



Los Angeles County
DEPARTMENT OF MENTAL HEALTH

June 29, 2018

Ms. Donna Ures
California Department of Health Care Services
Mental Health Services Division
Program Outcomes, Evaluation and Reporting Section
1500 Capital Avenue, MS 2704, 72.4.33
P.O. Box 997413
Sacramento, CA 95899-7413

Dear Ms. Ures:

**ANNUAL MENTAL HEALTH SERVICES ACT (MHSA) REVENUE AND
EXPENDITURE REPORT FOR FISCAL YEAR (FY) 2016-17**

Enclosed is the FY 2016-17 Annual MHSA Revenue and Expenditure Report for the Los Angeles County – Department of Mental Health (LAC-DMH). Please note that the required certification form has been signed by the Director of the LAC-DMH and the Los Angeles County Auditor Controller.

For any questions regarding this report, please contact me at (213) 738-4625 or via email at knall@dmh.lacounty.gov or Winnie Suen of my staff at (213) 738-4665 or via email at wsuen@dmh.lacounty.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kimberly Nall".

Kimberly Nall
Director of Finance

KN:SLD:WS:da

Enclosures

c: Jonathan E. Sherin, M.D., Ph.D. (Letter only)
John Naimo (LAC Auditor-Controller)
Gregory C. Polk
Debbie Innes-Gomberg, Ph.D.
Sara Lee Dato
Mike Motodani
Vilma Virtusio

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Los Angeles County

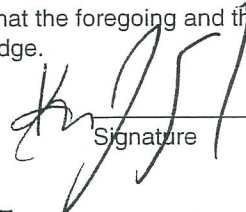
- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Jonathan E. Sherin, M.D., Ph.D.	Name: John Naimo
Telephone Number: (213) 738- 4601	Telephone Number: (213) 974-8301
E-mail: <u>JSherin@dmh.lacounty.gov</u>	E-mail: <u>JNAIMO@auditor.lacounty.gov</u>
Local Mental Health Mailing Address:	
County of Los Angeles/Department of Mental Health 550 S. Vermont Ave., 11th Floor Los Angeles, California 90020 Cost Report Section	

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.


Jonathan E. Sherin, M.D., Ph.D.
Local Mental Health Director (PRINT)


 Signature _____ Date 6/29/18

I hereby certify that for the fiscal year ended June 30, 2017, 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 12/15/17 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, 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.

John Naimo
County Auditor Controller / City Financial Officer (PRINT)


 Signature _____ Date 6/29/18

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)