***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **8/2/2022** |
| ***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:** |
| Notice of Intent - MOU with Siskiyou County Office of Education MHOAC GRANT FUNDS. Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to establish an MOU with the Siskiyou County Office of Education. The value shall be $1,531,219.00. These funds will be utilized to expand delivery of school-based mental health and wellness services and strengthen partnerships between education and community mental health providers existing Substance Use Disorder treatment and prevention programs. The term is April 12, 2022 through June 30, 2026. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 1,531,219 |  |  |  |  |
| Fund:  | Pending Auditor |  | Description: | Behavioral Health  | Org.: | 401030 | Description: |       |
| Account: | 723000 |  | Description: |      |  |
| Activity Code:  | TBD |  | Description: |       |  |
| Local Preference: YES [x]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* Localized services |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Recommend the Board of Supervisors approve the Memorandum of Understanding with the Siskiyou County Office of Education and authorize the Chair to sign the agreement, authorize the Auditor to establish budget appropriations and set expenditures per the grant guidelines, and authorize the County Administrator to enter and execute any supplemetal, amended or modifications to the agreement. . |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* | yes | *Quantity:* | 1 |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Pls return 1 minute order and 1 original to R. Bullock |
| CAO |       |  | at 818 Main St. |

***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