***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 3, 2025** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | **Dr. Sarah Collard Ph.D. / Director of Health & Human Services Agency** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contract for Services - Yreka Guest Home, Sandee Crane, a Sole Proprietor  Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval of a rate contract with Yreka Guest Home, Sandee Crane, a Sole Proprietor for the term of January 1, 2025 to June 30, 2028. Yreka Guest Home provides board and care services to clients, including but not limited to, management, community/peer support, community socialization, planned activities, daily living skills, meeting personal needs, housekeeping and laundry services, and transportation of clients. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | RATE | | | | |  |  | | |  | | |  | | | | | | | | | |
| Fund: | | | | | | 2122 | | | | |  | Description: | | | MH | | | Org.: | | | 401030 | | Description: | | | MH | |
| Account: | | | | | | 740200 | | | | |  | Description: | | | sppt/care | | |  | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respectfully request the Board of Supervisors approve and authorize the Chair to sign the rate contract for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Yreka Guest Home, Sandee Crane, a Sole Proprietor for the term commencing January 1, 2025 through June 30, 2028. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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