



# Mendocino County

## Legislation Details (With Text)

**File #:** 17-0485 **Version:** 1 **Name:**  
**Type:** Presentations **Status:** Approved  
**File created:** 6/5/2017 **In control:** Health and Human Services Agency  
**On agenda:** 6/20/2017 **Final action:**  
**Title:** Discussion and Possible Action Regarding Informational Presentation on Issues of Homelessness in Mendocino County (Sponsor: Health and Human Services Agency)  
**Sponsors:** Health and Human Services Agency  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. BOS State of Homelessness June 20 2017\_MS\_6.13.17\_ACMv2\_6.14.pdf

Date	Ver.	Action By	Action	Result
6/20/2017	1	Board of Supervisors		

**To:** Board of Supervisors

**From:** Health and Human Services Agency

**Meeting Date:** June 20, 2017

**Department Contact:** Anne Molgaard

**Phone:** 463-7833

**Department Contact:** Kelsey Rivera

**Phone:** 463-7777

**Item Type:** Regular Agenda

**Time Allocated for Item:** 30 min.

**Agenda Title:**

Discussion and Possible Action Regarding Informational Presentation on Issues of Homelessness in Mendocino County (Sponsor: Health and Human Services Agency)

**Recommended Action/Motion:**

Accept informational presentation and provide direction to staff on issues of homelessness in Mendocino County.

**Previous Board/Board Committee Actions:**

None

**Summary of Request:**

HHSA will present recent information about the two winter shelters and the impacts of homelessness on law enforcement, emergency medical services, housing availability, county of residence, and other information about the current population of individuals and families experiencing homelessness, and plans for future services.

**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

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**CEO Liaison:** Jill Martin, Deputy CEO

**CEO Review:** Yes

**Comments:**

**FOR COB USE ONLY**

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**Executed By:** Choose an item.

**Final Status:** Choose an item.

**Date:** CLICK HERE TO ENTER A DATE.

**Executed Item Number:** Choose an item.

**Note to Department:**