***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **March 7, 2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Lajon Webb / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **841-2235** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Lajon Webb / Staff Services Analyst, Fiscal, HHSA** |
| **Subject/Summary of Issue:** |
| Data Sharing Agreement - Partnership Healthplan of CaliforniaSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval of the data sharing agreement, beginning January 1, 2023, to provide a wide range of behavioral health services to the residents of Siskiyou County Health and Human Services Agency. No Financial impact. Please review and advise. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:*       |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |       |  |  |  |  |
| Fund:  |       |  | Description: |   | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| 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: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the Data Sharing Agreement between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Partnership Healthplan of California.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Pls return 1 original to R. Bullock at 818 So. 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