



Mendocino County

Legislation Details (With Text)

File #: 18-1247 **Version:** 1 **Name:**
Type: Presentations **Status:** Approved
File created: 1/8/2018 **In control:** Health and Human Services Agency
On agenda: 1/23/2018 **Final action:**
Title: Discussion and Possible Action Regarding Presentation of the Fiscal Year 2016-17 Annual Report from the Behavioral Health Advisory Board
(Sponsor: Health and Human Services Agency)

Sponsors:

Indexes:

Code sections:

Attachments: 1. 2017 BHAB Annual Report.pdf

Date	Ver.	Action By	Action	Result
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To: Board of Supervisors

From: Health and Human Services Agency

Meeting Date: January 23, 2018

Department Contact: Anne Molgaard

Phone: 463-7885

Department Contact: Jenine Miller

Phone: 472-2341

Item Type: Regular Agenda

Time Allocated for Item: 30 min.

Agenda Title:

Discussion and Possible Action Regarding Presentation of the Fiscal Year 2016-17 Annual Report from the Behavioral Health Advisory Board
(Sponsor: Health and Human Services Agency)

Recommended Action/Motion:

Accept Presentation of the Fiscal Year 2016-17 Annual Report from the Behavioral Health Advisory Board.

Previous Board/Board Committee Actions:

Informational update on July 18, 2017, Item 5b

Summary of Request:

Behavioral Health Advisory Board (BHAB) Chair, Jan McGourty, will present BHAB's 2016-17 Annual Report. The report includes an Executive Summary and sections on the Status of the Board, its Accomplishments, and its Recommendations to the Mendocino County Board of Supervisors.

Alternative Action/Motion:

Return to staff for alternative handling.

Supplemental Information Available Online at: N/A

Fiscal Impact:

Source of Funding: N/A
Current F/Y Cost: N/A

Budgeted in Current F/Y: N/A
Annual Recurring Cost: N/A

Supervisory District: All

Vote Requirement: Majority

Agreement/Resolution/Ordinance Approved by County Counsel: N/A

CEO Liaison: Janelle Rau, Deputy CEO

CEO Review: Yes

CEO Comments:



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Executed By: Nadia Tipton

Final Status: **Approved**

Date: January 26, 2018

Executed Item No.: N/A

Note to Department:

Executed Documents Returned to

Department: Originals _____ Copies

_____ Hand Delivered _____ Interoffice

Mail _____ Executed Agreement Sent to

Auditor? Y/N