



MENDOCINO COUNTY BOARD OF SUPERVISORS
ONLINE AGENDA SUMMARY

BOARD AGENDA #4(e)

- 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
- 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: December 29, 2015
 FROM: HHSA- Family & Children’s Services MEETING DATE: February 9, 2016
 DEPARTMENT RESOURCE/CONTACT: Stacey Cryer PHONE: 463-7774 Present On Call
Bryan Lowery PHONE: 463-7787 Present On Call

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

■ **AGENDA TITLE:** Approval of Amendment to Board of Supervisors (BOS) Agreement No. 15-084 with Mendocino County Youth Project, Increasing the Original Amount of \$134,940 by \$34,086 for a New Total Amount of \$169,026 to Provide Transitional Supportive Housing Services to an Expanded Group of Young Adults, Ages 18-21, in Fiscal Year 2015-16

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** The Board approved Agreement #BOS 15-084 on August 18, 2015.

■ **SUMMARY OF REQUEST:** In Mendocino County, qualified youth, ages 18-21, may participate in the Extended Foster Care program through Health and Human Services Agency (HHSA) Family and Children’s Services (FCS). HHSA collaborates with Mendocino County Youth Project (MCYP) to provide emergency housing to non-minor dependent young adults who have voluntarily chosen to remain in the foster care system, but currently have no housing. This Amendment will allow MCYP to provide services to an expanded group of young adults that will include the general homeless population of transition age youth, ages 18-21, who are in need of temporary shelter and supportive services. The Amendment also provides for the addition of overnight support counselor staff.

■ **SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:** <http://www.mcyp.org>

■ **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
Federal, State, County	\$134,940 + \$ 34,086 = \$169,026	\$169,026	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

■ **Grant Related:** yes no If yes, is there a County match? yes no Amount: _____
 ■ **SUPERVISORIAL DISTRICT:** 1 2 3 4 5 All **VOTE REQUIREMENT:** Majority 4/5ths

■ **RECOMMENDED ACTION/MOTION:** Approve the amended BOS Agreement No. 15-084 with Mendocino County Youth Project, increasing the original amount of \$134,940 by \$34,086 for a new total amount of \$169,026 to provide transitional supportive housing services to an expanded group of young adults, ages 18-21, in Fiscal Year 2015-16; and authorize the Health and Human Services Agency Director to sign any further amendments to the Agreement that do not affect the annual maximum amount; and 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 _____