DEPARTMENT: HEALTH  BY: C. B. MOSHER, MD, MPH, H.O.

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing Chair to sign agreement with First Five Commission for Visiting Public Health Prenatal Program; resolution appropriating $146,813 for purposes of implementation of this program; resolution establishing one full time equivalent Public Health Nurse II position for the purposes of this program, which is a grant dependent position; resolution authorizing Health Officer to manage the funds to implement this program on behalf of the County; resolution authorizing Fleet Services to purchase vehicle for the Health Department.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

By Resolution 04-391, the Board previously authorized the Health Officer to apply for these funds. They have been granted with enthusiasm by the Commission. This program has significant potential to improve pregnancy outcomes and early childhood outcomes. The attached document is our initial statement of goals and objectives for this program.

Similar programs in the past have been initiated in other jurisdictions with good results, including reduction in the number of single mothers who end up on welfare for prolonged periods, improved parenting skills at home with better childhood performance at school, increased intelligence in children because of improved brain development and early childhood, and reduced incidence of second pregnancy among unwed teenage women.

We have identified some significant problems with perinatal outcomes in Mariposa County and this program may go a long way toward improving child outcomes and reducing drain on taxpayers’ dollars for bad outcomes.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? (X) Yes ( ) No  Current FY Cost: $146,813  Annual Recurring Cost: $146,813
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded
Amount in Budget: $ 107,480
Additional Funding Needed: $ 39,333
Source:
Internal Transfer
Unanticipated Revenue  X  4/5’s vote
Transfer Between Funds  X  4/5’s vote
Contingency
( ) General ( ) Other

CLERK’S USE ONLY:
Res. No. 503  Ord. No. _____
Vote – Ayes: _____  Noes: _____
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: ____________________________

Revised Dec. 2002
### Budget Action Form

#### FUND DEP/DIV ACCOUNT DESCRIPTION PROJECT INCREASE DECREASE
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001 0401 305-5210 MCH - GRANT
001 0401 308-0145 FIRST FIVE
001 0401 621-0109 PUBLIC HEALTH NURSE
001 0401 621-0301 BENEFITS
001 0401 621-0447 MATERNAL CHILD HEALTH
001 0401 621-0650 COUNTY VEHICLE
001 0401 621-0644 OTHER EQUIPMENT
001 0401 621-0787 TRANSFER OUT
703 0310 585-0640 VEHICLES
703 0310 309-1659 TRANSFER IN HEALTH
001 0104 414-1090 CONTINGENCIES

**TOTAL**

### Transfer Between Funds

<table>
<thead>
<tr>
<th>FUND DEP/DIV ACCOUNT DESCRIPTION</th>
<th>DEBIT</th>
<th>CREDIT</th>
</tr>
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<tbody>
<tr>
<td>001 0401 621-0787 TRANSFER OUT</td>
<td>35,000</td>
<td></td>
</tr>
<tr>
<td>703 0310 309-1659 VEHICLE REPLACEMENT</td>
<td>35,000</td>
<td></td>
</tr>
</tbody>
</table>

**Actions Requested:**

(XX) 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:

The State MCH Grant funding has been replaced by a First Five Grant. Although the program will continue with the new funding, there are some differences. The changes requested reflect one new full time Public Health Nurse not in the approved budget and a decrease in operating expenses. A portable ultrasound (medical diagnostic tool) is being requested. A vehicle is requested to provide transportation for staff, and an increase in the county vehicle line item is requested for increased vehicle costs. The above (requested) budget changes reflect the activities previously approved by the First Five Commission.

**Dept Head Signature**

![Signature]

**Date**

November 16, 2004

**Approved by Res No.**

04-503

**Clerk**

Date

**Auditor’s Use Only**

BA #

Budget Action Form Revised 12/18