

1. REQUESTED MOTION:
ACTION REQUESTED:

Approve transfer from General Fund Reserves #001 to the Sheriff's Budget in the amount of \$55,120, for the cost to cover PHS (Prison Health Services, Inc.) Mental Health Care for May 2002 through Sept 2002. The annual cost of this service will be \$132,288.

WHY ACTION IS NECESSARY: Board must approve transfer from General Fund

WHAT ACTION ACCOMPLISHES: The additional hours will allow the Psychiatrist to evaluate, treat, and address the special needs of a growing Mental Health Population.

2. DEPARTMENTAL CATEGORY:
COMMISSION DISTRICT #:

C15A

3. MEETING DATE:

05-14-2002

4. AGENDA

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE

- (Specify)
- STATUTE
 - ORDINANCE
 - ADMIN. CODE
 - OTHER

6. REQUESTOR OF INFORMATION

- A. COMMISSIONER:
- B. DEPARTMENT:
- C. DIVISION:
- D. SHERIFF:

[Handwritten Signature]

7. BACKGROUND:

This proposal was presented to the *Mental Health Task Force*, which is working on the development of the Mental Health Court. This service will enhance the intake process of the Jail, and ensure that the Mental Health Court is addressing the proper inmate population.

Funding for:

May 2002-September 2002 \$55,120
Annual FY 02/03 \$132,288

If approved, the FY 02/03 expenditure will be submitted as part of the Sheriff's budget request.

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL

DEPARTMENT DIRECTOR	Purchasing	Human Relations	County Administration				OTHER	COUNTY ATTORNEY	COUNTY MANAGER
			OA	OM	Risk	GC			
			<i>R. W. 4/23/02</i>	<i>4/23/02</i>	<i>4/25</i>	<i>4/23/02</i>	<i>[Signature]</i>	<i>[Signature]</i>	

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

RECEIVED BY
COUNTY ADMIN.
4/22/02 4:40pm
4/26/02 3:35pm

REC'D.
By CO. ATTY.
4/22/02
1:15 PM
CO. ATTY. 4/22/02
FORWARDED TO:
Budget
6:15 PM

REQUEST FOR TRANSFER OF FUNDS

FUND NAME: General Fund DATE: 04/22/02 BATCH NO. _____

FISCAL YEAR: FY01-02 FUND #: 00100 DOC TYPE: YB LEDGER TYPE: BA

TO: Sheriff Jail Disbursement
 (DIVISION NAME) (PROGRAM NAME)

NOTE: PLEASE LIST THE ACCOUNT NUMBER BELOW IN THE FOLLOWING ORDER:
 FUND #-DEPT/DIV #-PROGRAM #-OBJECT CODE #-SUBFUND #-PROJECT#-COST CENTER #.
 (EXAMPLE: BB5120100100.503450)

ACCOUNT NUMBER	OBJECT NAME	DEBIT
CG5230200100.504991	Expenses Other Than Salaries	\$ 55,120
	TOTAL TO:	\$ 55,120

FROM: Non-Departmental General Fund Reserves
 (DIVISION NAME) (PROGRAM NAME)

ACCOUNT NUMBER	OBJECT NAME	CREDIT
GC5890100100.509910	Res. For Contingencies	\$ 55,120
	TOTAL FROM:	\$ 55,120

EXPLANATION: Transfer from reserves for development of the Mental Health Court as per Bluesheet #20020434.

 DIVISION DIRECTOR SIGNATURE DATE

DBS: APPROVAL DENIAL _____

APPROVAL _____ DENIAL _____

CO. ADMIN.: APPROVAL  DENIAL _____

BCC APPROVAL DATE _____

 DEPARTMENT DIRECTOR SIGNATURE DATE

 4/23/02
 OPERATIONS ANALYST SIGNATURE DATE

 BUDGET OPERATIONS MANAGER SIGNATURE DATE

 4-28-02
 CO. ADMIN. SIGNATURE DATE

 BCC CHAIRMAN SIGNATURE

BA NO: _____ AUTH CODE: _____ TRANS DATE: _____