

**Monterey County Board of Supervisors
Referral Submittal Form**

**Referral No. 2024.16
Assignment Date: 12/3/24**

SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:

Date: 11/7/2024	Submitted By: Supervisor Luis Alejo	District #: 1
Referral Title: SHARE Center Mental Health Services and MOU Modifications		
Referral Purpose: The purpose of this referral is to establish on-site mental health services for the children and families staying at the SHARE Center and to also modify the MOU with the City of Salinas to require advanced notice, input and agreement by the Board of Supervisors when there is a proposed change of the operator of the SHARE Center. The MOU should also be modified to require providing annual reporting to the Board of Supervisor on the amount of individual families served and the number of those placed in permanent housing.		
Brief Referral Description: Bay Area Community Services (BACS) was the prior operator of the SHARE Center and they conveyed upon exiting that there was a need for on-site behavioral health and mental health for children and adults staying there, many who have experience trauma in their lives and would benefit from on-site services.		
BACS' departure also demonstrated a need to amend our existing MOU with the City of Salinas to provide greater notice, input and agreement by the Board of Supervisors early on rather when a decision has already been made by City of Salinas and County staff. When the MOU was initially drafted it had not anticipated choosing a successor operator and the language is insufficient to ensure greater Board of Supervisors input and participation.		
There is also a need to have greater transparency with the Board of Supervisors on the numbers of individual and families being served at the SHARE Center and those who have successfully transitioned into permanent housing. An annual written report and/or through presentation would inform the County Supervisors on progress being achieved at the SHARE Center.		
Classification - Implication	Mode of Response	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other: <u>SHARE CENTER</u>	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation	
	Requested Response Timeline	
	<input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 8 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____	

ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:

Department(s): <u>Health Department, County Counsel, and CAO</u>	Referral Lead: <u>Elsa Jimenez, Susan Blicht, and Debbie Paolinelli</u>	Board Date: <u>12/3/24</u>
--	---	----------------------------

REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:

Department(s):	Referral Lead:	Original Date:
----------------	----------------	----------------

ANALYSIS - Completed by Department and copied to Board Offices and CAO:

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____	Department's Recommended Response Timeline
Date: _____	<input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____

REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

Referral Response Date:	Board Item No.:	Referrals List Deletion:
-------------------------	-----------------	--------------------------