-Agenda Summarie -Send 1 complete c Note: If individual -Transmittal of elect -Electronic Transmi	public hearings and timed pushing the submitted no late riginal single-sided set and supporting document(s) expronic Agenda Summaries, ssion Checklist: Agend will be returned to the depa	er than <i>noon</i> Monday 1 photocopy set – Ite ceed 25 pages each, records, and support a Summary Reco	r, 15 days prior to the ms must be signed-cor are not easily dupling documentation mords ☐ Supp. Doc.	meeting date (alcost by appropriate licated, please proust be emailed to I fapplicable,	ong with electronic sondepartments and/or ovide 10 hard-copy sondepartments and/or solution in the solution of	ubmittals) Co. Co. sets) endocino.ca.us mation below
TO:	Board of Supervi	sors	D	ATE:		April 2, 2012
FROM:	HHSA- Children's		tem of Care M	EETING DA	ATE:	April 9, 2012
DEPARTMENT R Additional Con	esource/Contact: tact:	Stacey Cryer Doug Gherkin	PHONE: _		Present ⊠ Present □	On Call On Call
Consent Agen	da 🗌 Regular Age	enda 🛛 Notice	ed Public Hearii	ng 🗌 Time	e Allocated for	Item: 1 hour
Realignme	ITLE: Presentation nt on Mendocino (HSA) - Children's a	County Family	and Children's			
■ Previous	Board/Board Co	MMITTEE A CTI	ONS: N/A			
Prevention to the child	nmittee, Rebecca W. Month. The preser ren and families of ntion from the pers	tation will inclu Mendocino Cou	ıde an overview ınty. Additional	v of realignm lly, the Board	ent and its pot I will hear abo	tential impact
■ SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT: Annie E. Casey Foundation Website http://www.aecf.org/						
■ ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE):						
FISCAL IMPACT: Source of Funding Current F/Y Cost Annual Recurring Cost Budgeted in Current F/Y						
	N/A	it 171 Cost		U		No \square
	ted: yes no		N/A a County matc 5 All V C	h? 🗌 yes 🗌	no Amount MENT: Majority	·
	NDED ACTION/MO and the effects of re					
■ ALTERNATIVES: Return to Staff for alternate handling						
■ CEO REVIE RECOMMEND	W (NAME):Kr ATION: Agree	isti Furman Disagree	No Opinion	Alternate	PHONE: 4	163-4441 rt Attached
BOARD ACTIO	N (DATE:): 🗆 Approv	<u> </u>	_		ther