***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **9/19/2023** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Sarah Collard, Ph.D. / Health & Human Services Agency - Behavioral Health Division** | | | | | | | | | | **Phone:** | | | **841-4802** | |
| **Address:** | | | | | **2060 Campus Drive Yreka, CA 96097** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Sarah Collard PhD. / Director of Health & Human Services Agency** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MHSA Annual Plan FY 2024-2026 The Mental Health Services Act (MHSA-Prop 63), was passed by voters in 2004. MHSA addresses a broad spectrum of prevention, early intervention and service needs as well as infrastructure, technology and training for the community mental health system. It is made up of 5 components, 1) Community Services and Supports (CSS), 2) Prevention and Early Intervention (PEI), 3) Innovation (INN), 4) Workforce Education and Training (WET), 5) Capital Facilities and Technological Needs (CFTN).The State requires all 3 year plans and annual updates be presented to community stakeholders, consumers and consumer family members. As part of this process, countywide focus groups were held in spring of 2023 to provide an opportunity for public input. In addition, the required 30 day public review was conducted in June and the public hearings will be held on August 18, 2023 and September 19, 2023. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | 4,913,416 | | | | |  |  | | |  | | |  | | | | | | | | | |
| Fund: | | | | | | 2129 | | | | |  | Description: | | | MHSA | | | Org.: | | | 401031 | | Description: | | | Mental Health Svcs Act | |
| Account: | | | | | | 540800 | | | | |  | Description: | | | State Other | | |  | | | | | | | | | |
| Activity Code: | | | | | | 163-167 | | | | |  | Description: | | | Multiple codes | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* N/A. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | Actv codes: 163 CSS, 163A CSS-FSP, 164 PEI, 165A INN MULTI, 165B INN EHR, WETWECAP-TECH | | | | | | | | | | | | | | | | | | |
| 166 - WET, and 167 - CAP TECH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Board of Supervisors move to adopt the MHSA Annual Plan FY 2024-2026. Once adopted, certificate(s) to be signed by County Mental Health Director and County Auditor. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *Certified Minute Order(s)* | | | | | Yes | | | *Quantity:* | | 1 |
| Auditor | | | | | | |  | | | | | | | | |  |  | | | | |  | | |  | |  |
|  | | | | | | |  | | | | | | | | |  |  | | | | |  | | |  | | |
| Personnel | | | | | | |  | | | | | | | | |  | *Other:* | | Pls return 1 original 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