



**MENTAL HEALTH SERVICES ACT (MHSA)  
ANNUAL REVENUE AND EXPENDITURE REPORT  
FISCAL YEAR 2017-18**

Thank you for your interest in the Mental Health Services Act (MHSA) Revenue and Expenditure Report. This report is being posted both to inform stakeholders of how MHSA funds are allocated and spent and in compliance with laws that require the information to be made available to the public. The purpose of the MHSA Annual Revenue and Expenditure Report (ARER) is to identify how MHSA funds that Tri-City Mental Health Authority received were spent, show the amount of additional funds that were able to be used for mental health services through the leveraging or matching of MHSA funds, identify MHSA funds that were not used, report any interest earned on MHSA funds, and to determine if any MHSA funds might need to be reverted (returned) to the State.

This ARER should be considered a preliminary report, as it cannot be considered final until Tri-City's Medi-Cal cost report is finalized. As such, the ARER may be updated in the future.

Should you have any questions or concerns related to this report, please feel free to contact the Finance Department at (909) 623-6131 or email at [MHSAFinance@tricitymhs.org](mailto:MHSAFinance@tricitymhs.org)

Thank you.

Tri-City Mental Health Authority

**Administrative Office** / 1717 North Indian Hill Boulevard, Suite B, Claremont, CA 91711-2788 / 909.623.6131 *p* / 909. 623.4073 *f*

**Main Clinical Office** / 2008 North Garey Avenue, Pomona, CA 91767-2722 / 909.623.6131 *p* / 909.865-9281 *f*

**Clinical Office / Children** / 1900 Royalty Drive, Pomona, CA 91767 / 909.784.3200 *p* / 909.865.0730 *f*

**Wellness Center** / 1403 North Garey Avenue, Pomona, CA 91767 / 909.242.7600 *p* / 909.242.7691 *f*

**MHSA Office** / 2001 North Garey Avenue, Pomona, CA 91767 / 909.325.4600 *p* / 909.326.4690 *f*

[www.tricitymhs.org](http://www.tricitymhs.org)

*Founded by Pomona, Claremont and La Verne in 1960*

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Tri-City Mental Health Authority

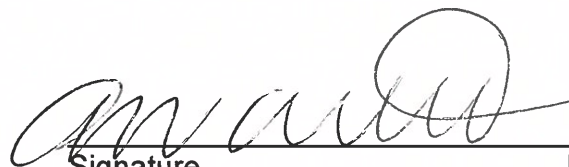
- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

<p align="center"><b>Local Mental Health Director</b></p> <p>Name: Antonette (Toni) Navarro          Telephone Number: (909)623-6131          E-mail: anavarro@tricitymhs.org</p>	<p align="center"><b>County Auditor-Controller/City Financial Officer</b></p> <p>Name: Diana Acosta          Telephone Number: (909)623-6131          E-mail: dacosta@tricitymhs.org</p>
<p>Local Mental Health Mailing Address:          1717 N. Indian Hill Blvd. Suite B          Claremont, CA 91711</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.

Antonette (Toni) Navarro  
 Local Mental Health Director (PRINT)

  
 Signature Date 1/30/19

<sup>1</sup>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)



Version 7/1/2018

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

1	Date:	1/30/2019
2	County:	Tri-City
3	County Code:	66
4	Address:	1717 N. Indian Hill Blvd.
5	City:	Claremont
6	Zip:	91711
7	County Population: Over 200,000? (Yes or No)	Yes
8	Name of Preparer:	Diana Acosta
9	Title of Preparer:	Chief Financial Officer
10	Preparer Contact Email:	dacosta@tricitymhs.org
11	Preparer Contact Telephone	909-451-6434

County: Tri-City

Date: 1/30/2019

SECTION 1: Interest and Prudent Reserve		TOTAL
1	Interest Earned on local MHS Fund	\$239,256.00
2	Local Prudent Reserve Beginning Balance	\$3,558,621.00
3	Local Prudent Reserve Ending Balance	\$3,558,621.00

		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
<b>SECTION 2: Transfers from Prudent Reserve and Interest Earned</b>												
4	Transfer from Local Prudent Reserve										\$0.00	\$0.00
5	FY 2017-18 Interest Earned on local MHS Fund	\$187,351.00	\$23,414.00	\$16,515.00	\$5,408.00	\$6,568.00						\$239,256.00
6	<b>TOTAL</b>	<b>\$187,351.00</b>	<b>\$23,414.00</b>	<b>\$16,515.00</b>	<b>\$5,408.00</b>	<b>\$6,568.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$239,256.00</b>

<b>SECTION 3: Transfers to Prudent Reserve, WET or CFTN</b>												
7	Transfers	\$0.00			\$0.00	\$0.00					\$0.00	\$0.00

<b>SECTION 4: Program Expenditures and Sources of Funding 2017-18</b>												
8	MHSA Funds (Including Interest)	\$4,749,115.00	\$1,836,021.00	\$304,376.00	\$272,453.00	\$0.00		\$0.00	\$0.00	\$0.00		\$7,161,965.00
9	Medi-Cal FFP	\$3,780,232.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$3,780,232.00
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	\$715,322.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$715,322.00
12	Other	\$100,837.00	\$15.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$100,852.00
13	<b>TOTAL</b>	<b>\$9,345,506.00</b>	<b>\$1,836,036.00</b>	<b>\$304,376.00</b>	<b>\$272,453.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$11,758,371.00</b>

SECTION 5: MHSA Planning Costs		TOTAL
14	Total Annual Planning Costs	\$0.00
15	Total Evaluation Costs	\$0.00
16	Total Administration	\$3,070,647.00

Version 7/1/2018  
**Annual Mental Health Services Act Revenue and Expenditure Report**  
**Fiscal Year 2017-18**  
**Community Services and Supports (CSS) Summary**

County: Tri-City

Date: 1/30/2019

**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	\$2,113,946.00	\$242,439.00			\$2,356,385.00	
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	\$2,635,169.00	\$3,537,793.00	\$0.00	\$715,322.00	\$100,837.00	\$6,989,121.00
11	Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$4,749,115.00	\$3,780,232.00	\$0.00	\$715,322.00	\$100,837.00	\$9,345,506.00
12	Total CSS Expenditures (Excluding Funds Transferred)	\$4,749,115.00	\$3,780,232.00	\$0.00	\$715,322.00	\$100,837.00	\$9,345,506.00

**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	66	FSP Child		FSP	\$72,922.00	\$603,651.00		\$435,757.00	\$82.00	\$1,112,412.00
2	66	FSP TAY		FSP	\$0.00	\$914,000.00		\$249,389.00	\$268.00	\$1,163,657.00
3	66	FSP Adult		FSP	\$159,330.00	\$1,784,354.00		\$26,565.00	\$2,227.00	\$1,972,476.00
4	66	FSP Older Adult		FSP	\$139,219.00	\$151,577.00		\$2,922.00	\$197.00	\$293,915.00
5	66	Navigators		Non-FSP	\$426,433.00					\$426,433.00
6	66	Wellness Center		Non-FSP	\$1,155,195.00					\$1,155,195.00
7	66	Supplemental Crisis Support Services		Non-FSP	\$533,203.00	\$21,725.00		\$464.00		\$555,392.00
8	66	Field Capable Services		Non-FSP	\$52,621.00	\$62,486.00		\$225.00	\$565.00	\$115,897.00
9	66	CSS Housing		Non-FSP	\$96,246.00				\$97,498.00	\$193,744.00
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



County: Tri-City

Date: 1/30/2019

**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	\$537,249.00					\$537,249.00
4	PEI Funds Expended by CalMHSA for PEI SW						\$0.00
5	PEI Funds Transferred to JPA						\$0.00
6	PEI Expenditure Incurred by JPA						\$0.00
7	PEI Program Expenditures	\$1,298,772.00	\$0.00	\$0.00	\$0.00	\$15.00	\$1,298,787.00
8	Total PEI Expenditures (Excluding Transfers and PEI SW)	\$1,836,021.00	\$0.00	\$0.00	\$0.00	\$15.00	\$1,836,036.00

**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	37.47%	

**SECTION THREE**

		A	B	C	D PEI Component				E	F	G	H	I	J	K Other Funds				L	M	N	O
#	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	66	Family Wellbeing		Combined	Combined Summary			100.0%	\$33,370.00					\$15.00	\$33,385.00							
2	66	Family Wellbeing		Combined	Prevention	Wellness Groups	50%	100%							\$0.00							
3	66	Family Wellbeing		Combined	Early Intervention	Support Groups	50%	100%							\$0.00							
4															\$0.00							
5															\$0.00							
6	66	Tay Wellbeing		Combined	Combined Summary			100.0%	\$124,452.00						\$124,452.00							
7	66	Tay Wellbeing		Combined	Prevention	Wellness Groups	50%	100%							\$0.00							
8	66	Tay Wellbeing		Combined	Early Intervention	Peer Mentor Program	50%	100%							\$0.00							
9															\$0.00							
10															\$0.00							
11	66	Older Adult Wellbeing		Combined	Combined Summary			0.0%	\$124,056.00						\$124,056.00							
12	66	Older Adult Wellbeing		Combined	Prevention	Peer Mentor Program	25%	0%							\$0.00							
13	66	Older Adult Wellbeing		Combined	Early Intervention	Peer Mentor Program	25%	0%							\$0.00							
14	66	Older Adult Wellbeing		Combined	Outreach		25%	0%							\$0.00							
15	66	Older Adult Wellbeing		Combined	Access and Linkage		25%	0%							\$0.00							
16															\$0.00							
17															\$0.00							
18	66	Housing Stability		Combined	Combined Summary			35%	\$142,518.00						\$142,518.00							
19	66	Housing Stability		Combined	Prevention	Tenant & Landlord Su	50%	35%							\$0.00							
20	66	Housing Stability		Combined	Access and Linkage	Housing Navigators	50%	35%							\$0.00							
21															\$0.00							
22															\$0.00							
23	66	NAMI		Combined	Combined Summary			100%	\$33,617.00						\$33,617.00							
24	66	NAMI		Combined	Outreach		50%	100%							\$0.00							
25	66	NAMI		Combined	Access and Linkage		50%	100%							\$0.00							
26															\$0.00							
27															\$0.00							
28	66	Community Capacity Building		Combined	Combined Summary			60%	\$609,765.00						\$609,765.00							
29	66	Community Capacity Building		Combined	Prevention	Community Grants	25%	60%							\$0.00							
30	66	Community Capacity Building		Combined	Outreach		25%	60%							\$0.00							
31	66	Community Capacity Building		Combined	Stigma & Discrimination Reduction		25%	60%							\$0.00							
32	66	Community Capacity Building		Combined	Suicide Prevention		25%	60%							\$0.00							
33															\$0.00							
34															\$0.00							
35	66	Therapeutic Community Garden		Combined	Combined Summary			35%	\$230,994.00						\$230,994.00							
36	66	Therapeutic Community Garden		Combined	Early Intervention	Group Therapy	50%	35%							\$0.00							
37	66	Therapeutic Community Garden		Combined	Access and Linkage	Community Events	50%	35%							\$0.00							
38															\$0.00							
39															\$0.00							
40															\$0.00							
41															\$0.00							
42															\$0.00							
43															\$0.00							
44															\$0.00							





County: Tri-City

Date: 1/30/2019

**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	\$56,068.00				\$56,068.00
3	INN Funds Transferred to JPA					\$0.00
4	INN Expenditure Incurred by JPA					\$0.00
5	INN Project Administration	\$58,765.00	\$0.00	\$0.00	\$0.00	\$58,765.00
6	INN Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	INN Project Direct	\$189,543.00	\$0.00	\$0.00	\$0.00	\$189,543.00
8	INN Project Subtotal	\$248,308.00	\$0.00	\$0.00	\$0.00	\$248,308.00
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$304,376.00	\$0.00	\$0.00	\$0.00	\$304,376.00

**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	66	Cognitive Remediation Therapy		8/1/2014	6/1/2016	\$803,105.00		Project Administration	\$29,383.00					\$29,383.00
1	66	Cognitive Remediation Therapy		8/1/2014	6/1/2016	\$803,105.00		Project Evaluation						\$0.00
1	66	Cognitive Remediation Therapy		8/1/2014	6/1/2016	\$803,105.00		Project Direct	\$162,042.00					\$162,042.00
1	66	<b>Cognitive Remediation Therapy</b>		<b>8/1/2014</b>	<b>6/1/2016</b>	<b>\$803,105.00</b>		<b>Project Subtotal</b>	<b>\$191,425.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$191,425.00</b>
2	66	Employment Stability		8/1/2014	4/1/2015	\$667,044.00		Project Administration	\$29,382.00					\$29,382.00
2	66	Employment Stability		8/1/2014	4/1/2015	\$667,044.00		Project Evaluation						\$0.00
2	66	Employment Stability		8/1/2014	4/1/2015	\$667,044.00		Project Direct	\$27,501.00					\$27,501.00
2	66	<b>Employment Stability</b>		<b>8/1/2014</b>	<b>4/1/2015</b>	<b>\$667,044.00</b>		<b>Project Subtotal</b>	<b>\$56,883.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$56,883.00</b>
2														\$0.00
2														\$0.00
2														\$0.00
2									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3														\$0.00
3														\$0.00
3														\$0.00
3									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4														\$0.00
4														\$0.00
4														\$0.00
4									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5														\$0.00
5														\$0.00
5														\$0.00
5									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6														\$0.00
6														\$0.00
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6									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7														\$0.00
7														\$0.00
7														\$0.00
7									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8														\$0.00
8														\$0.00
8														\$0.00
8									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9														\$0.00
9														\$0.00
9														\$0.00
9									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10														\$0.00
10														\$0.00
10														\$0.00
10									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11														\$0.00
11														\$0.00
11														\$0.00
11									\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12														\$0.00



Version 7/1/2018  
**Annual Mental Health Services Act Revenue and Expenditure Report**  
**Fiscal Year 2017-18**  
**Workforce Education and Training (WET) Summary**

County: Tri-City

Date: 1/30/2019

**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	\$62,180.00					\$62,180.00
4	WET Funds Transferred to JPA						\$0.00
5	WET Expenditure Incurred by JPA						\$0.00
6	WET Program Expenditures	\$210,273.00	\$0.00	\$0.00	\$0.00	\$0.00	\$210,273.00
7	<b>Total WET Expenditures (Excluding Transfers to JPA)</b>	<b>\$272,453.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$272,453.00</b>

**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	66	Workforce Staffing	\$15,625.00					\$15,625.00	
2	66	Training/Technical Assistance	\$179,022.00					\$179,022.00	
3	66	MH Career Pathways	\$15,626.00					\$15,626.00	
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: Tri-City

Date: 1/30/2019

**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	<b>Total CFTN Expenditures</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**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	
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	

**Annual Mental Health Services Act Revenue and Expenditure Report**

**Fiscal Year 2017-18**

**WET RP and MHSA HP Summary**

**County:** Tri-City

**Date:** 1/30/2019

**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)**

<b>County:</b>	Tri-City	<b>Date</b>	1/30/2019
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**SECTION ONE**

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

**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			
12		Interest Revenue			
13		Interest Revenue			
14		Interest Revenue			
15		Interest Revenue			
16		Interest Revenue			
17		Interest Revenue			
18		Interest Revenue			
19		Interest Revenue			
20		Interest Revenue			
21		Interest Revenue			
22		Interest Revenue			
23		Interest Revenue			
24		Interest Revenue			
25		Interest Revenue			
26		Interest Revenue			
27		Interest Revenue			
28		Interest Revenue			
29		Interest Revenue			
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: Tri-City

Date: 1/30/2019

**SECTION ONE**

#	A County	B Fiscal Year	C Cost Report Stage	D Component	E Beginning Balance	F Adjustment Amount	G 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