COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: SANTA CLARA

County Mental Health Director	County Auditor Controller
Name: NANCY DANE PEÑA, PHD	Name: VINOD SHARMA
Telephone Number: 408-885-5782	Telephone Number: 408-299-5201
E-mail: nancy.pena@hhs.sccgov.org	E-mail: vinod.sharma@oba.sccgov.org
Mailing Address: SANTA CLARA COUNTY - MENTAL HEALTH ADMIN 828 SOUTH BASCOM, SUITE 200 SAN JOSE, CA 95128	

I hereby certify that said County has complied with all fiscal accountability requirements as directed by the State Department of Health Care Services, 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 the guidelines issued by the Mental Health Services Oversight and Accountability Commission (W&I 5846(a)).

NANCY PEÑA, PH.D. — Mental Health Director/Designee (PRINT)

Nancy Peña, PsD — Signature

10/22/12 — Date

VINOD SHARMA — County Auditor Controller (PRINT)

Vsharma — Signature

10-08-12 — Date

County: SANTA CLARA

Date: 10/22/2012