

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Lake

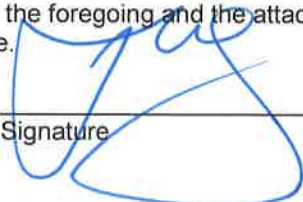
- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

<p align="center">Local Mental Health Director</p> <p>Name: Todd Metcalf</p> <p>Telephone Number: (707) 274-9101</p> <p>E-mail: Todd.Metcalf@LakeCountyca.gov</p>	<p align="center">County Auditor-Controller / City Financial Officer</p> <p>Name: Cathy Saderlund</p> <p>Telephone Number: (707) 263-2311</p> <p>E-mail: Cathy.Saderlund@LakeCountyca.gov</p>
<p>Local Mental Health Mailing Address: PO Box 1024 Lucerne, CA 95458</p>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

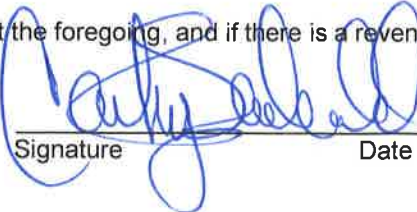
Todd Metcalf
 Local Mental Health Director (PRINT)


 Signature _____ Date 6/24/19

I hereby certify that for the fiscal year ended June 30, 2018, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 3/28/19 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Cathy Saderlund
 County Auditor Controller / City Financial Officer (PRINT)


 Signature _____ Date 6/26/19

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

**Annual Mental Health Services Act Revenue and Expenditure Report
Fiscal Year 2017-18
ARER Instructions**

- For detailed instructions, see Enclosure 2: Instruction Manual for Fiscal Year 2017-18 of the MHSA Annual Revenue and Expenditure Report.
- These worksheets are used to report the total expenditures for each MHSA-funded program. Expenditures should be recognized in the period that the fund liability is incurred. (Accounting Standards and Procedures for Counties, State Controller’s Office (SCO), February 2018).
- Counties must report any expenditure that occurred between July 1, 2017 and June 30, 2018, on the appropriate component worksheet.
- Counties should reflect total (gross) program expenditures for each MHSA program on the MHSA Component Expenditure Worksheets.

Step 1: Complete the Information worksheet	The information provided on the Information worksheet automatically links to worksheets in the ARER. This worksheet eliminates the redundant entry of county name, code, and date on worksheets.
Step 2: Complete section one and two of the Component Summary worksheet	Section one: Enter the balance of Prudent Reserve and the Interest earned on the Local Mental Health Fund. Interest earned on local MHS fund is to be reported in total.
	Section two: Enter the component revenue received from prudent reserve transfers. Additionally, the worksheet is set up to distribute the interest reported in section one across CSS, PEI, and INN components according to 76%, 19% and 5%.
	Section three and four: These sections are linked to the remaining component worksheets and will auto populate as the county completes each individual worksheet.
Step 3: Complete each component and adjustment worksheet	In general, counties will enter expenditure data in the blue boxes throughout the workbook. Cells shaded gray will require no data entry because it is an excel formula or data is not relevant for that particular cell.
Step 4: Review the Component Summary worksheet	Counties should verify that each section of the Component Summary worksheet accurately reflect the expenditures reported on the component and adjustment worksheets.

Version 7/1/2018

**Annual Mental Health Services Act Revenue and Expenditure Report
Fiscal Year 2017-18
Information**

1	Date:	6/14/2019
2	County:	Lake
3	County Code:	17
4	Address:	P.O. Box 1024
5	City:	Lucerne
6	Zip:	95458
7	County Population: Over 200,000? (Yes or No)	No
8	Name of Preparer:	Pat Kuhlman
9	Title of Preparer:	Financial Analyst
10	Preparer Contact Email:	pakuhlman@kingsview.org
11	Preparer Contact Telephone	(559) 256-0100

**Annual Mental Health Services Act Revenue and Expenditure Report
Fiscal Year 2017-18
Component Summary**

County: Lake

Date: 6/14/2019

SECTION 1: Interest and Prudent Reserve		TOTAL
1	Interest Earned on local MHS Fund	\$98,367.04
2	Local Prudent Reserve Beginning Balance	\$1,169,461.00
3	Local Prudent Reserve Ending Balance	\$1,169,461.00

		A	B	C	D	E	F	G	H	I	J	K
		CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
SECTION 2: Transfers from Prudent Reserve and Interest Earned												
4	Transfer from Local Prudent Reserve	\$0.00	\$0.00								\$0.00	\$0.00
5	FY 2017-18 Interest Earned on local MHS Fund	\$74,758.95	\$18,689.74	\$4,918.35								\$98,367.04
6	TOTAL	\$74,758.95	\$18,689.74	\$4,918.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$98,367.04

SECTION 3: Transfers to Prudent Reserve, WET or CFTN												
7	Transfers	\$0.00			\$0.00	\$0.00					\$0.00	\$0.00

SECTION 4: Program Expenditures and Sources of Funding 2017-18												
8	MHSA Funds (Including Interest)	\$2,128,619.25	\$474,619.83	\$144,414.62	\$0.00	\$0.00		\$0.00	\$30,687.26	\$0.00		\$2,778,340.96
9	Medi-Cal FFP	\$546,623.33	\$29,962.31	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$576,585.64
10	1991 Realignment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
11	Behavioral Health Subaccount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
12	Other	\$0.00	\$24,803.94	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$24,803.94
13	TOTAL	\$2,675,242.58	\$529,386.08	\$144,414.62	\$0.00	\$0.00	\$0.00	\$0.00	\$30,687.26	\$0.00		\$3,379,730.54

SECTION 5: MHSA Planning Costs		TOTAL
14	Total Annual Planning Costs	\$0.00
15	Total Evaluation Costs	\$41,666.70
16	Total Administration	\$1,099,389.30

Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

Community Services and Supports (CSS) Summary

County: Lake

Date: 6/14/2019

SECTION ONE

		A	B	C	D	E	F
		MHSA Funds	Other Funds				
		Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CSS Annual Planning Costs						\$0.00
2	CSS Evaluation Costs						\$0.00
3	CSS Administration Costs	\$1,017,139.72					\$1,017,139.72
4	CSS Funds Transferred to JPA						\$0.00
5	CSS Expenditure Incurred by JPA						\$0.00
6	CSS Funds Transferred to CalHFA						\$0.00
7	CSS Funds Transferred to WET						\$0.00
8	CSS Funds Transferred to CFTN						\$0.00
9	CSS Funds Transferred to PR						\$0.00
10	CSS Program Expenditures	\$1,111,479.53	\$546,623.33	\$0.00	\$0.00	\$0.00	\$1,658,102.86
11	Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$2,128,619.25	\$546,623.33	\$0.00	\$0.00	\$0.00	\$2,675,242.58
12	Total CSS Expenditures (Excluding Funds Transferred)	\$2,128,619.25	\$546,623.33	\$0.00	\$0.00	\$0.00	\$2,675,242.58

SECTION TWO

		A	B	C	D	E	F	G	H	I	J
		CSS Component			MHSA Funds		Other Funds				
#	County Code	Program Name	Prior Program Name	Service Category	Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total	
1	17	FSP Including Housing Access		FSP	\$400,281.34	\$436,203.64				\$836,484.98	
2	17	Crisis Continuum		Non-FSP	\$3,490.25	\$3,530.75				\$7,021.00	
3	17	Forensic Mental Health Partnership		Non-FSP	\$62,239.94	\$33,805.08				\$96,045.02	
4	17	SOC/Older Adult Access		Non-FSP	\$175,548.54	\$62,053.56				\$237,602.10	
5	17	Peer Support Recovery Center : Peer Support/Community		Non-FSP	\$316,647.92	\$0.00				\$316,647.92	
6	17	Outreach & Engagement		Non-FSP	\$137,342.54	\$118.36				\$137,460.90	
7	17	Trauma Focused		Non-FSP	\$15,929.00	\$10,911.94				\$26,840.94	
8		Coordinated Care for Co-Occurring Behavioral & Physical Health Conditions		Non-FSP	\$0.00					\$0.00	
9		Parent Partner Support		Non-FSP	\$0.00					\$0.00	
10										\$0.00	
11										\$0.00	

County: Lake

Date: 6/14/2019

SECTION ONE

		A	B	C	D	E	F
		MHSA Funds	Other Funds				
		Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	PEI Annual Planning Costs						\$0.00
2	PEI Evaluation Costs						\$0.00
3	PEI Administration Costs	\$82,249.58					\$82,249.58
4	PEI Funds Expended by CalMHSA for PEI SW	\$30,687.26					\$30,687.26
5	PEI Funds Transferred to JPA						\$0.00
6	PEI Expenditure Incurred by JPA						\$0.00
7	PEI Program Expenditures	\$392,370.25	\$29,962.31	\$0.00	\$0.00	\$24,803.94	\$447,136.50
8	Total PEI Expenditures (Excluding Transfers and PEI SW)	\$474,619.83	\$29,962.31	\$0.00	\$0.00	\$24,803.94	\$529,386.08

SECTION TWO

		A	B
		Percent Expended for Clients 25 and Under, All PEI	Percent Expended for Clients 25 and Under, JPA
1	MHSA PEI Fund Expenditures in Program to Clients 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	45.01%	

SECTION THREE

		A	B	C	D		E	F	G	H	I	J	K	L		M	N	O
		PEI Component																
#	County	Program Name	Prior Program Name	Combined/ Standalone	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	% of PEI Expended on Clients 25 & Under (Standalone and Program Activities in Combined Program)	% of PEI Expended on Clients 25 & Under (Combined Summary and Standalone)	Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total			
1	17	Peer Support Recovery		Standalone	Prevention		100%	8%	8.0%	\$97,493.55								\$97,493.55
2	17	Prevention Mini Grants		Standalone	Prevention		100%	69%	69.0%	\$25,363.26								\$25,363.26
3	17	NEST - Family Stabilization & Wellbeing		Standalone	Prevention		100%	98%	97.9%	\$141,696.00								\$141,696.00
4	17	Early Intervention Services: Student Support		Standalone	Early Intervention		100%	100%	100.0%	\$39,106.41	\$29,962.31							\$69,068.72
5	17	Postpartum Depression Screening		Standalone	Early Intervention		100%	19%	19.0%	\$55,251.61								\$55,251.61
6	17	Older Adult Screening & Treatment		Standalone	Early Intervention		100%	0%	0.0%	\$33,459.42								\$33,459.42
7	17	Early Student Support		Standalone	Early Intervention		100%	100%	100.0%								\$24,803.94	\$24,803.94
8	17	Critical Incident Stress Mangement		Standalone	Outreach				0.0%	\$0.00								\$0.00
9																		\$0.00
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51																		\$0.00
52																		\$0.00

County: Lake

Date: 6/14/2019

SECTION ONE

		A	B	C		D	E	F
		MHSA Funds	Other Funds					
		Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total	
1	INN Annual Planning Costs							\$0.00
2	INN Indirect Administration							\$0.00
3	INN Funds Transferred to JPA							\$0.00
4	INN Expenditure Incurred by JPA							\$0.00
5	INN Project Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	INN Project Evaluation	\$41,666.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41,666.70
7	INN Project Direct	\$102,747.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$102,747.92
8	INN Project Subtotal	\$144,414.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$144,414.62
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$144,414.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$144,414.62

SECTION TWO

		A	B		C	D		E	F	G	H	I		J	K		L	M	N
			INN Component									MHSA Funds			Other Funds				
#	County	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 (Including Interest)	Medi-Cal FFP	1991 Realignment	BH Subaccount	Other	Grand Total					
1	17	Full Cycle Referral		3/5/2016		\$160,000.00		Project Administration						\$0.00					\$0.00
1	17	Full Cycle Referral		3/5/2016		\$160,000.00		Project Evaluation	\$41,666.70					\$41,666.70					\$41,666.70
1	17	Full Cycle Referral		3/5/2016		\$160,000.00		Project Direct	\$102,747.92					\$102,747.92					\$102,747.92
1	17	Full Cycle Referral		3/5/2016		\$160,000.00		Project Subtotal	\$144,414.62	\$0.00	\$0.00	\$0.00	\$0.00	\$144,414.62	\$0.00	\$0.00	\$0.00	\$0.00	\$144,414.62
2														\$0.00					\$0.00
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Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

Workforce Education and Training (WET) Summary

County:

Date:

SECTION ONE

		A	B	C	D	E	F
		MHSA Fund	Other Fund				
		Total MHSA (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						\$0.00
4	WET Funds Transferred to JPA						\$0.00
5	WET Expenditure Incurred by JPA						\$0.00
6	WET Program Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Total WET Expenditures (Excluding Transfers to JPA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION TWO

		A	B	C	D	E	F	G	H
			Wet Component	MHSA Funds	Other Funds				
#	County	Funding Category	Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total	
1		Workforce Staffing						\$0.00	
2		Training/Technical Assistance						\$0.00	
3		MH Career Pathways						\$0.00	
4		Residency/Internship						\$0.00	
5		Financial Incentive						\$0.00	

Version 7/1/2018
Annual Mental Health Services Act Revenue and Expenditure Report
Fiscal Year 2017-18
Capital Facility Technological Needs (CFTN) Summary

County:

Date:

SECTION ONE

		A	B	C	D	E	F
		MHSA Funds	Other Fund				
		Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CF Annual Planning Costs						\$0.00
2	TN Annual Planning Costs						\$0.00
3	CF Evaluation Costs						\$0.00
4	TN Evaluation Costs						\$0.00
5	CF Administration						\$0.00
6	TN Administration						\$0.00
7	CFTN Program Expenditure	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	Total CFTN Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION TWO

		A	B	C	D	E	F	G	H	I	J
			CFTN Component			MHSA Fund	Other Fund				
#	County	Project Name	Prior Project Name	Project Type	Total MSHA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total	
1										\$0.00	
2										\$0.00	
3										\$0.00	
4										\$0.00	
5										\$0.00	
6										\$0.00	
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11										\$0.00	
12										\$0.00	
13										\$0.00	
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19										\$0.00	
20										\$0.00	

Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

WET RP and MHSA HP Summary

County: Lake

Date: 6/14/2019

SECTION ONE

	A	B	C	D	E	F	G	H
		WET RP, HP Component	MHSA Funds	Other Funds				
#	County Code	Funding Type	Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1		WET Regional Partnerships (WET RP)						\$0.00
2		MHSA Housing Program (Unencumbered Funds)						\$0.00

Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

Adjustments Worksheet (MHSA)

County: Lake

Date: 6/14/2019

SECTION ONE

#	A County	B Component	C Adjustment to FY	D Amount	E Reason
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SECTION TWO

	A	B	C	D	E
#	County	Adjustment to	Adjustment to FY	Amount	Reason
1		Interest Revenue			
2		Interest Revenue			
3		Interest Revenue			
4		Interest Revenue			
5		Interest Revenue			
6		Interest Revenue			
7		Interest Revenue			
8		Interest Revenue			
9		Interest Revenue			
10		Interest Revenue			
11		Interest Revenue			
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30		Interest Revenue			

SECTION THREE

	A	B	C	D	E
#	County	Adjustment to	Adjustment to FY	Amount	Reason
1		Prudent Reserve			
2		Prudent Reserve			
3		Prudent Reserve			
4		Prudent Reserve			
5		Prudent Reserve			
6		Prudent Reserve			
7		Prudent Reserve			
8		Prudent Reserve			
9		Prudent Reserve			
10		Prudent Reserve			
11		Prudent Reserve			
12		Prudent Reserve			
13		Prudent Reserve			
14		Prudent Reserve			
15		Prudent Reserve			
16		Prudent Reserve			
17		Prudent Reserve			
18		Prudent Reserve			
19		Prudent Reserve			
20		Prudent Reserve			
21		Prudent Reserve			
22		Prudent Reserve			
23		Prudent Reserve			
24		Prudent Reserve			
25		Prudent Reserve			
26		Prudent Reserve			
27		Prudent Reserve			
28		Prudent Reserve			
29		Prudent Reserve			
30		Prudent Reserve			

Annual Mental Health Services Act Revenue and Expenditure Report
Fiscal Year 2017-18
FFP Revenue Adjustment

County: Lake

Date: 6/14/2019

SECTION ONE

	A	B	C	D	E	F	G
#	County	Fiscal Year	Cost Report Stage	Component	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
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

Version 7/1/2018

Annual Mental Health Services Act Revenue and Expenditure Report
Fiscal Year 2017-18
Comments

	Comments
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	