***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **November 7, 2023** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DHCS Path Justice-Involved Capacity Building Round 2 Program Funding  Siskiyou County Health and Human Services Agency – Public Health Division is respectfully requesting Board approval for the Governing Body Resolution with the State of California – Health and Human Services Agency –Department of Health Care Services (DHCS) –PATH Justice-Involved Reentry Initiative Capacity Building Round 2 Program Funding, to support implementation of pre-release Medi-Cal application, enrollment, and suspension processes to justice-involved populations, with an allocation of $500,000.00, to County of Siskiyou.  DHCS did not set a deadline by which awardees must spend their JI PATH Round 2 awards across most permissible uses of funding, with the exception of salary support which is time-limited to no greater than two (2) years after receipt of award. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | $500,000 | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | | 2111 | | | |  | Description: | | | Inmate health | | | Org.: | | | 401081 | | Description: | | | | Inmate Health | |
| Account: | | | | | | | 540800 | | | |  | Description: | | | State/other | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: ELC | | | | | | | | | DHCS contracted with Public Consulting Group (PCG) as the Third-Party Administrator (TPA) to  support the administration and management of the Justice-Involved Reentry Initiative. | | | | | | | | | | | | | | | | | | | |
| Support the administration and management of the Justice-Involved Reentry Initiative. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 – Department of Health Care Services (DHCS) and County of Siskiyou for PATH Justice-Involved Reentry Initiative Capacity Building Round 2 Program Funding Awards to support implementation of pre-release Medi-Cal application, enrollment, and suspension processes, 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 appropriations and set expenditures per the grant guidelines.” | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | | | |
| *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | | | 1 |
| Auditor | | | | | |  | | | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | |  | | | | | | | | | | *Other:* | | Please return signed Resolution and Minute Order to’  Angela Zambrano-Ford, Public Health Division | | | | | | | | | |
| 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