

DHCS 1822 A (02/19)

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

Fiscal Year: 2021-2022

Information Worksheet

1	Date:	1/31/2023
2	ARER Fiscal Year (20YY-YY):	2021-2022
3	County:	Napa
4	County Code:	28
5	Address:	2751 Napa Valley Corporate Dr.
6	City:	Napa
7	Zip:	94558
8	County Population: Over 200,000? (Yes or No)	No
9	Name of Preparer:	Liset Esqueda
10	Title of Preparer:	Staff Services Analyst
11	Preparer Contact Email:	liset.esqueda@countyofnapa.org
12	Preparer Contact Telephone:	707-259-8605

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-2022
Component Summary Worksheet

County: Napa

Date: 1/31/2023

		A	B	C	D	E	F
SECTION 1: Interest		CSS	PEI	INN	WET	CFTN	TOTAL
1	Component Interest Earned	\$104,762.95	\$19,333.10	\$14,287.67	\$31.02		\$138,414.74
2	Joint Powers Authority Interest Earned						\$0.00

		A	B	C
SECTION 2: Prudent Reserve		CSS	PEI	TOTAL
3	Local Prudent Reserve Beginning Balance			\$764,402.00
4	Transfer from Local Prudent Reserve			\$0.00
5	CSS Funds Transferred to Local Prudent Reserve	\$0.00		\$0.00
6	Local Prudent Reserve Adjustments			\$0.00
7	Local Prudent Reserve Ending Balance			\$764,402.00

		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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

		A	B	C	D	E	F
SECTION 4: Program Expenditures and Sources of Funding		CSS	PEI	INN	WET	CFTN	TOTAL
9	MHSA Funds	\$3,526,507.73	\$1,072,259.36	\$70,139.79	\$495.26	\$0.00	\$4,669,402.14
10	Medi-Cal FFP	\$2,329,121.39	\$4.49	\$0.00	\$0.00	\$0.00	\$2,329,125.88
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	\$190,003.65	\$0.00	\$0.00	\$0.00	\$0.00	\$190,003.65
14	TOTAL	\$6,045,632.77	\$1,072,263.85	\$70,139.79	\$495.26	\$0.00	\$7,188,531.67

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		TOTAL
15	Total Annual Planning Costs	\$0.00
16	Total Evaluation Costs	\$33,124.62
17	Total Administration	\$1,298,538.17
18	Total WET RP	\$0.00
19	Total PEI SW	\$39,297.26
20	Total MHSA HP	\$1,428.92
21	Total Mental Health Services For Veterans	\$182,960.31

DHCS 1822 C (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-2022
Community Services and Supports (CSS) Summary Worksheet

County:

Date:

SECTION ONE

	A	B	C	D	E	F	
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total	
1	CSS Annual Planning Costs	\$0.00				\$0.00	
2	CSS Evaluation Costs					\$0.00	
3	CSS Administration Costs	\$1,036,792.10	\$747,445.37		\$74,153.13	\$1,858,390.60	
4	CSS Funds Transferred to JPA					\$0.00	
5	CSS Expenditures Incurred by JPA					\$0.00	
6	CSS Funds Transferred to CalHFA					\$0.00	
7	CSS Funds Transferred to PEI					\$0.00	
8	CSS Funds Transferred to WET					\$0.00	
9	CSS Funds Transferred to CFTN					\$0.00	
10	CSS Funds Transferred to PR					\$0.00	
11	CSS Program Expenditures	\$2,489,715.63	\$1,581,676.02	\$0.00	\$0.00	\$115,850.52	\$4,187,242.17
12	Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$3,526,507.73	\$2,329,121.39	\$0.00	\$0.00	\$190,003.65	\$6,045,632.77
13	Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)	\$3,526,507.73	\$2,329,121.39	\$0.00	\$0.00	\$190,003.65	\$6,045,632.77

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	28	Children's Full Service Partnership		FSP	\$265,033.13	\$413,907.60			\$2,317.80	\$681,258.53
15	28	Transitional Age Youth Full Service Partnership		FSP	\$81,978.80	\$298,550.36			\$1,337.95	\$381,867.11
16	28	Older Adult Full Service Partnership		FSP	\$236,845.80	\$285,504.65			\$1,825.23	\$524,175.68
17	28	Adult Full Service Partnership		FSP	\$548,274.61	\$310,094.51			\$50,302.44	\$908,671.56
18	28	Adult Treatment Team FSP		FSP	\$567,523.92	\$203,799.57			\$1,158.05	\$772,481.54
19	28	Mobile Response Team		Non-FSP	\$250,432.85	\$0.00			\$58,290.30	\$308,723.15
20	28	Project Access (System Navigators, ICC, Latino Outreach, Co-Occurring Disorders Group, Network of Care)		Non-FSP	\$539,626.52	\$69,819.33			\$618.75	\$610,064.60
21										\$0.00

DHCS 1822 D (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-2022
Prevention and Early Intervention (PEI) Summary Worksheet

County: Napa Date:

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	PEI Annual Planning Costs	\$0.00				\$0.00
2	PEI Evaluation Costs	\$23,562.12				\$23,562.12
3	PEI Administration Costs	\$251,011.99	\$4.49			\$251,016.48
4	PEI Funds Expended by CalMHSA for PEI Statewide	\$39,297.26				\$39,297.26
5	PEI Funds Transferred to JPA	\$48,307.00				\$48,307.00
6	PEI Expenditures Incurred by JPA	\$0.00				\$0.00
7	PEI Program Expenditures	\$797,685.25	\$0.00	\$0.00	\$0.00	\$797,685.25
8	Total PEI Expenditures (Excluding Transfers and PEI Statewide)	\$1,072,259.36	\$4.49	\$0.00	\$0.00	\$1,072,263.85

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	53.17%
		66.30%

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	28	LGBTQ Connection Project (OTM)		Standalone	Stigma & Discrimination Reduction		100%	2%	1.9%	\$42,866.30					\$42,866.30
11	28	American Canyon Student Assistance Program (NVEF)	American Canyon SAP PEI Project (NVEF)	Standalone	Prevention		100%	100%	100.0%	\$159,807.00					\$159,807.00
12	28	Native American PEI Project (Suscol)		Standalone	Prevention		100%	5%	5.0%	\$88,528.19					\$88,528.19
13	28	Kids Exposed to Domestic Violence PEI Project (NEWS)	Domestic Violence PEI Project (NEWS)	Standalone	Prevention		100%	100%	100.0%	\$109,384.79					\$109,384.79
14	28	Strengthening Families At-Risk Program (COPE SFAR)	Strengthening Families PEI Project (COPE SFAR)	Standalone	Prevention		100%	90%	89.7%	\$98,000.00					\$98,000.00
15	28	Home Visitation Program (COPE HV)	Home Visitation PEI Project (COPE HV)	Standalone	Prevention		100%	100%	100.0%	\$49,999.00					\$49,999.00
16	28	UpValley PEI Mentoring Project (UpValley)	UpValley Mentoring Program PEI Project (UpValley)	Standalone	Prevention		100%	100%	100.0%	\$76,150.00					\$76,150.00
17	28	Court and Community Schools PEI Project (NCOE)	Court and Community Schools SAP PEI Project (NCOE)	Standalone	Early Intervention		100%	100%	100.0%	\$81,600.00					\$81,600.00
18	28	Healthy Minds Healthy Aging (Mentis)	Older Adult PEI Project (Mentis)	Standalone	Early Intervention		100%	0%	0.0%	\$91,349.97					\$91,349.97
19															\$0.00

DHCS 1822 E (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-2022
Innovation (INN) Summary Worksheet

County: Date:

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Fund (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	INN Annual Planning Costs	\$0.00				\$0.00
2	INN Indirect Administration	\$10,658.82				\$10,658.82
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
6	INN Project Evaluation	\$9,562.50	\$0.00	\$0.00	\$0.00	\$9,562.50
7	INN Project Direct	\$49,918.47	\$0.00	\$0.00	\$0.00	\$49,918.47
8	INN Project Subtotal	\$59,480.97	\$0.00	\$0.00	\$0.00	\$59,480.97
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$70,139.79	\$0.00	\$0.00	\$0.00	\$70,139.79

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	28	Learning Health Care Network- Aldea		9/14/2021	7/1/2022	\$126,277.00	Project Administration						\$0.00
10	B	28	Learning Health Care Network- Aldea		9/14/2021	7/1/2022	\$126,277.00	Project Evaluation						\$0.00
10	C	28	Learning Health Care Network- Aldea		9/14/2021	7/1/2022	\$126,277.00	Project Direct	\$27,903.47					\$27,903.47
10	D	28	Learning Health Care Network- Aldea		9/14/2021	7/1/2022	\$126,277.00	Project Subtotal	\$27,903.47	\$0.00	\$0.00	\$0.00	\$0.00	\$27,903.47
11	A	28	Learning Health Care Network- UC Davis		9/14/2021	7/1/2021	\$39,660.00	Project Administration						\$0.00
11	B	28	Learning Health Care Network- UC Davis		9/14/2021	7/1/2021	\$39,660.00	Project Evaluation	\$9,562.50					\$9,562.50
11	C	28	Learning Health Care Network- UC Davis		9/14/2021	7/1/2021	\$39,660.00	Project Direct	\$22,015.00					\$22,015.00
11	D	28	Learning Health Care Network- UC Davis		9/14/2021	7/1/2021	\$39,660.00	Project Subtotal	\$31,577.50	\$0.00	\$0.00	\$0.00	\$0.00	\$31,577.50
12	A													\$0.00
12	B													\$0.00
12	C													\$0.00
12	D								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DHCS 1822 F (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-2022
Workforce Education and Training (WET) Summary Worksheet

County:

Date:

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	WET Annual Planning Costs					\$0.00
2	WET Evaluation Costs					\$0.00
3	WET Administration Costs	\$75.26				\$75.26
4	WET Funds Transferred to JPA					\$0.00
5	WET Expenditures Incurred by JPA					\$0.00
6	WET Program Expenditures	\$420.00	\$0.00	\$0.00	\$0.00	\$420.00
7	Total WET Expenditures (Excluding Transfers to JPA)	\$495.26	\$0.00	\$0.00	\$0.00	\$495.26

SECTION TWO

#	A	B	C	D	E	F	G	H
#	County Code	Funding Category	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8		Workforce Staffing						\$0.00
9	28	Training/Technical Assistance	\$420.00					\$420.00
10		Mental Health Career Pathways						\$0.00
11		Residency/Internship						\$0.00
12		Financial Incentive						\$0.00

DHCS 1822 G (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-2022
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:

Date:

SECTION ONE

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

SECTION TWO

	A	B	C	D	E	F	G	H	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		No Projects								\$0.00
9										\$0.00
10										\$0.00
11										\$0.00
12										\$0.00
13										\$0.00
14										\$0.00
15										\$0.00
16										\$0.00
17										\$0.00
18										\$0.00
19										\$0.00
20										\$0.00
21										\$0.00
22										\$0.00
23										\$0.00
24										\$0.00
25										\$0.00
26										\$0.00
27										\$0.00

DHCS 1822 H (02/19)

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

Fiscal Year: 2021-2022

MHSA Adjustments Worksheet

County:	Napa
----------------	------

Date	1/31/2023
-------------	-----------

SECTION ONE

	A	B	C	D	E	F
#	County Code	Account	Adjustment Type	Adjustment to Fiscal Year	Amount	Reason
1						
2						
3						
4						

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.

DHCS 1822 I (02/19)

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

Fiscal Year: 2021-2022

FFP Revenue Adjustment Worksheet

County: Napa

Date: 1/31/2023

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: 2021-2022

FFP Revenue Adjustment Worksheet

County: Napa

Date: 1/31/2023

16							\$0.00
17							\$0.00
18							\$0.00
19							\$0.00
20							\$0.00
21							\$0.00
22							\$0.00
23							\$0.00
24							\$0.00
25							\$0.00
26							\$0.00
27							\$0.00
28							\$0.00
29							\$0.00
30							\$0.00
31							\$0.00
32							\$0.00
33							\$0.00
34							\$0.00
35							\$0.00
36							\$0.00
37							\$0.00
38							\$0.00
39							\$0.00
40							\$0.00

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

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

Rows 1-40, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify 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: 2021-2022

Comments Worksheet

County: Napa

Date: 1/31/2023

	A	B	C
#	Account	Fiscal Year	Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

DHCS 1822 J (02/19)

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

Fiscal Year: 2021-2022

Comments Worksheet

County: Napa

Date: 1/31/2023

16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

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

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

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

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

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