

June 23, 2009

Marin County Board of Supervisors
Civic Center
San Rafael, CA 94903

SUBJECT: Department of Health and Human Services
 Extension of Service Provider Agreements

Dear Board Members:

RECOMMENDATION:

1. Authorize President to approve the Department of Health and Human Services contract extensions for various non-profits and individuals.

Discussion: Community based contract agencies provide a significant portion of Department of Health and Human Services. In order to ensure that services are provided continuously during the period of transition to a new fiscal year, the Department proposes extension of the attached list of service provider agreements.

Note that all of the contract services are included in the baseline FY 2009-2010 budget for the Department. Note also that all of the contracts include clauses that allow the County to terminate the contract, generally with thirty days' advance notice, if the County no longer has the resources to provide these services. The proposed action would extend current provider agreements through September 30, 2009.

As agreements are completed, they will be made effective July 1, 2009 in order to meet State requirements.

Fiscal Impact: The funds represented herein are included in the proposed FY 2009-10 baseline departmental budget. Contracts will only be executed or further extended if the funding continues to be available.

Respectfully submitted,

Larry Meredith, Ph.D.
Director of Health and Human Services

MARIN COUNTY BOARD OF SUPERVISORS AGENDA REQUEST

Submitting Department: Health and Human Services

Staff/Author: Margaret Kisliuk Phone: 499-4926

Proposed Agenda Date: June 23, 2009 [y/n] Dept. Head Approval Obtained

Item Submitted for: [XX] Consent Agenda [] Policy Agenda [y/n] 4/5 Vote Required

Minimum number of copies required: Consent: original + 10 copies Policy: original + 22 copies

(If your department needs *any* executed or stamped "approved" copies returned to your department, you must submit those copies in addition to the Board's minimum number.)

[] Ordinance [] Fee Inc./Levy [y/n] Item Noticed Noticed Hearing Time:
[] 1st Reading Date for Merit Hearing: ____/____/____

Approvals Obtained: [] Auditor-Controller [] County Counsel
[] Human Resources

Description of Item (proposed agenda language):

Extension of HHS Contracts for First Quarter of 2009-10

Requested Board Action(s) (numbered list):

Approve extension of contracts

Special Instructions to BOS Clerk:

County Administrator

Staff: _____

Comment:

[] Policy [] Consent

Review by CAO (Required if agenda request is submitted after 4 p.m. on Tuesday preceding Board meeting)

REVIEWED/APPROVED by [] CAO

Agenda Date Scheduled: ____/____/____ Time Scheduled: _____ Continued to:
____/____/____