# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **3 min** | | | | | | **Meeting Date:** | | | | **February 2, 2021** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **County Clerk** | | | | | | | | | | | **Phone:** | | **530-842-8084** | | |
| **Address:** | | | | | **510 North Main Street Yreka CA 96097** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Laura Bynum, County Clerk** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appointment of one member to the unscheduled vacancy on the Siskiyou County Behavioral Health Services Board for a term ending December 31, 2022 and one alternate member to the unscheduled vacancy for a term ending December 31, 2021. A notice of Vacancy was posted at the Clerk’s Office, Courthouse, Library branches, the County website and Press releases were sent to the Siskiyou Daily News, Southern Siskiyou News and local radio station. The two positions are currently vacant.  The Behavioral Health Services Board’s objectives include review and evaluation of the county’s mental health services and facilities, including drug and alcohol services. This board typically meets the third Monday of each month in Yreka at 3:30p.m.; meetings usually last for two hours and are open to the public. Members are reimbursed for mileage to attend meetings and certain training expenses. Board members serve three year terms; and qualifications include being a resident of Siskiyou County, a consumer of mental health services; or a family member of a mental health services consumer; or a person who is interested in mental health issues.  At the time the agenda worksheet was created, the Clerk’s Office had not received letters of interest in serving, nor received recommendations for appointment from the Behavioral Health Services Board. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | |  | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | |  | | | |  | Description: | | |  | | | Org.: | | |  | | Description: | | | |  | |
| Account: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appoint one member to the unscheduled vacancy on the Siskiyou County Behavioral Health Services Board, for a term ending December 31, 2022 and one alternate member for a term ending December 31, 2021. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | | | |  |  | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |  | *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | | |  |
| Auditor | | | | | |  | | | | | | | | | |  |  | | | | |  | | |  | | |  |
|  | | | | | |  | | | | | | | | | |  |  | | | | |  | | |  | | | |
| Personnel | | | | | |  | | | | | | | | | |  | *Other:* | |  | | | | | | | | | |
| 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 1/15/15