DEPARTMENT: Human Services/BHRS

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board: (1) authorize the Behavioral Health and Recovery Services to accept amendment V.1 to the Department of Alcohol and Drug Programs multi-year (2004-2008) contract for fiscal year 2006/2007; and (2) authorize your Chairman to sign the contract.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

See Attached

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

See Attached

Financial Impact? Yes No Current FY Cost: $100000 Annual Recurring Cost: $
Budgeted In Current FY? Yes No Partially Funded
Amount in Budget: $50000 Additional Funding Needed: $50000
Source: Internal Transfer
Unanticipated Revenue Yes 4/5's vote
Transfer Between Funds Yes 4/5's vote
Contingency Yes 4/5's vote
General No Other

CLERK'S USE ONLY:
Vote – Ayes: Noes: 
Absent: 
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:
June 5, 2007

TO: Members; Board of Supervisors  
Richard Benson, CAO  
FROM: Cheryle Rutherford-Kelly  
RE: Alcohol and other Drugs/ V.1 Amended Net Negotiated Amount (NNA) Contract

Recommendation

It is respectfully requested that your Board: (1) authorize the Behavioral Health and Recovery Services to accept amendment V.1 to the Department of Alcohol and Drug Programs multi-year (2004-2008) contract for fiscal year 2006/2007; and (2) authorize your Chairman to sign the contract.

Background/Current Situation

The V.1 contract amendment amount of $16,624 is in recognition of the Departments implementation of Drug Medi-Cal billing. The current fiscal year County budget included $10,000 for Drug Medi-Cal revenue. The State has now increased that amount by $6,624. The attached budget action form increase the Drug Medi-Cal revenue and associated expenditure lines to keep the budget unit in balance.

The State Department of Alcohol and Drug Programs require a signed contract amendment and a signed Board resolution.

Financial

The contract amendment increases the County Alcohol and Drug budget by $6,624 for a total State contract amount of $504,333 for FY 2006/2007. This additional revenue will be added to the current budget along with associated increase in expenditure as detailed in the attached budget action form. There is no impact to county general fund.
### BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEP/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
<th>DECREASE</th>
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<tr>
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<td>0403</td>
<td>306.77-06</td>
<td>Drug Medi-Cal</td>
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<td>(6,524)</td>
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<td>A&amp;D Assistant I-III</td>
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<td>Food</td>
<td>AD103</td>
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<td>001</td>
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<td>Cost Allocation</td>
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<tr>
<td>001</td>
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<td>623.0914</td>
<td>Transfer out to Probation</td>
<td>AD103</td>
<td>7,000</td>
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**TOTALS** 8,601 8,601

### TRANSFER BETWEEN FUNDS

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**TOTALS**

### ACTION REQUESTED:

- (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

Increase in Medi-Cal budget per State NNA contract. Various budget adjustments to rebalance the unit.

### DEPT HEAD SIGNATURE

![Signature]

DATE 6/1/07

### APPROVED BY RES NO.

![Signature]

DATE 6/5/07

### DEPARTMENT

Human Services

### AUDITOR'S USE ONLY

BA #

Budget Revision Form Revised 07/2000
TO: Clerk of the Board  DATE: June 1, 2007

FROM: Cindy Larca

Cc: Cheryle Rutherford-Kelly

SUBJECT: Corrected Budget Action Form

MESSAGE:

Attached is a corrected budget action form for CA-16 on the June 5th Board of Supervisors' agenda. In preparation for the large number of consent items our department has placed on the June 5th agenda, staff did not realize that I had a correction to the budget action form and thus did not place the correct version in the packet to your office. Please issue a correction to item CA-16 to read the amount of $8,601 instead of $7,294.

Thank you
# Program Services Division - Treatment

## Request for Allocation Revisions

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>DIRECT PROVIDER</th>
<th>FISCAL YEAR</th>
<th>AMOUNT OF INCREASE/DECREASE</th>
<th>FUNDING SOURCE TO BE REVISED</th>
<th>FUNDING SOURCE TO BE REVISED</th>
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<tbody>
<tr>
<td>Mariposa</td>
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<td>2006-07</td>
<td>+ $1,170</td>
<td>Regular Drug Medi-Cal</td>
<td>Perinatal Drug Medi-Cal</td>
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</table>

Justification for Request: Increase due to providing services for a full year.

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## Reviewed and Approved

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### Revision Initiator (other than Fiscal Management and Accountability Branch)

<table>
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<tr>
<th>Branch or Section:</th>
<th>Analyst:</th>
<th>Date:</th>
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### Fiscal Management and Accountability Branch

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### Budget Officer:

Signature: ___________________________ Date: 3/10/07

Pending Section 28 [ ] Pending Budget Revision [ ] Pending Intergency Agreement [ ] Other (specify):

Notes:

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### Program and Fiscal Policy Branch

Allocation Analyst: ___________________________ Date Request Received: 2/21/07

Revision Input Date and Number: 3-5-07 1/2.15

Notes:

PFPB - TAPS ENTRY: [Fiscal Year] 8 on 9:20

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(Note: Do not combine Fiscal Years on this form. Use a separate form for each Fiscal Year. Rev. 10/05)