***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **2/18/25** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard Ph.D. / Health & Human Services Agency / Behavioral Health Division** | **Phone:** | **(530) 841-4802** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard Ph.D. / Agency Director** |
| **Subject/Summary of Issue:** |
| Mental Health Oversight and Accountability CommissionSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval of the Mental Health Student Services Act, Round 4,Other Priorities. The agreement entered upon date of last signature to December 31, 2027. The purpose of this funding will be used to develop a Career/Technical Education - Behavioral Health Pathway to be offered in area high schools to increase workforce capacity of certified wellness coaches in Siskiyou County.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 300,000 |  |  |  |  |
| Fund:  | 2169 |  | Description: | MHSSA | Org.: | 401030 | Description: | Behavioral Health |
| Account: | 540800 |  | Description: | State Other |  |
| Activity Code:  | 2227 |  | Description: | Other Priorities |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* Pre-existing MHSSA Partnership  |
|       |
| Additional Information: | 2169-401030-723000-2227 |
|       |
| **Recommended Motion:** |
| The Board of Supervisors ratify and approve the grant proposal with Mental Health Services Oversight and Accountability Commission and authorize the Chair to sign the Standard Agreement Form STD 213, and authorize the Auditor to establish budget appropriations and set expenditures per the grant. |
| **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