***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **August 13, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Dr. Sarah Collard, HHSA** | **Phone:** | **841-4802** |
| **Address:** | **818 South Main Street Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. Agency Director** |
| **Subject/Summary of Issue:** |
| Siskiyou County Health and Human Services Agency (HHSA) is requesting permission to contract with the California Department of Social Services for the provision of family evaluations, complaint investigations and legal consultation/representation in administrative action appeals associated with the Resource Family Approval (RFA) program of HHSA, Adult and Children's Services (ACS). We are mandated to have these processes in place by California Welfare and Institutions Code (W&IC) Section 16519.5 et.seq. and the CDSS Written Directives for RFA. Pursuant to Government Code 30029.7, subdivision (a), the County and CDSS may enter into an agreement for CDSS to provide services or activities related to RFA.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $38,698.00 |  |  |  |  |
| Fund:  | 2120 |  | Description: | Human Services | Org.: | 501010 | Description: | HS Admin |
| Account: | 723000 |  | Description: | Professional Svs |  |
| 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 Contract for Services between Siskiyou County Health and Human Services Agency and the California Department of Social Services for Resource Family Approval (RFA) services with a term of July 1, 2024 through June 30, 2026 |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* | Yes | *Quantity:* | 2 |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Send to Joan Hoy HHSA Social Services  |
| 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