DEPARTMENT: Administration

BY: Rich Inman, CAO
Supervisors Bibby and Pickard
PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION:

Adjust salary of Director of Human Services to $85,000 per year for assumption of Behavioral Health duties effective June 1, 2004.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On June 2, 2004 the Department of Human Services assumed the full operational responsibility of the Behavioral Health (Mental Health) and Drug and Alcohol programs. The Director of Human Services is now the Director of Behavioral Health and responsible for day to day operation of the Behavioral Health and Drug and Alcohol programs that used to be under the contractual control of Kings View Corporation.

A committee consisting of Supervisor Janet Bibby, Supervisor Bob Pickard and CAO Rich Inman met to discuss adjusting the salary of the Director of Human Services to compensate her for assuming the duties of Behavioral Health. The committee looked at a methodology that took into consideration the salary differential between the salary of the CAO and the salary of Director of Human Services in 13 various counties. That analysis showed that the salary of the Director of Human Services was approximately 83% of the CAOs which calculates to approximately $85,000 compared to the CAO’s salary.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? (X) Yes ( ) No

Current FY Cost: $650
Annual Recurring Cost: $7,750

Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded

Amount in Budget: $
Additional Funding Needed: $

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. 2004-14
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

Clerk’s Seal

COUNTY ADMINISTRATIVE OFFICER:

____ Requested Action Recommended
____ No Opinion

Comments:

CAO: ___/____/____