***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **11/01/2022** |
| ***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, Ph.D. / Director of Health & Human Services** |
| **Subject/Summary of Issue:** |
| Contract for Services - Teach, Inc.Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to contract with Teach, Inc.. As part of the Mental Health Services Act, Prevention and Early Intervention Program, TEACH shall provide Prevention and Early Intervention services for at risk populations in the county. The term of the agreement is July 1, 2022 to June 30, 2023.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $164,928.00 |  |  |  |  |
| Fund:  | 2129 |  | Description: | Behavioral Health | Org.: | 401031 | Description: | Behavioral Health |
| Account: | 723000 |  | Description: | Profess. Svcs. |  |
| Activity Code:  | 164 |  | Description: | see below |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* This vendor was selected for specialized services provided. |
|       |
| Additional Information: | ACTV 164 - Prevention and Early Intervention |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the Contract for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Teach, Inc. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Please return 1 original to R. Bullock at 818 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