



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 24th 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

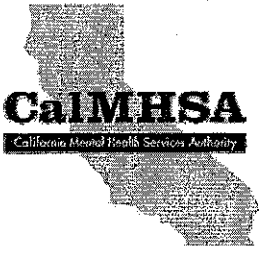
By: Donna Landi

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: 98,764 2010
(Based on most recent population published by State Department of Finance)

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

<input type="checkbox"/>	Population greater than 10 million:	\$1,000	
<input type="checkbox"/>	Population 1 million to 10 million:	\$ 750	
<input type="checkbox"/>	Population 100,000 to 1 million:	\$ 500	
<input checked="" type="checkbox"/>	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

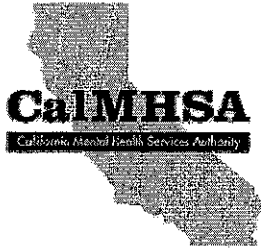
Printed Name

Michael Heggarty
Signature

4/9/2012
Date

Date

Please complete form and submit via email to 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