MARIPOSA COUNTY  AGENDA  DATE: 12/19/00
BOARD OF SUPERVISORS  ACTION FORM  AGENDA ITEM NO. CA-7
DEPARTMENT: Human Services Dept. BY: Cheryle Rutherford-Kelly
Social Services Division  Phone: 966-3609

RECOMMENDED ACTION AND JUSTIFICATION:  (Policy Item: Yes____  No X.)
It is respectfully recommended that your Board authorize us to contract with
Ms. Diana Adams, a retired social worker, for assistance with the In Home
Supportive Services Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The In Home Supportive Services (IHSS) program provides assistance to eligible
aged (over 65), blind and disabled adults who are unable to remain safely in
their own homes without assistance. Services can include personal care,
housekeeping, shopping, transportation to medical appointments and protective
supervision for the mentally impaired. Such assistance is an alternative to
long term care living situations. The program is paid for by state, federal and
local funds.

There are approximately 160 persons being served by IHSS in this County at any
given time. The program is currently under intensive supervision and corrective
action is being undertaken. The program had a 100% error rate that places the
county at risk of audit exception. One of our best managers, Debbie Smith, has
accepted responsibility for this program which is outside of her normal duties.

IHSS is a social service program with eligibility requirements. Ms. Smith has
a great deal of expertise with eligibility programs but she needs a social
worker to accomplish the assessments on particular clients. We are recruiting
for social workers and do not have social service staff able to assume
responsibility for client assessments.

We need to hire someone to provide social service assessments under the
supervision of Ms. Smith. We have outreached to a person willing to assist the
agency through a contract.

We would like to hire Diana Adams, who is a very competent and capable retired
Social Worker III. Ms. Adams was previously employed by the Department of
Human Services for a period of eleven (11) years. She worked in our Employment
and Training Unit. During Ms. Adams tenure with the Mariposa County she
consistently produced high quality work.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
There are several alternatives available in lieu of this contract. This County
could elect to halt program operations until such time that we have adequate
social service staff, which is approximately 3-6 months from now. That date is
problematic because new social workers are needed first in Children's
Protective Services. The difficulty with program discontinuance is that it
would place many of our seniors and disabled adults in situations that would
require them to enter residential facilities rather than continue living in
their own homes. Another alternative would be to continue to pay for client
care without seeing them and properly establishing eligibility for the program.
This could result in clients not receiving services we are paying for as well
as place the County at high risk of very costly audit exceptions.
Fiscal
The contract cost is $8000. In addition, we would pay mileage to Ms. Adams as necessary for her to see clients in their homes. There is no impact on county revenue. There are salary savings in the budget.

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<tr>
<th>COSTS:</th>
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<td>A. Budgeted current FY</td>
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<tr>
<td>B. Total anticipated costs</td>
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<td>C. Required additional funding</td>
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<td>D. Internal Transfers</td>
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<th>SOURCE:</th>
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<td>A. Unanticipated revenues</td>
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<td>B. Reserve for contingencies</td>
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<td>C. Source description:</td>
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<td>Balance in Reserve for Contingencies, if approved:</td>
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SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

CLERK'S USE ONLY:
Res. No.: 04-444
Ord. No.: 
Vote - Ayes: 4
Noes: 
Absent: 
Abstained:  
Approved 
Denied 
( ) 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

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: 

Action Form Revised 5/92