***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **4/19/22** |
| ***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 PhD. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| Participation Agreement - California Mental Health Services AuthoritySiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to enter into a Participation Agreement with California Mental Health Services Authority (CalMHSA) for the term of July 1, 2021 to June 30, 2022. CalMHSA will develop and manage a Request for Proposal ("RFP") process to select a vendor to deliver a California-centric enterprise solution for electronic health records (the "EHR Program"). The EHR program will be designed to be configured and implemented across multiple counties. rfp") |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 35,000.00 |  |  |  |  |
| Fund:  | 2122 |  | Description: | Behavorial Health  | Org.: | 401030 | Description: | Behavorial Health  |
| Account: | 723000 |  | Description: | Professional ServicesServ |  |
| 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: | Split Accounting: 2122 401030 723000 $14,321.72 & 2134 401100 723000 $20,678.28 |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the Participation Agreement between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and California Mental Health Services Authority, for the term of July 1, 2021 to June 30, 2022.  |
| **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