



Mendocino County

Legislation Text

File #: 17-0994, Version: 1

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

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:



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