***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **1/3/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **530-841-2761** |
| **Address:** | **818 S Main Street** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. / Director of Health & Human Services**  |
| **Subject/Summary of Issue:** |
| Contract for Services - Casa Serenity, LLCSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to contract with Casa Serenity, LLC. for the term of January 1, 2023 to June 30, 2026. Under this contract, Casa Serenity, LLC., will provide residential care for adult clients referred by Siskiyou County in need of a 24-hour skilled residential setting. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* This vendor was selected for specialized services provided. |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | rate |  |  |  |  |
| Fund:  | 2122 |  | Description: | Mental Health | Org.: | 401030 | Description: | Mental Health |
| Account: | 740200 |  | Description: | Support & Care Care |  |
| 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: | Account 2122-401030-740200 Support and Care Residential provider |
|       |
| **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 Casa Serenity, LLC., for the term listed above. |
| **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