***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **3/21/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **841-2761** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard PhD. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| Second Addendum to Contract - North American Mental Health Services, a CorporationSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to amend our contract with North American Mental Health Services (NAMHS) to include new language that allows NAMHS to provide community prescribers with psychiatric medication training. NAMHS provides telepsychiatry services to the County's chronically and persistantly mentally ill population. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | Rate |  |  |  |  |
| Fund:  | 2122 |  | Description: | Behavioral Health  | Org.: | 401030 | Description: | Behavioral Health |
| Account: | 723015 |  | Description: | Prof & Spec Svc |  |
| 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: |  PROF & SPEC SVCS - FFS PROVIDERS |
|     |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the Second Addendum to the Contract between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and North American Mental Health Services, to add Primary Care Physician training.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Pls return minute order 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