



# COUNTY OF HUMBOLDT

## Legislation Details (With Text)

**File #:** 18-959      **Version:** 1      **Name:**  
**Type:** Informational Report      **Status:** Passed  
**File created:** 7/23/2018      **In control:** DHHS: Administrative  
**On agenda:** 7/31/2018      **Final action:** 7/31/2018  
**Title:** Application Process for Collaborative Partnership Agreements Regarding the Provision of Professional Services Intended to Reduce the Number of Adverse Childhood Experiences Occurring within Humboldt County

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Application Process for Collaborative Partnership Agreements.pdf

Date	Ver.	Action By	Action	Result
7/31/2018	1	Board of Supervisors	approved	Pass

**To:** Board of Supervisors

**From:** DHHS: Administration

**SUBJECT:**

Application Process for Collaborative Partnership Agreements Regarding the Provision of Professional Services Intended to Reduce the Number of Adverse Childhood Experiences Occurring within Humboldt County

**RECOMMENDATION(S):**

That the Board of Supervisors approve the attached collaborative partnership agreement application package; approve the attached collaborative partnership agreement templates regarding the provision of professional services intended to reduce the number of Adverse Childhood Experiences occurring within Humboldt County; authorize the Department of Health and Human Services-Mental Health Director to execute collaborative partnership agreements that are substantially similar to the attached collaborative partnership agreement templates, after review and approval by County Counsel, Risk Management and the County Administrative Office; authorize the Department of Health and Human Services-Mental Health Director to execute any future amendments to the collaborative partnership agreements executed thereby, after review and approval by County Counsel, Risk Management and the County Administrative Office; and direct the Clerk of the Board to return one (1) original executed copy of this item to the Department of Health and Human Services-Contract Unit.

**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:**

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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.