



# COUNTY OF HUMBOLDT

## Legislation Details (With Text)

**File #:** 18-630      **Version:** 1      **Name:**  
**Type:** Informational Report      **Status:** Passed  
**File created:** 6/13/2018      **In control:** DHHS: Administrative  
**On agenda:** 6/19/2018      **Final action:** 6/19/2018  
**Title:** Acceptance of Mental Health Triage Personnel Grant Funding Made Available Through the Mental Health and Wellness Act of 2013

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Acceptance of Mental Health Triage Personnel Grant.pdf, 2. Attachments.pdf

Date	Ver.	Action By	Action	Result
6/19/2018	1	Board of Supervisors	approved	Pass

**To:** Board of Supervisors

**From:** DHHS: Administration

**SUBJECT:**

Acceptance of Mental Health Triage Personnel Grant Funding Made Available Through the Mental Health and Wellness Act of 2013

**RECOMMENDATION(S):**

That the Board of Supervisors adopt the attached resolution which authorizes the Department of Health and Human Services - Mental Health Director, or a designee thereof, to accept, and execute any and all documents necessary to secure, grant funding from the California Mental Health Services Oversight and Accountability Commission to expand the Humboldt County Mobile Response Team program; approve the allocation of two (2) full-time Mental Health Peer Coach 111 positions (class 0577, salary range 300) in Mental Health Administration budget unit 1170-424 effective immediately upon Board of Supervisors approval; and direct the Clerk of the Board to return one (1) certified copy of the Board Report to the Department of Health and Human Services - Contract Unit for further processing.

**SOURCE OF FUNDING:**

Click or tap here to enter text.

**DISCUSSION:**

Click or tap here to enter text.

**FINANCIAL IMPACT:**

Click or tap here to enter text.

**OTHER AGENCY INVOLVEMENT:**

Click or tap here to enter text.

ALTERNATIVES TO STAFF RECOMMENDATIONS:

Click or tap here to enter text.

ATTACHMENTS:

Click or tap here to enter text.

PREVIOUS ACTION/REFERRAL:

Board Order No.: Click or tap here to enter text.

Meeting of: Click or tap here to enter text.