



State of California
Secretary of State

FILE NO. \_\_\_\_\_

NOTICE OF A JOINT POWERS AGREEMENT

(Government Code Section 6503.5 or 6503.7)

Instructions:

- 1. Complete and mail to: Secretary of State, P.O. Box 942877, Sacramento, CA 94277-0001 (916) 653-3984
2. Include filing fee of \$1.00.
3. Do not include attachments, unless otherwise specified.

(Office Use Only)

The name of the agency or entity created under the agreement and responsible for the administration of the agreement is: California Mental Health Services Authority

Mailing Address: 2125 19th Street, Sacramento, CA 95818

Provide a short title of the agreement if applicable: California Mental Health Services Authority Joint Exercise of Powers Agreement

The public agencies party to the agreement are:

(1) See Attached Document

(2)

(3)

If more space is needed, continue on a separate sheet and attach it to this form.

The effective date of the agreement is: June 11, 2009

Provide a condensed statement of the agreement's purpose or the powers to be exercised: This Agreement is entered into by the Members in order to jointly develop, and fund Mental Health Services and education programs.

June 15, 2009

Date

Handwritten signature of Allan Rowland

Signature

Allan Rowland, President

Typed Name and Title

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
BOARD OF DIRECTORS AND  
MEMBER LISTING**

**Mr. Allan Rawland, MSW – President**

Mental Health Director

**San Bernardino County**

268 West Hospitality Lane, Suite 400

San Bernardino, CA 92415

Phone: (909) 382-3133

Fax: (909) 382-3105

E-mail: [arawland@dbh.sbcounty.gov](mailto:arawland@dbh.sbcounty.gov)

**Ms. Karen Baylor, PhD, MFT – Southern  
Area Representative**

Mental Health Director

**San Luis Obispo County**

San Luis Obispo, CA 93401

Phone: (805) 781-4734

Fax: (805) 781-1273

E-mail: [kbaylor@co.slo.ca.us](mailto:kbaylor@co.slo.ca.us)

**Mr. Mike Oprendeck, LCSW - Vice President**

Mental Health Director

**Solano County**

275 Beck Avenue

Fairfield, CA 94533

Phone: (707) 784-8330

Fax: (707) 421-6619

E-mail [mjoprendeck@solanocounty.com](mailto:mjoprendeck@solanocounty.com)

**Ms. Denise Hunt, MFT – Central Area  
Representative**

Mental Health Director

**Stanislaus County**

800 Scenic Drive

Modesto, CA 95250

Phone: (209) 525-7442

Fax: (209) 525-6291

E-Mail: [dhunt@stancounty.com](mailto:dhunt@stancounty.com)

**Mr. Wayne Clark, PhD – Secretary and Bay  
Area Representative**

Behavioral Health Director

**Monterey County**

1270 Natividad Road

Salinas, CA 93906-3198

Phone: (831) 755-4509

Fax: (831) 755-4980

E-mail: [clarkww@co.monterey.ca.us](mailto:clarkww@co.monterey.ca.us)

**Mr. Curtis Boewer, MPA, MFT – Treasurer**

Mental Health Director

**Colusa County**

162 E. Carson Street, Suite A

Colusa, CA 95932

Phone: (530) 458-0520

Fax: (530) 458-7751

E-mail: [cboewer@gmail.com](mailto:cboewer@gmail.com)

**George Hills Co., Inc.**  
 Insurance Adjusters  
 3043 Gold Canal Dr. 2nd Floor  
 Rancho Cordova, CA 95670

California Bank and Trust  
 Sacramento Main Office  
 1332 Broadway  
 Sacramento, CA 95818

10587

06/15/09

**Pay** \*\*One And 00/100 Dollars\*\*\*\*\* \$ 1.00

to the  
**Order of** State of California

State of California  
 Secretary of State  
 P O Box 942877  
 Sacramento, CA 94277-0001

*James Ryan*  
 Authorized Signatures

⑈010587⑈ ⑆121002042⑆ 1030182421⑈

NAME: State of California

DATE: 06/15/09 10587

INV. DATE	INVOICE NO.	AMOUNT	DISCOUNT	AMOUNT PAID
06/15/09	CMHSA JEPA	1.00	0.00	1.00

YEAR TO DATE	AMOUNT BILLED	DISCOUNT TAKEN	TOTAL PAID AMOUNT PAID	\$	1099 YTD Total
	1.00	0.00	1.00		1.00
					0.00