***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **1/16/2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Health and Human Services Agency (HHSA)** | **Phone:** | **841-4802** |
| **Address:** | **2060 Campus Drive, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Director** |
| **Subject/Summary of Issue:** |
| Mobile Shower and Laundry Services for Street Outreach Program.Partnership HealthPlan of California (PHC), a managed care plan, provided funding to the County via the Housing and Homelessness Incentive Program (HHIP). The County's participation in this program was approved by the Board of Supervisors in December of 2022. The program's intention is to address the social determinates of health disparities by meeting the needs of persons experiencing, or at risk of, homelessness. Street outreach is a particular focus of this program. Street Outreach programs strive to provide for the immediate needs of unsheltered individuals while connecting them with longer-term resources and pathways to permanent housing. If approved, this contract would secure a mobile shower/laundry truck provider to supply hygiene services as part of the Agency's larger Street Outreach efforts. The initial contract term is February 1, 2024, through June 30, 2024.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 109,200 |  |  |  |  |
| Fund:  | 2172 |  | Description: | HHIP | Org.: | 501010 | Description: | HS Admin |
| Account: | 723000  |  | Description: | Prof. Services |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* HHSA selected the vendor for price and experience. |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Honorable Board of Supervisor approve, and authorize the Chair to execute, the contract with Emergency Command Support for the term of February 1, 2024, through June 30, 2024. |
| **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 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021