

DEPARTMENT: Sheriff

BY: Brian Muller
PHONE: 966-3615

RECOMMENDED ACTION AND JUSTIFICATION: Request approval of service contract with John C. Fremont Healthcare District to provide Medical Services to the Mariposa County Adult Detention Facility.

The Mariposa County Sheriff's Office currently has a contract with John C. Fremont Healthcare District, to provide Medical Services to inmates at the Mariposa County Adult Detention Facility. The current contract expires on June 30, 2006. The proposed contract will extend those services through June 30, 2007. Services will be provided at the same cost of the 2004/2005 contract.

BACKGROUND AND HISTORY OF BOARD ACTIONS: The Board of Supervisors approved the existing contract between John C. Fremont Healthcare District and the Mariposa County Adult Detention Facility

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION: If the contract is not approved, the sheriff's office will have to seek a contract with an alternate service provider or will have to transport inmates to a health care provider. Due to current staffing levels within the jail, it would be necessary to utilize staff on an overtime basis if health care services were provided outside of the jail facility. The overtime cost associated with paying jail staff to transport inmates to a health care provider would be substantial.

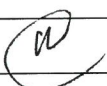
Financial Impact? () Yes (X) No	Current FY Cost: \$ 0	Annual Recurring Cost: \$0
Budgeted In Current FY? (X) Yes () No () Partially Funded		
Amount in Budget: \$		See attached service contract agreement
Additional Funding Needed: \$0		
Source:		
Internal Transfer		
Unanticipated Revenue	_____ 4/5's vote	
Transfer Between Funds	_____ 4/5's vote	
Contingency	_____ 4/5's vote	
() General () Other		

CLERK'S USE ONLY:

Res. No.: 06-197 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
Approved _____
() Minute Order Attached () No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
Comments: _____

CAO: 

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