

DHHS - Social Services Division

Board Action

File #: 17-086

Commissioner Brown - DHHS (Social Services Division) - To Approve a Transfer of Funds within the Children Residential Program to Cover Expenses for Foster Care Placements for the Remainder of Fiscal Year 2016-2017 (*Transfer is Within Budget and Requires No Additional County Funds - \$285,000*).

STAFF CONTACT

Angela Karchmer - DHHS-Department of Social Services -704-862-7930

BUDGET IMPACT

Transfer budgeted funds within the Child Services Foster Care Program in order to have available funds in the appropriate accounts for foster care placements for the remainder for FY16-17.

BUDGET ORDINANCE IMPACT

Transfer \$285,000 from multiple Children Services expense accounts into the State Foster Home account.

BACKGROUND

In February, 2016, DHHS-DSS had 253 children in foster care with 211 children in paid placements. As of February, 2017, we now have 342 children in foster care and of these 253 are in paid placements. This is an increase of 42 children in paid placements. The average cost from October 2015 to February 2016 was \$184,000 per month and now the average cost from October 2017 is \$265,000 per month, an increase of \$81,000 per month. Due to such are large increase in paid placements, our foster care board payment accounts are overspending. Therefore, we are requesting to transfer funds within the Children Residential accounts to cover the overspending.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

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| | | | <u>.</u> | D | O NOT TYP | E BELOW | THIS LINE | | | 1. Cart | |
| | . Buff, Clerk t he Board of C | | | | | hereby cei | rtify that the | above is/a | true a | | of action |
| NO. | DATE | М1 | М2 | Brown | Fraley | Grant | Hovis | Keigher | ento | k Wyrtey | Vote |
| 2017-072 | 03/28/2017 | RW | тк | Α | AB | Α | А | Α | A | A | U |
| DISTRIBU | JTION: | | | | | | | | | | |
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| GASTON COUNTY BUDGET CHANGE REQUEST | | | | | | | | | | | | |
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| TO: | Earl Mathe | rs | COUNTY M | ANAGER | | | | | | | | |
| FROM: | 5867 | DHHS- Social Service | es | | | | | | | | | |
| | Dept. # | Department Name | | | | | | | | | | |
| - | Department Director | 's Signature [| Date | | | | | | | | | |
| TYPE OF REQUEST: | | | | | | | | | | | | |
| X Line Item Transfer Within Department & Fund Line Item Transfer Between Funds * | | | | | | | | | | | | |
| Project Transfer Within Department & Fund Additional Appropriation of Funds * | | | | | | | | | | | | |
| Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners | | | | | | | | | | | | |
| | | | Resolution # Date | | | | | | | | | |
| | | ACCOUNT NU | MBER | PROJECT | AMOUNT | | | | | | | |
| ACCOUNT | DESCRIPTION | Fund - Dept - Subdept - Div - | - Acct - Subacct | SUBPROJECT | Whole Dollars Only | | | | | | | |
| (As it appear | s in the budget) | xx - xxxx - xxxx - xxxx - xxx | | XXXXX - XXXX | (See Note Below) | | | | | | | |
| Other Contracts/ | Subsidy-State FC | 20-5867-5861-699-000 |) | | 285,000 | | | | | | | |
| Public Asst Payn | nent-IVE FC | 20-5867-5441-475-000 | | | (185,000) | | | | | | | |
| Adoption Assista | | 20-5867-5471-475-001 | | | (55,000) | | | | | | | |
| Family Reunifica | | 20-5867-298-000 | | 17099-0001 | (40,000) | | | | | | | |
| Special Foster H | ome Contracts | 20-5867-5863-699-000 |) | | (5,000) | | | | | | | |
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| JUSTIFICATION FOR REQUEST: In February, 2016, DHHS-DSS had 253 children in foster care with 211 children in paid placements. As of February, 2017, we now have 342 children in foster care and of these 253 are in paid placements. This is an increase of 42 children in paid placements. The average cost from October 2015 to February 2016 was \$184,000 per month and now the average cost from October 2016 to February 2017 is \$265,000 per month, an increase of \$81,000 per month. Due to such are large increase in paid placements, our foster care board payment accounts are overspending. Therefore, we are requesting to transfer funds within the Children Residential accounts to cover the overspending. | | | | | | | | | | | | |
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| APPROVAL SIGNATURES: | | | | | | | | | | | | |
| County Manager/Interim Assistant County Manager Date Financial Operations Manager/Asst. Financial Operations Mgr. Date | | | | | | | | | | | | |
| | | | Interim Budget Administrator Date | | | | | | | | | |
| | Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts | | | | | | | | | | | |

revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.