***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | |  | **Time Requested:** | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **October 17, 2023** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | |  | |  | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | **Lajon Webb / Health & Human Services Agency - Behavioral Health Division** | | | | | | | | | | **Phone:** | | | **841-2235** | |
| **Address:** | | | **2060 Campus Drive Yreka, CA 96097** | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | **Lajon Webb / Staff Services Analyst, Fiscal, HHSA** | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | |
| Modification to Contract for Services - Advocates For Human Potential, Inc.  Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to modify its contract with Advocates For Human Potential, Inc. This modification consists of a revised Statement of Work as well as a revised Payment Schedule. The purpose of the grant to to assess the county's crisis needs, research pratices for mobile crisis services in rural areas and develop the Mobile Crisis Action Plan. | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | $500,000. | | | |  |  | |  | | |  | | | | | | | | | |
| Fund: | | | | 2122 | | | |  | Description: | | Behavioral Health Services | | | Org.: | | | 401030 | | Description: | | | Behavioral Health | |
| Account: | | | | 540800 | | | |  | Description: | | State Other | | |  | | | | | | | | | |
| Activity Code: | | | | 2219 | | | |  | Description: | | CCMU | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* Grant application application process with the Dept.of . | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Services. | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **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 Advocates for Human Potential, for the term of September 15, 2021 to June 30, 2025. | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | |
| County Counsel | | | |  | | | | | | | |  |  | | | | | | | | | | |
|  | | | |  | | | | | | | |  | *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | |  |
| 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