



MENDOCINO COUNTY BOARD OF SUPERVISORS ONLINE AGENDA SUMMARY

BOARD AGENDA # 4 (g)

- Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
- Agenda Summaries must be submitted no later than *noon* Monday, 15 days prior to the meeting date (along with electronic submittals)
- Send 1 complete original single-sided set and 1 photocopy set – Items must be signed-off by appropriate departments and/or Co. Co.
Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 10 hard-copy sets)
- Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: bosagenda@co.mendocino.ca.us
- Electronic Transmission Checklist: ☒ Agenda Summary ☐ Records ☐ Supp. Doc. ☐ If applicable, list other online information below
- Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

TO: Board of Supervisors DATE: March 6, 2012

FROM: HHSA-Adult and Aging Services MEETING DATE: March 27, 2012

DEPARTMENT RESOURCE/CONTACT: Stacey Cryer PHONE: 463-7774 Present ☒ On Call ☒
Secondary Contact: Jo Arlin PHONE: 463-7802 Present ☐ On Call ☒

Consent Agenda ☒ Regular Agenda ☐ Noticed Public Hearing ☐ Time Allocated for Item: _____

■ **AGENDA TITLE: Adoption of Resolution Regarding Employee Layoffs in Accordance with Civil Service Rule 6 and Applicable Provisions of the Labor Agreements with the Affected Bargaining Units - Health & Human Services Agency (HHSA) – Adult and Aging Services**

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** The Board has historically authorized layoffs from various county departments.

■ **SUMMARY OF REQUEST:** Due to the transfer of the administration and the accompanying funding of Lake and Mendocino Counties Area Agency on Aging (AAA) for Planning and Service Area 26 from Mendocino County HHSA to Lake County Adult and Aging Services, the Mendocino County Health and Human Services Agency finds it necessary to reduce the workforce in the AAA program. Staff requests direction and approval from the Board to provide the required layoff notices to the affected employees, and to meet and confer with the affected bargaining unit regarding the impact of such layoffs in accordance with Civil Service Rule Section 6, and applicable provision of the Labor Agreements with the affected bargaining unit. There are vacant positions within HHSA that allow staff to remain employed within the Agency in different funded positions.

Title	Position #	Budget Unit	Effective Date
Senior Dept. Analyst	3520 (1 FTE)	5010	June 30, 2012 or upon 30 day notice
Dept. Analyst II	3519 (1 FTE)	5010	June 30, 2012 or upon 30 day notice

■ **SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:** N/A

■ **ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE):** ☐

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
AAA/CSBG	\$119,956 + benefits	\$119,956 + benefits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

■ **SUPERVISORIAL DISTRICT:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All ☒ **VOTE REQUIREMENT:** Majority ☒ 4/5ths ☐

■ **RECOMMENDED ACTION/MOTION:** Approve and authorize the Board Chair to adopt and sign the Resolution approving the recommended layoff of listed employee positions and direct staff to authorize Civil Service to develop seniority lists for affected classifications and authorize staff to meet and confer with the affected bargaining units according to Civil Service Rule 6 and applicable provisions of the labor agreements.

■ **ALTERNATIVES:** To provide further direction to staff

■ **CEO REVIEW (NAME):** Kristi Furman **PHONE:** 463-4441

RECOMMENDATION: Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached ☐

BOARD ACTION (DATE: _____): ☐ Approved ☐ Referred to _____ ☐ Other _____

RECORDS EXECUTED: ☐ Agreement: _____ ☐ Resolution: _____ ☐ Ordinance: _____ ☐ Other _____