***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **9/5/2023** |
| ***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, Ph.D. / Director of Health & Human Services** |
| **Subject/Summary of Issue:** |
| Contract for Services - Visions of The Cross, Inc.Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to contract with Visions of the Cross, Inc. for the term of July 1, 2023 to June 30, 2026. Under this contract, Visions of the Cross, Inc. will provide licensed Alcohol and other Drug residential treatment services to patients referred by Siskiyou County.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | Rate |  |  |  |  |
| Fund:  | see add'l info below |  | Description: |       | Org.: | add'l info below | Description: |       |
| Account: | see below |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* This vendor was selected due to the limited number of contractors in the |
| area licensed to provide the specialized services for the county clients. |
| Additional Information: | Accounting: 2120-501010-740000; 2129-401031-740000 ACTV 163A;  |
| 2134-401100-740000, and 2135-401130-740000 |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the Contract for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Visions of the Cross, Inc. |
| **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