***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **10/18/22** |
| ***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, Ph.D. / Director of Health & Human Services** |
| **Subject/Summary of Issue:** |
| Contract for Services - Marin General Hospital CorpSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to contract with Marin General Hospital for the term of December 1, 2021 to June 30, 2026. Under this contract, Marin General Hospital will provide 24 hour inpatient psychiatric services to patients referred by Siskiyou County.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | Rate |  |  |  |  |
| Fund:  | 2122 |  | Description: | Mental Health | Org.: | 401030 | Description: | Mental Health |
| Account: | 740300 |  | Description: | Support & Care |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* This vendor was selected for specialized services provided. |
|       |
| Additional Information: | Accounting 2122-401030-723015 Prof Svcs FFS Drs. |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the Contract for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Marin General Hospital Corp for the term of December 1, 2021 to June 30, 2026. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Please return 1 original to R. Bullock at 818 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