Mendocino County

Legislation Text

File #: 17-0484, **Version:** 1

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 of the January 2017 Homeless Point-in-Time Count by Mendocino County Homeless Services Continuum of Care (Sponsor: Health and Human Services Agency)

Recommended Action/Motion:
Accept informational presentation of the January 2017 Homeless Point-in-Time Count in Mendocino County by Mendocino County Homeless Services Continuum of Care.

Previous Board/Board Committee Actions:
September 20, 2016, Item 4 (g); May 19, 2015, Item 5(f)

Summary of Request:
The Mendocino County Homeless Services Continuum of Care Point-in-Time Committee will present results from the January 2017 homeless census called the Point-In-Time Count (PIT). Numerous volunteers, including those who have experienced, or are currently experiencing, homelessness assisted in the PIT count. This presentation will include the census numbers and a brief explanation of the process, content, and fiscal expenditures. This yearly census helps inform the Board and empowers all agencies and groups to more effectively develop services and programs to serve those experiencing homelessness in Mendocino County.

Alternative Action/Motion:
Return to staff for alternative handling.

Supplemental Information Available Online at: 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
Comments:

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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: