

Behavioral Health Director Certification

Certification

1. I hereby certify that _____ has complied with all statuses, regulations, and guidelines in preparing and submitting this Three-Year Plan (IP) for Behavioral Health Services and Outcomes, including all fiscal accountability and stakeholder participation requirements. I further certify that:

The information, statements, and attachments included in the Three-Year IP are, to the best of my knowledge and belief, true and correct

I understand and agree that the Department of Health Care Services (DHCS) reserves the right to request clarification regarding unclear or ambiguous statements made in the IP and other supporting documents submitted in the IP

The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute, regulations, and guidance

Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute, statute, regulations, and guidance

BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)

The IP was submitted to the local behavioral health board

2. Does the county wish to disclose any implementation challenges or concerns with these requirements?

Yes

No

- a. Please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

County Behavioral Health Agency Director contact information

3. County Name

4. Certification for

- Three-Year Integrated Plan

- Annual Update

- Intermittent Update

- 4a. Submission type

- Draft

- Final

5. County Behavioral Health Agency Director name

6. County Behavioral Health Agency Director phone number

7. County Behavioral Health Agency Director email

Additional contact information for counties with separate MH and SUD directors (optional)

8. Name

9. Title

10. Phone

11. Email

County Behavioral Health Agency Director signature

12. Print name

13. Title

14. Date

15. Signature

**Additional signature for counties with separate MH and SUD directors
(optional)**

16. Print name

17. Title

18. Date

19. Signature