***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **September 5, 2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Lajon Webb / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **841-2235** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Lajon Webb / Staff Services Analyst, Fiscal, HHSA** |
| **Subject/Summary of Issue:** |
| San Jose Behavioral Health, LLC - 1st AddendumSiskiyou County Health and Human Services Agency, Behavioral Health Division is requesting approval of the contract with San Jose Behavioral Health, LLC for the term of July 1, 2023 to June 30, 2026. Under this contract San Jose Behavioral Health, LLC 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: |  MH (Mental Health) | Org.: | 401030 | Description: | MH (Mental Health) |
| Account: | 740300 |  | Description: | Support/Care Inpatient Hospital |  |
| 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: |       |
|       |
| **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 San Jose Behavioral Health, LLC, for the term of July 1, 2023 to June 30, 2026.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| 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