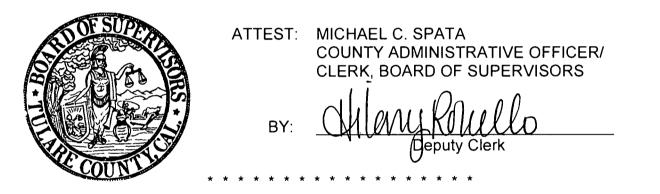
BEFORE THE BOARD OF SUPERVISORS COUNTY OF TULARE, STATE OF CALIFORNIA

IN THE MATTER OF APPROVE AN INCREASE TO REALIGNMENT TRANSFER APPROPRIATION

Resolution No. 2018-0544

UPON MOTION OF SUPERVISOR <u>ENNIS</u>, SECONDED BY SUPERVISOR <u>CROCKER</u>, THE FOLLOWING WAS ADOPTED BY THE BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD JUNE 26, 2018, BY THE FOLLOWING VOTE:

AYES: SUPERVISORS CROCKER, VANDER POEL, SHUKLIAN, WORTHLEY, AND ENNIS NOES: NONE ABSTAIN: NONE ABSENT: NONE



- 1. Approved the Health & Human Services Agency's request to increase the Social Services 1991 Realignment appropriation by \$ 4.5 million; and
- 2. Approved the attached AUD-308 Budget Adjustment Form (4/5ths vote required).

HHSA

HAR 06/26/2018



BOARD OF SUPERVISORS

KUYLER CROCKER District One

PETE VANDER POEL District Two

AMY SHUKLIAN District Three

J. STEVEN WORTHLEY District Four

> MIKE ENNIS District Five

AGENDA DATE: June 26, 2018

Public Hearing Required Yes N/A Scheduled Public Hearing w/Clerk N/A \boxtimes Yes Published Notice Required \boxtimes Yes N/A Advertised Published Notice \boxtimes Yes N/A County Counsel Sign-Off Yes N/A \boxtimes Meet & Confer Required Yes N/A \boxtimes Electronic file(s) has been sent Yes \boxtimes N/A Budget Transfer (AUD 308) attached \square Yes N/A Personnel Resolution attached \boxtimes Yes N/A Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s) Yes 🗌 N/A 🖾 CONTACT PERSON: Robert Stewart PHONE: 624-8010

SUBJECT: Approve an increase to Realignment transfer appropriation

REQUEST(S):

That the Board of Supervisors:

- 1. Approve the Health & Human Services Agency's request to increase the Social Services 1991 Realignment appropriation by \$ 4.5 million; and
- 2. Approve the attached AUD-308 Budget Adjustment Form (4/5ths vote required).

SUMMARY:

The Health & Human Services Agency is requesting an increase to the Realignment appropriation for Human Services to ensure there is sufficient expenditure authority in the event program revenues do not arrive before the fiscal year budget ends.

The Tulare County Health and Human Services Agency's TulareWORKs Division is responsible for the administration of benefits for Medi-Cal, CalWORKs, CalFresh, and General Assistance programs. The CalWORKs program, in particular, requires that the program assist clients in removing barriers that may hinder employment and lengthen time of stay on cash aid. New efforts to remove barriers, such as Housing Assistance, Diaper Allowance, and Educational Opportunity have resulted in caseload cost outlays that are exceeding budgeted costs and appropriations. The caseload costs will eventually be recovered through the county claiming and reimbursement process, however, the incurrence of cash basis costs has resulted in general fund carrying caseload costs through the end of the fiscal year as deferred reimbursement claims and "owed caseload growth."

SUBJECT: Approve an increase to Realignment transfer appropriation **DATE**: June 26, 2018

FISCAL IMPACT/FINANCING:

Health & Human Services Agency is requesting to increase the Social Services 1991 Realignment appropriation from \$22,494,076 to \$26,994,076. The attached AUD-308 Budget Adjustment Form will increase the transfer out amount in the 019 fund by \$4.5 million and increase the revenue and expense appropriations in the 001-142-4010 budget by \$4.5 million. There is no additional county cost associated with this budget action.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The county's five-year strategic plan includes the Organizational Performance Initiative that encourages continuous improvement of organizational effectiveness and fiscal stability. This request will provide for the stability of County operations through a period of significant funds flow uncertainty due to budgeting on the cash basis.

ADMINISTRATIVE SIGN-OFF:

- En Rob Stewart-

Robert C. Stewart Director of Fiscal Operations - HHSA

cc: County Administrative Office

Attachment(s) AUD-308 Budget Adjustment Form

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				Agency Name			Contact Person	Phone	Exte	ension		
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County Executive Office Action: No. Date:							Date:					
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