***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth Street, Room 201*

*Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | | **x** | | | |  | | **Time Requested:** | | | | | | **5 min** | | | | | | **Meeting Date:** | | | | | **January 18, 2022** | | | |
| ***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 scheduled vacancy on the Partnership Health Plan of California Board of Commissioners for a four-year term (Siskiyou County is represented by one member on the commission).  A Notice of Vacancy was posted at the Siskiyou County Government Center, Library branches, the County’s website and a Press Release was sent to the local newspaper.  The Partnership Health Plan of California Commission is a multi-county commission that has created a managed health care plan for Medi-Cal recipients and was created by Ordinance 13-07, amended by Ordinance 15-14, setting one seat on the commission. To be considered for appointment, potential members must have knowledge of one of the following: community healthcare needs; medical, business, political or finance experience; or experience as a consumer.  At the time the agenda worksheet was created, the Clerk’s Office had not received any letters of interest in filling the vacancy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** | x | | *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:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appoint one member to the scheduled vacancy on the Partnership Health Plan of California Board of Commissioners for a term ending January 16, 2026. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 8/26/19