



Mendocino County

Legislation Details (With Text)

File #: 17-1202 **Version:** 1 **Name:**

Type: Agreement **Status:** Adopted

File created: 12/19/2017 **In control:** Health and Human Services Agency

On agenda: 1/9/2018 **Final action:**

Title: Adoption of Resolution and Approval of Retroactive Grant Agreement with California Department of Health Care Services (DHCS) in the Amount of \$123,794.99 for the Period of October 12, 2017, through June 30, 2018, to Provide Crisis Counseling and Related Services; Adoption of Resolution Authorizing the Behavioral Health and Recovery Services (BHRS) Director to Sign Awarded Agreement and any Renewals or Amendments that do not Exceed the Annual Maximum Amount; and Direction for the Auditor Controller to Create the Budget Information and Implement Spending

Sponsors: Health and Human Services Agency

Indexes:

Code sections:

Attachments: 1. Resolution 18-009, 2. Department of Health Care Services, \$123,794.99, BHRS, 17-18.pdf, 3. 17-94644 Agreement.pdf, 4. 17-94644 CALIFORNIA CIVIL RIGHTS LAWS ATTACHMENT.pdf, 5. 17-94644 CCC 04-2017.pdf, 6. 17-94644 STD 213 - Mendocino.pdf, 7. 17-94644 Transmittal Letter.pdf

Date	Ver.	Action By	Action	Result
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To: Board of Supervisors

From: Health and Human Services Agency

Meeting Date: January 9, 2018

Department Contact: Anne Molgaard

Phone: 463-7885

Department Contact: Jenine Miller

Phone: 472-2341

Item Type: Consent Agenda

Time Allocated for Item: N/A

Agenda Title:

Adoption of Resolution and Approval of Retroactive Grant Agreement with California Department of Health Care Services (DHCS) in the Amount of \$123,794.99 for the Period of October 12, 2017, through June 30, 2018, to Provide Crisis Counseling and Related Services; Adoption of Resolution Authorizing the Behavioral Health and Recovery Services (BHRS) Director to Sign Awarded Agreement and any Renewals or Amendments that do not Exceed the Annual Maximum Amount; and Direction for the Auditor Controller to Create the Budget Information and Implement Spending

Recommended Action/Motion:

Adopt Resolution and retroactively approve Grant Agreement with DHCS in the amount of \$123,794.99 for the period of October 12, 2017, through June 30, 2018, to provide crisis counseling and related services; and authorizing the BHRS director to sign awarded Agreement and any renewals or amendments that do not exceed the annual maximum amount; direct the Auditor Controller to create the budget information and implement spending; and authorize Chair to sign same.

Previous Board/Board Committee Actions:

N/A

Summary of Request:

On October 10th 2017, a Presidential Disaster Declaration was issued in response to the Redwood Complex Fire. After the declaration, the DHCS submitted an application on behalf of Mendocino County to the Federal Emergency Management Agency (FEMA) for funds to be used to provide crisis counseling and related services. California successfully applied for funding through the Federal Crisis Counseling Assistance and Training Program to be utilized within 60 days of the Declaration. To receive funding Mendocino County subcontracted crisis counseling, outreach, data collection and trainings through Redwood Community Services and FIRST 5 Mendocino during the period of October 12, 2017 through December 9, 2017. On December 12, 2017, BHRS received the grant Agreement from DHCS for processing.

Alternative Action/Motion:

Return to staff for alternative handling.

Supplemental Information Available Online at: N/A

Fiscal Impact:

Source of Funding: Federal Crisis Counseling Assistance and Training Program (CCP)

Budgeted in Current F/Y: No

Current F/Y Cost: Revenue \$123,794.99

Annual Recurring Cost: N/A

Supervisory District: All

Vote Requirement: Majority

Agreement/Resolution/Ordinance Approved by County Counsel: Yes

CEO Liaison: Chamise Cubbison, Deputy CEO

CEO Review: Yes

CEO Comments:



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Executed By: Nadia Tipton

Final Status: **Adopted**

Date: January 10, 2018

Executed Item No.: **Resolution** Number: 18-009

Note to Department:

Executed Documents Returned to

Department: Originals _____ Copies

_____ Hand Delivered _____ Interoffice

Mail _____ Executed Agreement Sent to

Auditor? Y/N