

DEPARTMENT: Sheriff

BY: Brian Muller
PHONE: 966-3615

RECOMMENDED ACTION AND JUSTIFICATION: Request approval to make \$50,000 budget transfer from the "Jail Officer Salary" account to "Jail - Medical & Laboratory" account.

The Sheriff's Office Adult Detention Facility Medical and Laboratory expenses have exceeded the amount budgeted for fiscal year 2006-2007. The dramatic increase in medical costs are directly related to:

1. The sustained average daily inmate population at or near maximum capacity.
2. An increased number of inmates with significant medical problems requiring specialized care.
3. A significant increase in the number of inmates prescribed psychiatric medications.

Before any future medical bills can be processed, a transfer of funds must be made to the Jail Medical and Laboratory account. The average cost for medical services over the last three months has been over \$20,000 per month. There currently exists in excess of \$50,000 in savings in the "Jail Officer Salary" account, which can be transferred to the Medical and Laboratory account.

The Sheriff's Office is requesting approval to transfer \$50,000 from the "Jail Officer Salary" account (Account #001-0220-531.01-75) to the "Jail - Medical & Laboratory" account (Account #001-0220-531.04-14).

BACKGROUND AND HISTORY OF BOARD ACTIONS: None

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION: By disallowing the transfer of funds, the money will have to come out of the general fund.

Financial Impact? Yes () No Current FY Cost: \$ 209,000 Annual Recurring Cost: \$0
 Budgeted In Current FY? () Yes () No (X) Partially Funded
 Amount in Budget: \$ 220,000 See attached Budget Action Form
 Additional Funding Needed: \$ 50,000
 Source:
 Internal Transfer
 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.: 02-229 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 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: *MB*

BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0220	531.01-75	Jail Officer Salary			50,000
001	0220	531.04-14	Jail - Medical & Laboratory		50,000	
001	0104-414	1090	GENERAL CONTINGENCY			
TOTALS					50,000	50,000

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
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 Medical expenses have exceeded the amount budgeted for fiscal year.

DEPT HEAD SIGNATURE <i>Jan H. Allen</i>	DATE <i>5-16-07</i>
APPROVED BY RES NO. <i>07-229</i> CLERK <i>mm</i>	DATE <i>6-5-07</i>

DEPARTMENT: *JAIL* Sheriff's Office

AUDITOR'S USE ONLY BA #
