

DEPARTMENT: HEALTH

BY: C. B. MOSHER, MD, MPH, H.O.
PHONE: 966-3689

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing Chair to sign amended State Standard Agreement for AIDS Prevention Program 04-35360, A02 for Fiscal Years 2005-2006 and 2006-2007 and the amended MOU number PREV 04-22, A02 for Fiscal Year 2005-2006.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The State had previously unilaterally decided to reduce grant amounts for AIDS Education and Prevention in small jurisdictions and rural areas where the prevalence of AIDS is low. The Mariposa County Health Officer, and other Health Officers as well, expressed opposition to this plan since prevention and education of AIDS has nothing to do with treating AIDS and, therefore, the number of cases in a jurisdiction does not dictate the educational prevention needs of a jurisdiction. (See Resolution Number 05-183)

The attached amended contract encompassing the two fiscal years represents reinstatement of the grant amount for only year 2 (2005-2006), a situation the Health Department has handled, with approval from the Board of Supervisors, by increasing the Registered Nurse .6 FTE by .2 FTE to .8 FTE until June 30, 2006, and not filling the AIDS Coordinator position vacated through retirement. The increase in FTE and restoration of funding was approved during the recent midyear budget process. (See Resolution Number 06-77)

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Refuse to participate in the contract with the State at all (not recommended because these grant funds continue to help provide Public Health Nursing services).

Financial Impact? (X) Yes () No	Current FY Cost: \$69,945	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes () No () Partially Funded		
Amount in Budget: \$69,945		List Attachments, number pages consecutively
Additional Funding Needed: \$0		Standard Agreement 04-35360,A02
Source:		MOU PREV 04-22,A02
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. 06-209 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
MW 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: 