

DEPARTMENT: Human Services/BHRS

BY: Cheryle Rutherford-Kelly  
PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board: (1) authorize the Behavioral Health and Recovery Services to accept amendment V.1 to the Department of Alcohol and Drug Programs multi-year (2004-2008) contract for fiscal year 2006/2007; and (2) authorize your Chairman to sign the contract.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

See Attached

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

See Attached

Financial Impact?  Yes  No Current FY Cost: \$10,000 Annual Recurring Cost: \$

Budgeted In Current FY? ( ) Yes  No ( ) Partially Funded

Amount in Budget: \$10,000

Additional Funding Needed: \$6,624

Source:

Internal Transfer

Unanticipated Revenue  4/5's vote

Transfer Between Funds \_\_\_\_\_ 4/5's vote

Contingency \_\_\_\_\_ 4/5's vote

( ) General ( ) Other

memo - page 1  
Budget action form page 2  
agreement pages 3-99

CLERK'S USE ONLY:

Res. No.: 07-242 Ord. No. \_\_\_\_\_

Vote - Ayes: 5 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

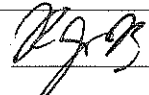
COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended

\_\_\_\_\_ No Opinion

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

June 5, 2007

TO: Members; Board of Supervisors  
Richard Benson, CAO  
FROM: Cheryle Rutherford-Kelly  
RE: Alcohol and other Drugs/ V.1 Amended Net Negotiated Amount (NNA) Contract

**Recommendation**

It is respectfully requested that your Board: (1) authorize the Behavioral Health and Recovery Services to accept amendment V.1 to the Department of Alcohol and Drug Programs multi-year (2004-2008) contract for fiscal year 2006/2007; and (2) authorize your Chairman to sign the contract.

**Background/Current Situation**

The V.1 contract amendment amount of \$16,624 is in recognition of the Departments implementation of Drug Medi-Cal billing. The current fiscal year County budget included \$10,000 for Drug Medi-Cal revenue. The State has now increased that amount by \$6,624. The attached budget action form increase the Drug Medi-Cal revenue and associated expenditure lines to keep the budget unit in balance.

The State Department of Alcohol and Drug Programs require a signed contract amendment and a signed Board resolution.

**Financial**

The contract amendment increases the County Alcohol and Drug budget by \$6,624 for a total State contract amount of \$504,333 for FY 2006/2007. This additional revenue will be added to the current budget along with associated increase in expenditure as detailed in the attached budget action form. There is no impact to county general fund.



MARIPOSA COUNTY DEPARTMENT OF HUMAN SERVICES OFFICE MEMO

TO: Clerk of the Board

DATE: June 1, 2007

FROM: Cindy Larca

Cc: Cheryle Rutherford-Kelly

SUBJECT: Corrected Budget Action Form

MESSAGE:

Attached is a corrected budget action form for CA-16 on the June 5<sup>th</sup> Board of Supervisors' agenda. In preparation for the large number of consent items our department has placed on the June 5<sup>th</sup> agenda, staff did not realize that I had a correction to the budget action form and thus did not place the correct version in the packet to your office. Please issue a correction to item CA-16 to read the amount of \$8,601 instead of \$7,294.

Thank you

# PROGRAM SERVICES DIVISION - TREATMENT REQUEST FOR ALLOCATION REVISIONS

COUNTY	DIRECT PROVIDER	FISCAL YEAR	AMOUNT OF INCREASE/ (DECREASE)	FUNDING SOURCE TO BE REVISED INCLUDE FED. CAT. #	FUNDING LINE
Mariposa		2006-07	+ \$1,170	Regular Drug Medi-Cal	70
				Perinatal Drug Medi-Cal	40b

Justification for Request: Increase due to providing services for a full year.

**REVIEWED AND APPROVED**  
*[Signature]* 2/12/07

**REVISION INITIATOR (other than Fiscal Management and Accountability Branch)**

Branch or Section: \_\_\_\_\_ Date: \_\_\_\_\_

Analyst: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**FISCAL MANAGEMENT AND ACCOUNTABILITY BRANCH**

Analyst: *Elyse Muniz* Date: *12-20-2006*

Supervisor: *Jordan Orrible* Date: *2/5/07*

Manager: *[Signature]* Date: *2-20-07*

Notes: \_\_\_\_\_

**BUDGET OFFICER:**

Signature: *[Signature]* Date: *3/2/07*

Pending Section 28 [ ] Pending Budget Revision [ ]

Pending Interagency Agreement [ ] Other (specify): \_\_\_\_\_

Notes: \_\_\_\_\_

**PROGRAM AND FISCAL POLICY BRANCH**

Allocation Analyst: *[Signature]*

Date Request Received: *2-21-07*

Revision Input Date and Number: *3-5-07 12.6*

Notes: \_\_\_\_\_

PFPB - TAPS ENTRY: **MAR 8 AM 9:20**

(NOTE: DO NOT COMBINE FISCAL YEARS ON THIS FORM. USE A SEPARATE FORM FOR EACH FISCAL YEAR.  
Rev. 10/05)