***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **07/11/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. / Health & Human Services Agency** | **Phone:** | **841-4802** |
| **Address:** | **2060 Campus Drive, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard/ Director of Health and Human Services Agency** |
| **Subject/Summary of Issue:** |
| Street Outreach Grant Agreement with Partnership HealthPlan of California (PHC).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. PHC awarded one-time grant funding to the Health and Human Services Agency (HHSA) to provide street outreach services to persons experiencing homelessness and to refer those individuals to PHC and other resources. HHSA would also be responsible for tracking the referals made to PHC. If approved, this agreement would be effective as of June 1, 2023.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 10,000.00 |  |  |  |  |
| Fund:  | 2122 |  | Description: | Behavioral Health | Org.: | 401030 | Description: |      |
| Account: | 545100 |  | Description: |       |  |
| Activity Code:  | TBD |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve the grant application, authorize the Chair to execute the grant agreement, and authorize the Auditor to appropriate the budget and set expenditures. |
| **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