***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St. Room 201 Yreka, CA 96097*

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **2-15-2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis / Health & Human Services Agency Public Health Division** | **Phone:** | **841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| Children’ Medical Services (CMS) Plan for Fiscal Year 21/22Children’s Medical Services (CMS) consists of four (4) programs: California Children’s Services (CCS), Child Health & Disability Prevention (CHDP), Child Health & Disability Prevention-Lead Prevention Program (CHDP-LPP), and Health Care Program for Children in Foster Care (HCPCFC). The CMS plan reflects the interdepartmental relationships within the County and the program administrative budgets for FY 2021/2022 program goals. CCS, CHDP, CHDP-LPP, and HCPCFC are state mandated programs – Total Allocation is $330,106.00. Listed is the funding each program will receive: CCS will receive a maximum of $161,626; CHDP will receive $90,201.00; CHDP-LPP will receive $2,172.00; and HCPCFC will receive $76,107.00. CCS is state & federally funded with a County match. CHDP and HCPCFC are State and Federally funded with no County match. CHDP-LPP is federally funded with no County match. The State is invoiced quarterly for program personnel and operating exxpenses. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $330,106 |  |  |  |  |
| Fund:  | 2121 |  | Description: | Public Health | Org.: | 401015 | Description: | Personal Health |
| Account: | See below |  | Description: |  |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: | Fund Organization Account FY 21/22 NTE |
|  2121 401015 540550 (State) $123,345.00 2121 401015 542200 (Federal) $206,761.00 $330,106.00 |
| **Recommended Motion:** |
| “Request the Board of Supervisors approve the CMS Plan For FY 2021/2022 and authorize the Chair to sign the Certification Statements.” |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 3 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | Signed Certifications (3 for CCS and 3 for CHDP) |
| CAO |       |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 1/15/15