

DEPARTMENT: Human Services

BY: James Rydingsword  
PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

See attached memo

(for FY 2009-10)

BACKGROUND AND HISTORY OF BOARD ACTIONS:

See attached memo

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

See attached memo

Financial Impact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted in Prior FY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Partially Funded		
Amount in Budget: \$1,657,507		List Attachments, number pages consecutively
Additional Funding Needed: <del>\$43,226</del> 52,226		Board Memo - page 1
Source:		Budget action forms - page 2-6
Internal Transfer <u>  X  </u>		
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.: 10-364 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 4 Noes: \_\_\_\_\_  
 Absent: Sibby  
 Approved  
 Minute Order Attached  No Action Necessary

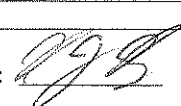
COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended  
 No Opinion  
 Comments:

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

CAO: 



**MARIPOSA COUNTY  
HUMAN SERVICES DEPARTMENT**

P.O. Box 99 • Mariposa, CA 95338 • (209) 966-2000 • Fax (209) 966-2486  
□ Behavioral Health and Recovery Services (209) 966-2000 □ Employment and Community Services (209) 966-3609  
□ Fiscal Services (209) 966-2131 □ Social Services (209) 966-2442



**JAMES A. RYDINGSWORD, DIRECTOR**

July 20, 2010

TO: Members, Board of Supervisors  
Rick Benson, CAO  
FROM: James Rydingsword, Director  
RE: Year End Budget Adjustments

**Recommendation**

It is respectfully requested that your Board approve the attached budget action.

**Background/Current Situation**

Budget adjustments are necessary several time each fiscal year to maintain the proper revenue streams, adjust for changes in programs and associated expenditures. The attached budget action forms are for the Behavioral Health budget unit 001-0402.

The Department has seen some dramatic changes in the programs and expenditures for fiscal year 2009-2010. Some of these changes include addition of a half time Psychiatrist position which remains unfilled causing continued use of Telepsychiatry services beyond the original budget limit. Increase in revenues from patient fees, private insurance, Medicare and the Small County Emergency Risk Pool totaling \$24,681. The transfer in from the Mental Health Realignment fund has been increased by \$27,545 to keep the budget in balance.

The remaining increase and decrease represent redistribution of the existing budget to allow for year end expenditures rebalance the categories and the budget unit as a whole.

**Financial**

The attached budget action forms total an increase in revenue of \$52,226 and redistribution of expenditures of \$51,047 for a total budget adjustment of \$103,273. There is no impact to the general fund.

# BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0402	622.02-01	Extra Help			2,860
001	0402	622.02-30	Overtime			4,362
001	0402	622.02-40	Stan By/ Call Back		109	
001	0402	622.02-42	Non-PERS Incentive			2,450
001	0402	622.02-43	PERS Incentive			631
001	0402	622.02-50	Shift Differential		155	
001	0402	622.03-03	Unemployment		792	
001	0402	622.03-04	Accrued Benefits		638	
001	0402	622.03-10	Social Security		2,239	
001	0402	662.03-11	Medicare		256	
001	0402	622.03-13	Medical/Dental/Vision		5,308	
001	0402	622.03-14	Retirement - Employer		7,013	
001	0402	622.03-15	Retirement - Employee		1,923	
<b>TOTALS</b>					Cont	Cont


TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
<b>TOTALS</b>						

**ACTION REQUESTED:** (Check all that apply)

(X) 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

( X ) 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** Year end budget adjustments

DEPT HEAD SIGNATURE		DATE	7/12/10
APPROVED BY RES NO.	CLERK	DATE	

DEPARTMENT Human Services	AUDITOR'S USE ONLY BA #
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# BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0402	305.50-02	Mental Health - SCERP		(10,173)	
001	0402	305.50-23	Medicare		(3,885)	
001	0402	307.19-01	Patient Fees		(8,320)	
001	0402	307.19-03	Private Insurance		(2,303)	
001	0402	309.16-94	Realignment		(27,545)	
001	0402	622.01-02	SW Supe I			3,832
001	0402	622.01-03	Deputy Dir BH		2,131	
001	0402	622.01-05	Social Worker I-IV		31,542	
001	0402	622.01-06	On-Call Supe			9,900
001	0402	622.01-22	SW Supe II			2,844
001	0402	622.01-28	MH Clinician			5,551
001	0402	622.01-30	MH Assistant I-III			6,121
001	0402	622.01-96	Sr. Office Assistant			898
001	0402	622.01-98	Custodian			1,731
<b>TOTALS</b>					Cont	Cont


TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
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# BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0402	622.03-17	Life Insurance		132	
001	0402	622.03-18	SDI		131	
001	0402	622.03-19	Cash-Cafeteria Plan		124	
001	0402	622.04-03	Computer Data Lines			2,000
001	0402	622.04-13	Maintenance of Bldg		720	
001	0402	622.04-15	Memberships			2,020
001	0402	622.04-17	Office Supplies		4,220	
001	0402	622.04-19	Fees - Medical		16,624	
001	0402	622.04-18	Professionl Services			5,281
001	0402	622.04-20	Fees - Legal		521	
001	0402	622.04-21	Service-Telepsychiatry		46,373	
001	0402	622.04-22	Crisis Support Contract			1,432
001	0402	622.04-23	Contract-Transportation			1,990
001	0402	622.04-24	Contract-Inpatient		9,330	
<b>TOTALS</b>					Cont	Cont


TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
<b>TOTALS</b>						

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# BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0402	622.04-26	IMD Contracts			25,466
001	0402	622.04-27	Advisory Board			360
001	0402	622.04-28	MIS Contract			10,195
001	0402	622.04-29	Publications			438
001	0402	622.04-30	Rents & Leases-Equip			746
001	0402	622.04-31	Rents & Leases-Bldg			7,797
001	0402	622.04-33	Client Incentives		29	
001	0402	622.04-37	Pruchased Services Other		3,753	
001	0402	622.04-38	Board & Care		5,000	
001	0402	622.04-39	Homeless Assistance			197
001	0402	622.04-40	Medications			882
001	0402	622.04-50	County Vehicle		3,029	
001	0402	622.04-60	Utilities		3,100	
001	0402	622.04-71	Copier Expense			943
<b>TOTALS</b>					Cont	Cont


TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
<b>TOTALS</b>						

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# BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0402	622.04-80	Equipment		935	
001	0402	622.04-88	Fuel			2,346
001	0402	622.04-90	Training		6,262	
001	0402	622.04-91	Private Vehicle Use		909	
001	0402	622.05-54	Refunds		2,201	
<b>TOTALS</b>					103,273	103,273

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
<b>TOTALS</b>						

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(6)

# BUDGET ACTION FORM


FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
393	0412	950.04-16	Misc Expense			27,545
396	0412	950.07-87	Transfer out		27,545	
<b>TOTALS</b>					27,545	27,545

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
<b>TOTALS</b>						

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**JUSTIFICATION** Year End budget adjustment \_\_\_\_\_

DEPT HEAD SIGNATURE  DATE 7/12/10

APPROVED BY RES NO. \_\_\_\_\_ CLERK \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT Human Services

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