***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **February 4, 2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard/ Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **(530) 841-4802** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard / Director of HHSA** |
| **Subject/Summary of Issue:** |
| Memorandum Of Understanding (MOU) - Cascade Circle, Inc - Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting a Memorandum Of Understanding with Cascade Circle. Cascade Circle is a DUI treatment program licensed by the State of California Department of Health Care Services to provide DUI program Services in Siskiyou County for the term of July1, 2024 to June 30, 2027. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | RATE |  |  |  |  |
| Fund:  | 2134 |  | Description: | AOD | Org.: | 401100 | Description: | AOD |
| Account: | 552600 |  | Description: | Other Services |  |
| Activity Code:  |       |  | Description: |  |  |
| Local Preference: YES [ ]  NO [x]  |
| 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 Understanding for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Cascade Circle, Inc , for the term of July 1, 2024 to June 30, 2027.       |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Pls return 1 original to R. Bullock at 818 So. 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