



**MENDOCINO COUNTY BOARD OF SUPERVISORS  
ONLINE AGENDA SUMMARY**

**BOARD AGENDA # 4(g)**

- Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
- Agenda Summaries must be submitted no later than *noon* Monday, 15 days prior to the meeting date (along with electronic submittals)
- Send 1 complete original single-sided set and 1 photocopy set – Items must be signed-off by appropriate departments and/or Co. Co.  
*Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 10 hard-copy sets)*
- Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: [bosagenda@co.mendocino.ca.us](mailto:bosagenda@co.mendocino.ca.us)
- Electronic Transmission Checklist:  Agenda Summary  Records  Supp. Doc.  If applicable, list other online information below
- Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

**TO:** Board of Supervisors **DATE:** January 19, 2016  
**FROM:** HHSA- Family & Children’s Services **MEETING DATE:** April 19, 2016

**DEPARTMENT RESOURCE/CONTACT:** Bryan Lowery **PHONE:** 463-7787 Present  On Call   
Jena Conner **PHONE:** 463-7971 Present  On Call

Consent Agenda  Regular Agenda  Noticed Public Hearing  Time Allocated for Item: N/A

**■ AGENDA TITLE: Approval of Agreement with Redwood Children’s Services, Inc. (RCS), in the Amount of \$601,524 to Implement CAM’S PLACE, a Residentially Based Services Pilot Demonstration Project, for the Period of January 1, 2016 - November 30, 2016**

**■ PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** On December 8, 2015, the Board approved BOS 15-160, a Memorandum of Understanding between Mendocino County Health and Human Services Agency and the CA Department of Social Services; and Resolution 15-173.

**■ SUMMARY OF REQUEST:** Mendocino County needs placement services for difficult-to-place youth who need intensive treatment services. Redwood Community Services will operate a Residentially Based Services (RBS) program (CAM’S PLACE) that combines intensive short-term residential treatment and stabilization with follow-up community-based services to reconnect youth, age 5-18, to their families, schools, and communities. Services and supports will follow and maintain children in family-based settings when group care is no longer needed. This effort will maintain youth in Mendocino County, bring youth back to the County, and provide them with the least restrictive living environment. There are no other programs in the County that provide this level of service. CAM’S PLACE will serve children and youth who are already in or need group home placement, in preparation for the upcoming mandates of the Continuum of Care Reform legislation (AB 403). Program costs will be partially covered by funds the County already spends on services for these youth; any new costs will be covered by Realignment funds. These costs are part of the RBS program approved by the Board on December 8, 2015, not additional program costs.

**■ SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:** n/a

**■ ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE):**

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
Title IV-E (Federal); 2011 Realignment (State); 1991 Realignment (County)	\$601,524 (11 months)	\$656,208 (12 months)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**■ SUPERVISORIAL DISTRICT:** 1  2  3  4  5  All  **VOTE REQUIREMENT:** Majority  4/5<sup>ths</sup>

**■ RECOMMENDED ACTION/MOTION:** Approve Agreement with Redwood Children’s Services, Inc. (RCS), in the amount of \$601,524 to implement CAM’S PLACE, a residentially based services pilot demonstration project, for the period of January 1, 2016 - November 30, 2016; authorize Health and Human Service Agency Director to sign future amendments to the Agreement that do not affect the annual maximum amount; and further, authorize Chair to sign same.

**■ ALTERNATIVES:** Return to staff for alternative handling.

**■ CEO REVIEW (NAME):** Jill Martin, Deputy CEO **PHONE:** 463-4441

**RECOMMENDATION:** Agree  Disagree  No Opinion  Alternate  Staff Report Attached

**BOARD ACTION (DATE: \_\_\_\_\_):**  Approved  Referred to \_\_\_\_\_  Other \_\_\_\_\_

**RECORDS EXECUTED:**  Agreement: \_\_\_\_\_  Resolution: \_\_\_\_\_  Ordinance: \_\_\_\_\_  Other \_\_\_\_\_