***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **12/6/2022** |
| ***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:** |
| Letter of Agreement with BHC Alhambra Hospital - BHS Emergency PlacementSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting the Board approve and memorialize the agreements with Partnership Healthplan of California and BHC Alhambra Hospital, Inc. The purpose of the agreement(s) was to provide emergency services to a client and member of Partnership Healthplan of California. |
| **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 Letter of Agreements between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Partnership Healthplan of California, BHC Alhambra Hospital |
| **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