***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **9/6/2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **841-2761** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard PhD. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| Amendment to Letter of Agreement - BHS Emergency PlacementSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting the Board approve and memorialize the addendum to the agreement with Bay Psychiatric Associates. The purpose of this addendum is to add an additional billing code to the agreement which provided emergency services to a client. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 00 |  |  |  |  |
| Fund:  | 2122 |  | Description: | Behavioral Health  | Org.: | 401030 | Description: | Behavioral Health |
| Account: | 723015 |  | Description: | PROF & SPEC SVCS- FFS PROVIDERS |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* Emergency services for client at risk. |
|       |
| Additional Information: | 2122-401030-740300 SUPPORT/CARE INPATIENT HOSPITALS |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the amendment to the Letter of Agreement between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Alta Bates Summit Medical Center. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *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