



**Health & Human Services  
Agency  
COUNTY OF TULARE  
AGENDA ITEM**

**BOARD OF SUPERVISORS**

ALLEN ISHIDA  
District One

CONNIE CONWAY  
District Two

PHILLIP A. COX  
District Three

J. STEVEN WORTHLEY  
District Four

MIKE ENNIS  
District Five

**AGENDA DATE:** February 27, 2007

|   |   |  |   |
|---|---|--|---|
| Public Hearing Required   | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| Scheduled Public Hearing w/Clerk  | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |
| Published Notice Required   | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| Advertised Published Notice   | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |
| Meet & Confer Required  | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| Electronic file(s) has been sent  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/>            |
| Budget Transfer (Aud 308) attached  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/>            |
| Personnel Resolution attached   | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| Resolution, Ordinance or Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |   |  |   |

CONTACT PERSON: Kevin Marks    PHONE: 737-4660 Ext. 2450

**SUBJECT:** Increase Children's Health Initiative (CHI) appropriations as specified on the attached AUD308 Budget Adjustment Form.

**REQUEST(S):**

That the Board of Supervisors:

1. Approve the attached AUD308 Budget Adjustment Form to increase appropriations as specified. (requires 4/5ths vote).

**SUMMARY:**

Tulare County Health and Human Services Agency (HHSA) is requesting that the Board increase appropriations as specified in the attached AUD308 Budget Adjustment Form. In the approved FY 2006/2007 budget, the amount appropriated for the First 5 Children's Health Initiative was set at \$450,000.00 to fulfill our obligations through March 1, 2007. Subsequently, First 5 submitted a letter of termination to the Agency on October 3, 2006, requesting assignment directly to the vendors. The Agency received that letter and has been in negotiations with the vendors for First 5; (ie: Health Net, Delta Dental, and VSP Vision) to assign their individual contracts to First 5 direct. Delta Dental and VSP Vision have agreed to the assignment. Health Net recently requested that Tulare County Counsel draft the assignment and send to them for review. HHSA is requesting that the Board increase appropriations by \$400,000.00 to allow the completion of the assignment of contracts as requested by First 5. The tentative date for assignment is set at April 3, 2007.

**SUBJECT:** Increase appropriations as indicated on the attached AUD308 Budget  
**DATE:** Adjustment Form.  
February 27, 2007

**FISCAL IMPACT/FINANCING:**

The attached AUD308 reflects the impact to the FY 2006/2007 budget.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

Economical Well Being

**ALTERNATIVES:**

None

**INVOLVEMENT OF OTHER DEPARTMENTS OR AGENCIES:**

None

**ADMINISTRATIVE SIGN-OFF:**

  
\_\_\_\_\_  
Name: Kevin Marks  
Title: Director Administration

Cc: Auditor/Controller  
County Counsel  
County Administrative Office (2)

Attachment(s)

AUD308 Budget Adjustment Form

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

IN THE MATTER OF: )  
Increase appropriations as specified )  
on the attached AUD308 Budget )  
Adjustment Form. )      **RESOLUTION NO.** \_\_\_\_\_

UPON MOTION OF SUPERVISOR \_\_\_\_\_,      **SECONDED**      **BY**  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST:    C. BRIAN HADDIX  
                 COUNTY ADMINISTRATIVE OFFICER  
                 CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
                 Deputy Clerk

\* \* \* \* \*

- 1.    Approved the attached AUD308 Budget Adjustment Form to increase appropriations as specified. (required 4/5ths vote).

