DEPARTMENT: Human Services

BY: Cheryle Rutherford-Kelly
PHONE: 966-2442

RECOMMENDED ACTION AND JUSTIFICATION:
It is respectfully requested that your Board approve a Contract for State Hospital Bed Purchase and Usage (STD 213) for fiscal year 2003-04 between the California State Department of Mental Health and the Mariposa County Human Services Department.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Each fiscal year, as authorized by the Board of Supervisors, the Human Services Department contracts with the State Department of Mental Health for use of State hospital beds and services in order that this type of placement be available to County residents in case the need arises. The contract specifies what services are provided at State hospitals and specifies the financial and other assistance that would be required of the County if these services would be utilized. In September of 2003 the Human Services Department sent a form to the Department of Mental Health stating that Mariposa County would not be requesting any state hospital beds for County use this fiscal year. Therefore, the amount payable to the State when this contract is entered is $0. In the event that a State hospital bed is needed, Mariposa County can apply to change its allocation request.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Access to Atascadero, Metropolitan, Napa and Patton State hospital services may be limited or not available in the coming months if the Board of Supervisors does not approve this contract.

Financial Impact? ( ) Yes (X) No

Budgeted In Current FY? ( ) 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

State Hospital Bed Purchase and Usage Agreement 2003-04

Clerk's Use Only:
Res. No.: 54-47
Ord. No.:________

Vote – Ayes: ______
Noes: ______
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:

[Signature]

[Position]

Requested Action Recommended
No Opinion
Comments:

[Signature]

CAO: [Signature]