***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:** | | | | **March 21, 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 – City of Yreka, Yreka Police Department  Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to contract with the City of Yreka Police Department. The purpose of the contract is to provide a Homeless Liaison Officer responsible for assisting those experiencing homelessness and the resources available to assist them. The contract term is October 1, 2022 through June 30,2023. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | $160,000.00 | | | | |  |  | | |  | | | |  | | | | | | | | | | | | |
| Fund: | | | | | | 2129 | | | | | |  | Description: | | | BH Local Mental Health Svcs Act | | | | | Org.: | | 401031 | | | | Description: | | | Local MHSA | |
| Account: | | | | | | 723000 | | | | |  | Description: | | | Professional & Specialized Svcs | | | |  | | | | | | | | | | | | |
| Activity Code: | | | | | | 163 | | | | |  | Description: | | | CSS Community Srvcs & Support | | | |  | | | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* vendor was selected for special services provided | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This vendor was selected for specialized services provided | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Board of Supervisors approve and authorize the Chair to sign the MOU between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and the City of Yreka 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