***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **4/2/2024** |
| ***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:** |
| 1st Amendment Contract for Services DHCS Agreement #21-10117, A1Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval for Department of Health Care Services Agreement #21-10117 for the term of July 1, 2021 to June 30, 2025. The Department of Health Care Services, oversees County Community Mental Health Services and requires the County to meet certain service and financial conditions in order to receive funding as defined in Welfare and Institutions Code Sections 5650(A), 5847, and Title 9, California Code of Regulations, Section 3310.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* this agreement outlines conditions and requirements the County must meet in order to receive funding.  |
| **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:* State Agreement |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve Department of Health Care Services Agreement #21-10117, A1 and authorize the Chair to sign the Standard Agreement Form STD 213A and Contractor Certification Clause, Form CCC 04/2017. The term of this agreement is July 1, 2021 to June 30, 2025.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Please return 1 original to R. Bullock at 818 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