

## MENDOCINO COUNTY BOARD OF SUPERVISORS

BOARD AGENDA # 4(g)

CUNT	ONLINE AG	ENDA SUMMARY				
-Agenda S -Send 1 co Note: If in -Transmitta -Electronic	ummaries must be somplete original single dividual supporting of all of electronic Agentarismission Chec	submitted no later than <i>noo</i> e-sided set and 1 photocop document(s) exceed 25 pages and Summaries, records, and klist:   Agenda Summary	n Monday, 15 days prior to y set – Items must be sigges each, or are not easily d supporting documentat ☐ Records ☐ Supp. I	o the meeting date ined-off by appropri of duplicated, please ion must be emailed Doc.   If applicate	n advance of public/media notic (along with electronic submittals ate departments and/or Co. Co. provide 10 hard-copy sets) d to: bosagenda@co.mendocino. le, list other online information be cessing must be made in advan	s)
TO:	Board of	Supervisors		<b>DATE:</b>	January 21,	<u>, 2016</u>
FROM:	HHSA -	Behavioral Health &	Recovery Services	MEETING DA	ATE: March 15,	<u>, 2016</u>
DEPARTM	ENT RESOURCE/Co	ONTACT: Stacey Cry	er PHONE:	<u>463-7774</u>	Present On Ca	II 🖂
Consent	Agenda 🔀 R	egular Agenda 🗌	Noticed Public Hear	ring Tim	e Allocated for Item: <u><b>N/A</b></u>	<u> </u>
■ AGEN		proval of Amendmer alth Advisory Board			-Laws, Including the M lth Advisory Board	ental
■ <b>PREV</b> (15)	IOUS BOARD/B	DARD COMMITTEE A	CTIONS: December	r 14, 2004, Item	5a (25); July 27, 2010, It	em 4
Decer Janua were  SUPPL	mber 16, 2015, ary 20, 2016, th approved by th EMENTAL INFO /www.co.mendo	the Mental Health e final By-Laws cha e Mental Health Boa RMATION AVAILABI ocino.ca.us/bos/meeti	Board voted to aconging the name, and Please see the acceptance Online AT:  ngs/PublishedMeeting	ccept the draft ppointment te attached amen ngs.htm	nvioral health services By-Laws as presented rms and clarifying lang ded By-Laws.  KED BY COB IF APPLICABLE):[	l. On guage
			FISCAL IMPACT:	z z orme (emze	RED DI COD II IMILICADELI.	
Source	e of Funding	Current F/Y Cost		ring Cost	Budgeted in Current	F/Y
	N/A	N/A	N/A		Yes No	
					no Amount: $N/A$ MENT: Majority $4/5$ th	ns
		ION/MOTION: Approduced Approduced in ION/MOTION: Appropriate in ION/MOTION: Ap			th Board's by-laws, inclusory Board.	ıding
■ ALTE	RNATIVES: Re	turn to staff for alter	native handling.			
	•	): <u>Jill Martin, Deputy</u>			PHONE: <u>463</u>	
RECOM	MENDATION:	Agree M Disagree	No Opinion	Alternate	Staff Report Attache	d 📙
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	ACTION (DATE:		Approved  Referred	d to		