



# Continuation or Deletion Request

**Date:** 3/22/2024  
**To:** Clerk of the Board of Supervisors  
**From:** Mindy Winterswyk, Assistant Agency Director, Health Care Agency  
**Re:** ASR Control #: 23-000663, Meeting Date 3/26/24 Agenda Item No. # 19  
**Subject:** **Renewal Amendment No. 2 for Inpatient Mental Health Services for Youth**

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*M. Winterswyk* DPT, PCS

Request to continue Agenda Item No. # 19 to the 4/9/2024 Board Meeting.

Comments:

Request deletion of Agenda Item No. # \_\_\_\_\_

Comments: