DHCS 1822 A (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Information Worksheet

1	Date:	1/31/2026
2	ARER Fiscal Year *(20YY-YY):*	2024-25
3	County:	Solano
4	County Code:	48
5	Address:	275 Beck Ave
6	City:	Fairfield
7	Zip:	94533
8	County Population: Over 200,000? (Yes or No)	Yes
9	Name of Preparer:	Socorro Whitsey
10	Title of Preparer:	Senior Staff Analyst
11	Preparer Contact Email:	shwhitsey@solanocounty.gov
12	Preparer Contact Telephone:	707-784-8524

Row 1: Enter the date when the ARER was completed.
Row 2: Enter the reporting fiscal year for the ARER.
Row 3: Selection Only. Select the name of the County for which this ARER was prepared from the pull-down menu in the response cell.
Row 4: No entry. This field will auto populate. The County code is consistent with the coding system used in the Data Collection and Reporting system.
Row 5: Enter the administrative headquarters address for the County Mental Health or Behavioral Health Department as appropriate.
Row 6: Enter the administrative headquarters city for the County Mental Health or Behavioral Health Department as appropriate.
Row 7: Enter the administrative headquarters zip code for the County Mental Health or Behavioral Health Department as appropriate.
Row 8: No entry. This field will auto-populate “Yes” if the County’s population is equal to or greater than 200,000 or “No” if the County’s population is less than 200,000. Population data is available at: http://dof.ca.gov/Forecasting/Demographics/Estimates/E-1/
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: 2024-25
Component Summary Worksheet

County:	Solano	Date:	1/31/2026

		A	B	C	D	E	F
SECTION 1: Interest		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$1,448,441.40	$373,224.35	$376,250.06	$0.00	$0.00	$2,197,915.81
2	Joint Powers Authority Interest Earned	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

		A	B	C
SECTION 2: Prudent Reserve		**CSS**	**PEI**	**TOTAL**
3	Local Prudent Reserve Beginning Balance			$5,727,359.20
4	Transfer from Local Prudent Reserve to CSS or PEI	$0.00	$0.00	$0.00
5	CSS Funds Transferred to Local Prudent Reserve	$0.00		$0.00
6	Local Prudent Reserve Adjustments			$0.00
7	Local Prudent Reserve Ending Balance			$5,727,359.20

		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	-$1,186,984.08	$0.00	$798,587.93	$388,396.15	$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	$17,825,387.31	$5,899,349.89	$0.00	$798,587.93	$388,396.15	$24,911,721.28
10	Medi-Cal FFP	$8,994,133.43	$0.00	$0.00	$0.00	$0.00	$8,994,133.43
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	$2,350,661.04	$95,367.92	$0.00	$28,938.81	$359.75	$2,475,327.52
14	**TOTAL**	**$29,170,181.78**	**$5,994,717.81**	**$0.00**	**$827,526.74**	**$388,755.90**	**$36,381,182.23**

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Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Component Summary Worksheet

County:	Solano

Date:	1/31/2026

		A
SECTION 5: Miscellaneous MHSA Costs, Expenditures, and Transfers		**TOTAL**
15	**Total Annual Planning Costs**	$3,265.88
16	**Total Evaluation Costs**	$0.00
17	**Total Administration**	$2,957,193.13
18	**Total WET RP**	$0.00
19	**Total PEI SW**	$0.00
20	**Total MHSA HP**	$0.00
21	**Total Mental Health Services For Veterans**	$355,460.61

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
2. Share of funding by Account
Row 2, Column A: Enter the amount of interest earned on MHSA funds transferred to the JPA that is attributable to the CSS Account.
Row 2, Column B: Enter the amount of interest earned on MHSA funds transferred to the JPA that is attributable to the PEI Account.
Row 2, Column C: Enter the amount of interest earned on MHSA funds transferred to the JPA that is attributable to the INN Account.
Row 2, Column D: Enter the amount of interest earned on MHSA funds transferred to the JPA that is attributable to the WET Account.
Row 2, Column E: Enter the amount of interest earned on MHSA funds transferred to the JPA that is attributable to the CFTN Account.
Row 2, Column F: No entry. This amount is the sum of Row 2, Columns A-E.
Row 3, Column A: This cell is blank.
Row 3, Column B: This cell is blank.
Row 3, Column C: Enter the beginning balance of the Prudent Reserve. This amount must match the Prudent Reserve ending balance reported in the prior year's ARER.
Account.
Account.
reflect as a negative amount.
A.
Row 5, Column B: This cell is blank.
Row 5, Column C: No entry. Data will auto populate from Row 5, Column A.
Row 6, Column A: This cell is blank.
Row 6, Column B: This cell is blank.
Section Three, Row 1-30, Column D.
Row 7, Column A: This cell is blank.
Row 7, Column B: This cell is blank.
Row 7, Column C: No entry. This amount is the sum of Row 3, Column C, Row 4 Column C, Row 5 Column C, and Row 6 Column C.

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.
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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.
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Column B.
Row 10, Column F: No entry. This amount is the sum of Row 10, Columns A-E.
C.
C.
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Column C.
Row 11, Column F: No entry. This amount is the sum of Row 11, Columns A-E.
D.
D.
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Column D.
Row 12, Column F: No entry. This amount is the sum of Row 12, Columns A-E.
E.
E.
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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.

expended for goods or services, if applicable. CalHFA released unencumbered HP and SNHP funds directly to the county. These funds are subject to reversion. The County must report expenditure of those funds in the County's Annual Revenue and Expenditure Report beginning in the fiscal year CalHFA releases the funds to the county.

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

Intergovernmental Transfer (IGT) to be spent on Medi-Cal covered MHSA allowable services. Enter $0 if there were no IGT Transfers.

DHCS 1822 C (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Community Services and Supports (CSS) Summary Worksheet

County:	Solano	Date:	1/31/2026

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**	$3,265.88	$0.00	$0.00	$0.00	$0.00	$3,265.88
2	**CSS Evaluation Costs**	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3	**CSS Administration Costs**	$2,683,946.96	$841,726.70	$0.00	$0.00	$140,053.76	$3,665,727.42
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**	$798,587.93					$798,587.93
9	**CSS Funds Transferred to CFTN**	$388,396.15					$388,396.15
10	**CSS Funds Transferred to PR**	$0.00					$0.00
11	**CSS Program Expenditures**	$15,138,174.47	$8,152,406.73	$0.00	$0.00	$2,210,607.28	$25,501,188.48
12	**Total CSS Expenditures (Excluding Funds Transferred to JPA)**	**$19,012,371.39**	**$8,994,133.43**	**$0.00**	**$0.00**	**$2,350,661.04**	**$30,357,165.86**
13	**Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN, and PR)**	**$17,825,387.31**	**$8,994,133.43**	**$0.00**	**$0.00**	**$2,350,661.04**	**$29,170,181.78**

DHCS 1822 C (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Community Services and Supports (CSS) Summary Worksheet

County:	Solano	Date:	1/31/2026

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)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other
14	48	SCBH Child/Youth Full Service Partnership (FSP)		FSP	$672,502.05	$1,577,995.95	$1,558,572.51	$0.00	$0.00	$354,310.30
15	48	SCBH Foster Care Treatment Unit (FCTU) Full Service Partnership (FSP)		FSP	-$244,908.14	$1,131,706.16	$1,046,225.81	$0.00	$0.00	$217,186.33
16	48	Transition Age Youth (TAY) Full Service Partnership (Ages 16-25)		FSP	$128,332.37	$519,263.88	$780,048.47	$0.00	$0.00	$27,691.90
17	48	SCBH Adult Assertive Community Treatment (ACT) FSP		FSP	$1,431,390.61	$372,584.58	$642,329.38	$0.00	$0.00	$149,556.70
18	48	Contractor Adult HOME Full Service Partnership (FSP)		FSP	$925.75	$56,720.03	$256,056.58	$0.00	$0.00	$32,236.67
19	48	Contractor Adult Full Service Partnership (FSP)		FSP	$24,369.28	$309,153.38	$916,481.88	$0.00	$0.00	$21,998.42
20	48	Katie A. Services (KAS) Program		Non-FSP	-$253,267.95	$221,862.04	$223,509.36	$0.00	$0.00	$11,895.53
21	48	Crisis Aftercare & Recovery Engagement (CARE)		Non-FSP	$149,850.25	$47,960.92	$521,748.42	$0.00	$0.00	$48,113.45
22	48	Wellness & Recovery Unit (WRU)		Non-FSP	$530,181.63	$0.00	$0.00	$0.00	$0.00	$50,832.34
23	48	Wellness & Recovery Center (WRC)		Non-FSP	$653,613.21	$0.00	$0.00	$0.00	$0.00	$9,912.00
24	48	Accessible Resources for the Community's Homeless (ARCH):Homeless Outreach		Non-FSP	$278,730.31	$0.00	$0.00	$0.00	$0.00	$28,065.30
25	48	Patients' Benefits Specialists (PBS)		Non-FSP	$249,361.55	$0.00	$0.00	$0.00	$0.00	$25,134.32
26	48	Forensic Triage Team (FTT)		Non-FSP	$1,076,548.87	$14,607.14	$70,775.21	$0.00	$0.00	$107,748.41
27	48	Adult Community Case Management (CCM)		Non-FSP	$436,525.25	$296,735.32	$454,802.94	$0.00	$0.00	$116,015.86
28	48	Expanded Bilingual Services		Non-FSP	$400,834.86	$0.00	$0.00	$0.00	$0.00	$41,640.34
29	48	Child Family Team (CFT) Initiative		Non-FSP	$245,016.34	$22,055.73	$109,938.57	$0.00	$0.00	$27,744.53
30	48	Jail Release Re-entry Program		Non-FSP	$220,412.08	$0.00	$0.00	$0.00	$0.00	$0.00
31	48	Employment Services and Support		Non-FSP	$887,653.64	$0.00	$0.00	$0.00	$0.00	$5,626.74
32	48	Augmented Board and Care (ABC) Step Downs		Non-FSP	$424,069.24	$0.00	$0.00	$0.00	$0.00	$0.00
33	48	Transitional Housing		Non-FSP	$281,699.04	$0.00	$0.00	$0.00	$0.00	$0.00
34	48	Shelter Solano		Non-FSP	$638,646.37	$0.00	$0.00	$0.00	$0.00	$69,714.84
35	48	Bridge Transitional Housing		Non-FSP	$753,163.04	$0.00	$0.00	$0.00	$0.00	$0.00
36	48	Permanent Supported Housing - Caminar		Non-FSP	$386,804.18	$0.00	$0.00	$0.00	$0.00	$13,786.52
37	48	Permanent Supported Housing - Abode		Non-FSP	$382,269.50	$0.00	$0.00	$0.00	$0.00	$553,440.36
38	48	Permanent Supported Housing - Fair Haven		Non-FSP	$0.00	$0.00	$0.00	$0.00	$0.00	$6,017.95

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Fiscal Year: 2024-25
Community Services and Supports (CSS) Summary Worksheet

County:	Solano	Date:	1/31/2026

39	48	Centralized Assessment Team		Non-FSP	-$931,525.01	$670,671.13	$1,091,030.59	$0.00	$0.00	$125,378.47
40	48	Adult Care Coordination		Non-FSP	$832,726.58	$245,774.80	$480,887.01	$0.00	$0.00	$166,560.00
41	48	Crisis Stabilization Unit (CSU)		Non-FSP	$0.00	-$4,841.48	$0.00	$0.00	$0.00	0
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Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Community Services and Supports (CSS) Summary Worksheet

County:	Solano		**Date:**	1/31/2026

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DHCS 1822 C (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Community Services and Supports (CSS) Summary Worksheet

County:	Solano		**Date:**	1/31/2026

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Grand Total
$4,163,380.81
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$2,595,861.27
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$203,998.98
$767,673.04
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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.
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 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.
This amount should include direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are administrative costs that only benefit CSS programs or services. Indirect administrative costs are those administrative costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate allocation method to allocate indirect costs to the CSS Account. The share of costs attributed to the CSS Account should be in proportion to the extent the CSS programs or services benefit from the support activity. Counties must maintain proper documentation of the allocation methodology used to allocate indirect costs to administration of CSS programs or services. To avoid double-counting, do not include costs incurred as both Administration Costs and either Annual Planning Costs, Evaluation Costs or
Row 3, Column B: This cell is blank.
Row 3, Column C: This cell is blank.
Row 3, Column D: This cell is blank.
Row 3, Column E: This cell is blank.
Row 3, Column F: No entry. This amount is equal to Row 3, Column A.
Row 4, Column A: Enter the amount of MHSA funds, including interest, transferred to a Joint Powers Authority (JPA) for CSS programs.
Row 4, Column B: This cell is blank.
Row 4, Column C: This cell is blank.
Row 4, Column D: This cell is blank.
Row 4, Column E: This cell is blank.
Row 4, Column F: No entry. This amount is equal to Row 4, Column A.
Row 5, Column A: Enter the amount of MHSA funds, including interest, expended by a JPA on behalf of the County during the reporting fiscal year for authorized CSS goods or services. Funds reported here as transferred will not increase the Total CSS Expenditures (Row 12).
Row 5, Column B: This cell is blank.
Row 5, Column C: This cell is blank.
Row 5, Column D: This cell is blank.

Row 5, Column E: This cell is blank.
Row 5, Column F: No entry. This amount is equal to Row 5, Column A.
reporting fiscal year for the Special Needs Housing Program (SNHP). CalHFA operates the SNHP on behalf of jurisdictions throughout California. The SNHP allows local governments to use Mental Health Services Act (MHSA) funds and other local funds, as appropriate, to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness. Participation requires a completed SNHP Participation Agreement between CalHFA and the County.
Row 6, Column B: This cell is blank.
Row 6, Column C: This cell is blank.
Row 6, Column D: This cell is blank.
Row 6, Column E: This cell is blank.
Row 6, Column F: No entry. This amount is equal to Row 6, Column A.
Row 7, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to PEI during the reporting fiscal year.
Row 7, Column B: This cell is blank.
Row 7, Column C: This cell is blank.
Row 7, Column D: This cell is blank.
Row 7, Column E: This cell is blank.
Row 7, Column F: No entry. This amount is equal to Row 7, Column A.
Row 8, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to WET during the reporting fiscal year.
Row 8, Column B: This cell is blank.
Row 8, Column C: This cell is blank.
Row 8, Column D: This cell is blank.
Row 8, Column E: This cell is blank.
Row 8, Column F: No entry. This amount is equal to Row 8, Column A.
Row 9, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to CFTN during the reporting fiscal year.
Row 9, Column B: This cell is blank.
Row 9, Column C: This cell is blank.
Row 9, Column D: This cell is blank.
Row 9, Column E: This cell is blank.
Row 9, Column F: No entry. This amount is equal to Row 9, Column A.
Row 10, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to Prudent Reserve during the reporting fiscal year.
Row 10, Column B: This cell is blank.
Row 10, Column C: This cell is blank.
Row 10, Column D: This cell is blank.
Row 10, Column E: This cell is blank.
Row 10, Column F: No entry. This amount is equal to Row 10, Column A.
Row 11, Column A: No entry. This amount is equal to Rows 14-114, Column E + Column F.
Row 11, Column B: No entry. This amount is equal to Rows 14-114, Column G.

Row 11, Column C: No entry. This amount is equal to Rows 14-114, Column H.
Row 11, Column D: No entry. This amount is equal to Rows 14-114, Column I.
Row 11, Column E: No entry. This amount is equal to Rows 14-114, Column J.
Row 11, Column F: No entry. This amount is equal to the sum of Row 12, Columns A-E.
Row 12, Column A: No entry. This amount is equal to the sum of Rows 1-3 and 5-12, Column A.
Row 12, Column B: No entry. This amount is equal to the sum of Rows 1-3 and 5-12, Column B.
Row 12, Column C: No entry. This amount is equal to the sum of Rows 1-3 and 5-12, Column C.
Row 12, Column D: No entry. This amount is equal to the sum of Rows 1-3 and 5-12, Column D.
Row 12, Column E: No entry. This amount is equal to the sum of Rows 1-3 and 5-12, Column E.
Row 12, Column F: No entry. This amount is equal to the sum of Row 13, Columns A-E.
Row 13, Column A: No entry. This amount is equal to the sum of Rows 1-3, 5-6, and 12, Column A.
Row 13: Column B: No entry. This amount is equal to the sum of Rows 1-3, 5-6, and 12, Column B.
Row 13: Column C: No entry. This amount is equal to the sum of Rows 1-3, 5-6, and 12, Column C.
Row 13: Column D: No entry. This amount is equal to the sum of Rows 1-3, 5-6, and 12, Column D.
Row 13: Column E: No entry. This amount is equal to the sum of Rows 1-3, 5-6, and 12, Column E.
Row 13: Column F: No entry. This amount is equal to the sum of Row 14, Columns A-E.
determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 14-113 Column B: Enter the Program name for each CSS program funded by the CSS Account. Program name must be consistent with Program Name provided in the most recent MHSA Three-Year Program and Expenditure Plan or Annual Update covering the same Fiscal Year. If a County has changed the name of a Program subsequent to publication of the relevant Three-Year Program and Expenditure Plan or Annual Update, the County must provide the name change on worksheet 10. Comments.
Rows 14-113, Column C: If the Program name is identical to the Program name reported in the prior year ARER or this is a new program this reporting year, no entry. If the Program name has changed from what was reported on the prior year ARER, enter the name used to identify this Program in the prior year ARER. If this program represents a combination of two or more programs formerly reported separately, or if this program was formerly combined with another Program, leave this field blank, but provide a comment on the Worksheet 10.
Rows 14-113, Column D: Selection only. Select the program type from the drop-down menu. Options are Full-Service Partnership (FSP) or non-Full-Service Partnership (Non-FSP). Non-FSP includes General System Development and Outreach and Engagement programs.
Rows 14-113, Column E: Enter the amount of MHSA funds, including Interest, expended for goods and services delivered in each CSS program during the reporting fiscal year.
Rows 14-113, Column F: Enter the amount of MHSA funds from an Intergovernmental Transfer (IGT) that the county expended for goods and services delivered in each CSS program during the reporting fiscal year. To avoid double counting, counties should not include these expenditures in column E.
Rows 14-113, Column G: 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 H: 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 I: 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 J: 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 K: No entry. This field represents the sum of Rows 14-113, Columns E-J .

DHCS 1822 D (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Solano	Date:	1/31/2026

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	$0.00	$0.00	$0.00	$0.00
2	PEI Evaluation Costs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3	PEI Administration Costs	$209,234.44	$0.00	$0.00	$0.00	$0.00	$209,234.44
4	PEI Funds Expended by CalMHSA for PEI Statewide	$0.00					$0.00
5	PEI Funds Transferred to JPA	$0.00					$0.00
6	PEI Expenditures Incurred by JPA	$18,129.54					$18,129.54
7	PEI Program Expenditures	$5,671,985.91	$0.00	$0.00	$0.00	$95,367.92	$5,767,353.83
8	**Total PEI Expenditures (Excluding Transfers and PEI Statewide)**	**$5,899,349.89**	**$0.00**	**$0.00**	**$0.00**	**$95,367.92**	**$5,994,717.81**

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	75.00%	58.30%

DHCS 1822 D (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Solano	Date:	1/31/2026

SECTION THREE

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
#	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)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount
10	48	Crisis Transport		Standalone	Suicide Prevention		100%	0%	0.0%	$0.00	$0.00	$0.00	$0.00	$0.00
11	48	Community-Based Mobile Crisis		Standalone	Suicide Prevention		100%	15%	15.0%	$22,635.91	$33,362.81	$0.00	$0.00	$0.00
12	48	Family and Peer Support Program		Standalone	Stigma & Discrimination Reduction		100%	53%	53.0%	$302,250.17	$0.00	$0.00	$0.00	$0.00
13	48	Early Childhood Services		Standalone	Access and Linkage		100%	100%	100.0%	$612,104.75	$0.00	$0.00	$0.00	$0.00
14	48	Pregnant and Postpartum Maternal Support (PPMS)		Standalone	Early Intervention		100%	100%	100.0%	$364,702.04	$0.00	$0.00	$0.00	$0.00
15	48	LGBTQ+ Outreach and Access Program		Standalone	Early Intervention		100%	47%	47.0%	$270,324.36	$0.00	$0.00	$0.00	$0.00
16	48	Older Adult Case Management & Treatment		Standalone	Early Intervention		100%	8%	8.0%	$676,838.51	$0.00	$0.00	$0.00	$0.00
17	48	Older Adult Peer-to-Peer Program		Standalone	Prevention		100%	0%	0.0%	$178,892.48	$0.00	$0.00	$0.00	$0.00
18	48	School-Based Mental Health Services		Combined	Prevention	A Better way		100%		$1,708,133.04	$115,042.19	$0.00	$0.00	$0.00
19	48	School-Based Mental Health Services		Combined	Prevention	Rio Vista Care		100%		$118,460.49	$18,321.24	$0.00	$0.00	$0.00
20	48	School-Based Mental Health Services		Combined	Prevention	SCOE		100%		$666,706.82	$0.00	$0.00	$0.00	$0.00
21	48	School-Based Mental Health Services		Combined	Combined Summary		100%	100%	100.0%	$2,493,300.35	$133,363.43	$0.00	$0.00	$0.00
22	48	Early Psychosis (EP) Treatment Program		Combined	Early Intervention	Aldea	96%	0%		$331,888.12	$67,055.27	$0.00	$0.00	$0.00
23	48	Early Psychosis (EP) Treatment Program		Combined	Early Intervention	UC Davis	0%	0%		$0.00	$0.00	$0.00	$0.00	$0.00
24	48	Early Psychosis (EP) Treatment Program		Combined	Combined Summary		100%	96%	96.0%	$331,888.12	$67,055.27	$0.00	$0.00	$0.00
25	48	African American/Black, Asian American Pacific Islander, Latino/Hispanic, and Native American/Indigenous communities initative		Standalone	Stigma & Discrimination Reduction		100%	42%	42.0%	$185,267.72	$0.00	$0.00	$0.00	$0.00
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DHCS 1822 D (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Solano	Date:	1/31/2026

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DHCS 1822 D (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Solano	Date:	1/31/2026

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DHCS 1822 D (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Solano	Date:	1/31/2026

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Other
$6,762.62
$63,367.94
$1,344.27
$2,722.36
$1,622.03
$1,202.28
$3,010.27
$795.63
$8,108.66
$608.34
$3,225.21
$11,942.21
$1,774.32
$0.00
$1,774.32
$823.99

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 grants.
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.
Administration. This amount should include direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are administrative costs that only benefit PEI programs or services. Indirect administrative costs are those administrative costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate allocation method to allocate indirect costs to the PEI Account. The share of costs attributed to the PEI Account should be in proportion to the extent the PEI programs or services benefit from the support activity. Counties must maintain proper documentation of the allocation methodology used to allocate indirect costs to administration of PEI programs or services. To avoid double-counting, do not
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.
on behalf of the County for authorized PEI Statewide Projects during the reporting fiscal year. PEI Statewide Project funding was made available to counties in FY 2008-09 through FY 2011-12. To avoid double counting, funds reported here as expended will not be included in Row 9, Column A. They are reported separately on Worksheet 2. Component Summary, Row 19,
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.
behalf of the County during the reporting fiscal year for authorized PEI programs. Transfers of MHSA PEI funds made to a JPA for State-Level Projects should not be reflected as PEI Funds Expended by CalMHSA for PEI Statewide (Row 4). Funds reported here as transferred will not increase the Total PEI Expenditures (Row 8).
Row 6, Column B: This cell is blank.
Row 6, Column C: This cell is blank.
Row 6, Column D: This cell is blank.
Row 6, Column E: This cell is blank.
Row 6, Column F: No entry. This amount is equal to Row 7, Column A.
Column K
Row 7, Column B: No entry. This amount is equal to the sum of Rows 10-109, Column L.
Row 7, Column C: No entry. This amount is equal to the sum of Rows 10-109, Column M.
Row 7, Column D: No entry. This amount is equal to the sum of Rows 10-109, Column N.
Row 7, Column E: No entry. This amount is equal to the sum of Rows 10-109, Column O.
Row 7, Column F: No entry. This amount is equal to the sum of Row 8, Columns A-E.
Row 8, Column A: No entry. This amount is equal to the sum of Rows 1-3 and 7-8, Column A.
Row 8, Column B: No entry. This amount is equal to the sum of Rows 1-3 and 7-8, Column B.
Row 8, Column C: No entry. This amount is equal to the sum of Rows 1-3 and 7-8, Column C.
Row 8, Column D: No entry. This amount is equal to the sum of Rows 1-3 and 7-8, Column D.
Row 8, Column E: No entry. This amount is equal to the sum of Rows 1-3 and 7-8, Column E.
divided by Row 8, Column A. Per California Code of Regulations (CCR), title 9, section 3706(a), counties are required to serve all ages in one or more PEI programs. Per section 3706(b), counties are required to use at least 51 percent of the Prevention and Early Intervention Fund to serve individuals who are 25 years old or younger. Per section 3760(c), programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting this requirement. A County with population under 200,000 that meets certain
that were expended in support of clients aged 25 and under. Leave blank if there were no PEI Expenditures Incurred by JPA.
data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.
Account. Program name must be consistent with Program Name provided in the most recent MHSA Three-Year Program and Expenditure Plan or Annual Update covering the same Fiscal Year. Each Standalone and Combined Program must have a unique name to ensure the calculation in Column H functions properly. If a County has changed the name of a Program subsequent to publication of the relevant Three-Year Program and Expenditure Plan or Annual Update, the County must provide the name change on worksheet 10. Comments.

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

Standalone. If the row data refers to a Program Activity within a Combined Program or to summary information for a Combined Program, select Combined. Otherwise, select Standalone. Counties may combine an Early Intervention Program with a Prevention Program as long as the requirements in CCR, Sections 3710 and 3720 are met.

program activity funded with PEI funds. Options include Early Intervention Program (CCR, Section 3710), Outreach for Increasing Recognition of Early Signs of Mental Illness (CCR Section 3715), Prevention Program (CCR Section 3720), Stigma and Discrimination Reduction Program (CCR Section 3725), Access and Linkage to Treatment Program (CCR Section 3726), Suicide Prevention Programs (CCR Section 3730), Improving Timely Access to Services for Underserved Populations (CCR 3735(a)(2)(A), or Combined Summary (CCR Section 3510.010(a)(1)(A)1.If the County provides for its Outreach for Increasing Recognition of Early row used to report data for the Combined Program. Do not enter data into this cell for Standalone programs and Combined Summary rows.

Combined Program dedicated to the selected Program Activity in the Program Type column (Column E). Enter a value between zero and 100. For Programs designated as Standalone in Column D, enter 100. Do not enter data in this column for rows identified as program summary rows. The sum of percentages reported for Program Activities in a Combined Program must

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

Column H. This cell displays the weighted average of the percentages reported for each of the Program Activities within the Combined Program. The weighted average is the sum of Columns G and H.

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).

Transfer (IGT) that the county 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. To avoid double counting, counties should not include these expenditures in column J.

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).

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).

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).

delivered during the reporting year for each program. For a Combined Program, enter expenditure data only for the summary row.

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

DHCS 1822 E (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Innovation (INN) Summary Worksheet

County:	Solano	Date:	1/31/2026

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

DHCS 1822 E (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Innovation (INN) Summary Worksheet

County:	Solano	Date:	1/31/2026

SECTION TWO

		A	B	C	D	E	F	G	H	I	J	K	L	M	N
#		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)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other
10	A								Project Administration						$0.00
10	B								Project Evaluation						
10	C								Project Direct						
10	**D**								**Project Subtotal**	**$0.00**	**$0.00**	**$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**	**$0.00**
12	A														
12	B														
12	C														
12	**D**									**$0.00**	**$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**	**$0.00**
14	A														
14	B														
14	C														
14	**D**									**$0.00**	**$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**	**$0.00**

DHCS 1822 E (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Innovation (INN) Summary Worksheet

County:	Solano	Date:	1/31/2026

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 (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Innovation (INN) Summary Worksheet

County:	Solano	Date:	1/31/2026

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 grants.
Row 1, Column F: No entry. This amount is the sum of Row 1, Columns A-E.
Indirect Administration costs. Indirect administrative costs are those administrative costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate allocation method to allocate indirect costs to the INN Account. The share of costs attributed to the INN Account should be in proportion to the extent the INN projects or services benefit from the support activity. Counties must maintain proper documentation of the allocation methodology used to allocate indirect costs to administration of INN projects or services. To avoid double-counting, do not include costs incurred as both INN Indirect Administration Costs and either INN Project Administration.
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 (Row 10).
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 5, Column A.
Row 5, Column A: No entry. This amount is equal to the sum of Rows 11-35, Column I + Column J identified as Project Administration in Column H.
Row 5, Column B: No entry. This amount is equal to the sum of Rows 11-35, Column K identified as Project Administration in Column H.

Row 5, Column C: No entry. This amount is equal to the sum of Rows 11-35, Column L identified as Project Administration in Column H.
Row 5, Column D: No entry. This amount is equal to the sum of Rows 11-35, Column M identified as Project Administration in Column H.
Row 5, Column E: No entry. This amount is equal to the sum of Rows 11-35, Column N 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 11-35, Column I + Column J identified as Project Evaluation in Column H.
Row 6, Column B: No entry. This amount is equal to the sum of Rows 11-35, Column K identified as Project Evaluation in Column H.
Row 6, Column C: No entry. This amount is equal to the sum of Rows 11-35, Column L identified as Project Evaluation in Column H.
Row 6, Column D: No entry. This amount is equal to the sum of Rows 11-35, Column M identified as Project Evaluation in Column H.
Row 6, Column E: No entry. This amount is equal to the sum of Rows 11-35, Column N identified as Project Evaluation in Column H.
Row 6, Column F: No entry. This amount is equal to the sum of Row 7, Columns A-E.
Row 7, Column A: No entry. This amount is equal to the sum of Rows 11-35, Column I + Column J identified as Project Direct in Column H.
identified as Project Direct in Column H.
identified as Project Direct in Column H.
Row 7, Column D: No entry. This amount is equal to the sum of Rows 11-35, Column M identified as Project Direct in Column H.
identified as Project Direct in Column H.
Row 7, Column F: No entry. This amount is equal to the sum of Rows 8, Columns A-E.
Row 8, Column A: No entry. This amount is equal to the sum of Rows 6-8, Column A.
Row 8, Column B: No entry. This amount is equal to the sum of Rows 6-8, Column B.
Row 8, Column C: No entry. This amount is equal to the sum of Rows 6-8, Column C.
Row 8, Column D: No entry. This amount is equal to the sum of Rows 6-8, Column D.
Row 8, Column E: No entry. This amount is equal to the sum of Rows 6-8, Column E.
Row 8, Column F: No entry. This amount is equal to the sum of Row 9, Columns A-E.
Row 9, Column A: No entry. This amount is equal to the sum of Rows 1-2 and 5-8, Column A.
Row 9, Column B: No entry. This amount is equal to the sum of Rows 1-2 and 6-8, Column B.
Row 9, Column C: No entry. This amount is equal to the sum of Rows 1-2 and 6-8, Column C.
Row 9, Column D: No entry. This amount is equal to the sum of Rows 1-2 and 6-8, Column D.
Row 9, Column E: No entry. This amount is equal to the sum of Rows 1-2 and 6-8, Column E.
Row 9, Column F: No entry. This amount is equal to the sum of Row 10, Columns A-E.
expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Account. Project name must be consistent with Project Name provided in the most recent MHSA Three-Year Program and Expenditure Plan or Annual Update covering the same Fiscal Year. If a County has changed the name of a Project subsequent to publication of the relevant Three-Year Program and Expenditure Plan or Annual Update, the County must provide the name change on worksheet 10. Comments.

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

initially approved the Project.

which the County began implementing the project. INN projects are time-limited projects that can extend a maximum of five years from their respective Start Date. (California Code of Regulations, Title 9, Section 3910.010(a))

authorized for the Project on the date entered in Column E. Provide a comment in Worksheet 10. Comments explaining the amount authorized, including any specific MHSA INN allocations designed for expenditure in the approved project.

the additional amount of MHSA INN funding authorized by the MHSOAC for the Project through an amendment. The sum of Column F and Column G should equal the total amount the MHSOAC authorized for the Project through the amendment. Provide a comment in Worksheet 10. Comments explaining the additional amount authorized, including any specific MHSA INN allocations designed for expenditure in the approved project.

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

goods and services delivered during the reporting fiscal year for each Project, for Project Administration.

Transfer (IGT) that the county expended for goods and services delivered during the reporting fiscal year for each Project, for Project Administration. To avoid double counting, counties should not include these expenditures in column I.

Rows 10A-34A, Column K: 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.

expended for goods and services delivered during the reporting fiscal year for each Project, for Project Administration.

Rows 10A-34A, Column N: 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 O: No entry. This amount is the sum of Rows 11A-35A, Columns I-N.

expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

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

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

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

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

Rows 10B-34B, Column F: No entry. This data autopopulates from Rows 10A-34A, Column F.
Rows 10B-34B, Column G: No entry. This data autopopulates from Rows 10A-34A, Column G.
Rows 10B-34B, Column H: No entry.
goods and services delivered during the reporting fiscal year for each Project, for Project Evaluation.
Transfer (IGT) that the county expended for goods and services delivered during the reporting fiscal year for each Project, for Project Evaluation. To avoid double counting, counties should not include these expenditures in column I.
Rows 10B-34B, Column K: 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 L: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for each Project, for Project Evaluation.
expended for goods and services delivered during the reporting fiscal year for each Project, for Project Evaluation.
Rows 10B-34B, Column N: 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 O: No entry. This amount is the sum of Rows 10B-34B, Columns I-N.
expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.
Rows 10C-34C, Column B: No entry. This data autopopulates from Rows 10A-34A, Column B.
Rows 10C-34C, Column C: No entry. This data autopopulates from Rows 10A-34A, Column C.
Rows 10C-34C, Column D: No entry. This data autopopulates from Rows 10A-34A, Column D.
Rows 10C-34C, Column E: No entry. This data autopopulates from Rows 10A-34A, Column E.
Rows 10C-34C, Column F: No entry. This data autopopulates from Rows 10A-34A, Column F.
Rows 10C-34C, Column G: No entry. This data autopopulates from Rows 10A-34A, Column G.
Rows 10C-34C, Column H: No entry.
goods and services delivered during the reporting fiscal year for each Project, for Project Direct.
Transfer (IGT) that the county expended for goods and services delivered during the reporting fiscal year for each Project, for Project Direct. To avoid double counting, counties should not include these expenditures in column I.
Rows 10C-34C, Column K: 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 L: 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 N: 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 O: No entry. This amount is the sum of Rows 10C-34C, Columns I-N.
expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

Rows 10D-34D, Column B: No entry. This data autopopulates from Rows 10A-34A, Column B.
Rows 10D-34D, Column C: No entry. This data autopopulates from Rows 10A-34A, Column C.
Rows 10D-34D, Column D: No entry. This data autopopulates from Rows 10A-34A, Column D.
Rows 10D-34D, Column E: No entry. This data autopopulates from Rows 10A-34A, Column E.
Rows 10D-34D, Column F: No entry. This data autopopulates from Rows 10A-34A, Column F.
Rows 10D-34D, Column G: No entry. This data autopopulates from Rows 10A-34A, Column G.
Rows 10D-34D, Column H: No entry.
Rows 10C-34C, Column I.
34B, Rows 10C-34C, Column K.
34B, Rows 10C-34C, Column J.
34B, Rows 10C-34C, Column L.
34B, Rows 10C-34C, Column M.
34B, Rows 10C-34C, Column N.
Rows 10D-34D, Column O: No entry. This amount is the sum of Rows 10D-34D, Columns I-N.

DHCS 1822 F (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Workforce Education and Training (WET) Summary Worksheet

County:	Solano	Date:	1/31/2026

SECTION ONE

		A	B	C	D	E
		Total MHSA Funds (Including Interest)	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**
1	**WET Annual Planning Costs**	$0.00	$0.00	$0.00	$0.00	$0.00
2	**WET Evaluation Costs**	$0.00	$0.00	$0.00	$0.00	$0.00
3	**WET Administration Costs**	$64,011.73	$0.00	$0.00	$0.00	$0.00
4	**WET Funds Transferred to JPA**					
5	**WET Expenditures Incurred by JPA**					
6	**WET Program Expenditures**	$734,576.20	$0.00	$0.00	$0.00	$28,938.81
7	**Total WET Expenditures (Excluding Transfers to JPA)**	**$798,587.93**	**$0.00**	**$0.00**	**$0.00**	**$28,938.81**

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	48	Workforce Staffing	$277,212.36	$0.00	$0.00	$0.00	$28,938.81	$306,151.17
9	48	Training/Technical Assistance	$272,383.04	$0.00	$0.00	$0.00	$0.00	$272,383.04
10		Mental Health Career Pathways	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
11	48	Residency/Internship	$184,980.80	$0.00	$0.00	$0.00	$0.00	$184,980.80
12		Financial Incentive	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

F
Grand Total
$0.00
$0.00
$64,011.73
$0.00
$0.00
$763,515.01
$827,526.74

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 grants.
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.
Administration. This amount should include direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are administrative costs that only benefit WET 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 WET Account. The share of costs attributed to the WET Account should be in proportion to the extent the WET programs or services benefit from the support activity. Counties must maintain proper documentation of the allocation methodology used to allocate indirect costs to administration of WET programs or services. To avoid double-counting, do not
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.
and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.
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 Medi-Cal 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.
and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.
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 Medi-Cal 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.

and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

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 Medi-Cal 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.

and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

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 Medi-Cal 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.

and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

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 (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	Solano	**Date:**	1/31/2026

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	$0.00	$0.00	$0.00	$0.00
2	**CFTN Evaluation Costs**	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3	**CFTN Administration Costs**	$0.00	$0.00	$0.00	$0.00	$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**	$388,396.15	$0.00	$0.00	$0.00	$359.75	$388,755.90
7	**Total CFTN Expenditures (Excluding Transfers to JPA)**	**$388,396.15**	**$0.00**	**$0.00**	**$0.00**	**$359.75**	**$388,755.90**

SECTION TWO

A	B	C	D	E	F	G	H	I	J

DHCS 1822 G (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	Solano	**Date:**	1/31/2026

#	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	48	Service Level Tools & Data Analytics		Technological Need	$388,396.15	$0.00	$0.00	$0.00	$359.75	$388,755.90
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.
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 grants.
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.
Administration. This amount should include direct administrative costs and an appropriate allocation of indirect costs. Direct administrative costs are administrative costs that only benefit CFTN projects. Indirect administrative costs are those administrative costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA component. Counties must use an appropriate allocation method to allocate indirect costs to the CFTN Account. The share of costs attributed to the CFTN Account should be in proportion to the extent the CFTN project benefit from the support activity. Counties must maintain proper documentation of the allocation methodology used to allocate indirect costs to administration of CFTN projects. To avoid double-counting, do not include costs incurred as both Administration
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.
data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.
Account. Project name must be consistent with Project Name provided in the most recent MHSA Three-Year Program and Expenditure Plan or Annual Update covering the same Fiscal Year. If a County has changed the name of a Project subsequent to publication of the relevant Three-Year Program and Expenditure Plan or Annual Update, the County must provide the
year ARER or this is a new project this reporting year, no entry. If the Project name has changed from what was reported on the prior year ARER, enter the name used to identify this Project in the prior year ARER. If this project represents a combination of two or more projects formerly reported separately, or if this program was formerly combined with another Project leave this field blank, but provide a comment on the Worksheet 10.
Rows 8-27, Column D: Selection Only. Select the Project Type. Options are Capital Facility or Technological Needs.
Rows 8-27, Column E: Enter the amount of MHSA funds, including interest, expended for goods and services delivered during the reporting fiscal year for CFTN.
Row 8-27, Column F: Enter the amount of MediCal FFP funds expended for goods and services delivered during the reporting fiscal year for CFTN.
Row 8-27, Column G: Enter the amount of 1991 Realignment funds expended for goods and services delivered during the reporting fiscal year for CFTN.
Row 8-27, Column H: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered during the reporting fiscal year for CFTN.
Row 8-27, Column I: Enter the amount of Other funds expended for goods and services delivered during the reporting fiscal year for CFTN.
Row 8-27, Column J: No entry. This amount is the sum of Rows 8-27, Columns E-I.

DHCS 1822 H (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
MHSA Adjustments Worksheet

County:	Solano		**Date**	1/31/2026

SECTION ONE

	A	B	C	D	E	F
#	**County Code**	**Account**	**Adjustment Type**	**Adjustment to Fiscal Year (20YY-YY)**	**Amount**	**Reason**
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						

DHCS 1822 H (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
MHSA Adjustments Worksheet

County:		Solano		**Date**	1/31/2026	
29						
30						

DHCS 1822 H (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
MHSA Adjustments Worksheet

County:	Solano

Date	1/31/2026

DHCS 1822 H (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
MHSA Adjustments Worksheet

County:	Solano	Date	1/31/2026

SECTION TWO

	A	B	C	D	E
#	County Code	Account	Adjustment to Fiscal Year (20YY-YY)	Amount	Reason
31		Prudent Reserve			
32		Prudent Reserve			
33		Prudent Reserve			
34		Prudent Reserve			
35		Prudent Reserve			
36		Prudent Reserve			
37		Prudent Reserve			
38		Prudent Reserve			
39		Prudent Reserve			
40		Prudent Reserve			
41		Prudent Reserve			
42		Prudent Reserve			
43		Prudent Reserve			
44		Prudent Reserve			
45		Prudent Reserve			
46		Prudent Reserve			
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			

DHCS 1822 H (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
MHSA Adjustments Worksheet

County:		Solano		**Date**	1/31/2026
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.
data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.
Rows 1-30, Column B: Selection only. Enter the Account for which the MHSA adjustment is being reported. Options include CSS, PEI, INN, WET, or CFTN.
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 (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
FFP Revenue Adjustment Worksheet

County:	Solano		**Date:**	1/31/2026

SECTION ONE

	A	B	C	D	E	F	G
#	**County Code**	**Adjustment to FY (20YY-YY)**	**Cost Report Stage**	**Account**	**Beginning Balance**	**Adjustment Amount**	**Ending Balance**
1							$0.00
2							$0.00
3							$0.00
4							$0.00
5							$0.00
6							$0.00
7							$0.00
8							$0.00
9							$0.00
10							$0.00
11							$0.00
12							$0.00
13							$0.00
14							$0.00
15							$0.00

DHCS 1822 I (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
FFP Revenue Adjustment Worksheet

County:	Solano	**Date:**	1/31/2026

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 (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
FFP Revenue Adjustment Worksheet

County:	Solano	**Date:**	1/31/2026

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.

data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting system.

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

Audited. Select Initial if the adjustment is due to a change to the amount of FFP revenue after the County filed its initial cost report for the Fiscal Year identified in Column B. Select Settled, if the adjustment is due to a change to the amount of FFP revenue after the Department completed its interim cost report settlement for the Fiscal Year identified in Column B. Select Audit, if the adjustment is due to a change to the amount of FFP revenue received after DHCS completed its audit of the cost report for the Fiscal Year identified in Column B.

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

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

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 (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Comments Worksheet

County:	Solano

Date:	1/31/2026

	A	B	C
#	**Account**	**Fiscal Year (FY 20YY-YY)**	**Comments**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

DHCS 1822 J (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Comments Worksheet

County:	Solano

Date:	1/31/2026

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

DHCS 1822 J (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2024-25
Comments Worksheet

County:	Solano

Date:	1/31/2026

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.