

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

County/City: Santa Barbara

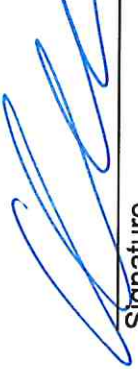
Three-Year Program and Expenditure Plan  
 Annual Update  
 Annual Revenue and Expenditure Report

<p><b>Local Mental Health Director</b></p> <p>Name: <u>Alice Gleghorn, PhD</u></p> <p>Telephone Number: <u>(805) 681-5220</u></p> <p>E-mail: <u>agleghorn@co.santa-barbara.ca.us</u></p> <p>Local Mental Health Mailing Address:  <u>300 N. San Antonio Rd. Bldg. 3</u>  <u>Santa Barbara, CA 93110</u></p>	<p><b>County Auditor-Controller/City Financial Officer</b></p> <p>Name: <u>Theo Fallati</u></p> <p>Telephone Number: <u>(805) 568-2100</u></p> <p>E-mail: <u>fallati@co.santa-barbara.ca.us</u></p>
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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.

Alice Gleghorn  
 Local Mental Health Director (PRINT)

  
 Signature 1/2/19  
 Date

<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)

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

I hereby certify that for the fiscal year ended June 30, 2018, 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 8/28/18 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, 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.

BETSY M. SCHAFFER

County Auditor Controller / City Financial Officer (PRINT)

Betsy M. Schaffer 1/3/19  
Signature Date

<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)