

County Administrator or Designee Certification

The County Administrator may be known by other titles such as Chief Executive, County Manager, or Chief Administrative Officer. The County Administrator must be the individual who serves as the top staff member in county government and hold the highest level of administrative authority in the county or be the designee of that individual. This individual or their designee must work within the executive office of county government, and they may not be the county behavioral health director.

Certification

1. I hereby certify that:

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

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

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)

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

Yes

No

a. If answered yes above, please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

Signature

3. Print name

4. Date

5. Signature



Contact information

6. County Name

7. Certification for

Three-Year Integrated Plan

Annual Update

Intermittent Update

7a. Submission type

Draft

8. County Chief Administration Officer Name

9. County Chief Administration Officer Phone number

10. County Chief Administration Officer Email

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

N/A

County Behavioral Health Agency Director contact information

3. County Name

Sonoma County

4. Certification for

- Three-Year Integrated Plan
- Annual Update
- Intermittent Update

4a. Submission type

- Draft
- Final

5. County Behavioral Health Agency Director name

Dr. Jan Cobaleda-Kegler

6. County Behavioral Health Agency Director phone number

(707) 565-5157

7. County Behavioral Health Agency Director email

Jan.Cobaleda-Kegler@sonomacounty.gov

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

8. Name

N/A

9. Title

N/A

10. Phone

N/A

11. Email

N/A

County Behavioral Health Agency Director signature

12. Print name

Dr. Jan Cobaleda-Kegler

13. Title

Behavioral Health Division Director

14. Date

March 26, 2026

15. Signature



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

16. Print name

N/A

17. Title

N/A

18. Date

N/A

19. Signature

N/A