DEPARTMENT: Human Services/BHRS

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board: (1) approve a Behavioral Health contract for residential in-patient services with Merced Behavioral Health Center; and (2) authorize your Chairman to sign the contract.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please see attachment.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Please see attachment.

Financial Impact? ( ) Yes (X) No
Current FY Cost: $ 
Annual Recurring Cost: $ 
Budgeted in Current FY? (X) Yes ( ) No ( ) Partially Funded
Amount in Budget: $ 
Additional Funding Needed: $ 
Source:
Internal Transfer
Unanticipated Revenue ( ) 4/5's vote
Transfer Between Funds ( ) 4/5's vote
Contingency ( ) 4/5's vote
( ) General ( ) Other

List Attachments, number pages consecutively
Board Memo, Page 1
Agreement, Pages 2 - 12

CLERK'S USE ONLY:
Res. No.: No. _____
Vote – Ayes: ___
Absent: ___
Approved
( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date: ______
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: ________
Deputy

COUNTY ADMINISTRATIVE OFFICER:
( ) Requested Action Recommended
( ) No Opinion
Comments:

CAO: _______