

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

20-364

SAP Number

Department of Behavioral Health

Department Contract Representative
Telephone Number
Contractor

Ellayna Hoatson

909-388-0858

California Department of Health
Care Services

Contractor Representative
Telephone Number
Contract Term

Mental Health Services Division

916-552-9536

July 1, 2020 through June 30, 2023

Original Contract Amount
Amendment Amount
Total Contract Amount
Cost Center

Briefly describe the general nature of the contract:

The Mental Health Services Act (MHSA) provides funding to the Department of Behavioral Health for programs and services outlined in the MHSA Three-Year Integrated Plan Fiscal Years 2020-21 through 2022-23. Expenditures outlined in the Plan for the periods of FY 2020-21 through 2022-23 are in the amount of \$370,388,948.

FOR COUNTY USE ONLY

Approved as to Legal Form

DocuSigned by:

Dawn Martin

8FD714A78070478

Dawn Martin, Deputy County Counsel

5/29/2020

Date

Reviewed for Contract Compliance

DocuSigned by:

Natalie Kessee

4AA4DEA056D0425

Natalie Kessee, Contracts Manager

5/29/2020

Date

Reviewed/Approved by Department

DocuSigned by:

Veronica Kelley

B138FF4A8F3548D

Veronica Kelley, Director

5/29/2020

Date

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: San Bernardino

☒ Three-Year Program and Expenditure Plan

☐ Annual Update

Local Mental Health Director	Program Lead
Name: Veronica Kelley, DSW,LCSW	Name: Michelle Dusick
Telephone Number: (909) 388-0820	Telephone Number: 909-252-4046
E-mail: vkelly@dbh.sbcounty.gov	E-mail: MHSA@dbh.sbcounty.gov
Local Mental Health Mailing Address: Department of Behavioral Health 303 East Vanderbilt Way San Bernardino, CA 92415	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or 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 Three-Year Program and Expenditure Plan or 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 (PRINT)

Signature

Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: San Bernardino

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

Local Mental Health Director Name: Veronica Kelley, LCSW Telephone Number: (909) 388-0820 E-mail: vkelly@dbh.sbcounty.gov	County Auditor-Controller / City Financial Officer Name: Michelle Dusick Telephone Number: 909-252-4046 E-mail: MHSA@dbh.sbcounty.gov
Local Mental Health Mailing Address: Department of Behavioral Health 303 E. Vanderbilt Way San Bernardino, CA 92415	

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.

Local Mental Health Director (PRINT)

Signature

Date

I hereby certify that for the fiscal year ended June 30, _____, 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 _____ for the fiscal year ended June 30, _____. I further certify that for the fiscal year ended June 30, _____, 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.

County Auditor Controller / City Financial Officer (PRINT)

Signature

Date