***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | |  | **Time Requested:** | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **TBD 11-14-2023** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | |  | |  | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | | | | | | | | | | | | | |
| Behavioral Health Bridge Housing Grant (BHBH) from the CA Department of Health Care Services (DHCS).  DHCS is providing funding for County Behavioral Health Agencies to plan and implement bridge housing services for Californians experiencing homelessness who have a serious behavioral health condition. The program is intended to address the immediate needs of the target population through interim housing services while connecting individuals to sustainable housing opportunities. DHCS stipulates that this funding must priortize Community Assistance, Recovery and Empowerment (CARE) Court participants once CARE Court is implemented in the County. If approved, this agreement would allow HHSA, Behavioral Health Division, to accept the BHBH grant award and implement bridge housing services for the target population. | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | 2,425,534 | | | |  |  | |  | | |  | | | | | | | | | |
| Fund: | | | | 2122 | | | |  | Description: | | Behavioral Health | | | Org.: | | | 401030 | | Description: | | | BH | |
| Account: | | | | 540800 | | | |  | Description: | | State Other | | |  | | | | | | | | | |
| Activity Code: | | | | TBD | | | |  | Description: | |  | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* Application process | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | |  | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | |
| The Board of Supervisors approve the grant award, 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