COUNTY OF LAKE

Legislation Details (With Text)

File #:	20-08	**Version:** 1	**Name:**
Type:	Resolution	**Status:**	Agenda Ready
File created:	1/2/2020	**In control:**	BOARD OF SUPERVISORS
On agenda:	1/14/2020	**Final action:**	

Title: Adopt Resolution Approving the Application and Certification Statement for the State Department of Health Services, CMS Branch's Child Health & Disability Program (CHDP), Health Care Program for Children in Foster Care Program (HCPCFC), Monitoring Oversight of Foster Children Treated with Psychotropic Meds (HCPCFC-PMMO) and Caseload Relief (HCPCFC-CR) Grant for FY 2019-2020 and Authorize the Board Chair to Sign Said Certification Statement

Sponsors: Health Services

Indexes:

Code sections:

Attachments: 1. 19-01-CHDP-Program-Letter, 2. 19-02.HCPCFC.Allocations.FY2019-2020, 3. CHDP Resolution FY 19.20, 4. CHDP 19.20 Certification Corrected

Date	Ver.	Action By	Action	Result

Memorandum

Date: **January 14, 2020**

To: **The Honorable Moke Simon, Chair, Lake County Board of Supervisors**

From: **Denise Pomeroy, Health Services Director**

Subject: **Adopt Resolution Approving the Application and Certification Statement for the State Department of Health Services, CMS Branch's Child Health & Disability Program (CHDP), Health Care Program for Children in Foster Care Program (HCPCFC), Monitoring Oversight of Foster Children Treated with Psychotropic Meds (HCPCFC-PMMO) and Caseload Relief (HCPCFC-CR) Grant for FY 2019-2020 and Authorize the Board Chair to Sign Said Certification Statement**

Executive Summary:

The CHDP program assists children who are seen by a local network of medical providers with well child care and immunizations. The program also carries out community activities, which include planning, evaluation and monitoring. CHDP also provides case management to link clients with medical care, providing health education materials, quality assurance and client support services such as assistance with transportation and medical, dental, and mental health appointment scheduling.

The CHDP Program is also responsible for oversight of the Health Care Program for Children in Foster Care (HCPCFC), Monitoring and Oversight of Foster Children Treated with Psychotropic Meds (HCPCFC-PMMO), and Caseload Relief (HCPCFC-CR).

Should you have any questions, or require additional information, please contact myself or Carolyn Holladay, Public Health Nursing Director at the Public Health Division at 263-1090.

If not budgeted, fill in the blanks below only:

Estimated Cost: _____ Amount Budgeted: _____ Additional Requested: _____ Future Annual Cost: _____

Consistency with Vision 2028 and/or *Fiscal Crisis Management Plan* (check all that apply): ☐ Not applicable

☒ Well-being of Residents   ☐ Public Safety   ☐ Infrastructure   ☐ *Technology Upgrades*
☐ Economic Development   ☐ Disaster Recovery   ☐ County Workforce   ☐ *Revenue Generation*
☒ Community Collaboration   ☐ Business Process Efficiency   ☐ Clear Lake   ☐ *Cost Savings*

If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:

Which exemption is being requested?
How long has Agreement been in place?
When was purchase last rebid?
Reason for request to waive bid?

Recommended Action: Adopt Resolution Approving the Application and Certification Statement for the State Department of Health Services, CMS Branch's Child Health & Disability Program (CHDP), Health Care Program for Children in Foster Care Program (HCPCFC), Monitoring Oversight of Foster Children Treated with Psychotropic Meds (HCPCFC-PMMO) and Caseload Relief (HCPCFC-CR) Grant for FY 2019-2020 and Authorize the Board Chair to Sign Said Certification Statement