

# APPENDIX B, EXHIBIT 1: ATTESTATION OF SUPPORT FROM PUBLIC 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)