# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **4/5/22** |
| ***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, Ph.D. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| Mental Health Services Oversight and Accountability CommissionSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval of Mental Health Services Act Grant Agreement entered into upon date of last signature to June 30, 2026. The purpose of this funding is to enchance county partnerships with school-based programs to provide increased access to mental health services in locations that are easily accessible to students and their families. Grant funds shall be used to provide support services that include, suicide prevention, drop-out prevention, placement assistance, continumm-of-care for students in need of ongoing services, and outreach to high-risk youth. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $2.5 million |  |  |  |  |
| Fund:  | TBD |  | Description: | Behavioral Health | Org.: | 401030 | Description: | Behavioral Health |
| Account: | 540800 |  | Description: | State Other |  |
| Activity Code:  | TBD |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* Grant application |
|       |
| Additional Information: | grant funds need to be maintained in an interest bearing account |
|       |
| **Recommended Motion:** |
| Recommend that the Board of Supervisors ratify and approve the grant proposal with Mental Health Services Oversight and Accountability Commission/MH Student Services Act , authorize the Chair to sign the Standard Agreement Form STD 213, and authorize the Auditor to establish budget appropriations and set expenditures per the grant guidelines.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |
| *Certified Minute Order(s)* | Yes | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | Pls return 1 originals to R. Bullock @ 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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 1/15/15