

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-21
Component Summary Worksheet

County:

Date:

SECTION 1: Interest		A CSS	B PEI	C INN	D WET
1	Component Interest Earned	\$140,453.05	\$35,113.26	\$9,240.33	\$0.00
2	Joint Powers Authority Interest Earned	\$0.00	\$0.00	\$0.00	\$0.00

SECTION 2: Prudent Reserve		A CSS	B PEI	C TOTAL
3	Local Prudent Reserve Beginning Balance			\$24,217,189.00
4	Transfer from Local Prudent Reserve	\$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			\$24,217,189.00

SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve		A CSS	B PEI	C WET	D CFTN
8	Transfers	-\$14,000,000.00	\$0.00	\$2,000,000.00	\$12,000,000.00

SECTION 4: Program Expenditures and Sources of Funding		A CSS	B PEI	C INN	D WET
9	MHSA Funds	\$69,133,563.24	\$23,147,285.75	\$4,677,414.28	\$4,355,084.42
10	Medi-Cal FFP	\$99,797,929.08	\$1,107,249.88	\$450,814.76	\$675,176.89
11	1991 Realignment	\$2,736,300.29	\$0.00	\$0.00	\$0.00
12	Behavioral Health Subaccount	\$614,506.25	\$635,649.93	\$0.00	\$0.00
13	Other	\$77,358,087.12	\$3,029,443.84	\$38,127.90	\$120,879.03
14	TOTAL	\$249,640,385.98	\$27,919,629.39	\$5,166,356.94	\$5,151,140.34

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SECTION 5: Miscellaneous MHSA Costs and Expenditures		A
		TOTAL
15	Total Annual Planning Costs	\$0.00
16	Total Evaluation Costs	\$0.00
17	Total Administration	\$12,649,612.64
18	Total WET RP	\$0.00
19	Total PEI SW	\$0.00
20	Total MHSA HP	\$102,952.08
21	Total Mental Health Services For Veterans	\$1,246,752.49

Department of Health Care Services

E	F
CFTN	TOTAL
\$0.00	\$184,806.64
\$0.00	\$0.00

E	F
PR	TOTAL
\$0.00	\$0.00

E	F
CFTN	TOTAL
\$18,501,179.27	\$119,814,526.95
\$0.00	\$102,031,170.61
\$0.00	\$2,736,300.29
\$0.00	\$1,250,156.17
\$0.00	\$80,546,537.90
\$18,501,179.27	\$306,378,691.92

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: _____

Local Mental Health Director

Name: _____

Telephone: _____

Email: _____

Document for Certification:

FY: _____

I hereby certify¹ under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.

Local Mental Health Director (PRINT)

Signature *Zhang*

Date

¹ Welfare and Institutions Code section 5899(a)