DEPARTMENT: Human Services/Alcohol & Drug

RECOMMENDED ACTION AND JUSTIFICATION:
It is respectfully requested that your Board approve the attached budget action form for Human Services Department/Alcohol & Drug programs.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Board typically approves budget actions that do not require general fund dollars.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
If the budget action is not approved the current invoices from Changing Echoes will not be paid and further placements in residential treatment will be cut.

Financial Impact? ( ) Yes (X) No  Current FY Cost: $  Annual Recurring Cost: $
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded
Amount in Budget: $681,904  List Attachments, number pages consecutively
Additional Funding Needed: $  Board Memo – page 1
Source:
Internal Transfer  X  Budget Action Form – page 2
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.: 06-10  Ord. No. ______
Vote – Ayes: 5  Noes: ______
Absent: ______
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: ______
December 14, 2005

TO:     Members, Board of Supervisor
        Rich Inman, CAO
FROM:  Cheryle Rutherford-Kelly
RE:   Residential Treatment Costs/Budget Action

Recommendation

It is respectfully requested that your Board approve the attached budget action form for Human Services Department/Alcohol & Drug programs.

Background/Current Situation

The original budget amount of $12,000 represents six (6) people at the normal thirty (30) day program. The budget for fiscal year 2004/2005, which was the county’s first year of program operation, started at $5,000 with actual expenditures reaching $11,357. There were four (4) people that completed the 30 day program and three (3) that did not.

Using more clearly defined criteria for program use, staff anticipated that six (6) people would actually be ready to complete a full thirty day program during fiscal year 2005/2006. Residential treatment requirements are currently increasing above the level anticipated last April when the budget package was submitted. The department has already had seven people complete a thirty day program and an eighth person is currently in mid-program.

Considering that we are only half way through the fiscal year the department is requesting to transfer funds, $16,000, within the budget unit to cover persons seven and eight as well as an additional six placements during the latter half of the year. The transfer of funds from the CAPs program to Changing Echoes ($8,000) is indicative of the demand for treatment in that particular facility. Transfer of the additional $8,000 from the salaries line represents salary savings due to non-receipt of applicants for open positions.

The department is currently working with your Alcohol and Drug Advisory Board to build a more structured, intensive out patient program that would give some severely addicted people an option other than residential. However, as our population grows, residential treatment will always be needed. Our goal is to have strong programs that are local and cost effective. It is also important to have strong programs available to those who complete residential treatment and return home. It is not only getting clean and sober, but staying clean and sober, that must be considered.

Financial

The attached budget action form increases the amount of funding available in Changing Echoes 001-0403-623.04-36 by $16,000 and decreases the amount available in CAPs, 001-0403-623.0435, by $8,000 and the amount available for A&D Specialist I-III salary line, 001-0403-623.01-26 by $8,000. No general fund dollars are being used.
## BUDGET ACTION FORM

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<th>ACCOUNT</th>
<th>DESCRIPTION</th>
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<td>623.01-26</td>
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<td>623.04-36</td>
<td>A&amp;D Inpatient - Echoes</td>
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**TOTALS**

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**TRANSFER BETWEEN FUNDS**

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**TOTALS**

**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 transferring appropriation from 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** To cover increased program usage.

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**DEPT HEAD SIGNATURE**

**DATE** 12/14/05

**APPROVED BY RES NO.**

**CLERK**

**DATE** 1-10-06

**DEPARTMENT** ALCOHOL & DRUG

**AUDITOR'S USE ONLY**

**BA #**

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Budget Revision Form Revised 07/2000