# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **2 Mins** | | | | | | **Meeting Date:** | | | | **12/5/17** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Sarah Collard PhD/ Health & Human Services Agency Behavioral Health Division** | | | | | | | | | | | **Phone:** | | **841-2761** | | |
| **Address:** | | | | | **2060 Campus Drive Yreka, CA 96097** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Sarah Collard / Behavioral Health Director** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department of Health Care Services Substance Use Disorder Agreement #17-94164  Received from the State , October 30, 2017, the Agreement between the State Department of Health Care Services (DHCS) and County of Siskiyou Behavioral Health Department for the purpose of providing alcohol and other drug prevention, treatment and recovery support services .This agreement utilizes Federal Substance Abuse Block Grant (SABG) funds for services performed by county or county contracted substance use disorder service providers. This contract is a subaward of the federal award to DHCS and contractor shall comply with federal statutes, regulations and terms and conditions of the SABG grant. Fiscal provisions under this agreement have a maximum amount of One Million, Nine Hundred Fifty-Two Thousand, One Hundred Fifty-Four Dollars ($1,952,154 ) subject to change depending on availability and appropriations by Legislature and the Federal Government. The term of this agreement is July 01, 2017 to June 30, 2020. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | $1,952,154 | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | | 2134/2135 | | | |  | Description: | | | Alcohol & Drug/Perinatal | | | Org.: | | | 401100/401130 | | Description: | | | | AOD/Perinatal | |
| Account: | | | | | | | 542700 | | | |  | Description: | | | Federal Other | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* State Contract | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | This is a multi-year agreement between DHCS and County Alcohol & Drug Program. | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approve the Standard Agreement #17-94164 with the Department of Health Care Services FY17-20 and authorize Michael N. Kobseff, Board Chair, to sign the Standard Agreement Form 213, Contractor Certification Clause CCC-4/2017 , Certification Regarding Lobbying, and the California Civil Rights Laws Certification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | | | |
| *Certified Minute Order(s)* | | | | | yes | | | *Quantity:* | | | 2 |
| Auditor | | | | | |  | | | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | |  | | | | | | | | | | *Other:* | | Five (5) signed STD Form 213, (1) signed CCC 04/2017 signed | | | | | | | | | |
| CAO | | | | | |  | | | | | | | | | | (1) Civil Rights Cert (1) Lobbying Cert - All forms signed in Black Pen | | | | | | | | | | | |

***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 1/15/15