***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **September 2, 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:** |
| Letter of Termination - Dr. LisaMarie P. Miramontes Ph.D. Siskiyou County Health and Human Services Agency/ Behavioral Health Division requests the board to approve the termination of the contract with Dr. LisaMarie P. Miramontes for the convenience and in the best interest of the County. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $0 |  |  |  |  |
| Fund:  | 2122 |  | Description: | MH (Mental Health) | Org.: | 401030 | Description: | MH |
| Account: | 723000 |  | Description: | Professional Specialized Services |  |
| Activity Code:  | 2075 |  | Description: | Prop 47 III |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| That the Board of Supervisors delegates authority to the Director of Siskiyou County Health and Human Services Agency to terminate the contract for services with Dr. LisaMarie P. Miramontes Ph.D. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* |       |
| 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