



RESOLUTION No. 17-554

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING THE NEVADA COUNTY BEHAVIORAL HEALTH DEPARTMENT TO APPLY FOR THE COMMUNITY-BASED TRANSITIONAL HOUSING PROGRAM GRANT

WHEREAS, Senate Bill 837 established the Community-Based Transitional Housing Program, to be administered by the Department of Finance, for the purpose of providing grants to cities and counties to increase the supply of transitional housing available to persons previously incarcerated for felony and misdemeanor convictions; and

WHEREAS, The Department of Finance is authorized to provide grants of up to \$2 million to cities and counties that approve conditional use permits or other entitlements, valid for at least 10 years, for facilities that provide transitional housing and support services; and

WHEREAS, the Nevada County Behavioral Health Department seeks approval to apply for the Community-Based Transitional Housing Grant in the amount of \$2,000,000, which is the maximum award; and

WHEREAS, The County owns and operates "The Bost House", located at 145 Bost Avenue in Nevada City, a residential treatment center that will continue in this capacity for at least the next 10 years; and

WHEREAS, populations served at the residential treatment facility will include residents on probation, those recently released from jail, residents who are homeless, and veterans; and

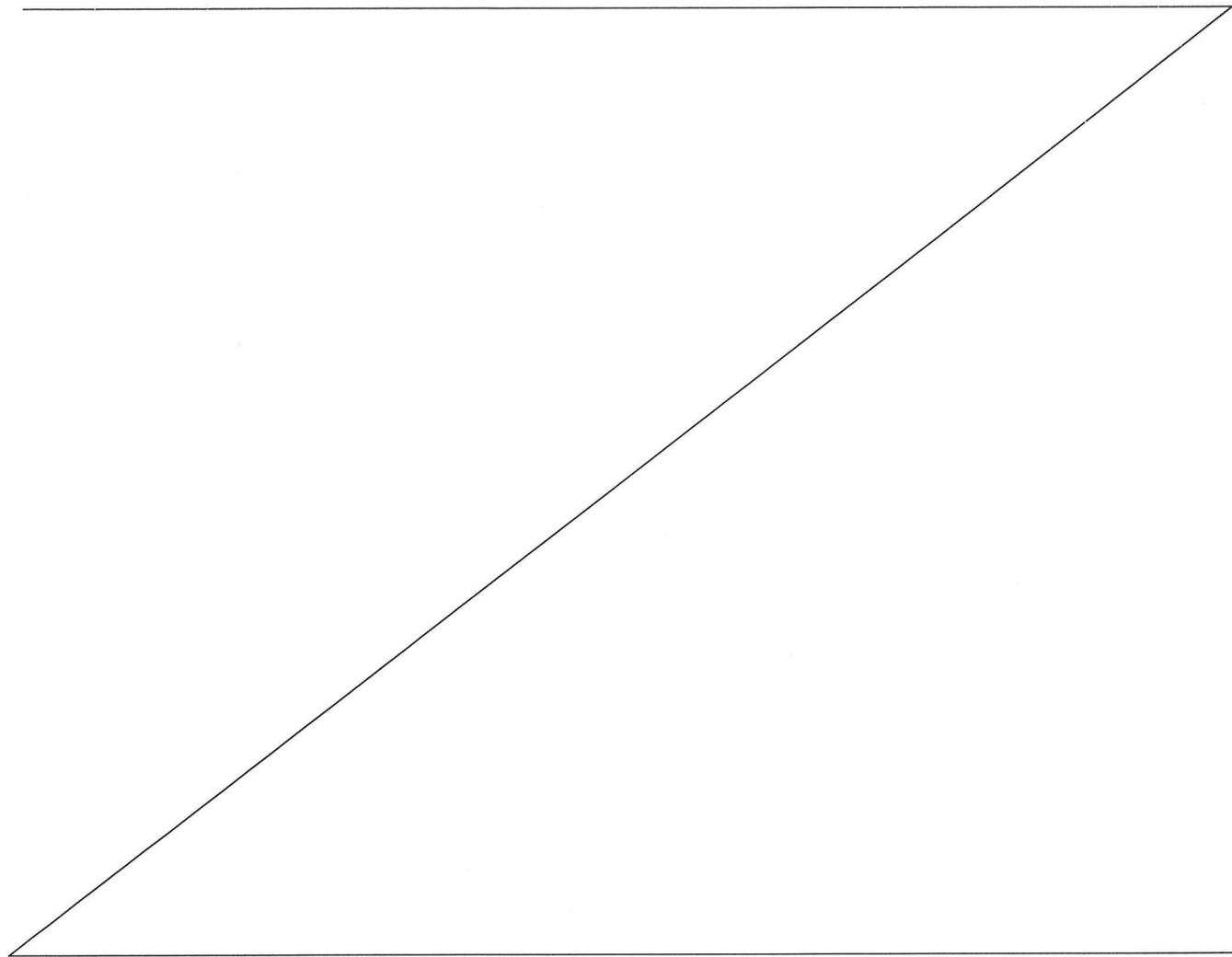
WHEREAS, Community Recovery Resources (CoRR) has been selected, through a Request for Proposal process, to provide transitional housing residential treatment at Bost House serving low-income Nevada County residents over the age of 18 for the recovery and treatment of alcohol and drug dependency; and

WHEREAS, the facility's operator, CoRR, will report to Nevada County by August 1 of each year:

- Program and matching funds received
- Number of ex-offenders currently receiving program services
- A description of the services provided
- Number of ex-offenders, over the course of the past year, who received treatment and transitioned back into society.
- The performance measurement of recidivism reduction

WHEREAS, receipt of Community-Based Transitional Housing Funds would provide for start up and sustainability of a community based residential treatment center in a rural community in great need of the program.

NOW, THEREFORE, THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA RESOLVES AS FOLLOWS: Nevada County Behavioral Health is hereby approved to apply for and submit to the Department of Finance the Community-Based Transitional Housing Program Application in the amount of \$2,000,000.



PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 14th day of November, 2017, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Hank Weston and Richard Anderson.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By:  _____



Hank Weston, Chair

Community-Based Transitional Housing Program Application Form
 (Insert name of City/County/City and County Here)

	Question	Response
1	State the amount of Program funding requested, in whole dollars. The requested amount may not exceed \$2 million.	\$
	Question	Response
2	Describe the type(s) of residents the facility will serve.	
	Question	Response
3	State the length of the facility's program, and the number of residents that are expected to complete the Program each year.	
	Question	Response
4	If the facility will serve criminal offenders, state the type(s) of offenders for whom the facility will provide services (e.g. felons, misdemeanants, violent, non-violent, any types of offenses for which persons will be ineligible for participation, etc.)	
	Question	Response
5	Describe the services that the facility will provide residents.	
	Question	Response
6	Describe the purposes for which the applicant city/county/city and county will use the Program funds.	
	Question	Response
7	Describe the purposes for which the facility will use the Program funds.	
	Question	Response

8	Describe the facility operator's past in-state experience with operating similar facilities. Include detailed information, for each of the last 15 years, describing each instance which the facility operator was found to be in violation of any state law, local rule, regulation, or ordinance, including any applicable state or local licensing requirements. <u>Additional pages may be attached if required to provide a complete response.</u>	
9a	If the facility will serve criminal offenders, describe the facility operator's program performance measurements for reducing recidivism and assisting the offenders in transitioning back into society.	Response
9b	If the facility will serve residents who are not criminal offenders, describe the facility operator's program performance measurements for determining whether the residents' participation was successful.	Response
10	Provide a list of all permitted facilities located within the applicant city/county/city and county's jurisdiction that, in a residential setting, provide transitional housing services, psychological counseling, or cognitive behavioral therapy. <u>Additional pages may be attached if required to provide a complete response.</u> This list must include: - The number of persons residing in each facility. - The types of services provided to the residents in each facility. - The number of persons in each facility who are on probation or parole.	Response
11	State the amount of local matching funds, if any, that will be provided. Use whole dollars.	Response
12	If local matching funds will be provided, describe the purposes for which those funds will be used.	Response

Community-Based Transitional Housing Program Application Form
 (Insert name of City/County/City and County Here)

Provide two contact persons from the applicant city/county/city and county and two contact persons for the facility operator who can respond to any questions regarding this application.

Name	Phone Number and Email Address
City/County/City and County	
City/County/City and County	
Facility Operator	
Facility Operator	