***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **March 15, 2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Debbie Pimentel/Siskiyou Count Probation** | **Phone:** | **x8884** |
| **Address:** | **805 Juvenile Lane**  |
| **Person Appearing/Title:** | **Michael Coley, Chief Probation Officer** |
| **Subject/Summary of Issue:** |
| First Addednum between the Community Corrections Partnership (CCP) and Rose Smith, LPCC dba Rose Therapy.The CCP Committee wishes to amend the contract with Rose Therapy, approved in November 2021, to allow contractor to provide mental health assessments, including access to, and documentation in, the Behavioral Health electronic health record, Anasazi. The attached amendment adds a Business Associates Agreement to support those services. There are no other changes to the contract.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* Only amends services, does not increase/change budget that was already approved |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |   |  |  |  |  |
| Fund:  | 2101 |  | Description: | Local Comm Corrections | Org.: | 203101 | Description: | Local Comm Corrections |
| Account: | 723000 |  | Description: | Prof Services |  |
| Activity Code:  | 1020 |  | Description: | CCP |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: | 2101-203101-723000-1020 |
|       |
| **Recommended Motion:** |
| Approve First Addendum to the contract between Community Corrections Partnership and Rose Therapy to add a Business Associates Agreement in order to support additional mental health services.  |
| **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