***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **4/4/23** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Addm to Master Service Agreement - Social Solutions Global, Inc. (Apricot360)  Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to amend its Master Service Agreement with Social Solutions Global to add Ten (10) additional licenses for the Electronic Health Record (EHR) program for the period 3/1/2023 - 3/31/2025 at a cost of $14,391, the new overall Master Service Agreement value is $64,753.17. The term remains April 1, 2022 to March 31, 2025. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | 64,753.17 | | | | |  |  | | |  | | |  | | | | | | | | | |
| Fund: | | | | | | 2129 | | | | |  | Description: | | | Behavioral Health | | | Org.: | | | 401031 | | Description: | | | Behavioral Health | |
| Account: | | | | | | 723000 | | | | |  | Description: | | | Professional Svc | | |  | | | | | | | | | |
| Activity Code: | | | | | | 164 | | | | |  | Description: | | |  | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 First addendum to our Master Service agreement with Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Social Solutions Global, Inc, for the term of April 1, 2022 to March 31, 2025. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *Certified Minute Order(s)* | | | | | Y | | | *Quantity:* | | 1 |
| 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