

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM
3.20
(ID # 3966)

MEETING DATE:

Tuesday, June 6, 2017


FROM : RUHS-BEHAVIORAL HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH: Approve the Ongoing Annual MHSA Fund Release Authorization Form for Future Unencumbered Funds to Riverside University Health System-Behavioral Health; District: All; [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and Authorize the Director of Behavioral Health to sign the Ongoing Annual MHSA Fund Release Authorization Form; and
2. Authorize the Director of Behavioral Health to sign future acceptance documents, agreements, and/or subsequent ministerial amendments, and related documents pertaining to the release of funds, as approved to form by County Counsel.

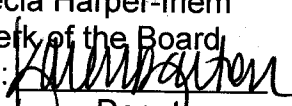
ACTION:


Steve Steinberg 5/8/2017

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Tavaglione and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington and Perez
Nays: None
Absent: Ashley
Date: June 6, 2017
xc: RUHS-Behavioral Health, Purchasing

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$0	\$0	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: 100% State			Budget Adjustment:	No
			For Fiscal Year:	16/17

C.E.O. RECOMMENDATION: APPROVE

BACKGROUND:

Summary

On January 8, 2008, (3.14) the Board of Supervisors authorized the State Department of Mental Health (DMH) and the California Housing Finance Agency (CalHFA) to jointly administer the Riverside University Health System-Behavioral Health's (RUHS-BH), formerly Department of Mental Health, Mental Health Services Act (MHSA) Housing Program funds. These funds, which have been fully dispersed, were used for capital costs and 20-year rent subsidies for one hundred five (105) permanent supportive housing units located in seven (7) affordable housing communities for homeless individuals in Riverside County.

Effective May 31, 2016, the State of California Department of Health Care Services (DHCS), formerly DMH, issued an Information Notice 16-025 indicating the End of Program-Release of Unencumbered Funds Dedicated to the MHSA Housing Program. With this notice and the expiration of the MHSA Housing Program, CalHFA must release any unencumbered MHSA funds to the counties which requires RUHS-BH Director to sign an Ongoing Annual MHSA Fund Release Authorization Form for Future Unencumbered Funds to conclude business from the old MHSA program. This Authorization form is a compliance item required by DHCS and a high priority for action from the CalHFA to instruct how to handle any future residual receipt loan payments and interest earnings. Any returned funds will be restricted to the MHSA Housing Program.

Therefore, the RUHS-BH is requesting that the Board of Supervisors approve the Director of Behavioral Health to sign the Ongoing Annual MHSA Fund Release Authorization Form for Future Unencumbered Funds to RUHS-BH, as outlined herein.

Impact on Citizens and Businesses

These services are a component of Behavioral Health's system of care aimed at improving the health and safety of consumers and the community.

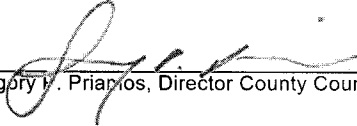
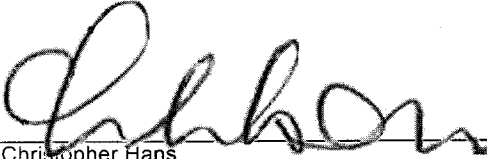
Additional Fiscal Information

No additional County funds are required.

Attachments

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STATE OF CALIFORNIA

MHSA Fund Release Authorization Form

	
Gregory K. Priamos, Director County Counsel	Christopher Hans
5/18/2017	6/30/2017

MHSA HOUSING LOAN PROGRAM
ONGOING ANNUAL MHSA FUND RELEASE AUTHORIZATION FOR FUTURE
UNENCUMBERED FUNDS

City/County: COUNTY OF RIVERSIDE

Until otherwise directed by City/County, and pursuant to Welfare and Institutions Code (W&I) Section 5892.5, City/County hereby request the annual release of MHSA funds in City/County's CalHFA MHSA account ("Account"). Said Account may include deposits of unencumbered MHSA Housing funds, MHSA residual receipt loan payments, and accrued interest (collectively referred to as "Funds"). As of May 1st of each calendar year, please:

☒ **Release and return all Funds to the City/County; OR**

☐ **Release and assign all Funds to the CalHFA administered Local Government Special Needs Housing Program.**

On behalf of the City/County listed above, I hereby certify the following:

The City/County will use any released MHSA Funds returned to the City/County to provide housing assistance to the target populations identified in W&I Section 5600.3. Housing assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless; and

The City/County will administer released and returned MHSA Funds in compliance with the requirements of the MHSA including, but not limited to, the following:

- The City/County will follow the stakeholder process identified in (W&I Section 5848), when determining the use of the funds;
- The City/County will include the use of the funds in the County's Three-Year Program and Expenditure Plan or Annual Update, (W&I Section 5847);
- The City/County will account for the expenditure of those MHSA Funds in the City/County's Annual Revenue and Expenditure Report (W&I Section 5899) Reporting will begin in the fiscal year when the MHSA Housing Program funds are returned to the City/County by CalHFA; and
- The City/County will expend the returned funds within three years of receipt or the funds will be subject to reversion. (W&I Section 5892 (h)).

By: _____

Date: _____

Name: Steve Steinberg

Title: Behavioral Health Director

ATTACHMENT A

**MHSA HOUSING LOAN PROGRAM
ONGOING ANNUAL MHSA FUND RELEASE AUTHORIZATION FOR FUTURE
UNENCUMBERED FUNDS**

Make check payable to (if applicable): Riverside University Health System-Behavioral Health

Address: 4095 County Circle Drive
PO Box 7549
Riverside, CA 92513-7549

Must attach evidence of City/County Board of Supervisors Approval

State of California Use Only:

REVIEWED BY:

**Department of Health Care Services
Agency**

California Housing Finance

Signature Date

Signature Date

Name

Name

Title

Title