



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
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**Special Meeting of the Board of Directors
Mark Twain Medical Center
Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

**Tuesday September 5, 2023
9:00am**

Agenda

Zoom – Public Invitation information is at the End of the Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care.”

1. **Call to order with Flag Salute:**
2. **Roll Call:**
3. **Approval of Agenda:** Public Comment - **Action**
4. **Public Comment On Matters Not Listed On The Agenda:**

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the Agenda. (The public may also comment on any item listed on the Agenda prior to Board action on such item.) **Limit of 3 minutes per speaker.** The Board appreciates your comments however it will not discuss and cannot act on items not on the agenda.

5. BCHiP – Round 5: Public Comment

Rescind Resolution 2023 - 06 Behavioral Health Continuum Infrastructure Prog. (BHCIP) – **Action:**

Resolution 2023 - 08 Behavioral Health Continuum Infrastructure Prog. (BHCIP): Public Comment – **Action:**

6. Announcements of Interest to the Board or the Public:

7. Next Meeting:

- The next MTHCD Board Meeting will be Wed. September 27, 2023 at 9am.

8. Adjournment: Public Comment – **Action:**

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: Tuesday, September 5, 2023 MTHCD Special Board of Directors Meeting

Time: Sep 5, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83113575827?pwd=M1VoUld3SVN1MWxXMIB2b3hTWXkvUT09>

Meeting ID: 831 1357 5827

Passcode: 637646

One tap mobile

+16699006833,,83113575827#,,,,*637646# US (San Jose)

+16694449171,,83113575827#,,,,*637646# US

Dial by your location

• +1 669 900 6833 US (San Jose)

• +1 669 444 9171 US

• +1 253 215 8782 US (Tacoma)

• +1 346 248 7799 US (Houston)

• +1 719 359 4580 US

• +1 253 205 0468 US

• +1 360 209 5623 US

• +1 386 347 5053 US

• +1 507 473 4847 US

• +1 564 217 2000 US

- +1 646 931 3860 US
- +1 689 278 1000 US
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)

Meeting ID: 831 1357 5827

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Find your local number: <https://us02web.zoom.us/j/83113575827>



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AUTHORIZING RESOLUTION NO. 2023-06

A RESOLUTION OF THE [MEMBERS/SOLE MEMBER/MANAGING MEMBER/MANAGER] OF [Mark Twain Health Care District], A California Special District, and subdivision of the State of California, AUTHORIZING APPLICATION TO AND PARTICIPATION IN THE BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM ("BHCIP")

WHEREAS:

- A. The California Department of Health Care Services, through its contractor Advocates for Human Potential, Inc., ("**Department**") has issued a Request for Applications, dated January 31, 2022 ("**RFA**"), for the BHCIP Program ("**Program**"). The Department has issued the RFA for Program grant funds pursuant to Welfare and Institutions Code Sections 5960-5960.45. Program grant funds are derived primarily from the federal Coronavirus State and Local Fiscal Recover Funds, which was established by the American Rescue Plan Act of 2021, and in part from the State of California General Fund.
- B. [**Mark Twain Health Care District**], a [California] **Special District, and subdivision of the State of California ("Applicant")**, desires to apply for Program grant funds and has submitted an application for Program funds ("**Application**") to the Department for review and consideration.
- C. The Department is authorized to administer BHCIP pursuant to Welfare and Institutions Code Section 5960-5960.45. Program funding allocations are subject to the terms and conditions of the RFA, the Application, Program Funding Agreement ("**Program Funding Agreement**"), and all other legal requirements of the Program.

THEREFORE, IT IS RESOLVED THAT:

- 1. Applicant is hereby authorized and directed to submit an Application to the Department in response to the RFA, and to apply for Program grant funds in a total amount not to exceed [Three-million three-hundred twenty-two thousand one-hundred ninety-eight dollars and no cents (\$3,322,198.00)].

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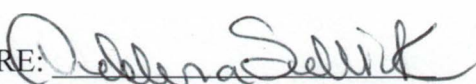
2. If the Application is approved, Applicant is hereby authorized and directed to enter into, execute, and deliver a Program Funding Agreement in a total amount not to exceed [Three-million three-hundred twenty-two thousand one-hundred ninety-eight dollars and no cents (\$3,322,198.00)], any and all other documents required or deemed necessary or appropriate to secure the Program funds from the Department and to participate in the Program, and all amendments thereto (collectively, the “**Program Documents**”).

3. Applicant acknowledges and agrees that it shall be subject to the terms and conditions specified in the Program Funding Agreement. Any and all activities, expenditures, information, and timelines represented in the Application are enforceable through the Program Funding Agreement. Funds are to be used for the allowable expenditures and activities identified in the Program Funding Agreement.

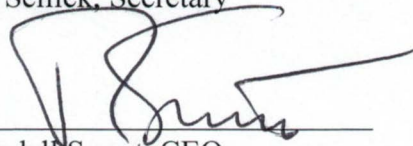
4. **[Randall Smart]** (the “**Authorized Signatory**”), is authorized to execute the Application and the Program Documents on behalf of Applicant for participation in the Program; and Applicant further agrees and authorizes the Authorized Signatory to execute the Declaration of Restrictions and Performance Deed of Trust to be recorded against the Project located at [51 Wellness Way, Valley Springs, CA 95252], as more particularly described in the Program Funding Agreement.

ADOPTED this 23rd day of August, 2023, by the **[Mark Twain Health Care District Board of Directors]**.

The undersigned, **Ms. Debra Sellick, Secretary, Mark Twain Health Care District Board of Directors** [does] hereby attest and certify that the foregoing is a true and full copy of a resolution of Applicant’s governing body adopted at a duly convened meeting, or hereby consent in lieu of a meeting, as of the date last executed below, and that the resolution has not been altered, amended, or repealed.

SIGNATURE: 
 NAME: Debra Sellick, Secretary

DATE: 8/23/2023

SIGNATURE: 
 NAME: Dr. Randall Smart, CEO

DATE: 8/23/2023

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NOTICE AND INSTRUCTIONS

1. **Notice.** The Department is providing this template Authorizing Resolution as informational guidance only. The Department encourages each Applicant to consult with professional legal counsel during the development of its own formal, legally binding statement that it is authorized to apply to and participate in the Program.
 - a. Please note, however, that any limitations or conditions on the authority of the signatory or signatories to execute the Application or the Program Documents may result in the Department rejecting the Authorizing Resolution.
2. **Accuracy, Verification.** The Department will verify that this Authorizing Resolution comports with Applicant's operative organizational documents (including but not limited to the Certificate of Organization and Operating/LLC Agreement). Applicant must timely notify the Department, in writing, of any discrepancies between its Authorizing Resolution and its organizational documents, along with a written explanation of same.
3. **Dollar Amounts of Grant Awards.** The Department recommends identifying an authorized dollar amount that is exactly the award amount stated in the Award Letter. If Applicant is ultimately awarded an amount in excess of the amount identified in the Authorizing Resolution, the Department will require a new Authorizing Resolution from Applicant before execution of a Standard Agreement.
4. **Authorized Signatory or Signatories, Designee.** Applicant may authorize multiple signatories, so long as there is clarifying language as to whether the signatories are authorized to execute the Program Documents individually or collectively.

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AUTHORIZING RESOLUTION NO. 2023-08

A RESOLUTION OF THE MANAGER OF Mark Twain Health Care District, A California Special District, and subdivision of the State of California, AUTHORIZING APPLICATION TO AND PARTICIPATION IN THE BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM ("BHCIP")

WHEREAS:

- A. The California Department of Health Care Services, through its contractor Advocates for Human Potential, Inc., (“**Department**”) has issued a Request for Applications, dated January 31, 2022 (“**RFA**”), for the BHCIP Program (“**Program**”). The Department has issued the RFA for Program grant funds pursuant to Welfare and Institutions Code Sections 5960-5960.45. Program grant funds are derived primarily from the federal Coronavirus State and Local Fiscal Recover Funds, which was established by the American Rescue Plan Act of 2021, and in part from the State of California General Fund.

- B. **Mark Twain Health Care District**, a California **Special District**, and subdivision of the State of California (“**Applicant**”), desires to apply for Program grant funds and has submitted an application for Program funds (“**Application**”) to the Department for review and consideration.

- C. The Department is authorized to administer BHCIP pursuant to Welfare and Institutions Code Section 5960-5960.45. Program funding allocations are subject to the terms and conditions of the RFA, the Application, Program Funding Agreement (“**Program Funding Agreement**”), and all other legal requirements of the Program.

THEREFORE, IT IS RESOLVED THAT:

- 1. Applicant is hereby authorized and directed to submit an Application to the Department in response to the RFA, and to apply for Program grant funds in a total amount not to exceed Three-million three-hundred twenty-two thousand one-hundred ninety-eight dollars and no cents (\$3,322,198.00).

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2. If the Application is approved, Applicant is hereby authorized and directed to enter into, execute, and deliver a Program Funding Agreement in a total amount not to exceed Three-million three-hundred twenty-two thousand one-hundred ninety-eight dollars and no cents (\$3,322,198.00), any and all other documents required or deemed necessary or appropriate to secure the Program funds from the Department and to participate in the Program, and all amendments thereto (collectively, the “**Program Documents**”).

3. Applicant acknowledges and agrees that it shall be subject to the terms and conditions specified in the Program Funding Agreement. Any and all activities, expenditures, information, and timelines represented in the Application are enforceable through the Program Funding Agreement. Funds are to be used for the allowable expenditures and activities identified in the Program Funding Agreement.

4. **Randall Smart, CEO** (the “**Authorized Signatory**”), is authorized to execute the Application and the Program Documents on behalf of Applicant for participation in the Program; and Applicant further agrees and authorizes the Authorized Signatory to execute the Declaration of Restrictions and Performance Deed of Trust to be recorded against the Project located at 51 Wellness Way, Valley Springs, CA 95252, as more particularly described in the Program Funding Agreement.

ADOPTED this 5th day of September, 2023, by the **Mark Twain Health Care District Board of Directors**.

The undersigned, **Ms. Debra Sellick, Secretary, Mark Twain Health Care District Board of Directors** does hereby attest and certify that the foregoing is a true and full copy of a resolution of Applicant’s governing body adopted at a duly convened meeting, or hereby consent in lieu of a meeting, as of the date last executed below, and that the resolution has not been altered, amended, or repealed.

SIGNATURE: _____
 NAME: Debra Sellick, Secretary

DATE: _____

SIGNATURE: _____
 NAME: Dr. Randall Smart, CEO

DATE: _____

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