



Legislation Details (With Text)

File #: 20-609 **Version:** 1 **Name:**
Type: Report **Status:** Agenda Ready
File created: 6/19/2020 **In control:** BOARD OF SUPERVISORS
On agenda: 6/23/2020 **Final action:**
Title: Report from the County Space Use Committee Regarding the Use of County Juvenile Hall Facility for a Temporary Support Shelter Targeting Lake County's Chronically Homeless Population
Sponsors: Administrative Office
Indexes:
Code sections:
Attachments: 1. 7.4- Juvenile Hall_Thomas Quinn_06222020

Date	Ver.	Action By	Action	Result
6/23/2020	1	BOARD OF SUPERVISORS		

Memorandum

Date: June 23, 2020
To: The Honorable Moke Simon, Chair, Lake County Board of Supervisors
From: Carol J. Huchingson, County Administrative Officer
Subject: Report from the County Space Use Committee Regarding the Use of County Juvenile Hall Facility for a Temporary Support Shelter Targeting Lake County's Chronically Homeless Population

Executive Summary: (include fiscal and staffing impact narrative):

During your Board's June 16, 2020 meeting, you approved the release of a Request for Proposals (RFP) for daily operations and fiscal management of a temporary support shelter targeting Lake County's chronically homeless population. Discussion of that item made reference to potential use of the County's Juvenile Hall facility, which closed as a detention facility October 15, 2015.

You will also recall the concept of using Juvenile Hall as a "Housing Navigational Hub" was discussed urging your May 19, 2020 agenda and your Board approved the use of staff time to research the cost and needs.

Given that the RFP had to be issued on an urgent basis, on June 18, 2020, the Space Use Committee met to discuss use of the Juvenile Hall for a temporary support shelter as described above.

The Committee is supportive of use of Juvenile Hall on a temporary basis for continued compliance with the Governor's COVID-19 bed requirements and recommends a duration of 6-month, with

further consideration during that time as to long-term uses of the facility.

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):

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Well-being of Residents | <input checked="" type="checkbox"/> Public Safety | <input type="checkbox"/> Infrastructure | <input type="checkbox"/> <i>Technology Upgrades</i> |
| <input type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Disaster Recovery | <input type="checkbox"/> County Workforce | <input type="checkbox"/> <i>Revenue Generation</i> |
| <input checked="" type="checkbox"/> Community Collaboration | <input type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake | <input type="checkbox"/> <i>Cost Savings</i> |

☐ Not applicable

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: No action, report only.