

DEPARTMENT: Human Services/BHRS

BY: Cheryle Rutherford-Kelly
PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board approve the attached budget transfers for various budget units within the Human Services Department. (\$32,071)

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please see attachment.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Please see attachment.

Financial Impact? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially Funded		
Amount in Budget: \$ 32,071		List Attachments, number pages consecutively
Additional Funding Needed: \$ -		Board Memo, Page 1
Source:		Budget Action Forms, Pages 2-5
Internal Transfer <input checked="" type="checkbox"/>		
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.: 07-291 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.

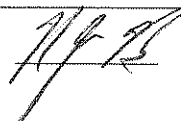
Date: _____

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 8, 2007

TO: Members, Board of Supervisor
Rick Benson, CAO
FROM: Cheryle Rutherford-Kelly
RE: Human Services Department Year End Budget Transfers

Recommendation

It is respectfully requested that your Board approve the attached budget transfers for various budget units within the Human Services Department.

Background/Current Situation

The attached budget action forms reflect the necessary redistribution of budgeted funds to cover the anticipated total expenditures at year end. Your Board typically approves these transfers to allow the departments to keep budget units in balance.

Financial

The budget transfer totals for each of the units are as follows;

Social Services	001-0501	\$ 9,000
Human Services Umbrella	001-0507	\$ 1,786
Behavioral Health	001-0402	\$16,735
SACPA Prop 36	343-0504	\$ 4,550

These transfers are accomplished through redistribution of existing line item amounts. No general funds are required.

BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0402-622	0413	Building Maintenance	MH120	1,500	
001	0402-622	0440	Medications	MH120		1,500
001	0402-622	0475	Cost Allocation	MH120		15,235
001	0402-622	0450	County Vehicle	MH120	4,000	
001	0402-622	0422	Crisis Support Services	MH121	2,535	
001	0402-622	0421	Telepsychiatry	MH122	3,815	
001	0402-622	0426	IMD	MH123	4,885	
TOTALS					16,735	16,735

TRANSFER BETWEEN FUNDS				DEBIT	CREDIT
TOTALS					

ACTION REQUESTED: (Check all that apply)

- () Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget , or transferring appropriation from Contingencies
- (X) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

JUSTIFICATION To cover year end cost differentials.

DEPT HEAD SIGNATURE *Cheryl R. ...* DATE 6/8/07

APPROVED BY RES NO. 07-291 CLERK *mmj* DATE 6-26-07

Behavioral Health
DEPARTMENT Human Services

AUDITOR'S USE ONLY
BA #

BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0507-672	0475	Cost Allocation		1,786	
001	0507-672	0481	Software			1,786
TOTALS					1,786	1,786

TRANSFER BETWEEN FUNDS				DEBIT	CREDIT
TOTALS					

ACTION REQUESTED: (Check all that apply)

- () Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget , or transferring appropriation from Contingencies
- (X) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

JUSTIFICATION Cost allocation increase not anticipated

DEPT HEAD SIGNATURE	DATE 6/8/07
APPROVED BY RES NO. _____	CLERK _____
	DATE _____

DEPARTMENT Human Services Admin	AUDITOR'S USE ONLY BA # _____
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BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
343	0504-664	0431	Rent & Lease Buildings	PRO190		4,550
343	0504-664	0426	Drug Testing	PRO190	3,284	
343	0504-664	0475	Cost Allocation	PRO190	246	
343	0504-664	0480	Equipment	PRO190	770	
343	0504-664	0488	Fuel	PRO190	250	
TOTALS					4,550	4,550

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
TOTALS						

ACTION REQUESTED: (Check all that apply)

- Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or transferring appropriation from Contingencies
- Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

JUSTIFICATION Budget adjustments necessary to process year end invoices.

DEPT HEAD SIGNATURE  DATE 6/21/07

APPROVED BY RES NO. _____ CLERK _____ DATE _____

DEPARTMENT Human Services

AUDITOR'S USE ONLY BA # _____



**MARIPOSA COUNTY
HUMAN SERVICES DEPARTMENT**

P.O. Box 7 • Mariposa, CA 95338 • (209) 966-3609 • Fax (209) 742-5854

Alcohol & Drug Community Action Housing Authority Mental Health Public Guardian/Conservator Social Services
CHERYLE RUTHERFORD-KELLY, MSW, DIRECTOR

June 8th, 2007

TO: Members, Board of Supervisors
 Rick Benson, CAO
FROM: Cheryle Rutherford-Kelly
RE: Social Services Employment and Training/Authorization to Enter Into an
 Agreement for Assessment Services

RECOMMENDATION

It is respectfully recommended that your Board authorize:

- (1) The department to enter into an agreement with Mother Lode Job Training (MLJT) to provide assessment Services for individuals in the CalWORKs program that totals \$30,000 for fiscal year 2007/2008; and
- (2) Your chairman to sign the agreement.

BACKGROUND

Your Board entered into an agreement with Mother Lode Job Training (MLJT) in 1998 (Resolution 98-263) in the amount of \$20,000. MLJT, through specific testing, is able to identify job interests and career paths for CalWORKs individuals. The assessment helps guide the Employment and Training unit to begin career exploration and employment needs of these individuals. This agreement has been renewed yearly with no changes through fiscal year 2001/2002. In 2002/2003 the agreement was again renewed, but increased from \$20,000 to \$22,000. In 2006/2007 the agreement was renewed (Resolution 06-354) and increased from \$22,000 to \$30,000.

This agreement exemplifies the value of coordinating community services and maximizes efforts to assist families to become self-sufficient. We have been satisfied with the services provided by MLJT under this agreement.

CURRENT SITUATION

The Department contracts with MLJT to provide career assessments for individuals in the CalWORKs program. The Contractor has the necessary skill to administer the BESI, COPS, COPES, and CASES assessment tests and evaluate individuals. During fiscal year 2005/2006, 90 assessment tests were administered. Approximately the same number of assessments have been administered during fiscal year 2006/2007. In fiscal year 2007/2008 we anticipate referring even more individuals for assessment.

FINANCIAL

This program component, which will cost \$30,000, is fully funded by state and federal funds. There is no impact to the County's General Fund.