***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **10/3/2023** |
| ***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 PhD. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| 1st Addendum to MOU with Siskiyou County Office of Education. Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to amend the MOU with the Siskiyou County Office of Education. The value shall be increased by $413,316.00 from $1,531,219.00 to a new total of $1,944,535 with a shift in the annual grant funding profile. These funds are being used to expand delivery of school-based mental health and wellness services, strengthen partnerships between education and community mental health providers within existing Substance Use Disorder treatment and prevention programs. The term is April 12, 2022 through June 30, 2026. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 1,944,535 |  |  |  |  |
| Fund:  | 2169 |  | Description: | Behavioral Health  | Org.: | 401030 | Description: |       |
| Account: | 723000 |  | Description: | Profess. Svcs |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [x]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* Localized licensed professional services provided |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Recommend the Board of Supervisors approve the First addendum to the Memorandum of Understanding with the Siskiyou County Office of Education and authorize the Chair to sign the agreement. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* | yes | *Quantity:* | 1 |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Pls return 1 minute order and 1 original to R. Bullock |
| CAO |       |  | at 818 Main St. |

***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