

County Name: El Dorado

Date: November 10, 2009

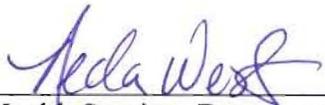
FORM #1
MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN
Fiscal Year 2009-10 Request

COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	Project Lead
Name: Neda West	Name: Christine Kondo-Lister, LCSW
Telephone Number: 530.621-6156	Telephone Number: 530.621-6270
Fax Number: 530.626-4713	Fax Number: 530.622-1293
E-mail: neda.west@edcgov.us	E-mail: christine.kondo-lister@edcgov.us
Mailing Address: 670 Placerville Drive, Suite 1B, Placerville CA 95667	

AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2009-10 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature 
 Health Services Department Director

12-15-09
 Date

Executed at Placerville, California