***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **October 7, 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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DHCS for the term of July 1, 2025 to December 31, 2026. This agreement is for the purpose of identifying and providing covered Drug Medi-Cal Organized Delivery System (DMC-ODS) services for substance use disorder treatment in the County's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code, sections 14021.51–14021.53, 14124.20–14124.25, 14184.100 et seq. of the Welfare and Institutions Code, Part 438 of the Code of Federal Regulations, Behavioral Health Information Notice (BHIN) 23-001. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* This agreement outlines conditions and requirements the County must meet in order to receive funding. | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | |  | | | | |  |  | | |  | | |  | | | | | | | | | |
| Fund: | | | | | |  | | | | |  | Description: | | |  | | | Org.: | | |  | | Description: | | |  | |
| Account: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* State Agreement | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Board of Supervisors approve Department of Health Care Services Agreement #25-50117 and authorize the Chair to sign the Standard Agreement Form STD 213 (Rev 04/2020) and Contractor Certification Clause, Form CCC DGS OLS 04 (Rev 01/17), CCC 04/2017. The term of this agreement is July 1, 2025 to December 31, 2026. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *Certified Minute Order(s)* | | | | | 1 | | | *Quantity:* | | 1 |
| 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