

**DEPARTMENT:** Human Services/BHRS

**BY:** Cheryle Rutherford-Kelly  
**PHONE:** 966-2442

**RECOMMENDED ACTION AND JUSTIFICATION:**

It is respectfully recommended that your Board: (1) endorse a name and rate change for a Residential Care Facility for the Elderly; and (2) authorize the Human Services Director/Conservator 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? ( ) Yes ( ) No ( ) Partially Funded |                     |  |
| Amount in Budget: \$  |                     | List Attachments, number pages consecutively |
| Additional Funding Needed: \$                               |                     | Board Memo, Page 1                           |
| Source:   |                     | <u>Agreement, pages 2-11</u>                 |
| 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.: 05-169 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: Ret



**MARIPOSA COUN  
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**

April 22, 2005

TO: Members, Board of Supervisors  
Rich Inman, CAO

FROM: Cheryle Rutherford-Kelly

RE: Behavioral Health / Mental Health Residential Care Contract Facility Change of Name

**Recommendation**

It is respectfully recommended that your Board: (1) endorse a name and rate change for a Residential Care Facility for the Elderly; and (2) authorize the Human Services Director/Conservator to sign the agreement.

**Background/Current Situation**

Your Board authorized a contract with Hillcrest Manor in May, 2004. That facility has changed its name to Casa Viejos, TNS, Incorporated. The services provided have not changed and we have a resident living in that facility.

The Auditor cannot pay for expenses without your endorsement.

**Financial**

The cost of the service has increased \$16 monthly, from \$1,455 to \$1,471 per month.