

**RESOLUTION NO. \_\_\_\_\_**

**RESOLUTION OF THE NAPA COUNTY BOARD OF SUPERVISORS,  
STATE OF CALIFORNIA, AUTHORIZING THE DIRECTOR OF HEALTH AND  
HUMAN SERVICES AGENCY TO ESTABLISH MINIMUM  
REQUIREMENTS, CRITERIA AND FEES FOR THE DRUG DIVERSION  
PROGRAM AND CERTIFYING THE DRUG DIVERSION PROGRAM  
PROVIDER**

**WHEREAS**, the county drug and alcohol administrator shall establish minimum requirements, criteria, and fees, in consultation with representatives of the court and county probation department, for the completion of the drug diversion programs pursuant to Chapter 1.5 (commencing with Section 1211) of Title 8; and

**WHEREAS**, referrals for pretrial diversion programs granted by the court shall only be made to programs certified by the county drug program administrator pursuant to Chapter 2.5 (commencing with Section 1000 (4)(c).

**NOW, THEREFORE, BE IT RESOLVED** by the Napa County Board of Supervisors as follows:

1. That the Director of Health and Human Services Agency, is hereby authorized and directed to act on behalf of County in establishing minimum requirements, criteria, and fees for the drug diversion program and certifying the drug diversion program providers.

*[remainder of page intentionally left blank]*

**THE FOREGOING RESOLUTION WAS DULY AND REGULARLY ADOPTED**  
by the Napa County Board of Supervisors, State of California, at a regular meeting of the Board  
held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by the following vote:

AYES:           SUPERVISORS \_\_\_\_\_

\_\_\_\_\_

NOES:           SUPERVISORS \_\_\_\_\_

\_\_\_\_\_

ABSTAIN:       SUPERVISORS \_\_\_\_\_

\_\_\_\_\_

ABSENT:        SUPERVISORS \_\_\_\_\_

\_\_\_\_\_

NAPA COUNTY, a political subdivision of  
the State of California

By: \_\_\_\_\_  
BELIA RAMOS, Chair of the  
Board of Supervisors

<p>APPROVED AS TO FORM Office of County Counsel</p> <p>By: <i>Rachel L. Ross</i> (e-signature) _____</p> <p>Deputy County Counsel</p> <p>Date: <u>11-15-23</u></p>	<p>APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS</p> <p>Date: _____</p> <p>Processed By: _____</p> <p>Deputy Clerk of the Board</p>	<p>ATTEST: NEHA HOSKINS Clerk of the Board of Supervisors</p> <p>By: _____</p>
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