

DEPARTMENT:
Public Health

BY:
Charles B. Mosher, MD, Health Officer

PHONE:
966-3689

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No x)

Recommend resolution authorizing Chairman to sign a Personal Services Agreement with Jim Carl to write the first draft of a Comprehensive Tobacco Control Plan and Budget for 1996-1998. This document is required by the State to begin the process of developing a two year contract for Health Education with the County. Due to staff medical leave, writing the first draft of this plan must be contracted out. All funds are 100% State grant. The Health Officer will bring to the Board the proposal for Board approval, as he did with the current Plan (in which we targeted classes to help people quit smoking, and programs to prevent children from starting). Mr. Carl is knowledgeable in the program and works in Fresno in Health Education.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has contracted with the state for this program since FY 1990. The Health Department has tailored the State program to this County, and avoided enforcement activities, concentrating on education and helping people with quitting. The general plan is to continue with that approach.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Contract with another person to write the DRAFT Plan.
2. Do not submit a DRAFT Plan -- risks loss of State grant funding of this program which addresses the #1 health problem in Mariposa.

COSTS: () Not Applicable

A. Budgeted current FY	\$ <u>0</u>
B. Total anticipated costs	\$ <u>2,800</u>
C. Required additional funding	\$ _____
D. Internal transfers	\$ <u>2,800</u>

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

SOURCE: () 4/5ths Vote Required

A. Unanticipated revenues	\$ _____
B. Reserve for contingencies	\$ _____
C. Source description: _____	
Balance in Reserve for Contingencies, if approved: \$ _____	

CLERK'S USE ONLY:

Res. No.: 96-224 Ord. No. _____
 Vote - Ayes: 3 Noes: Tobin
 Absent: _____ Abstained: Parker
 Approved () Denied
 () Minute Order Attached () No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

- Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action

Comment: _____

A.O. Initials: W

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 OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Public Health

CONTACT: C. B. Mosher, MD

DATE: May 21, 1996

PHONE: 966-3689

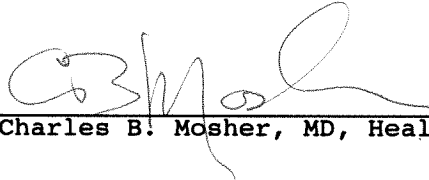
ACTION REQUESTED: (Check All That Apply)


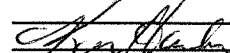
- Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the County budget, or in any one fund of the budget, or appropriating Reserve for Contingencies;
- Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;
- Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.)
- Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under \$50.00 to accommodate minor variations from the budget.

<u>FUND/DEPT/ACCT NO.</u>	<u>LINE ITEM DESCRIPTION</u>	<u>AMOUNT (FROM) / TO</u>
001-0401-621.0115	Public Health Educator	< \$2,800 >
001-0401-621.0418	Professional Services	\$2,800

Justification:

Due to staff medical leave, Jim Carl is being hired by a PSA to begin the process of developing a two year contract for Health Education with the County. All funds are through a State grant.

Department Head Signature:  Date: 5/7/96
Charles B. Mosher, MD, Health Officer

Approved By: Res. No. 96-224 Clerk:  Date: 5-21-96
Administrator: _____ Date: _____
Auditor:  Date: 5/18/96

AUDITOR'S USE ONLY:

Description: _____ Transfer No.: _____
B.R. No.: _____