

Mendocino County

Legislation Details (With Text)

File #: 17-0994 Version: 1 Name:

Type: Approval Status: Approved

File created: 10/23/2017 In control: Health and Human Services Agency

On agenda: 11/7/2017 Final action: 11/7/2017

Title: Approval of the Mental Health Services Act (MHSA) Annual Three-Year Program and Expenditure

Plan for Fiscal Years 2017-18 through 2019-20

Sponsors:

Indexes:

Code sections:

Attachments: 1. MHSA 3 Yr Plan FY 17-18 through 19-20.pdf, 2. 111-3-17 - MHSA 3 Yr Plan FY 17-18 through 19-

20, Appendix A.pdf

Date Ver. Action By Action Result

11/7/2017 1 Board of Supervisors

To: Board of Supervisors

From: Health and Human Services Agency

Meeting Date: November 7, 2017

Department Contact:Anne MolgaardPhone:463-7885Department Contact:Jenine MillerPhone:472-2341

Item Type: Consent Agenda **Time Allocated for Item:** N/A

Agenda Title:

Approval of the Mental Health Services Act (MHSA) Annual Three-Year Program and Expenditure Plan for Fiscal Years 2017-18 through 2019-20

Recommended Action/Motion:

Approve the annual Three-Year Program and Expenditure Plan for fiscal years 2017-18 through 2019-20; and authorize the Health and Human Services Agency Director or designee to sign and submit the MHSA Three-Year Plan to the State.

Previous Board/Board Committee Actions:

September 19, 2017, Item 4(e)

Summary of Request:

Mental Health Services Act (MHSA) Programs have completed the update to the Three-Year Program and Expenditure Plan for fiscal years 2017-18 through 2019-20 required by the Mental Health Services Oversight and Accountability Commission (MHSOAC), a state oversight entity. This process included collecting feedback from MHSA stakeholders throughout the year through community forums, other stakeholder feedback venues outlined in the Plan, and a 30-day public review and comment period. Completion and approval of the plan is

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required for submission to the MHSOAC.

Alternative Action/Motion:

Return to staff for alternative handling.

Supplemental Information Available Online at: $\mathrm{N/A}$

Fiscal Impact:

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

Supervisorial District: All Vote Requirement: Majority

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

CEO Liaison: Jill Martin, Deputy CEO

CEO Review: Yes **CEO Comments:**



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Executed By: Nadia Tipton Final Status: **Approved**Date: November 8, 2017 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