***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **10 minutes** | **Meeting Date:** | **8/6/2024** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Health and Human Services Agency (HHSA)** | **Phone:** | **841-4802** |
| **Address:** | **2060 Campus Drive, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Director** |
| **Subject/Summary of Issue:** |
| Reconsideration of Addendum 1 to contract with Emergency Command Support Partnership HealthPlan of California (PHC), a managed care plan, provided funding to the County via the Housing and Homelessness Incentive Program grant (HHIP). The County's participation in this program was approved by the Board of Supervisors in December of 2022. The program's intention is to address the social determinates of health disparities for persons experiencing homelessness, with priority for Street Outreach. On January 16, 2024, the Board approved a contract with Emergency Command Support to provide mobile shower/laundry services to the target population through June 30, 2024. On July 2, 2024, this first addendum was presented to the Board and was not approved. However, a Board member who was absent on July 2nd has requested this addendum be presented to the Board for reconsideration If approved, this addendum would extend the term of the contract through January 31, 2025 and increase the total not to exceed by $114,800.00.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 114,800 |  |  |  |  |
| Fund:  | 2172 |  | Description: | HHIP | Org.: | 501010 | Description: | HS Admin |
| Account: | 723000  |  | Description: | Prof. Services |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* HHSA selected the vendor for price and experience. |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Honorable Board of Supervisor approve, and authorize the Chair to execute, the 1st addendum to the contract with Emergency Command Support. |
| **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