

DHCS 1822 A (02/19)

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

**Fiscal Year: 2019-20**

**Information Worksheet**

1	Date:	3/9/2021
2	ARER Fiscal Year (20YY-YY):	2019-20
3	County:	San Bernardino
4	County Code:	36
5	Address:	303 East Vanderbilt Way
6	City:	San Bernardino
7	Zip:	92415
8	County Population: Over 200,000? (Yes or No)	Yes
9	Name of Preparer:	Kevin Bunch
10	Title of Preparer:	Staff Analyst II
11	Preparer Contact Email:	kbunch@dbh.sbcounty.gov
12	Preparer Contact Telephone:	909-388-0835

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

**County:** San Bernardino

**Date:** 3/9/2021

		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	\$2,643,886.16	\$679,640.91	\$146,979.75	\$0.00	\$0.00	\$3,470,506.82
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			\$22,152,363.00
4	Transfer from Local Prudent Reserve	\$383,537.00	\$113,397.00	-\$496,934.00
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			\$21,655,429.00

		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	-\$8,648,023.00	\$0.00	\$3,998,230.00	\$4,649,793.00	\$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	\$69,521,674.37	\$16,817,283.74	\$3,031,801.09	\$3,559,851.68	\$3,688,841.08	\$96,619,451.95
10	Medi-Cal FFP	\$47,091,017.34	\$7,798,252.64	\$114,710.72	\$0.00	\$0.00	\$55,003,980.69
11	1991 Realignment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Behavioral Health Subaccount	\$16,456,874.50	\$4,341,559.50	\$1,566.00	\$0.00	\$0.00	\$20,800,000.00
13	Other	\$4,616,579.00	\$4,289,137.00	\$1,104.00	\$0.00	\$0.00	\$8,906,820.00
14	<b>TOTAL</b>	<b>\$137,686,145.21</b>	<b>\$33,246,232.87</b>	<b>\$3,149,181.81</b>	<b>\$3,559,851.68</b>	<b>\$3,688,841.08</b>	<b>\$181,330,252.64</b>

		A
<b>SECTION 5: Miscellaneous MHSA Costs and Expenditures</b>		<b>TOTAL</b>
15	Total Annual Planning Costs	\$0.00
16	Total Evaluation Costs	\$0.00
17	Total Administration	\$18,899,765.03
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	\$980,404.57

DHCS 1822 C (02/19)

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

County: San Bernardino

Date: 3/9/2021

**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	\$0.00	\$0.00	\$0.00	\$0.00
2	CSS Evaluation Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	CSS Administration Costs	\$11,957,854.40	\$2,457,112.29	\$0.00	\$0.00	\$0.00	\$14,414,966.70
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	\$3,998,230.00					\$3,998,230.00
9	CSS Funds Transferred to CFTN	\$4,649,793.00					\$4,649,793.00
10	CSS Funds Transferred to PR	\$0.00					\$0.00
11	CSS Program Expenditures	\$57,563,819.96	\$44,633,905.04	\$0.00	\$16,456,874.50	\$4,616,579.00	\$123,271,178.51
12	Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$78,169,697.37	\$47,091,017.34	\$0.00	\$16,456,874.50	\$4,616,579.00	\$146,334,168.21
13	Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)	\$69,521,674.37	\$47,091,017.34	\$0.00	\$16,456,874.50	\$4,616,579.00	\$137,686,145.21

**SECTION TWO**

#	A	B	C	D	E	F	G	H	I	J
#	County Code	Program Name	Prior Program Name	Program Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
14	36	C-1 Comprehensive Children and Family Support Services		FSP	\$8,218,975.06	\$15,655,465.00		\$10,455,447.00	\$835,757.00	\$35,165,644.06
15	36	C-2 Integrated New Family Opportunities		FSP	\$23,602.64	\$286,457.87		\$626,323.50	\$5,019.00	\$941,403.01
16	36	TAY-1 Transitional Age Youth (TAY) One Stop Centers		FSP	\$3,933,088.35	\$3,117,066.86		\$882,379.00	\$229,469.00	\$8,162,003.21
17	36	A-2 Forensic Justice Continuum of Care (FACT,STAR)		FSP	\$3,792,697.47	\$1,336,342.08		\$15,708.00	\$1,144,403.00	\$6,289,150.55
18	36	A-3 Members assertive positive solutions (MAPS)/Assertive Community Treatment (ACT)		FSP	\$4,351,590.00	\$4,200,054.00		\$0.00	\$94,534.00	\$8,646,178.00
19	36	A-7 Homeless Assistance Resources and Treatment Program (HART)		FSP	\$4,876,081.53	\$2,152,079.92		\$53,205.00	\$826,828.00	\$7,908,194.45
20	36	A-8 Big Bear Full Service Partnership		FSP	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
21	36	A-11 Regional Adult Full Service Partnerships		FSP	\$3,029,689.50	\$2,476,350.34		\$311,370.00	\$420,305.00	\$6,237,714.84
22	36	OA-2 Age Wise II: Mobile Outreach and Intensive Care Program		FSP	\$73,892.51	\$14,708.76		\$0.00	\$576.00	\$89,177.27
23	36	A-1 Clubhouse Expansion Program		Non-FSP	\$2,958,945.95	\$0.00		\$0.00	\$0.00	\$2,958,945.95
24	36	A-4 Crisis Walk-In Center		Non-FSP	\$7,867,110.08	\$6,169,754.48		\$1,543,522.00	\$513,394.00	\$16,093,780.56
25	36	A-5 Triage Transitional Services		Non-FSP	\$4,711,192.51	\$782,255.88		\$601,997.00	\$65,197.00	\$6,160,642.39

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

**County:** San Bernardino

**Date:** 3/9/2021

26	36	A-6 Community Crisis Response Team (CCRT and CIT)	Non-FSP	\$4,572,154.40	\$804,594.98	\$1,687,011.00	\$74,323.00	\$7,138,083.38
27	36	A-9 Access, Coordination and Enhancement (ACE)	Non-FSP	\$2,382,546.77	\$1,026,489.00	\$0.00	\$0.00	\$3,409,035.78
28	36	A-10 Crisis Residential Treatment Program	Non-FSP	\$4,347,218.11	\$5,851,486.00	\$278,869.00	\$404,251.00	\$10,881,824.11
29	36	OA-1 Agewise -I Circle of Care	Non-FSP	\$1,687,130.03	\$408,447.62	\$0.00	\$2,523.00	\$2,098,100.64
30	36	A-15 Recovery Based Engagement Support Teams (RBEST)	Non-FSP	\$737,905.06	\$352,352.24	\$1,043.00	\$0.00	\$1,091,300.31

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: San Bernardino San Bernardino Date: 3/9/2021

**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	\$2,611,828.51	\$0.00	\$0.00	\$0.00	\$0.00	\$2,611,828.51
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	\$0.00					\$0.00
7 PEI Program Expenditures	\$14,205,455.23	\$7,798,252.64	\$0.00	\$4,341,559.50	\$4,289,137.00	\$30,634,404.37
8 Total PEI Expenditures (Excluding Transfers and PEI Statewide)	\$16,817,283.74	\$7,798,252.64	\$0.00	\$4,341,559.50	\$4,289,137.00	\$33,246,232.87

**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	52.51%	

**SECTION THREE**

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	County Code	Program Name	Prior Program Name	Combined/Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	36	SI-1 Student Assistance Program		Standalone	Prevention		100%	100%	100.0%	\$2,783,103.01	\$1,081,309.00			\$92,307.00	\$3,956,719.01
11	36	SI-2 Preschool PEI Program		Standalone	Prevention		100%	100%	100.0%	\$407,144.99					\$407,144.99
12	36	SI-3 Resilience Promotion in African-American Children		Standalone	Prevention		100%	100%	100.0%	\$875,783.00					\$875,783.00
13	36	CI-1 Promotores de Salud/Community Health Worker		Standalone	Outreach		100%	26%	26.0%	\$1,015,275.00					\$1,015,275.00
14	36	SE-1 Older Adult Community Services		Standalone	Prevention		100%	0%	0.0%	\$798,428.17					\$798,428.17
15	36	SE-5 LIFT		Standalone	Prevention		100%	100%	100.0%	\$404,662.55					\$404,662.55
16	36	CI-3 Native American Resource Center		Standalone	Stigma & Discrimination Reduction		100%	38%	38.0%	\$454,907.00					\$454,907.00
17	36	SE-2 Child and Youth Connection		Standalone	Access and Linkage		100%	100%	100.0%	\$1,883,083.59	\$6,716,943.64		\$4,341,559.50	\$4,196,830.00	\$17,138,416.73
18	36	SE-6 Coalition Against Sexual Exploitation		Standalone	Prevention		100%	100%	100.0%	\$415,048.48					\$415,048.48
19	36	SE-4 Military Services and Family Support		Combined	Combined Summary				29.0%	\$686,336.00					\$686,336.00
20	36	SE-4 Military Services and Family Support		Combined		Prevention	51%	29%							\$0.00
21	36	SE-4 Military Services and Family Support		Combined		Early Intervention	49%	29%							\$0.00
22	36	CI-2 Family Resource Centers		Combined	Combined Summary				37.0%	\$2,929,343.00					\$2,929,343.00
23	36	CI-2 Family Resource Centers		Combined		Prevention	83%	37%							\$0.00
24	36	CI-2 Family Resource Centers		Combined		Early Intervention	17%	37%							\$0.00
25	36	SE-3 Community Wholeness and Enrichment		Combined	Combined Summary				22.0%	\$1,552,340.45					\$1,552,340.45
26	36	SE-3 Community Wholeness and Enrichment		Combined		Prevention	62%	22%							\$0.00
27	36	SE-3 Community Wholeness and Enrichment		Combined		Early Intervention	38%	22%							\$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: San Bernardino Date: 3/9/2021

**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	\$0.00	\$0.00	\$0.00
2	INN Indirect Administration	\$764,333.08	\$0.00	\$0.00	\$0.00	\$764,333.08
3	INN Funds Transferred to JPA	\$0.00				\$0.00
4	INN Expenditures Incurred by JPA	\$0.00				\$0.00
5	INN Project Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	INN Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	INN Project Direct	\$2,267,468.01	\$114,710.72	\$0.00	\$1,566.00	\$1,104.00
8	INN Project Subtotal	\$2,267,468.01	\$114,710.72	\$0.00	\$1,566.00	\$1,104.00
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$3,031,801.09	\$114,710.72	\$0.00	\$1,566.00	\$1,104.00

**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)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	A	36	Recovery Based Engagement Support Teams (RBEST)		3/1/2014	9/1/2014	\$6,700,207.00							\$0.00
10	B	36	Recovery Based Engagement Support Teams (RBEST)		3/1/2014	9/1/2014	\$6,700,207.00							\$0.00
10	C	36	Recovery Based Engagement Support Teams (RBEST)		3/1/2014	9/1/2014	\$6,700,207.00		\$368,590.00	\$114,710.72		\$1,566.00	\$1,104.00	\$485,970.72
10	D	36	Recovery Based Engagement Support Teams (RBEST)		3/1/2014	9/1/2014	\$6,700,207.00	Project Subtotal	\$368,590.00	\$114,710.72	\$0.00	\$1,566.00	\$1,104.00	\$485,970.72
11	A	36	Innovative Remote Onsite Assistance Delivery (InnROADs)		2/28/2019	3/1/2019	\$17,024,309.00							\$0.00
11	B	36	Innovative Remote Onsite Assistance Delivery (InnROADs)		2/28/2019	3/1/2019	\$17,024,309.00							\$0.00
11	C	36	Innovative Remote Onsite Assistance Delivery (InnROADs)		2/28/2019	3/1/2019	\$17,024,309.00		\$1,898,878.01					\$1,898,878.01
11	D	36	Innovative Remote Onsite Assistance Delivery (InnROADs)		2/28/2019	3/1/2019	\$17,024,309.00	Project Subtotal	\$1,898,878.01	\$0.00	\$0.00	\$0.00	\$0.00	\$1,898,878.01

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: San Bernardino

Date: 3/9/2021

**SECTION ONE**

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	WET Annual Planning Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	WET Evaluation Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	WET Administration Costs	\$1,428,392.20	\$0.00	\$0.00	\$0.00	\$0.00	\$1,428,392.20
4	WET Funds Transferred to JPA	\$0.00					\$0.00
5	WET Expenditures Incurred by JPA	\$0.00					\$0.00
6	WET Program Expenditures	\$2,131,459.47	\$0.00	\$0.00	\$0.00	\$0.00	\$2,131,459.47
7	<b>Total WET Expenditures (Excluding Transfers to JPA)</b>	<b>\$3,559,851.68</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,559,851.68</b>

**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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	36	Training/Technical Assistance	\$451,764.21	\$0.00	\$0.00	\$0.00	\$0.00	\$451,764.21
10		Mental Health Career Pathways	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	36	Residency/Internship	\$1,679,695.26	\$0.00	\$0.00	\$0.00	\$0.00	\$1,679,695.26
12		Financial Incentive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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: San Bernardino

Date: 3/9/2021

**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
2	CFTN Evaluation Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	CFTN Administration Costs	\$2,137,356.84	\$0.00	\$0.00	\$0.00	\$2,137,356.84
4	CFTN Funds Transferred to JPA	\$0.00				\$0.00
5	CFTN Expenditures Incurred by JPA	\$0.00				\$0.00
6	CFTN Project Expenditures	\$1,551,484.24	\$0.00	\$0.00	\$0.00	\$1,551,484.24
7	<b>Total CFTN Expenditures (Excluding Transfers to JPA)</b>	<b>\$3,688,841.08</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,688,841.08</b>

**SECTION TWO**

#	A	B	C	D	E	F	G	H	I	J
	County Code	Project Name	Prior Project Name	Project Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8		Data Warehouse Continuation Project		Technological Need	\$0.00					\$0.00
9		Empowered Communication/Sharepoint Project		Technological Need	\$0.00					\$0.00
10		Virtual Infrastructure Project		Technological Need	\$0.00					\$0.00
11	36	Electronic Health Record Project		Technological Need	\$545,049.29					\$545,049.29
12	36	BHMIS Replacement Project		Technological Need	\$1,006,434.95					\$1,006,434.95



DHCS 1822 H (02/19)

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

**Fiscal Year: 2019-20**

**MHSA Adjustments Worksheet**

County:

Date:

**SECTION ONE**

#	A County Code	B Account	C Adjustment Type	D Adjustment to Fiscal Year	E Amount	F Reason
1						
2						
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**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			

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

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

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

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

**Fiscal Year: 2019-20**

**FFP Revenue Adjustment Worksheet**

**County:** San Bernardino

**Date:** 3/9/2021

**SECTION ONE**

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

DHCS 1822 I (02/19)

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

**Fiscal Year: 2019-20**

**FFP Revenue Adjustment Worksheet**

**County:** San Bernardino

**Date:** 3/9/2021

16							\$0.00
17							\$0.00
18							\$0.00
19							\$0.00
20							\$0.00
21							\$0.00
22							\$0.00
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26							\$0.00
27							\$0.00
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29							\$0.00
30							\$0.00
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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 the County in

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

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

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:** San Bernardino

**Date:** 3/9/2021

#	A Account	B Fiscal Year	C Comments
1	Prudent Reserve	2019-20	Transfer adjustment to decrease Prudent Reserves funding level to meet allowable maximum per DHCS Information Notice 19-017
2			
3			
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DHCS 1822 J (02/19)

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

**Fiscal Year: 2019-20**

**Comments Worksheet**

**County:** San Bernardino

**Date:** 3/9/2021

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

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

Rows 1-40, Column A: 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.