***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **04/04/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Maddelyn Bryan / Health & Human Services Agency - Social Services Division** | **Phone:** | **841-2748** |
| **Address:** | **818 South Main Street, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Maddelyn Bryan / SSA III** |
| **Subject/Summary of Issue:** |
| Memorandum of Understanding between Partnership HealthPlan of California (PHC) and Health and Human Services Agency to provide outreach and field services to PHC members.PHC is a non-profit community-based healthcare organization that contracts with the State of California to provide Medi-Cal services in fourteen counties in Northern California, under a County Organized Health System model. This MOU would obligate the County to evalute and/or begin the process of developing a street outreach program that has effective health field services. The County will report referrals made for, and services provided to, PHC members. This MOU is a requirement for the Housing and Homelessness Incentive Program (HHIP) previously approved by the Board. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* Funding related to the HHIP program is already captured in another MOU executed by the County and PHC. |
| **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:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors ratify the MOU and authorize the Board of Supervisors Chair to execute the MOU. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* |       |
| 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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 8/26/19