

DEPARTMENT: Human Services

BY: James Rydingsword  
PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

See attached memo.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

See attached memo.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? (X) Yes ( ) No	Current FY Cost: \$ 22,656	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes (X) No ( ) Partially Funded		
Amount in Budget: \$22,656		List Attachments, number pages consecutively
Additional Funding Needed: \$17,943		Board Memo - page 1
Source:		Budget Action form - page 2
Internal Transfer <u>X</u>		<u>Budget Action Form - page 3</u>
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.: 10-564 Ord. No. \_\_\_\_\_  
Vote - Ayes: 5 Noes: \_\_\_\_\_  
Absent: \_\_\_\_\_

Amw ) 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]




**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**

December 14, 2010

TO: Members, Board of Supervisors  
Rick Benson, CAO  
FROM: James Rydingsword, Director   
RE: Re-Allocation and Funding of Department Positions

**Recommendation**

It is respectfully requested that your Board approve the increase of an OAll currently working in the WRAP Program from a 50% position to a full-time position for the purpose of providing support services for the writing of a Justice and Mental Health Collaborative planning grant.

**Background/Current Situation**

The OAll position that we are requesting to increase from 50% to full time is currently housed in the WRAP unit at Behavioral Health in the Human Services Department. The additional 50% of this position would be used to provide support services to Probation and Behavioral Health as they work on a 3 year plan designed to assist residents of Mariposa County who have been released from prison and returned to the community to remain in the community. The plan will include ways to teach them better life skills so that the incidence of recidivism can be reduced.

This planning grant was recently approved by your Board, resolution no, 10-490. If the 3 year grant is secured we are requesting that this position remain a full-time position for the life of the grant. At the time the grant is no longer funded, the OAll would return to a 50% position and would continue her job duties with the WRAP team. This proposal was presented to Debbie Macias from SEIU on November 16, 2010, she was informed of this proposal and that this has been verbally approved by the staff member affected by it.

The planning grant includes provisions for hiring an OAll for the purpose of providing support services for this collaborative planning project. These services will include: scheduling meetings, taking minutes, purchasing supplies and food, ensuring logistics for travel and training, setting up stakeholder meetings, as well as research and other office tasks as needed.

**Financial**

The attached budget action fully funds the OAll position for the life of the planning grant. The grant revenue is part of the Probation Department budget thus necessitating a transfer between departments. There is no financial impact to the general fund.

## BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
422	0502	309.16XX	Transfer in - Probation		(17,943)	
422	0502	662.0199	Office Assistant II		11,502	
422	0502	662.0310	Social Security		713	
422	0502	662.0311	Medicare		167	
422	0502	662.0313	Medical/Dental/Vision		2,626	
422	0502	662.0314	Retirement-Employer		2,015	
422	0502	662.0315	Retirement-Employee		794	
422	0502	662.0318	SDI		127	
<b>TOTALS</b>					(0)	

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

**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** Increasing OA II position from 50% to 100% for the life of the planning grant.

DEPT HEAD SIGNATURE  DATE 12/14/2010

APPROVED BY RES NO. 10-584 CLERK [Signature] DATE 12-14-10

DEPARTMENT Human Services

AUDITOR'S USE ONLY BA #
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**BUDGET ACTION FORM**

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0224-533	0201	Extra-Help			\$17,943
001	0224-533	0787	Transfers Out		\$17,943	
001	0104-414	1090	GENERAL CONTINGENCY			
				<b>TOTAL</b>	\$17,943	\$17,943

TRANSFER BETWEEN FUNDS						
				<b>TOTALS</b>	\$0	\$0

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 appropriating Reserve for 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: Transfer funding to WRAP Fund 422 to increase 0.50 OA II to Full-Time.

DEPT HEAD SIGNATURE Gail Neal DATE 12-9-10

APPROVED BY RES NO. 10-584 CLERK [Signature] DATE 12-14-10

PROBATION \_\_\_\_\_

AUDITOR'S USE ONLY  
 BA #