***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **2/21/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Director / Health & Human Services Agency – Public Health Division** | **Phone:** | **841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis / Director of Public Health Division** |
| **Subject/Summary of Issue:** |
| Requesting consideration for the Governing Board Resolution to accept the Allocation Agreement from the State of California – Health and Human Services Agency - California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH), for the California Home Visiting Program (CHVP) State General Funds (SGF) Expansion Year 1 (22-23). The Siskiyou County Health & Human Services Agency/Public Health Division is requesting approval for the California Home Visiting Program (CHVP) Expansion Funding Award for Year 1 (22-23). This allocation is for the Local Health Jurisdictions (LHJ) to increase the number of families participating in the three evidence-based home visiting (EBHV) models supported by CDPH/CHVP: Healthy Families America (HFA), Nurse Family Partnership (NFP), and Parents as Teachers (PAT). The department’s total allocation is $410,917.00, with spending authority through June 30, 2023. For Year 1 (22-23). |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $410,917 |  |  |  |  |
| Fund:  | 2121 |  | Description: | Public Health | Org.: | 401015 | Description: | Personal Health |
| Account: | 540800 |  | Description: | Health Admin |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: |  |
|  |
| **Recommended Motion:** |
| Recommend that the Board of Supervisors approve and authorize the Chair to sign the Governing Board Resolution with the State of California – Health and Human Services Agency – California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH), for the California Home Visiting Program (CHVP) expansion funding for Year 1 (22-23), for expansion, planning and/or special support activities, authorize the County Administrator to act on behalf of the County to execute any and all program award documents as outlined in Section 2 of the Resolution and authorize the Auditor to establish budget appropriation and set expenditures per the agreement amendment guidelines, for the allocation of $410,917.00, with spending authority through June 30, 2023. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* |  |
| 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 8/09/2021