

DEPARTMENT: Human Services/BHRS

BY: Cheryle Rutherford-Kelly  
PHONE: 966-2000

**RECOMMENDED ACTION AND JUSTIFICATION:**

It is respectfully requested that your Board: (1) approve a Behavioral Health contract for crisis support phone services with Alameda County; and (2) authorize your Chairman to sign the contract.

**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? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively _____
Additional Funding Needed: \$ _____		Board Memo, Page 1 _____
Source:		Agreement, Pages 2 - 6 _____
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.: 05-419 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: [Signature]



**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**

August 23, 2005

TO: Members, Board of Supervisors  
Rich Inman, CAO  
FROM: Cheryle Rutherford-Kelly  
RE: Behavioral Health Contract for After Hours Crisis Phone Services

**Recommendation**

It is respectfully requested that your Board: (1) approve a Behavioral Health contract for crisis support phone services with Alameda County; and (2) authorize your Chairman to sign the contract.

**Background/Current Situation**

This County does not operate after-hours phone services and therefore contracts for such services.

Crisis Support Services of Alameda County is a 24 hour crisis line. This service allows our clients to call for help or assistance whenever needed. This is a vital service for keeping our community and clients safe. This service is used whenever the Behavioral Health office is closed.

**Financial**

This contract will continue to be paid within the Mental Health budget unit 0402. The cost for this service will not exceed \$1,270.00 per month.

There is no impact to general fund dollars.

pk