

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 Health Officer to sign agreement between Central San Joaquin Valley HIV Care Consortium and Mariposa County Health Department for Fiscal Year 1996-1997. These are federal funds used for social, medical, and psychological services for people with AIDS and HIV disease and their families. Mariposa County's AIDS Coordinator provides oversight and input from our County into the Consortium and \$5,000 of these available funds are returned to help offset County General Fund Expenditures for her salary and travel.

The Health Department, in consultation with the County AIDS Task Force, has previously recommended, and continues to recommend to the Board, that these funds be turned over to the Multi-County "Consortium" to administer rather than being administered locally. Funds are returned to the County in the form of contracts such as this one (similar contracts are being negotiated with John C. Fremont Hospital Home Health Agency and are being explored by Mariposa County's other home health agency). Moreover, there are out of county service providers who provide AIDS related services to Mariposa County residents and can be reimbursed when necessary. The only difference between this contract and last year's contract is Exhibit "D" from which the Mariposa County Health Department is exempt.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Resolutions 92-66, 93-120, 94-5, 95-21 and 95-494 took similar action with these funds in prior fiscal years.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Do not authorize Health Officer to sign agreement and direct that these funds be administered by the County.
2. Return all Ryan White related funds and do not participate in the program. (This may reduce future allocations for this County.)
3. Other direction.

COSTS: ( ) Not Applicable

A. Budgeted current FY \$ 5,000

B. Total anticipated costs \$ 5,000

C. Required additional funding \$ 0

D. Internal transfers \$

SOURCE: ( ) 4/5ths Vote Required

A. Unanticipated revenues \$

B. Reserve for contingencies \$

C. Source description: \_\_\_\_\_

Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLERK'S USE ONLY:

Res. No.: 96-422 Ord. No. \_\_\_\_\_

Vote - Ayes: 5 Noes: \_\_\_\_\_

Absent: \_\_\_\_\_ Abstained: \_\_\_\_\_

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: [Signature]

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