

APPENDIX B, EXHIBIT 2: ATTESTATION OF SUPPORT FROM COUNTY BEHAVIORAL HEALTH DIRECTOR

Subject: Attestation of Support for Community Reinvestment Plan

I, the undersigned, as an officer of (county name), hereby attest that (MCP name's) Community Reinvestment Plan for investments anticipated in calendar year(s): (calendar year / calendar years):

Aligns with community needs identified in the most current CHA / CHIP:

Yes No (If no, please briefly describe the rationale below):

Is informed by needs identified in the Behavioral Health Transformation planning process:

Yes No (If no, please briefly describe the rationale below):

To the extent CHA/CHIP includes behavioral health needs as identified by the community, the County Behavioral Health Department agrees that the investment strategy is aligned with the CHA/CHIP:

Yes No (If no, please briefly describe below):

Includes proposed investment activities that are agreeable to the County Behavioral Health Department:

Yes No (If no, please briefly describe the rationale below):

By :

(Please type full name here)

(Please type title here)

(Signature)

(Date)