

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION _____

**RESOLUTION ADOPTING THE 2016-2017 SECOND ANNUAL UPDATE TO THE MENTAL
HEALTH SERVICES ACT Three-Year Program and Expenditure Plan for
Fiscal Year 2014-2015 through Fiscal Year 2016-2017**

RECITALS

WHEREAS, AB 1467, the omnibus health trailer bill for the 2012-13 state budget was chaptered into state law on June 27, 2012; and

WHEREAS, included among the amendments to the Mental Health Services Act was the requirement that three-year plans and annual updates be adopted by the county board of supervisors prior to submission to the Mental Health Services Oversight and Accountability Commission.

RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE, STATE OF CALIFORNIA, that the 2016-2017 Second Annual Update to the Mental Health Services Act Three-Year Program and Expenditures Plan for Fiscal Year 2014-2015 through Fiscal Year 2016-2017 is hereby approved and adopted.

THIS RESOLUTION was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on the _____ day of _____ 2017, by the following vote:

AYES:

NOES:

ABSENT OR NOT VOTING:

ATTEST: CAROL J. HUCHINGSON
Clerk of the Board of Supervisors

COUNTY OF LAKE

By: _____
Deputy

Chair, Board of Supervisors

APPROVED AS TO FORM:
ANITA L. GRANT
County Counsel

By: _____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Lake

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

☐ Annual Revenue and Expenditure Report

| | |
|--|---|
| Local Mental Health Director Name: Todd Metcalf Telephone Number: 707-274-9101 E-mail: Todd.Metcalf2@lakecountycal.gov | County Auditor-Controller / City Financial Officer Name: Cathy Saderlund Telephone Number: 707-263-2311 E-mail: Cathy.Saderlund@lakecountycal.gov |
| Local Mental Health Mailing Address: PO Box 1024 Lucerne, CA 95458 | |

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.

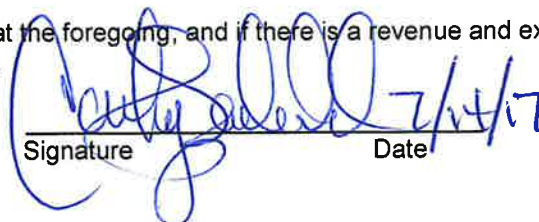
Todd Metcalf
Local Mental Health Director (PRINT)

Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, 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, 2016. I further certify that for the fiscal year ended June 30, 2017, 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.

Cathy Saderlund
County Auditor Controller / City Financial Officer (PRINT)


Signature Date 7/14/17

¹ 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 COMPLIANCE CERTIFICATION

County/City: Lake

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

| Local Mental Health Director | Program Lead |
|--|--|
| Name: Todd Metcalf | Name: Kathy Herdman |
| Telephone Number: 707-274-9101 | Telephone Number: 707-274-9101 |
| E-mail: Todd.Metcalf2@lakecountyca.gov | E-mail: Kathy.Herdman@lakecountyca.gov |
| Local Mental Health Mailing Address: PO Box 1024 Lucerne, CA 95458 | |

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.

Todd Metcalf
Local Mental Health Director (PRINT)

Signature Date