

DEPARTMENT OF MENTAL HEALTH

1600 - 9TH STREET
SACRAMENTO, CA 95814
(916) 654-3551



October 30, 1998

DMH INFORMATION NOTICE NO.: 98-19

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: IMPLEMENTATION OF NATIONAL VOTER REGISTRATION ACT (NVRA) OF 1993

REFERENCE: National Voter Registration Act, 42 United States Code Section 1973gg

EXPIRES: Retain Until Superseded

The purpose of this information notice is to comply with the stipulated court order dated July 22, 1996, of the United States District Court for the Northern District of California in the matter of Voting Rights Coalition, et al. vs. Pete Wilson, et al. (Case Nos. C-94-20860 JW and 95-20042 JW). This order reflects the parties' stipulation to amend the court's orders of January 5, 1996, and May 31, 1996, with respect to the implementation of the NVRA in California and the results of such implementation. Enclosed you will find the **fifth survey** form. Each county should send a copy of the survey to **all** contract providers of mental health services for their county. The survey will provide the Department with information regarding compliance efforts, which will then be forwarded to the court.


Please ask each contract provider to complete the form and return it to the county. Each county must forward the surveys along with the number of contractors it was sent to and the number responding to:

Elizabeth Newby, Associate Mental Health Specialist
Department of Mental Health
Technical Assistance and Training
1600 Ninth Street, Room 120
Sacramento, California 95814
FAX: (916) 654-3662

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Should the county or contract provider have any questions or need further assistance, they may contact Kaye Antel-Berenson at (916) 654-0543 or Ms. **Newby** at (916) 654-3662. Please have each contract provider complete the survey and return to the Department no later than **December 15, 1998**.



GARY M. PETTIGREW
Deputy Director
Systems of Care

Enclosure

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

NATIONAL VOTER REGISTRATION ACT (NVRA) OF 1993

COUNTY/PROVIDER SURVEY OF IMPLEMENTATION

county: _____

Provider: _____

Provider No. : _____

Telephone No: _____

FAX No: _____

1. How many persons have been offered the opportunity to register to vote **since the last survey**?

2. Have you issued any new **or additional** instructions and procedures for staff in addition to the DMH Information Notices ? If so, please attach a copy to this survey.

3. Have the requirements of the **NVRA** been communicated to all program staff and how will these requirements be communicated to new employees?

4. Where are the completed forms (declination forms or completed registration form copies) filed?

5. What is your schedule for batching and forwarding applications to your county registrar of voters?

Certified by: _____
Signature Title Date

Printed name