

DEPARTMENT: Human Services By: William E. L'Heureux PHONE: 966-2131

RECOMMENDED ACTION AND JUSTIFICATION: That the Board of Supervisors approve a resolution designating the Department of Human Services as lead agency in response to Department of Alcohol and Drug Programs proposal for developing a comprehensive plan to provide services to alcohol and drug-abusing pregnant and parenting women and their children. The designation of a lead agency is required in responding to the proposal. The lead agency will be responsible for administering the program.

BACKGROUND AND HISTORY OF BOARD ACTIONS: The State has earmarked funds under a competitive bid process for counties to develop and implement a plan for a comprehensive and coordinated service delivery system for alcohol and drug-abusing pregnant and parenting women. To increase our chances to be awarded a contract, we worked with staff of Madera County to obtain their agreement to submit a joint regional proposal. A concept paper highlighting this proposal is attached.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Not designating a lead agency would result in being disqualified from the competitive bid process.

COSTS: (X) Not Applicable
A. Budgeted current FY \$ _____
B. Total anticipated costs \$ _____
C. Required Add'l funding \$ _____
D. Source: _____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
Bid concept paper Pages 1-5

SOURCE: () 4/5ths Vote Required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ _____
D. Description: _____
Balance in Reserve for Contingencies if approved: \$ _____

CLERK'S USE ONLY:
Res. No.: 91-8
Ord. No.: _____
Vote - Ayes: 4 Noes: _____
Absent: _____ Abstained: 1
may Approved () Denied
() Minute Order Attached

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 of Supervisors
County of Mariposa, State of CA
By: _____
Deputy

Comment: _____
A.O. Initials: [Signature]