



HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ

## HEALTH SERVICES AGENCY

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May 20, 1998

AGENDA: June 2, 1998

BOARD OF SUPERVISORS  
Santa Cruz County  
701 Ocean Street  
Santa Cruz, CA 95061

RE: ACCEPT ADDITIONAL FUNDING FOR THE AIDS CASE MANAGEMENT PROGRAM

Dear Board Members:

The Health Services Agency has been awarded \$12,000 in supplementary funding for the AIDS Case Management Program (CMP). The funding will provide for \$5,636 in additional client services, with the \$6,364 balance supporting a portion of existing staff costs for the program. Attached are two resolutions: one accepting and appropriating unanticipated CMP revenue and the other authorizing the Health Services Agency Administrator to sign the amendment to the related State revenue agreement when received.

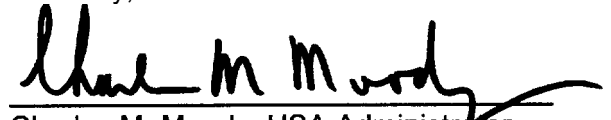
The AIDS Case Management Program is funded by the State Office of AIDS through the AIDS Master Grant Agreement. The CMP provides various home health care and support services for eligible clients in HSA's Public Health Case Management program. The County purchases these services from several local agencies and community based organizations. The additional \$5,636 will be used for attendant care and counseling services (\$5,000), plus a small amount (\$636) for medical supplies and office expenses. As part of the funding award, HSA will also be reimbursed for \$6,364 of existing staff costs in the Case Management Program that are presently County funded. The additional award will bring total CMP funding for 1997-98 to \$147,072. HSA will be receiving an amendment to the AIDS Master Grant Agreement reflecting the additional CMP funding and an amendment to the related program Memorandum of Understanding, which is incorporated into the Master Grant Agreement.

It is therefore RECOMMENDED that your Board:


1. Adopt the attached resolution accepting and appropriating \$5,636 in unanticipated revenue for the AIDS Case Management Program; and
2. Adopt the attached resolution authorizing the Health Services Agency Administrator to sign the related amendment to the AIDS Master Grant Agreement and Memorandum of Understanding for the Case Management Program; and

- 3. Direct the Clerk of the Board to return two certified copies of the resolution approving the Master Grant Agreement amendment to the Health Services Agency for processing with the State.

Sincerely,

  
 Charles M. Moody, HSA Administrator

RECOMMENDED:

  
 Susan A. Mauriello  
 County Administrative Officer

cc: County Administrative Office  
 Auditor-Controller  
 County Counsel  
 HSA Administration

BEFORE THE BOARD OF SUPERVISORS  
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

Resolution No. \_\_\_\_\_

On the motion of Supervisor  
duly seconded by Supervisor  
the following resolution is adopted:

**RESOLUTION APPROVING AMENDMENT TO THE AIDS MASTER GRANT AGREEMENT**

WHEREAS, the County of Santa Cruz receives funding from the State Office of AIDS for various AIDS-related services specified in the Master Grant Agreement (MGA) and each program Memorandum of Understanding incorporated in the MGA; and

WHEREAS, the 1997-98 Master Grant Agreement (State contract #97-10793) is being amended to increase funding by \$12,000 in the Case Management Program; and

WHEREAS, approval of this amendment by the local governing board is necessary in order for the County to receive reimbursement for services provided through the Health Services Agency's AIDS programs.

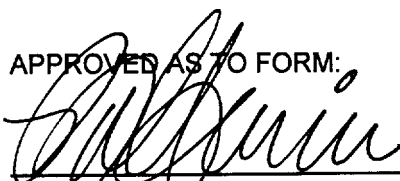
NOW, THEREFORE, BE IT RESOLVED that the Santa Cruz County Board of Supervisors hereby approves the amendment to the 1997-98 AIDS Master Grant Agreement (MGA/ State contract #97-10793) increasing funding for the Case Management Program by \$12,000 and authorizes the Health Services Agency Administrator to sign the MGA amendment and the related amendment to the Memorandum of Understanding for the Case Management Program.

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this d a y o f \_\_\_\_\_, 1998, by the following vote (requires four-fifths approval).

AYES: Supervisors  
NOES: Supervisors  
ABSENT: Supervisors

\_\_\_\_\_  
Chair of said Board

ATTEST: \_\_\_\_\_  
Clerk of Said Board

APPROVED AS TO FORM:  
  
\_\_\_\_\_  
Assistant County Counsel

Distribution:

- County Administrative Office
- Auditor-Controller
- County Counsel
- HSA Administration

BEFORE THE BOARD OF SUPERVISORS  
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

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RESOLUTION NO. \_\_\_\_\_

On the motion of Supervisor \_\_\_\_\_  
duly seconded by Supervisor \_\_\_\_\_  
the following resolution is adopted:

**RESOLUTION ACCEPTING UNANTICIPATED REVENUE**

WHEREAS, the County of Santa Cruz is a recipient of funds from State Office  
of AIDS for AIDS Case Management program: and

WHEREAS, the County is recipient of funds in the amount of \$ 5,636  
which are either in excess of those anticipated or are not specifically set  
forth in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds  
may be made available for specific appropriation by a four-fifths vote of  
the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County  
Auditor-Controller accept funds in the amount of \$5,636 into

Department Health Services Agency

<u>T/C</u>	<u>Index Number</u>	<u>Revenue Subobject Number</u>	<u>Account Name</u>	<u>Amount</u>
001	362300	0658	St Aid - AIDS CHC Pilot Prog	5,636

and that such funds be and are hereby appropriated as follows:

<u>T/C</u>	<u>Index Number</u>	<u>Expenditure Subobject Number</u>	<u>PRJ/UCD</u>	<u>Account Name</u>	<u>Amount</u>
021	362300	3614		Hospital Svces	5,636

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been  
researched and that the Revenue(s) (has been) (will be) received within the  
current fiscal year.

By Charles M. Moody, (ag)  
Department Head

Date 5/15/98

COUNTY ADMINISTRATIVE OFFICER

  *gib*    
 Recommended to Board

Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,  
State of California, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
by the following vote (requires three-fifths vote for approval):

AYES:           SUPERVISORS

NOES:           SUPERVISORS

ABSENT:        ' SUPERVISORS

...

\_\_\_\_\_  
Chairperson of the Board

ATTEST:

\_\_\_\_\_  
Clerk of the Board

APPROVED AS TO FORM:

APPROVED AS TO ACCOUNTING DETAIL:

  *Ralu Garcia*    
County Counsel

  *Lidia W...*    
Auditor-Controller

Distribution:  
Auditor-Controller  
County Council  
County Administrative- Officer  
Originating Department