

HLL 2840

AGENDA ITEM TRANSmittal

Agenda Time Estimates:
Minutes or Consent

Leave Blank:
810

Date/Time Rec'd:
9/15/11

TO: BOARD OF SUPERVISORS
FROM: Alan Yamamoto, Director
Behavioral Health Department

CONTACT FOR INFORMATION:
Name: Alan Yamamoto
Phone No: 831-636-4020

NUMBER OF CERTIFIED COPIES
REQUIRED:

MEETING DATE: Oct. 4, 2011
(1) SUBJECT: Request to Enter Joint Powers Agreement with the Calif. Mental Health Services Services Authority (CalMHSA)

(2) BACKGROUND INFORMATION (Attach additional pages if necessary):
The Ca. Govt. Code ("Joint Exercise of Powers Act", Sect. 6500 et seq.) permits two or more public agencies by agreement to jointly exercise powers common to the contracting parties. Six initial member Counties formed the California Mental Health Service Authority (CalMHSA) in 2009. In April 2010, CalMHSA entered into a contract with DMH to administer three statewide PEI Projects on behalf of its member Counties. As of May 2011, CalMHSA totaled 29 member Counties. Approval of this item will allow the County Beh. Health Dept. to join CalMHSA which will allow joint development and funding of mental health services and education programs as determined by CalMHSA Board on a regional, statewide, or other basis. CalMHSA does not deliver services itself, but facilitates efficient use of resources by multiple Counties by providing group purchasing power, joint development of RFPs and contracts for services, reduced overhead through sharing of the expenses of admin. and reporting, and sharing research and strategies. CalMHSA also provides its member Counties the ability to deal jointly with DMH, MHSOAC, and the legislature. Under the Agreement, each member County has a representative on CalMHSA's Board of Directors who is entitled to vote regarding general JPA governance and to govern Programs in which the County is participating.

Members that have not participated in any Program of the Authority may attend and participate in board meetings, but may not vote or be a member of the Executive Committee until such time as their County takes all steps necessary to assign Statewide PEI funds or to participate in some other Program of the Authority resulting in funds being received by the Authority for or on behalf of the County. No direct effect on current County services will occur as a result of merely joining CalMHSA.

The County may subsequently elect to assign County funds to have CalMHSA administer mental health projects in lieu of their administration by the County if doing so is deemed advantageous by the County. The County BH Dept. would seek Board approval separate from this proposed action if any additional County funding beyond the annual CalMHSA dues amount for County membership were proposed for assignment to CalMHSA.

(3) OTHER AGENCY INVOLVEMENT: None

(4) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM:
 Other: CalMHSA JPA, Member Fee Form, Bylaws

(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:
None, however other MHSOAC funded projects have been previously approved

(6) FUNDING SOURCE(S):
Prop 63-MHSA Funds

(7) CURRENT YEAR COST:
\$ 250.00

(8) ANNUAL COST:
\$ 250.00

(9) BUDGETED:
 YES NO

(10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL? YES NO If YES, STATE NUMBER:
Permanent Limited Term

- (11) RECOMMENDED ACTION(S):
1. Authorize the County Behavioral Health Director to act as the representative for the County in the CalMHSA and to sign and exercise the CalMHSA JPA to allow the County to participate with other California counties in jointly developed and funded mental health services and education programs on a regional or state-wide basis.
 2. Authorize the County Behavioral Health Director to sign the new member CalMHSA application and pay annual CalMHSA dues as per the required dues amount of \$250.00 for counties with populations under 100,000.

SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE
Alan Yamamoto

DATE
09/14/2011

CLERK'S USE ONLY

- APPROVED DENIED ADOPTED CONTINUED TO _____
 ACKNOWLEDGED ACCEPTED RESOLUTION NO. _____ OTHER _____
 SET PUBLIC HEARING APPOINTED ORDINANCE NO. _____ NO ACTION TAKEN _____

BY: *Denise K. Stone*
Deputy Clerk of the Board

DATE: **10/4/11**

COPY ROUTING: BOARD - ORIGINATING DEPT. - AUDITOR