Agenda Worksheet

Submit completed worksheet to:
Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097

Regular ☒ **Time Requested:** **5 Minutes** **Meeting Date:** **October 6, 2026**

OR

Consent ☐

Contact Person/Department: **Hayley Hudson County Administration** **Phone:** **530-842-8005**

Address: **1312 Fairlane Road, Suite 1, Yreka, CA 96097**

Person Appearing/Title: **Hayley Hudson Deputy County Administrator**

Subject/Summary of Issue:

The County Administrator's Office recommends approval of the attached resolution for the Memorandum of Understanding (MOU) between the Siskiyou County In-Home Supportive Services Public Authority and SEIU Local 2015.

The new agreement contains the following language regarding wages: Effective as soon as practicable following approval of this Agreement by the Public Authority Governing Board, the Public Authority will supplement the Base Wage by eighty-five cents ($0.85) per hour (for a total combined wage supplement of eighty-five cents ($0.85) per hour) in accordance with Welfare and Institutions Code section 12306.16(d)(6)-(7) and will submit the appropriate request to the State to implement the new rate within five (5) working days of approval of this Agreement by the Public Authority Governing Board and subsequently with sufficient advance notice of each subsequent change to the Base Wage. The cost of the Wage Supplements to the Base Wage will be added to the County's Maintenance of Effort (MOE) on a one-time basis as provided in the Welfare and Institutions Code section 12306.16(d)(7).

Financial Impact:

NO ☐ *Describe why no financial impact:*

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:*

Additional Information: The cost of Wage Supplements to the Base Wage will be added to the County's Maintenance of Effort (MOE) on a one-time basis as provided in the Welfare and Institutions Code section 12306.16(d)(7).

Recommended Motion:

Adopt resolution regarding the Memorandum of Understanding between the Siskiyou County In-Home Supportive Services Public Authority and SEIU Local 2015, effective September 30, 2026.

Reviewed as recommended by policy:

County Counsel _____

Auditor _____

Personnel _____

CAO

***Special Requests*:**

Certified Minute Order(s) *Quantity:* _____

Other: _____

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