

DEPARTMENT: Public Health BY: C. B. Mosher, MD, Health Officer PHONE: 966-3689
RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No__x_)

Recommend resolution authorizing Chairman to sign the "Declaration of Intent" to contract with Department of Health Services for Public Health Services for FY 1995-1996. The Health Officer believes it is still in the best interest of the County to continue contracting for public health services through FY 1995-1996 for these reasons: (1) Sudden disruption of personnel is not in the County's best interest; (2) State may be "at risk" for costs if revenue falls short; (3) Laboratory services are covered at no cost to the County; (4) The bulk of the liability remains with the State; (5) The Board can terminate the Contract at any time by simply not paying the invoices.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board signed the "Declaration of Intent" for FY 1994-1995 (Resolution 94-79).

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not declare to contract with DHS; begin hiring County staff immediately.

COSTS: (X) Not Applicable
A. Budgeted current FY _____
B. Total anticipated costs _____
C. Required additional funding _____
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:
_sign three (3) copies _____

CLERK'S USE ONLY: 95-247
Res. No.: _____ Ord. No. _____
Vote - Ayes: _____ 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

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

Comment: _____
A.O. Initials: *MW*