



Legislation Details (With Text)

**File #:** 17-769      **Version:** 1      **Name:**

**Type:** Resolution      **Status:** Agenda Ready

**File created:** 8/21/2017      **In control:** BOARD OF SUPERVISORS

**On agenda:** 9/12/2017      **Final action:**

**Title:** Adopt Resolution Approving the Application and Certification Statement for the State Department of Health Services, CMS Branch's Child Health and Disability Prevention Program (CHDP) and Health Care Program for Children in Foster Care (HCPCFP) Renewal Grant for FY 2017/2018 and Authorize the Board Chair to Sign Said Certification Statement

**Sponsors:** Health Services

**Indexes:**

**Code sections:**

**Attachments:** 1. Adopt Resolution Approving the Application and Certification Statement for the State Department of Health Services CHDP & Foster Care Grant FY17.18, 2. CDHP FY 17.18 Funding Allocations Letter, 3. CHDP Certification Statement

Date	Ver.	Action By	Action	Result
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**MEMORANDUM**

**TO:** BOARD OF SUPERVISORS

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

**DATE:** September 12, 2017

**SUBJECT:** Adopt Resolution Approving the Application and Certification Statement for the State Department of Health Services, CMS Branch's Child Health and Disability Prevention Program (CHDP) and Health Care Program for Children in Foster Care (HCPCFP) Renewal Grant for FY 2017/2018 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. It carries out community activities which include planning, evaluation and monitoring, 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).

Should you have any questions, or require additional information, please contact me at 263-1090.

**FISCAL IMPACT:**  None  Budgeted  Non-Budgeted

Estimated Cost:

Amount Budgeted:

Additional Requested:

Annual Cost (if planned for future years):

**FISCAL IMPACT (Narrative):** N/A

**STAFFING IMPACT (if applicable):** N/A

**RECOMMENDED ACTION:** Your Board's approval is requested and recommended. Thank you for your consideration of this request.