

DEPARTMENT: Mariposa County Public Health **BY:** Charles B. Mosher, M.D., MPH, H.O.
PHONE: (209) 966-3689

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend authorizing Health Officer to sign contract between Mariposa County Health Department and San Joaquin County Health Department for participation in a computerized Immunization Registry Program, appropriating \$15,196 to utilize grant funds to implement the program, and authorizing Health Officer to purchase a computer for the program (\$4,600).

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Children's immunization status has been entered into Health Department computers for many years now by Health Department staff as a service to parents (who often forget to bring children's immunization records). This program would change that practice slightly by having staff enter immunization data into a central data bank maintained by San Joaquin County, so that it is available to many Health jurisdictions promptly, an advantage in a society where people move frequently among counties.

The Health Department's nursing computer is almost dead. This grant program gives us an opportunity to replace it at no cost to the County.

Although this contract is for Fiscal Year 2002-2003, we just received the document for processing in mid-May, and had no firm idea of the final decision about funding from San Joaquin until then.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Immunization information will not be as immediately available in other jurisdictions, even if families want this.
2. County funds may be needed to obtain a replacement computer.

Financial Impact? () Yes (X) No	Current FY Cost: \$0.00	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes (X) No () Partially Funded	N/A	
Amount in Budget:	<u>\$0</u>	List Attachments, number pages consecutively
Additional Funding Needed:	<u>\$15,196</u>	<u>NC RIDE Contract</u>
Source:	<u>Budget Action Form</u>	
Internal Transfer	_____	
Unanticipated Revenue	<u>X</u> 4/5's vote	_____
Transfer Between Funds	_____ 4/5's vote	_____
Contingency	_____ 4/5's vote	_____
() General () Other	_____	

CLERK'S USE ONLY:

Res. No. 03-221 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
MW Approved
() Minute Order Attached () No Action Necessary

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 ADMINISTRATIVE OFFICER:

_____ Requested Action Recommended
 No Opinion
Comments:

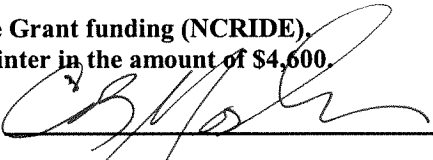
CAO: *[Signature]*

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	INCREASE	DECREASE
001	0401	305-5213	IMMUNIZATION ASSISTANCE PROGRAM	<15,196>	
001	0401	621-0642	COMPUTER EQUIPMENT	4,600	
001	0104	414-1090	GENERAL CONTINGENCY	\$10,596	
TOTAL				\$0	\$0

- ACTIONS 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;

JUSTIFICATION
 Appropriate \$15,196 in State Grant funding (NCRIDE).
 Purchase a computer and printer in the amount of \$4,600.

DEPT HEAD SIGNATURE  DATE 6/3/03
CHARLES B. MOSHER, M.D., MPH, HEALTH OFFICER
PUBLIC HEALTH DEPT

APPROVED BY RES NO. 03-221 CLERK hww DATE 6-24-03

AUDITOR'S USE ONLY
 BA # _____