***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular** | |  | | | |  | | **Time Requested:** | | | | | |  | | | | | | | | **Meeting Date:** | | | | **January 3, 2023** | | | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | **Sarah Collard, Ph.D. / Health & Human Services Agency - Behavioral Health Division** | | | | | | | | | | | | | **Phone:** | | | | **530-841-2761** | | |
| **Address:** | | | | | **818 S Main Street, Yreka CA 96097** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Sarah Collard, Ph.D. / Director of Health & Human Services** | | | | | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contract for Services – RELIAS, LLC  Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to contract with Relias, LLC for the term 2/1/2023 to 1/31/2026. RELIAS PROVIDES REGULATORY AND COMPLIANCE TRAINING TO BEHAVIORAL HEALTH STAFF. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *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: | | | | | | 37,602.61 | | | | |  |  | | |  | | | |  | | | | | | | | | | | | | |
| Fund: | | | | | | 2129 | | | | | |  | Description: | | | BH-LOCAL MHSA | | | | | Org.: | | 401031 | | | | Description: | | | LOCAL MHSA | | |
| Account: | | | | | | 729200 | | | | |  | Description: | | | Training / Reg. | | | |  | | | | | | | | | | | | | |
| Activity Code: | | | | | | 166 | | | | |  | Description: | | | WET-Workforce Edu. & training | | | |  | | | | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* Vendor selected for specialized services provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 Relias, 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