



Legislation Details (With Text)

File #: 19-17 **Version:** 1 **Name:**
Type: Resolution **Status:** Agenda Ready
File created: 12/28/2018 **In control:** BOARD OF SUPERVISORS
On agenda: 1/15/2019 **Final action:**
Title: Adopt a Resolution Approving a Grant Agreement Application between County of Lake Health Services and California Department of Social Services (CDSS) for the Home Visiting Initiative (HVI) for the years 2019-2021 and authorizing the Director of Health Services to Sign
Sponsors: Health Services
Indexes:
Code sections:
Attachments: 1. Home Visiting Initiative Proposal Request, 2. HVI Request for County Plan, 3. HVI Resolution

Date	Ver.	Action By	Action	Result
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MEMORANDUM

TO: Board of Supervisors
FROM: Denise Pomeroy, Health Services Director
DATE: January 15, 2019
SUBJECT: Adopt a Resolution Approving a Grant Agreement Application between County of Lake Health Services and California Department of Social Services (CDSS) for the Home Visiting Initiative (HVI) for the years 2019-2021 and authorizing the Director of Health Services to Sign

EXECUTIVE SUMMARY: The County of Lake, Department of Health Services, Public Health Division has received a request for proposal for a two year successive grant period from 2019 through 2021 in the amount of \$83,302 from California Department of Social Services (CDSS) and California Work Opportunity and Responsibility to Kids (CalWORKs)

The Home Visiting Initiative (HVI) Grant will allow the Public Health Department of Lake County to provide education, support, and family health access to qualifying families by pairing a nurse or other trained professional to make home visits. These trained professionals will provide guidance, coaching, access to prenatal and postnatal care, and other social services.

Should you have any questions, or require additional information, please contact myself or Carolyn Holladay, Public Health Nursing Director 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):

STAFFING IMPACT (if applicable):

RECOMMENDED ACTION: Your Board's approval is requested and recommended.

Thank you for your consideration of this request.