***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** | **[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:** | **Dr. Sarah Collard Ph.D. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| Department of Health Care Services Agreement #25-50153- Mental Health Plan (Specialty Mental Health Services)Siskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval for Department of Health Care Services Agreement #25-50153 for the term of July 1, 2025 to December 31, 2026. This agreement is for the purpose of providing and/or arranging for the provision of SMHS as a Prepaid Inpatient Health Plan (PHIP) as defined in 42 Code of Federal Regulations PART438.2.Reimbursement to the Behavioral Health Department is expected to exceed $50K. |
| **Financial Impact:** |
| **NO** | [x]  | *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 [x]  |
| For Contracts – *Explain how vendor was selected:* State Agreement |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve Department of Health Care Services Agreement #25-50153 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