

MHSA COUNTY COMPLIANCE CERTIFICATION

County: _____

Local Mental Health Director	Program Lead
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
County Mental Health Mailing Address:	

that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Local Mental Health Director/Designee (PRINT)

Signature

Date

County: _____

Date: _____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: _____

Local Mental Health Director	County Auditor-Controller
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
County Mental Health Mailing Address:	

I hereby certify that said County has complied with all fiscal accountability requirements 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, including Welfare and Institutions Code sections 5891, 5892 and 5893 and Title 9 of the California Code of Regulations sections 3400 and 3410. Additionally, expenditures for Prevention and Early Intervention and Innovative Programs are consistent with any and all guidelines issued by the Mental Health Services Oversight and Accountability Commission (W&I 5846(a)).

Local Mental Health Director/Designee (PRINT)

Signature

Date

County Auditor Controller (PRINT)

Signature

Date

County: _____

Date: _____