***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **June 4, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **530-841-2761** |
| **Address:** | **818 S Main Street** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. / Director of Health & Human Services**  |
| **Subject/Summary of Issue:** |
| MOU with Sheriff's Office - Mobile Crisis Care Program (CCMU)Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to establish a no cost collaborative / cooperation Memorandum of Agreement (MOU) with the Siskiyou County Sheriff's Office to establish a framework to jointly support the Mobile Crisis Program aimed at improving crisis response and services within Siskiyou County. The MOU term is February 19, 2024 - June 30, 2026.. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* This MOU is to establish collaboration / cooperation for the CCMU program. |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $0.00 |  |  |  |  |
| Fund:  | 2122 |  | Description: | Mental Health | Org.: | 401030 | Description: | Mental Health |
| Account: |       |  | Description: | t |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [x]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* This vendor was selected for specialized services provided. |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the Memorandum of Agreement (MOU) between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Siskiyou County Sheriff's Office to facilitate collaboration / cooperation for the CCMU program. The term is 2/19/2024 - 6/30/2026. |
| **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