***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **15 minutes** | **Meeting Date:** | **May 7, 2024** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. HHSA** | **Phone:** | **530-841-4802** |
| **Address:** | **818 S. Main Street, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Trish Barbieri, Social Services Director, HHSA**  |
| **Subject/Summary of Issue:** |
| Siskiyou County Health and Human Services Agency, Social Services Division (SSD) has participated in the mandated California Outcomes and Accountability Review (Cal-OAR) as outlined in Senate Bill No. 89, CHAPTER 24 STATUTES OF 2017. Through this process, SSD has completed a System Improvement Plan (SIP) for the CalWORKs Welfare-to Work program which requires approval and signature by the Board of Supervisors. The SIP establishes program priorities and defines specific strategies to achieve improvement on high priority outcomes and indicators within the term of the plan. The SIP is the operational agreement between the County and State, which outlines how the County will improve delivery of service to CalWORKs Welfare-to-Work customers. The SSD has created a powerpoint presentation to provide an overview of the strategies included in the SIP. The SIP has already been approved by the California Department of Social Services and is ready for Board review and approval.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why 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 [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors approve and the Chair sign the System Improvement Plan (SIP) for submission to the California Department of Social Services.  |
| **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