***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **3-15-2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **841-2761** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard PhD. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| Partnership Healthplan of CA- Wellness and Recovery QIP Agreement Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to enter into the Wellness and Recovery Quality Improvement Grant Services Agreement for the term of July 1, 2021 to June 30, 2022. Partnership Healthplan of California provides an incentive payment to the County to support the efforts to increase access for Medi-Cal members with co-occurring mental health and substance use conditions.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 26,500.00 |  |  |  |  |
| Fund:  | 2134 |  | Description: | Behavioral Health  | Org.: | 401100 | Description: |       |
| Account: | 560300 |  | Description: | Behavioral Health  |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* This vendor was selected for specialized services provided. |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the Wellness and Recovery Quality Improvement Grant Services Agreement between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Partnership Healthplan of California for the term of July 1, 2021 to June 30, 2022. In addition authorize the Auditor to establish budget appropriation and set expenditures per grant guidelines.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Pls return 1 original to R. Bullock at 818 So. Main St |
| 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 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021