



# Mendocino County

## Legislation Text

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File #: 20-0531, Version: 1

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**To: Board of Supervisors**

**From:** Health and Human Services Agency

**Meeting Date:** June 23, 2020

**Department Contact:** Tammy Moss Chandler

**Phone:** 463-7774

**Department Contact:** Jenine Miller

**Phone:** 472-2341

**Item Type:** Consent Agenda

**Time Allocated for Item:** N/A

**Agenda Title:**

Approval of Agreement with Mendocino Coast Hospitality Center in the Amount of \$67,239 to Provide Case Management and Supportive Supervisory Services to Residents with Severe Mental Illness in the Homeless and Transitional Housing Apartments in Fort Bragg, Effective July 1, 2020 through June 30, 2021

**Recommended Action/Motion:**

Approve agreement with Mendocino Coast Hospitality Center in the amount of \$67,239 to provide case management and supportive supervisory services to residents with severe mental illness in the Homeless and Transitional Housing Apartments in Fort Bragg, effective July 1, 2020 through June 30, 2021; authorize the Health and Human Services Agency Director or designee to sign any future amendments to the agreement that do not increase the annual maximum amount; and authorize Chair to sign same.

**Previous Board/Board Committee Actions:**

Ongoing Agreement since 2017; last action on July 9, 2019, Item 4(j), BOS Agreement No. 19-175.

**Summary of Request:**

Mendocino Coast Hospitality Center (MCHC) is a unique provider of services to severely mentally disabled clients who are residents of the Homeless Shelter and Transitional Housing Apartments in Fort Bragg. Funding from the proposed Agreement will allow MCHC to continue to provide casework, case management, outreach, treatment for serious mental illness, and access to additional services as needed for clients experiencing homelessness who have a dual diagnosis (mental health and substance abuse). MCHC has existing relationships with the clients and Mendocino County; approval of the proposed Agreement will allow MCHC to continue service provision through Fiscal Year 20-21.

**Alternative Action/Motion:**

Return to staff for alternative handling.

**Supervisory District:** District 4 District 5

**vote requirement:** Majority

**Supplemental Information Available Online At:** N/A

**Fiscal Details:**

**source of funding:** Mental Health Block Grant,  
Substance Abuse and Mental Health Services  
Administration (SAMHSA)

**current f/y cost:** \$67,239

**annual recurring cost:** \$67,239

**budget clarification:**

**budgeted in current f/y:** Yes

**if no, please describe:**

**revenue agreement:** No

**Agreement/Resolution/Ordinance Approved by County Counsel:** Yes

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**CEO Liaison:** Darcie Antle, Deputy CEO

**CEO Review:** Yes

**CEO Comments:**

**FOR COB USE ONLY**

**Executed By:** Atlas Pearson, Staff Assistant II

**Date:** June 24, 2020

**Note to Department** Number of Original Agreements

Returned to Dept: 0 Original Agreement Delivered to  
Auditor? Yes

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**Final Status:** **Approved**

**Executed Item:** **Agreement** Number: 20-086

