

1 BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

2 RESOLUTION NO. _____

3 RESOLUTION APPROVING AN APPLICATION FOR THE STATE DEPARTMENT OF
4 HEALTH SERVICES, CMS BRANCH'S CHILD HEALTH AND DISABILITY PREVENTION
5 PROGRAM (CHDP) AND HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
6 (HCPCFP) FOR THE MONITORING AND OVERSIGHT OF FOSTER CHILDREN TREATED
7 WITH PSYCHOTROPIC MEDICATION FOR FY 2016/2017 IN THE AMOUNT OF \$24,859
8 AND AUTHORIZING THE HEALTH SERVICES DIRECTOR TO SIGN

9 WHEREAS, a request to apply for funding in the amount of \$24,859 in support of the
10 monitoring and oversight of Foster Children treated with psychotropic medication has been
11 received; and

12 WHEREAS, if awarded, the Department of Health Services will operate this program in
13 accordance with all federal and state requirements pertaining to this program and will provide
14 program management and coordination.

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16 THEREFORE BE IT RESOLVED THAT, the Chair of the Board of Supervisors of the
17 County of Lake hereby authorizes the Health Services Director to execute in the name of the
18 County of Lake, State of California all necessary applications, payment requests, agreements
19 and amendments hereto for the purposes of securing grant funds for this grant period and to
20 implement and carry out the purposes specified in the application for continued administrative
21 case consultation and coordination of health care needs of foster care children including the
22 monitoring and oversight of foster children and youth treated with psychotropic medications.
23 A copy of the Resolution shall be delivered to the Lake County Auditor/Controller.

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1 **THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the County of
2 Lake at a regular meeting thereof on the _____ day of _____, 2017
3 by the following vote:

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5 **AYES:**

6 **NOES:**

7 **ABSENT OR NOT VOTING:**
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10 **ATTEST: CAROL J. HUCHINGSON**
11 Clerk of the Board of Supervisors

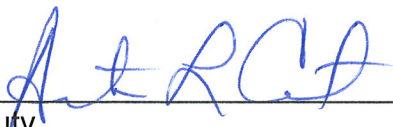
COUNTY OF LAKE

12 By: _____
13 Deputy

Chair, Board of Supervisors

14
15 **APPROVED AS TO FORM:**

16 ANITA L. GRANT
17 County Counsel

18 By:  _____
19 Deputy