***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **November 12, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **530-841-2761** |
| **Address:** | **2060 Campus Drive, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. / Director of Health & Human Services** |
| **Subject/Summary of Issue:** |
| First Addendum - Yreka Union High School DistrictSiskiyou County Health & Human Services Agency - Behavioral Health Division is requesting approval for the First Addendum of the contract with Yreka Union High School District. The purpose of the contract is to provide Prevention, Outreach, and Access & Linkage services for at risk populations and provide activities for reducing stigma and discrimination as well as increasing public knowledge about mental illness. The addendum will increase the amount payable under the contract to $300,000.00 as well as extend the length of the term to June 30, 2025 |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $300,000 |  |  |  |  |
| Fund:  | 2129 |  | Description: | MHSA | Org.: | 401031 | Description: | MHSA |
| Account: | 723000 |  | Description: | Prof. Services |  |
| Activity Code:  | 164 |  | Description: | PEI |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* Vendor was selected based on their response to RFP #23-002. |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the First Addendum between Siskiyou County Health & Human Services Agency - Behavioral Health Division and Yreka Union High School District. |
| **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