

SANTA FE COUNTY

RESOLUTION 2015 - 134

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on _____, did request the following budget adjustment:

Department / Division: Community Services/Health Fund Name: Indigent Fund (220), Indigent Services Fund (223), and Corrections Operations Fund (247)

Budget Adjustment Type: Increase and Transfer Between Funds Fiscal Year: 2016 (July 1, 2015 - June 30, 2016)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
220	0000	385	0200	Budgeted Cash / State Funds	\$400,000	
223	0420	390	0220	Operating Transfer In / From Fund 220	\$100,000	
247	1863	390	0220	Operating Transfer In / From Fund 220	\$300,000	
TOTAL (if SUBTOTAL, check here)					\$800,000	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
220	0000	490	0223	Operating Transfer Out / To Fund 223	\$100,000	
220	0000	490	0247	Operating Transfer Out / To Fund 247	\$300,000	
247	1863	426	5003	Corrections /Medical/Contractual Services	\$227,200	
TOTAL (if SUBTOTAL, check here X)					\$627,200	

Requesting Department Approval: Carole H. Juanillo Title: finance director Date: 9/22/15

Finance Department Approval: Carole H. Juanillo Date: 9/22/15 Entered by: _____ Date: _____

County Manager Approval: Patricia Lee Pyle Date: 9.29.15 Updated by: _____ Date: _____

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here)						

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
247	1863	426	1022	Corrections/ Medical /Salaries and Wages	\$52,000	
247	1863	426	2001	Corrections/ Medical/Employee Benefit/FICA	\$3,224	
247	1863	426	2002	Corrections/ Medical/Employee Benefit/Medicare	\$754	
247	1863	426	2003	Corrections/Medical/Employee Benefit/Retirement Contribution	\$10,675	
247	1863	426	2005	Corrections/Medical/Employee Benefit/Health Care	\$4,839	
247	1863	426	2006	Corrections/Medical/Employee Benefit/Retiree HC	\$1,300	
247	1863	426	2008	Corrections/ Medical/Employee Benefit/WC	\$8	
223	0420	461	5003	Health/Indigent/Contractual Services	\$50,000	
223	0420	461	7207	Health/Indigent/Healthcare Assist/Outpatient Mental Health	\$25,000	
223	0420	461	7206	Health/Indigent/Health Care Assist/Indigent Rehab	\$25,000	
TOTAL (if SUBTOTAL, check here)					\$800,000	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Rachel O'Connor Dept/Div: Community Services/Health Phone No.: 505-992-9849

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose.

The Community Services Department in collaboration with Public Safety and community based providers is seeking to budget money from the Indigent Fund (220) for a variety of programs and/or projects including the following:

1. To transfer funding in the amount of \$72,800 to the Santa Fe County Department of Public Safety in order to fund a Re-Entry Specialist/Case Manager at the Adult Detention Facility. This position will work internally with the Department to prepare people for transition from the Facility in to the community. The duties will include Medicaid enrollment and the distribution of Narcan kits, as well as discharge planning.
2. To provide funding in the amount of \$227,200 to be released on a Request for Proposals (RFP) to hire an organization to create an Intensive Case Management Program for individuals who are diagnosed with a severely disabling mental illness and who are reintegrating back in to the community. The program will provide for a direct handoff of clients and will assist them in accessing needed services including but not limited to medication management, housing, treatment and other services.
3. Funding for CHRISTUS St. Vincent in the amount of \$50,000 to provide community based services for high utilizers through their HUGS program, with specific emphasis on people with mental illness or co-occurring substance abuse disorders who are leaving the Adult Detention Facility. This funding will be provided on a claims basis.
4. Funding for the Dental Health Care Event, in the amount of \$50,000, to be held at the Santa Fe Convention Center in April 2016. This one-time event is expected to provide about 1,000 county residents with free dental care and is consistent with the New Mexico Indigent and Hospital Health Care Act and its definition of health care services.

a) Employee Actions

Line Item	Action (Add/Delete Position, Re-class, Overtime)	Position Type (permanent, term)	Position Title
247-1863-426-1022	Add Position	Term	Re-Entry Specialist/Case Manager

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount
223-0420-461-5003	Dental Health Care Event April 2016	\$50,000
247-1863-426-5003	Contractual Community Based Intensive Case Management Program	\$227,200

- 2) Is the budget action for RECURRING expense x or for NON-RECURRING (one-time only) expense x
The Dental Health Care Event is a one-time only non-recurring expense. The Contractual Community Based Intensive Case Management Program may be recurring for up to 3 years.

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DEPARTMENT CONTACT:

Name: Rachel O'Connor

Dept/Div: Community Services/Health Phone No 505-992-9849

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES _____ NO x
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES _____ NO x
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
 - c) Is this request is a result of Commission action? YES _____ NO x
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request.

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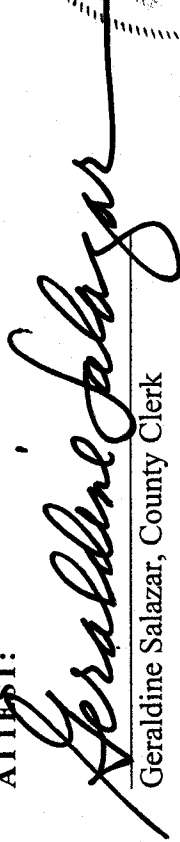
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 29 Day of September, 2015.

Santa Fe Board of County Commissioners


Robert A. Anaya, Chairperson

ATTEST:


Geraldine Salazar, County Clerk



BCC RESOLUTIONS
PAGES: 5

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 30TH Day Of September, 2015 at 04:13:03 PM And Was Duly Recorded as Instrument # 1776042 Of The Records Of Santa Fe County

Deputy  Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM

