

DEPARTMENT: Human Services/BHRS

BY: Cheryle Rutherford-Kelly
PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully recommended that the Board: (1) approve to continue a Professional Service Agreement with Nanette Oswald, an American Sign Language interpreter, for the hearing-impaired; and (2) authorize your Chairman to sign the agreement.

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: \$		List Attachments, number pages consecutively
Additional Funding Needed: \$		Board Memo, Page 1
Source:		Agreement, Pages 2 - 7
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.: 07-220 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 Minute Order Attached No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

_____ Requested Action Recommended
 _____ No Opinion
 Comments:

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

CAO: _____



**MARIPOSA COUNTY
HUMAN SERVICES DEPARTMENT**

P.O. Box 99 • Mariposa, CA 95338 • (209) 966-2000 • Fax (209) 966-8251

□ Behavioral Health and Recovery Services □ Community Action □ Housing Authority □ Public Guardian/Conservator □ Social Services
CHERYLE RUTHERFORD-KELLY, MSW, DIRECTOR

May 22, 2007

TO: Members, Board of Supervisors
Richard Benson, CAO
FROM: Cheryle Rutherford-Kelly
RE: Behavioral Health Professional Services Agreement with Nannette Oswald

Recommendation

It is respectfully recommended that your Board: (1) approve to continue a Professional Service Agreement with Nanette Oswald, an American Sign Language interpreter, for the hearing-impaired; and (2) authorize your Chairman to sign the agreement.

Background / Current Situation

The County needs to access the services of a person who can translate for the hearing impaired. We have no staff with this particular expertise. The Social Service Department has successfully utilized the services of Nanette Oswald to assist clients who need this service. To ensure proper service provision, Behavioral Health would like to continue to make this service available.

We would like to utilize the services of Ms. Nanette Oswald, for up to six (6) hours per week, or as needed, to assist hearing impaired clients who come to the department's attention. We have been unable to locate any other local individuals capable of this type of interpreting. We could obtain services from an individual in Merced but the fee per hour is the same as Ms. Oswald's and they would charge for travel time.

The current agreement was approved by your Board on August 15, 2006 by Resolution No. 06-382.

Financial

Ms. Oswald will provide service at a cost of \$50 per hour. This agreement will be paid from DUI Program revenue dollars. The program is supported by the fees of participants. There are no general fund dollars involved.