***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **June 18, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Director / Health & Human Services Agency – Public Health Division** | **Phone:** | **841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis / Director of Public Health Division** |
| **Subject/Summary of Issue:** |
| Contract for Services – Dr. William E. LofthouseSiskiyou County Health and Human Services Agency, Public Health Division, is requesting approval to contract with Dr. William E. Lofthouse for the term of July 1, 2024 through June 30, 2027. Dr. Lofthouse will provide Psychiatric services as needed at the Siskiyou County Jail for Siskiyou County Health and Human Services Agency, Public Health Division/Correctional health Services. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | Rate |  |  |  |  |
| Fund:  | 2111 |  | Description: | Inmate health | Org.: | 401081 | Description: | Inmate Health |
| Account: | 723000 |  | Description: | Professional Serv. |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [x]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* The Vendor was selected for his specialized services, availability, and prior work with the |
| County. |
| Additional Information:  | FY 24/25, FY 25/26, and FY 26/27  |
|  |
| **Recommended Motion:** |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the Contract for Services between Dr. William E. Lofthouse and Siskiyou County Health and Human Services Agency, Public Health Division/Correctional Health Services for the period of July 1, 2024 through June 30, 2027.” |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | Please return two signed originals and Minute Order toAngela Zambrano-Ibbs at Public Health Division |
| 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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 8/09/2021