***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **3/12/24** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard Ph.D. / Health and Human Services Agency - Behavioral Health Division** | **Phone:** | **841-4802** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard Ph.D. / Director of Health & Human Services Agency**  |
| **Subject/Summary of Issue:** |
| Contract for Services - California Mental Health Services Authority (CalMHSA) No. 1702-CMRCM-2022-SCSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to contract with CalMHSA for the term beginning July 1, 2023 through March 20, 2029. CalMHSA will provide professioal services to manage all stages of the revenue cycle management activities and the generation and submission of all required Department of Health Care Services (DHCS) reporting.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $140,875 |  |  |  |  |
| Fund:  | 2122 |  | Description: | Mental Health | Org.: | 401030 | Description: | Mental Health |
| Account: | 723000 |  | Description: | Prof Svcs |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* This vendor was selected for specialized services provided. |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the agreement for services between Siskiyou County Health and Human Services Agency, Behavioral Health Division, and California Mental Health Services Authority (CalMHSA) for the term commencing July 1, 2023 through March 20, 2029. |
| **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