

DHCS 1822 A (02/19)

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

Fiscal Year: 2019-20

Information Worksheet

1	Date:	3/27/2021
2	ARER Fiscal Year (20YY-YY):	2019-20
3	County:	Santa Cruz
4	County Code:	44
5	Address:	1800 Green Hills Rd.
6	City:	Scotts Valley
7	Zip:	95062
8	County Population: Over 200,000? (Yes or No)	Yes
9	Name of Preparer:	Christine M. Williams
10	Title of Preparer:	Chief of Fiscal Services
11	Preparer Contact Email:	christine.williams@santacruzcounty.us
12	Preparer Contact Telephone:	831-454-7341/831-809-3841

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: 2019-20
Component Summary Worksheet

County: Santa Cruz

Date: 3/27/2021

		A	B	C	D	E	F
SECTION 1: Interest		CSS	PEI	INN	WET	CFTN	TOTAL
1	Component Interest Earned	\$57,191.79	\$66,368.48	\$7,883.19	\$0.00	\$0.00	\$131,443.46
2	Joint Powers Authority Interest Earned						\$0.00

		A	B	C
SECTION 2: Prudent Reserve		CSS	PEI	TOTAL
3	Local Prudent Reserve Beginning Balance			\$3,538,705.88
4	Transfer from Local Prudent Reserve	\$413,433.91	\$127,904.97	-\$541,338.88
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			\$2,997,367.00

		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	\$10,893,390.85	\$3,886,493.64	\$765,593.50	\$0.00	\$0.00	\$15,545,477.99
10	Medi-Cal FFP	\$6,079,990.29	\$1,250,659.88	\$136,455.40	\$0.00	\$0.00	\$7,467,105.57
11	1991 Realignment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Behavioral Health Subaccount	\$170,808.72	\$0.00	\$0.00	\$0.00	\$0.00	\$170,808.72
13	Other	\$150,108.00	\$5,366.00	\$0.00	\$0.00	\$0.00	\$155,474.00
14	TOTAL	\$17,294,297.86	\$5,142,519.52	\$902,048.90	\$0.00	\$0.00	\$23,338,866.29

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SECTION 5: Miscellaneous MHSA Costs and Expenditures		A
		TOTAL
15	Total Annual Planning Costs	\$12,900.00
16	Total Evaluation Costs	\$0.00
17	Total Administration	\$2,601,966.55
18	Total WET RP	
19	Total PEI SW	\$0.00
20	Total MHSA HP	\$0.00
21	Total Mental Health Services For Veterans	\$68,975.00

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

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

the CSS Account.

the PEI Account.

the INN Account.

the WET Account.

the CFTN Account.

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

Row 1, Interest Earned: report interest earned on the local MHS Fund, by Account where applicable. Use one of the following methods to determine the amount of interest to apportion to each Account:

1. Actual interest earned by Account

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

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

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

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

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

Row 2, Column F: No entry. This amount is the sum of Row 2, Columns A-E.

Row 3, Column A: This cell is blank.

Row 3, Column B: This cell is blank.

Row 3, Column C: Enter the beginning balance of the Prudent Reserve. This amount must match the Prudent Reserve ending balance reported in the prior year's ARER.

Account.

Account.

reflect as a negative amount.

A.

Row 5, Column B: This cell is blank.

Row 5, Column C: No entry. Data will autopopulate from Row 5, Column A.

Row 6, Column A: This cell is blank.

Row 6, Column B: This cell is blank.

Row 6, Column C: No entry. Data will autopopulate from Worksheet 8. Adjustment (MHS),

Row 7, Column A: This cell is blank.

Row 7, Column B: This cell is blank.

Row 7, Column C: No entry. This amount is the sum of Row 3, Column C, Row 4 Column C, Row 5 Column C, and Row 6 Column C.

of Row 7 Column A, Row 8 Column A, Row 9 Column A, and Row 10 Column A. The amount will reflect as a negative amount.

A.

A.

A.

A.

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

A.

Row 9, Column B: No entry. Data will auto populate from Worksheet 4. PEI, Row 8, Column A.

Row 9, Column C: No entry. Data will auto populate from Worksheet 5. INN, Row 9, Column A.

A.

A.

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

B.

B.

B.

B.

Column B.

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

C.

C.

C.

C.

Column C.

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

D.

D.

D.

D.

Column D.

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

E.

E.

E.

E.

Column E.

Row 13, Column F: No entry. This amount is the sum of Row 13, Columns A-E.

Row 14, Column A: No entry. This amount is the sum of Rows 9-13, Column A.

Row 14, Column B: No entry. This amount is the sum of Rows 9-13, Column B.

Row 14, Column C: No entry. This amount is the sum of Rows 9-13, Column C.

Row 14, Column D: No entry. This amount is the sum of Rows 9-13, Column D.

Row 14, Column E: No entry. This amount is the sum of Rows 9-13, Column E.

Row 14, Column F: No entry. This amount is the sum of Row 9, Column A-E.

Row 15, Column A: No entry. This amount is the sum of Worksheet 3. CSS Row 1 Column A, Worksheet 4. PEI Row 1 Column A, Worksheet 5. INN Row 1 Column A, Worksheet 6. WET Row 1 Column A, and Worksheet 7. CFTN Row 1 Column A.

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

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

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

Row 4, Column A.

Row 20, Column A: Enter the amount of unencumbered MHSA Housing Program funds expended for goods or services, if applicable.

Row 21, Column A: Enter the total MHSA funds spent on mental health services provided to veterans for all programs and projects funded from the CSS, PEI, and INN accounts, combined. Enter \$0 if there were no MHSA funds spent to provide services to veterans.

Counties do not need to report MHSA funds spent on mental health services for veterans

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

County:

Date:

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1 CSS Annual Planning Costs	\$12,900.00					\$12,900.00
2 CSS Evaluation Costs						\$0.00
3 CSS Administration Costs	\$1,329,149.08	\$684,188.56				\$2,013,337.64
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	\$9,551,341.78	\$5,395,801.73	\$0.00	\$170,808.72	\$150,108.00	\$15,268,060.22
12 Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$10,893,390.85	\$6,079,990.29	\$0.00	\$170,808.72	\$150,108.00	\$17,294,297.86
13 Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)	\$10,893,390.85	\$6,079,990.29	\$0.00	\$170,808.72	\$150,108.00	\$17,294,297.86

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County:

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SECTION TWO

#	A County Code	B Program Name	C Prior Program Name	D Program Type	E Total MHSA Funds (Including Interest)	F Medi-Cal FFP	G 1991 Realignment	H Behavioral Health Subaccount	I Other	J Grand Total
14	44	Community Gate		Non-FSP	\$1,245,045.59	\$694,736.31		\$110,720.50	\$15,000.00	\$2,065,502.40
15	44	Probation Gate		Non-FSP	\$61,816.74	\$31,110.57		\$27,999.51	\$0.00	\$120,926.82
16	44	Child Welfare Services Gate		Non-FSP	\$614,592.05	\$617,608.01		\$27,579.26	\$135,108.00	\$1,394,887.32
17	44	Education Gate		Non-FSP	\$199,161.73	\$167,797.89				\$366,959.62
18	44	Special Focus - Family Partners Services		Non-FSP	\$10,021.00	\$5,010.50		\$4,509.45		\$19,540.95
19	44	Enhanced Crisis Response		Non-FSP	\$389,747.51	\$207,148.31				\$596,895.82
20	44	Consumer, Peer, and Family Services		Non-FSP	\$23,041.92	\$3,262.62				\$26,304.54
21	44	Community Support Services		Non-FSP	\$1,054,011.54	\$575,539.07				\$1,629,550.61
22	44	Enhanced Crisis Response		FSP	\$791,305.55	\$420,573.84				\$1,211,879.40
23	44	Consumer, Peer, and Family Services		FSP	\$360,990.02	\$51,114.38				\$412,104.40
24	44	Community Support Services		FSP	\$4,801,608.12	\$2,621,900.22				\$7,423,508.34
25										\$0.00
26										\$0.00
27										\$0.00
28										\$0.00
29										\$0.00
30										\$0.00
31										\$0.00
32										\$0.00
33										\$0.00
34										\$0.00
35										\$0.00
36										\$0.00
37										\$0.00
38										\$0.00

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39											\$0.00
40											\$0.00
41											\$0.00
42											\$0.00
43											\$0.00
44											\$0.00
45											\$0.00
46											\$0.00
47											\$0.00
48											\$0.00
49											\$0.00
50											\$0.00
51											\$0.00
52											\$0.00
53											\$0.00
54											\$0.00
55											\$0.00
56											\$0.00
57											\$0.00
58											\$0.00
59											\$0.00
60											\$0.00
61											\$0.00
62											\$0.00
63											\$0.00

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County: Santa Cruz

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64										\$0.00
65										\$0.00
66										\$0.00
67										\$0.00
68										\$0.00
69										\$0.00
70										\$0.00
71										\$0.00
72										\$0.00
73										\$0.00
74										\$0.00
75										\$0.00
76										\$0.00
77										\$0.00
78										\$0.00
79										\$0.00
80										\$0.00
81										\$0.00
82										\$0.00
83										\$0.00
84										\$0.00
85										\$0.00
86										\$0.00
87										\$0.00
88										\$0.00

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89										\$0.00
90										\$0.00
91										\$0.00
92										\$0.00
93										\$0.00
94										\$0.00
95										\$0.00
96										\$0.00
97										\$0.00
98										\$0.00
99										\$0.00
100										\$0.00
101										\$0.00
102										\$0.00
103										\$0.00
104										\$0.00
105										\$0.00
106										\$0.00
107										\$0.00
108										\$0.00
109										\$0.00
110										\$0.00
111										\$0.00
112										\$0.00
113										\$0.00

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

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

Planning.

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

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

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.

Row 3, Column A: Enter the amount of MHSA funds, including interest, expended for CSS Administration. This amount should include direct administrative costs and an appropriate allocation of indirect costs.

Direct administrative costs are administrative 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

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.

Row 6, Column A: Enter the amount of MHSA funds, including interest, transferred to CalHFA during the reporting fiscal year for the Special Needs Housing Program (SNHP). CalHFA operates the SNHP on behalf of jurisdictions throughout California. The SNHP 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

Row 6, Column B: This cell is blank.

Row 6, Column C: This cell is blank.

Row 6, Column D: This cell is blank.

Row 6, Column E: This cell is blank.

Row 6, Column F: No entry. This amount is equal to Row 6, Column A.

Row 7, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to PEI during the reporting fiscal year.

Row 7, Column B: This cell is blank.

Row 7, Column C: This cell is blank.

Row 7, Column D: This cell is blank.

Row 7, Column E: This cell is blank.

Row 7, Column F: No entry. This amount is equal to Row 7, Column A.

Row 8, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to WET during the reporting fiscal year.

Row 8, Column B: This cell is blank.

Row 8, Column C: This cell is blank.

Row 8, Column D: This cell is blank.

Row 8, Column E: This cell is blank.

Row 8, Column F: No entry. This amount is equal to Row 8, Column A.

Row 9, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to CFTN during the reporting fiscal year.

Row 9, Column B: This cell is blank.

Row 9, Column C: This cell is blank.

Row 9, Column D: This cell is blank.

Row 9, Column E: This cell is blank.

Row 9, Column F: No entry. This amount is equal to Row 9, Column A.

Row 10, Column A: Enter the amount of MHSA funds, including interest, transferred from the CSS account to Prudent Reserve during the reporting fiscal year.

Row 10, Column B: This cell is blank.

Row 10, Column C: This cell is blank.

Row 10, Column D: This cell is blank.

Row 10, Column E: This cell is blank.

Row 10, Column F: No entry. This amount is equal to Row 10, Column A.

Row 11, Column A: No entry. This amount is equal to Rows 14-113, Column E.

Row 11, Column B: No entry. This amount is equal to Rows 14-113, Column F.

Row 11, Column C: No entry. This amount is equal to Rows 14-113, Column G.

Row 11, Column D: No entry. This amount is equal to Rows 14-113, Column H.

Row 11, Column E: No entry. This amount is equal to Rows 14-113, Column I.

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

Row 12, Column A: No entry. This amount is equal to the sum of Rows 1-3 and 5-11, Column A.

Row 12, Column B: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column B.

Row 12, Column C: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column C.

Row 12, Column D: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column D.

Row 12, Column E: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column E.

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

Row 13, Column A: No entry. This amount is equal to the sum of Rows 1-3, 5-6, and 11, Column A.

Row 13, Column B: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column B.

Row 13, Column C: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column C.

Row 13, Column D: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column D.

Row 13, Column E: No entry. This amount is equal to the sum of Rows 1-3 and 11, Column E.

Row 13, Column F: No entry. This amount is equal to the sum of Row 13, Columns A-E.

Rows 14-113, Column A: No entry. This field auto-populates as the County enters expenditure data and is determined according to the County Name entered on Worksheet 1. Information, Row 3. The County Code corresponds to the numeric ID code used to identify the County in the Data Collection and Reporting

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

Rows 14-113, Column D: Selection only. Select the program type from the drop-down menu. Options are Full-Service Partnership (FSP) or non-Full-Service Partnership (Non-FSP). Non-FSP includes General System Development and Outreach and Engagement programs.

Rows 14-113, Column E: Enter the amount of MHSA funds, including Interest, expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column F: Enter the amount of Medi-Cal FFP funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column G: Enter the amount of 1991 Realignment funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column H: Enter the amount of Behavioral Health Subaccount funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column I: Enter the amount of Other funds expended for goods and services delivered in each CSS program during the reporting fiscal year.

Rows 14-113, Column J: No entry. This field represents the sum of Rows 14-113, Columns E-I .

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

County: Santa Cruz Date:

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	PEI Annual Planning Costs	\$0.00				\$0.00
2	PEI Evaluation Costs					\$0.00
3	PEI Administration Costs	\$507,223.98	\$187,190.26			\$694,414.24
4	PEI Funds Expended by CalMHSA for PEI Statewide					\$0.00
5	PEI Funds Transferred to JPA					\$0.00
6	PEI Expenditures Incurred by JPA					\$0.00
7	PEI Program Expenditures	\$3,379,269.66	\$1,063,469.62	\$0.00	\$0.00	\$5,366.00
8	Total PEI Expenditures (Excluding Transfers and PEI Statewide)	\$3,886,493.64	\$1,250,659.88	\$0.00	\$0.00	\$5,142,519.52

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	51.20%

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

County: Santa Cruz Santa Cruz

Date: 3/27/2021

SECTION THREE

#	A County Code	B Program Name	C Prior Program Name	D Combined/Standalone Program	E Program Type	F Program Activity Name (in Combined Program)	G Subtotal Percentage for Combined Program	H Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	I Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	J Total MHSA Funds (Including Interest)	K Medi-Cal FFP	L 1991 Realignment	M Behavioral Health Subaccount	N Other	O Grand Total
10	44	Children's Services		Standalone	Prevention		100%	33%	100.0%	\$275,117.36	\$12,363.27			\$2,683.00	\$290,163.64
11	44	Children's Services		Standalone	Early Intervention		100%	33%	100.0%	\$329,480.18	\$226,750.71			\$2,683.00	\$558,913.88
12	44	Children's Services		Standalone	Access and Linkage		100%	33%	100.0%	\$1,398.63	\$1,178.37				\$2,577.00
13	44	Services for Diverse Communities		Standalone	Prevention		100%	50%	100.0%	\$43,775.72	\$34,580.48				\$78,356.20
14	44	Services for Diverse Communities		Standalone	Stigma & Discrimination Reduction		100%	50%	100.0%	\$89,919.00					\$89,919.00
15	44	Services for Transition Age Youth & Adults		Standalone	Prevention		100%	10%	48.0%	\$68,974.58					\$68,974.58
16	44	Services for Transition Age Youth & Adults		Standalone	Early Intervention		100%	10%	48.0%	\$787,555.47	\$449,990.51				\$1,237,545.98
17	44	Services for Transition Age Youth & Adults		Standalone	Access and Linkage		100%	10%	48.0%	\$1,570,374.72	\$338,606.29				\$1,908,981.01
18	44	Services for Transition Age Youth & Adults		Standalone	Stigma & Discrimination Reduction		100%	10%	48.0%	\$30,309.00					\$30,309.00
19	44	Services for Transition Age Youth & Adults		Standalone	Suicide Prevention		100%	10%	48.0%	\$147,364.00					\$147,364.00
20	44	Services for Older Adults		Standalone	Prevention		100%	0%	0.0%	\$28,000.00					\$28,000.00
21	44	Services for Older Adults		Standalone	Access and Linkage		100%	0%	0.0%	\$2,001.00					\$2,001.00
22	44	Services for Older Adults		Standalone	Outreach		100%	0%	0.0%	\$5,000.00					\$5,000.00
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
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35															\$0.00
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37															\$0.00
38															\$0.00

