



# Mendocino County

## Legislation Text

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**File #:** 17-0994, **Version:** 1

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**To:** Board of Supervisors

**From:** Health and Human Services Agency

**Meeting Date:** November 7, 2017

**Department Contact:** Anne Molgaard

**Phone:** 463-7885

**Department Contact:** Jenine Miller

**Phone:** 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 required for submission to the MHSOAC.

**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

**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

CEO Comments:



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**FOR COB USE ONLY**

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