***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **August 6, 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:** |
| Partnership Siskiyou County MHP & DMC-ODS MOUsPer BHIN 23-056 and 23-057, DHCS will monitor the Medi-Cal Managed Care Plans (MCPs), Mental Health Plans (MHPs), and Drug Medi-Cal Organized Delivery System (DMC-ODS) Memorandum of Understanding. MHPs and DMC-ODS counties shall demonstrate a good faith effort to meet the requirements of the BHIN with their respective MCP(s).  |
| **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 [x]  |
| For Contracts – *Explain how vendor was selected:* Specialized Service |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the ageement for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Department of Health Care Services effective last date of signature ("Effective Date").. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* | Yes | *Quantity:* | 1 |
| 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