***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **January 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, Yreka CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. / Director of Health & Human Services** |
| **Subject/Summary of Issue:** |
| Contract for Services – RELIAS, LLCSiskiyou 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** | [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: | 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 [x]  |
| For Contracts – *Explain how vendor was selected:* Vendor selected for specialized services provided. |
|       |
| Additional Information: |       |
|       |
| **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