



# RESOLUTION No. 12-150

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

### RESOLUTION APPROVING NEVADA COUNTY'S PARTICIPATION IN THE CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CalMHSA) AND AUTHORIZING THE DIRECTOR OF BEHAVIORAL HEALTH TO SIGN THE JOINT EXERCISE OF POWERS AGREEMENT (JPA) AND TO ACT AS A REPRESENTATIVE ON THE BOARD OF DIRECTORS OF CalMHSA ON BEHALF OF NEVADA COUNTY

WHEREAS, Nevada County wishes to participate in the California Mental Health Services Authority in order to jointly develop and fund mental health services and education programs as determined on a regional, statewide, or local basis; and

WHEREAS, the Joint Exercise of Powers Agreement (as amended in 2010) governs the operations of the California Mental Health Services Authority (CalMHSA) and it is necessary for Nevada County to execute the JPA in order for the County to have a representative on the CalMHSA's Board of Directors who has the authority to attend, participate in and vote on actions of the Board of Directors; and

WHEREAS, there is a one-time application fee of \$250 due upon joining CalMHSA, otherwise there will be no additional County costs and joining will not impact Nevada County's ongoing MHSA Prevention and Early Intervention (PEI) base funding; and

WHEREAS, Nevada County wishes to authorize the Director of Behavioral Health to act as the representative of Nevada County on the Board of Directors of the California Mental Health Services Authority, and authorizes the Director of Behavioral Health to additionally appoint an alternate to represent the County on the CalMHSA Board.

NOW THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors, of the County of Nevada, State of California, approves Nevada County's participation in the California Mental Health Authority (CalMHSA) and FURTHERMORE:

- Authorizes the Director of the Department of Behavioral Health to sign the Joint Exercise of Powers Agreement (amended in 2010) on behalf of the County.
- Authorizes the Director of the Department of Behavioral Health to act as the representative of the County on the Board of Directors of the California Mental Health Services Authority, and also authorizes the Director to appoint an alternate to represent the County on the CalMHSA Board.
- Authorizes the Director of Behavioral Health to expend the application fee to participate in the California Mental Health Services Authority (CalMHSA).

Funds to be disbursed from account: 1589-40103-493-1000/521520

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 24<sup>th</sup> day of April, 2012, by the following vote of said Board:

Ayes: Supervisors Nathan Beason, Edward Scofield, Terry Lamphier, Hank Weston, and Ted S. Owens.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

DONNA LANDI  
Clerk of the Board of Supervisors

By: Donna Landi

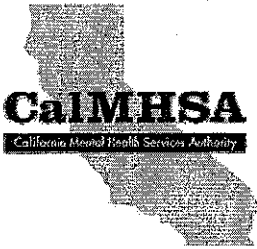
Ted S. Owens  
Ted S. Owens, Chair

The foregoing instrument is a correct copy of the original on file in this office.

04/24/2012 cc: BH\*  
A-C\*

12-150  
ATTEST: AP May 2, 2012  
DONNA LANDI, Clerk of the Board  
County of Nevada

BY: BD



# New Member Data Fee Form California Mental Health Services Authority

3043 GOLD CANAL DRIVE, SUITE 200 + RANCHO CORDOVA, CA 95670 + PHONE: (916) 859-4800 FACSIMILE: (916) 859-4805

### County Information

Population

Date Population Recorded

#### I. Population Information:

(Based on most recent population published by State Department of Finance)

98,764

2010

#### II. Application Fee Schedule (Based on most recent population published by State Department of Finance)

- Population greater than 10 million: \$1,000
- Population 1 million to 10 million: \$ 750
- Population 100,000 to 1 million: \$ 500
- Population less than 100,000: \$ 250

250.00

Please issue warrant to California Mental Health Services Authority \$ \_\_\_\_\_

OR

Application Fee will be paid upon the first reassignment of program funds to CalMHSA

4/24/12

#### III. Requested Date of Membership: \_\_\_\_\_

County of Nevada

County/City

Michael Heggarty, MFT

Printed Name

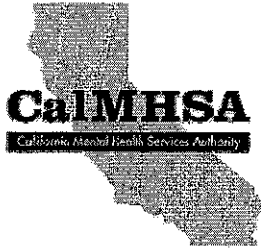
Michael Heggarty

Signature

4/9/2012

Date

Please complete form and submit via email to [laura.li@georgehills.com](mailto:laura.li@georgehills.com). Print and/or save completed form for your records.



## *Member Contact Information*

Michael Heggarty, MFT

*Alternate Name/Title (including professional initials)*

Behavioral Health Department

*Physical Address*

500 Crown Point Circle

*Street Name*

Suite 120

*Suite / Mail Stop / Floor*

Grass Valley, CA 95945

*City State Zip Code*

(530) 470 -2784/ 271-0257

*Telephone: X Facsimile: X*

*Email: michael.heggarty@co.nevada.ca.us*

## *Alternate Contact Information*

Jeffrey S. Brown, MPH, MSW

*Alternate Name/Title (including professional initials)*

Health and Human Services Agency

*Physical Address*

950 Maidu Ave.

*Street Name*

*Suite / Mail Stop / Floor*

Nevada City, CA 95959

*City State Zip Code*

(530) 470-2562/ 265-9860

*Telephone: X Facsimile: X*

*Email: jeffrey.brown@co.nevada.ca.us*