Intervention (PEI) Summary Worksheet**

County: Kings Kings

Date: 12/15/2020

**SECTION THREE**

#	A County Code	B Program Name	C Prior Program Name	D Combined/Standalone Program	E Program Type	F Program Activity Name (in Combined Program)	G Subtotal Percentage for Combined Program	H Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	I Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	J Total MHSA Funds (Including Interest)	K Medi-Cal FFP	L 1991 Realignment	M Behavioral Health Subaccount	N Other
10	16	School Based Services		Standalone	Prevention		100%	100%	100.0%	\$144,897.93				
11	16	Therapeutic Activity Groups		Standalone	Prevention		100%	0%	0.0%	\$0.00				
12	16	Truancy Intervention Program		Standalone	Prevention		100%	100%	100.0%	\$87,602.35				
13	16	Early Intervention Clinical Services		Standalone	Early Intervention		100%	100%	100.0%	\$163,656.93				
14	16	Senior Access for Engagement		Standalone	Access and Linkage		100%	0%	0.0%	\$145,228.41				\$108,521.59
15	16	Respite for Caregivers		Standalone	Access and Linkage		100%	0%	0.0%	\$53,109.00				
16	16	Prevention and Wellness		Standalone	Prevention		100%	5%	5.0%	\$211,448.24				
17	16	Outreach and Engagement/Training		Standalone	Outreach		100%	0%	0.0%	\$6,603.60				
18	16	Community Wide Engagement		Standalone	Outreach		100%	1%	1.0%	\$94,669.79				
19	16	Stigma and Discrimination Reduction		Standalone	Stigma & Discrimination Reduction		100%	16%	16.0%	\$94,217.58				
20	16	Access and Linkage		Standalone	Access and Linkage		100%	35%	35.0%	\$117,216.19				
21	16	Suicide Prevention		Standalone	Suicide Prevention		100%	46%	46.0%	\$51,025.85				
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DHCS 1822 D (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2019-20**  
**Prevention and Early Intervention (PEI) Summary Worksheet**

County: Kings Kings Date: 12/15/2020

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DHCS 1822 D (02/19)  
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2019-20  
Prevention and Early Intervention (PEI) Summary Worksheet

County: Kings Kings Date: 12/15/2020

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O
<b>Grand Total</b>
\$144,897.93
\$0.00
\$87,602.35
\$163,656.93
\$253,750.00
\$53,109.00
\$211,448.24
\$6,603.60
\$94,669.79
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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.

Annual Planning.

Planning.

Planning.

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 gr

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

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.

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 co

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

Administration.

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 200

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 r

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 se

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 identif

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 Fis

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 na

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, selec

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 Illn

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 Stan

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 per

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

Rows 10-109, Column J: Enter the amount of MESA 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

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

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

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 "Comb  
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 E (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2019-20**  
**Innovation (INN) Summary Worksheet**

County: Kings

Date: 12/15/2020

**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					\$0.00
3	INN Funds Transferred to JPA					\$0.00
4	INN Expenditures Incurred by JPA					\$0.00
5	INN Project Administration	\$170,200.18	\$0.00	\$0.00	\$0.00	\$170,200.18
6	INN Project Evaluation	\$39,780.00	\$0.00	\$0.00	\$0.00	\$39,780.00
7	INN Project Direct	\$277,448.36	\$0.00	\$0.00	\$0.00	\$277,448.36
8	INN Project Subtotal	\$487,428.54	\$0.00	\$0.00	\$0.00	\$487,428.54
9	<b>Total Innovation Expenditures (Excluding Transfers to JPA)</b>	<b>\$487,428.54</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$487,428.54</b>

DHCS 1822 E (02/19)  
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2019-20  
Innovation (INN) Summary Worksheet

County: Kings

Date: 12/15/2020

**SECTION TWO**

#	A	B	C	D	E	F	G	H	I	J	K	L	M
	County Code	Project Name	Prior Project Name	Project MHSOAC Approval Date	Project Start Date	MHSOAC-Authorized MHSOAC INN Project Budget	Amended MHSOAC-Authorized MHSOAC INN Project Budget	Project Expenditure Type	Total MHSOAC Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other
10	A	16 MOST		9/27/2018	12/19/2018	\$1,663,631.00		Project Administration	\$170,200.18				
10	B	16 MOST		9/27/2018	12/19/2018	\$1,663,631.00		Project Evaluation	\$39,780.00				
10	C	16 MOST		9/27/2018	12/19/2018	\$1,663,631.00		Project Direct	\$277,448.36				
10	D	16 MOST		9/27/2018	12/19/2018	\$1,663,631.00		Project Subtotal	\$487,428.54	\$0.00	\$0.00	\$0.00	\$0.00
11	A												
11	B												
11	C												
11	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: 2019-20  
Innovation (INN) Summary Worksheet

County: Kings Date: 12/15/2020

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													
18	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	A													
19	B													
19	C													
19	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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: 2019-20**  
**Innovation (INN) Summary Worksheet**

**County:** Kings **Date:** 12/15/2020

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.

Annual Planning.

Planning.

Planning.

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 gr

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 identif

Administration.

Administration.

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 (R

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

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 Fi

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 n 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

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 all

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

Rows 10A-34A, Column H: No entry.  
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.  
and services delivered during the reporting fiscal year for each Project, for Project Administration.

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

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.

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.  
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

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.

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.  
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

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.

34B, Rows 10C-34C, Column I.

34B, Rows 10C-34C, Column J.

34B, Rows 10C-34C, Column K.

34B, Rows 10C-34C, Column L.

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 F (02/19)

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

**Fiscal Year: 2019-20**

**Workforce Education and Training (WET) Summary Worksheet**

County: Kings

Date: 12/15/2020

**SECTION ONE**

	A	B	C	D	E
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other
1	\$0.00				
2					
3	\$0.00				
4					
5					
6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	\$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

alth Care Services

---

---

F
<b>Grand Total</b>
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
<b>\$0.00</b>

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

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

Annual Planning.

Planning.

Planning.

WET Annual Planning.

Row 1, Column E: Enter the amount of Other funds expended for WET 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 gr

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

Evaluation.

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

Evaluation.

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 MHSA 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 administrative co

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

Administration.

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 MHSA funds, including interest, transferred to a Joint Powers Authority (JPA) 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 MHSA funds, including interest, expended by a JPA on behalf of the County during 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 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

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 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

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 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

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.



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 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

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 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

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: 2019-20**  
**Capital Facility Technological Needs (CFTN) Summary Worksheet**

County: Kings

Date: 12/15/2020

**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
3	CFTN Administration Costs	\$0.00					\$0.00
4	CFTN Funds Transferred to JPA						\$0.00
5	CFTN Expenditures Incurred by JPA						\$0.00
6	CFTN Project Expenditures	\$1,092,624.83	\$0.00	\$0.00	\$0.00	\$0.00	\$1,092,624.83
7	<b>Total CFTN Expenditures (Excluding Transfers to JPA)</b>	<b>\$1,092,624.83</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,092,624.83</b>

**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: 2019-20**  
**Capital Facility Technological Needs (CFTN) Summary Worksheet**

County: Kings

Date: 12/15/2020

#	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	16	Kings View Remodel		Capital	\$954,109.00					\$954,109.00
9	16	E H R Record Implementatuon & Maint		Tech.	\$138,515.83					\$138,515.83
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.

Annual Planning.

Planning.

Planning.

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 g

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

Evaluation.

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

Evaluation.

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 c

Administration.

Administration.

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

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 Fis

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

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

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 H (02/19)

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

**Fiscal Year: 2019-20**

**MHSA Adjustments Worksheet**

County: Kings

Date: 12/15/2020

**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						
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10						
11						
12						
13						
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15						
16						
17						
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19						
20						
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22						
23						
24						
25						
26						
27						
28						
29						
30						

DHCS 1822 H (02/19)

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

**Fiscal Year: 2019-20**

**MHSA Adjustments Worksheet**

<b>County:</b>	Kings
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<b>Date</b>	12/15/2020
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DHCS 1822 H (02/19)

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

**Fiscal Year: 2019-20**

**MHSA Adjustments Worksheet**

County: Kings

Date: 12/15/2020

**SECTION TWO**

#	A County Code	B Account	C Adjustment to Fiscal Year	D Amount	E 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			
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			
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 according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify

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.  
or interest revenue.

Rows 1-30, Column D: Enter the Fiscal Year for which the adjustment is being reported.  
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.  
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 I (02/19)

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

**Fiscal Year: 2019-20**

**FFP Revenue Adjustment Worksheet**

County: Kings

Date: 12/15/2020

**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: 2019-20**

**FFP Revenue Adjustment Worksheet**

**County:** Kings

**Date:** 12/15/2020

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: 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

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.

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 i

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. 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 J (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2019-20**  
**Comments Worksheet**

**County:** Kings

**Date:** 12/15/2020

	A	B	C
#	Account	Fiscal Year	Comments
1	prudent reserve	19/20	MHSA Flexibility for local need
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

DHCS 1822 J (02/19)

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

**Fiscal Year: 2019-20**

**Comments Worksheet**

**County:** Kings

**Date:** 12/15/2020

16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
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.