***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **2/6/24** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard Ph.D. / Health & Human Services Agency / Behavioral Health Division** | **Phone:** | **(530) 841-4802** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard Ph.D. / Agency Director** |
| **Subject/Summary of Issue:** |
| Contract for Services - California Health and Human Services Agency (CalHHS) Single Data Sharing AgreementThis Agreement establishes the California Health and Human Services Data Exchange Framework and requires certain data sharing among entities as set forth in California Healh and Safety Code 130290(f) on or before January 31, 2024. California Health and Safety Code 130290 also provides for the CalHHS Agency to encourage the inclusion of county health, public benefit, and social services as part of the Data Exchange Framework. This Agreement is intended to facilitate data exchange between Particpants in compliance with all applicable federal, state, and local laws, regulations, and policies. This framwork includes this single data sharing agreement and a set of common policies and procedures.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* Data sharing agreement no financial impact |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |       |  |  |  |  |
| Fund:  |       |  | Description: |       | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* Specialized Service |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to delegate signature authority to the Department Head for the Health and Human Services Agency/Behavioral Health Division and execute this Agreement using a required online web application. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* | Yes | *Quantity:* | 1 |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | to Rose |
| 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