

# COUNTY OF SANTA CRUZ 113

#### **HEALTH SERVICES AGENCY**

P.O. BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061 (408) 454-4066 FAX: (408) 454-4488

TDD: (408) 454-4123

AGENDA: October 6, 1998

September 22, 1998

BOARD OF SUPERVISORS County of Santa Cruz 701 Ocean Street Santa Cruz, CA 95060

APPROVE 1998-99 STATE REVENUE AGREEMENT FOR THE SUBJECT:

MALE INVOLVEMENT PROJECT (MIP)

Dear Board Members:

The Health Services Agency has been awarded \$83,500 in State funding to continue the Male Involvement Project (MIP) for an additional year. This teen pregnancy prevention project focuses on the role and responsibilities of male teens in pregnancy prevention. your Board's approval are the 1998-99 State revenue agreement, renewal service agreements with Salud Para La Gente and the Watsonville YWCA, and a resolution accepting \$3.500 in MIP revenue not included in the adopted County budget.

The Male Involvement Project (MIP) began In 1996 as a multi-year grant awarded under the Governor's Male Involvement Initiative. The Project uses various educational, counseling and outreach strategies to achieve its goals and objectives, which are detailed in the attached State A portion of the 1998199 MIP funds (\$57,914) will cover HSA staff costs associated with this project, plus underwrite related office supplies and educational materials. Also included are funds for extra help student workers who are part of the projects peer counseling strategy at Continuation and Court and Community schools throughout the County. The objective is to reach 1,000 - 1,500 teens through group sessions and classes and 225 teens through individual counseling, assessment, and intervention sessions.

The contract with Salud Para La Gente (\$14,543) supports a part-time Health Educator to conduct group and individual education sessions at community program sites, migrant camps, and the Salud clinic. The purpose of these sessions is to increase the information and skill level of male teens to help them take responsibility for their actions, raise their self-esteem, and change their behaviors. Salud staff and four youth representatives will also participate in a twoday statewide youth conference sponsored by the State Office of Family Planning to be held at Cal Poly University.

The contract with Watsonville YWCA (\$11,043) will provide education and counseling to 50 males in one of the four middle schools in the project area through the Y-Teens after school

program. This weekly program of peer support and education will include male involvement and responsibility messages and activities.

The MIP is based on an earlier Teen Demonstration Project, which won a 1994 California State Association of Counties (CSAC) Challenge Award for developing innovative local programs and services. The Demonstration Project also received international recognition via an HSA staff presentation at the 1994 United Nations International Conference on Population and Development in Cairo, Egypt. This year, the Santa Cruz County MIP will be included in the Program Archive on Sexuality and Health in Adolescence (PASHA), sponsored by the U.S. Office of Population Affairs and published by Sociometrics Corporation. This archive collects and distributes male-oriented teen pregnancy prevention programs for use as nationwide models. The selected programs meet special criteria and are felt to provide the best potential for effectiveness and replication.

The 1998-99 adopted County budget contains projected MIP revenue of \$80,000. The State agreement includes an additional \$3,500 to cover the cost of Salud's participation in the statewide youth conference as mentioned above. A resolution accepting and appropriating this unanticipated revenue is attached.

It is, therefore, RECOMMENDED that your Board:

- 1. Adopt the attached resolution authorizing the HSA Administrator to sign the 1998-99 State Standard Agreement for the Male Involvement Project (MIP) in the amount of \$83,500; and
- 2. Adopt the attached resolution accepting- and appropriating unanticipated revenue of \$3,500 for the Male Involvement Project for FY 1998-99; and
- 3. Authorize the HSA Administrator to sign renewal MIP services contracts with Salud **Para** La Gente (\$14,543) and the Watsonville YWCA (\$11,043).

Sincerely

Charles M. Moody, HSA Administrator

**R&COMMENDED:** 

Susan A. Mauriello

County Administrative Officer

cc: County Administrative Office Auditor-Controller

County Counsel
HSA Administration

Resolution No.

On the motion of Supervisor duly seconded by Supervisor the following Resolution is adopted:							
RESOLUTION APPROVING STATE STANDARD AGREEMENT FOR THE MALE INVOLVEMENT PROJECT (MIP)							
WHEREAS, the County Heath Services Agency is the recipient of \$83,500 in State funding for the Male Involvement Project for 1998-99; and							
WHEREAS, the Health Services Agency has received the 1998-99 State Standard Agreement in the amount of \$83,500 for the Male Involvement Project (State contract number 98-15322); and							
WHEREAS, approval of this State Standard Agreement is necessary in order for the County to receive reimbursement for various services provided through the Male Involvement Project.							
NOW, THEREFORE, BE IT RESOLVED that the Santa Cruz County Board of Supervisors hereby approves the 1998-99 State Standard Agreement (State contract #98-15322, for the period July 1, 1998 through June 30, 1998) for the Male Involvement and authorizes the Health Services Agency Administrator to sign the agreement and further authorizes the Health Services Agency Administrator to sign subsequent amendments related to minor program changes or budget revisions.							
PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this o f, 1998, by the following vote (requires four-fifths approval).							
AYES: Supervisors NOES: Supervisors ABSENT: Supervisors							
Chairman of Said Board							
ATTEST: Clerk of Said Board							
APPROVED AS TO FORM:  Application County Cou							

County Counsel

HSA Administration

County Administrative Officer

Auditor-Controller

Distribution:

## BEFORE THE BOARD OF SUPERVISORS 0" THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

RESOLUTION NO.

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

	RES	SOLUTION A	CCEPTING	UNANTICIPA	TED REVENUE	
WHEREAS ,  Californi		of Santa C for <b>the F</b>	ruz is a a <b>nily Plan</b> n	recipient ( <b>ing</b>	of funds from	State of rogram; and
wnich are	the County e either in the current	excess of	those ant	icipated or	amount of \$ 3,5 r are not speci inty; and	500 ifically set
may be ma	pursuant to ade availabl d of Supervi	e for spec	t Code Se ific appr	ection 29130 copriation k	)(c)/29064(b), py a four-fift	such funds hs vote of
		<del>-</del>	AND ORDE s in the	ERED that that the amount of	ne Santa Cruz ( 3,500	Count-J into
Departmer	Health Ser	vices Agency				
T/C	Index 70 Number		evenue upobject umper	Accou	Amount	
001	362750		42	St - Family Planning		3,500
and that	such funds	be and are	hereby a	ppropriated	as follows:	
<u> </u>	Index Number	Expenditure Subobject Number	PRJ/UCD	Account	Name	Amount
021	362750	3665		Prof & Spec	Srvces - Other	3,500
researche	d and that	ereby cert	ify that e(s) (has	the fiscal been) (wil	provisions hav	ve been
current f	iscal year.	4		•	a 9-24-9	
-: W/M	x/7 ! '. 1 (0)	Depart:	) ment Head	рат	= / - / - /	<del></del>

COUNTY	ADMINISTRATIVE	OFFICER	<u> </u>	Recom			Board l to Boar	·d	
PASSED State o by the	AND ADOPTED by f California, following vote	the Board this (requires	of Su da three	perviso ay of <u></u> -fifths	rs of vote	the	county o	f Santa	a <b>Cruz,</b> 19
AYES:	SUPERVISORS								
NOES:	SUPERVISORS								
ABSENT:	SUPERVISORS								
				J		CHAI	R OF THE	BOARD	
ATTEST:									
Clerk o	f the Board								
APPROVE	D AS TO FORM:  Counsel	, M		APPR Audi	oved da	AS TO	ACCOUNT	ing de	

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

AUD61 (Rev **5/94)** 

Page 2 of 2

## COUNTY OF SANTA CRUZ REQUEST FOR APPROVAL OF AGREEMENT

		FROM:		<u></u>
TO: Board of Supervisors  County Administrative Officer		FROIVI.	HEALTH SERVICES AGENCY	<b>Y</b> (Dept.)
County Counsel			m /	0/0/02
Auditor-Controller			- Mord (Signa	ature) $(\frac{1}{2})$
The Board of Supervisors is hereby re	equested to approve the	attached agr	eement and outhorize the execu	ution of the same.
	COUNTY OF SANT	A CRUZ (H	ealth Services Agency)	/ <b>.</b>
1. Said agreement is between the		43-00		(Agency)
STATE OF CALIFORNI and 714 P Street, Sacra	mento, CA 95814			
2. The agreement will provide	ate funding for	the Male	Involvement Program (MIP)	conducted by the
County's Health Serv	vices Agency St	ate contra	act number <b>98-15322.</b>	
to	provide for the a	bove State	e funding.	
3. The agreement is needed, to	provide for the d	BOYC BCACC	, 1 dama 1 g	
4. Period of the agreement is from $\frac{J}{J}$	uly 1, 1998		to June 30, 19	999
5. Anticipated cost is \$				
				, Monthly rate, Not to exceed,
6. Remarks:, FY 1998-99 rever	nue <b>is \$83,500 bu</b>	dgeted in	362750/0542.	
7. Appropriations are budgeted in	n/a - revenue a	ıgreement	(Index#)_	(Subobj ect
NOTE: IF APP	ROPRIATIONS ARE IN	SUFFICIENT	, ATTACH COMPLETED FORM	, ,
Appropriations are available and	have been encumbered.	Contract	No. <b>R-628</b> Da	ate 9/23/98
	wind pe	C	GARY A. KNUTSON, Auditor - C	ontroller
* NA	MARCH MATTER AND THE STATE OF T	B	y Linda T. (	Lou Deputy
Proposal reviewed and approved. It is <b>HSA Administrator</b>	to ex	Board of Su xecute the sa	pervisors approve the agreement me on behalf of the <u>County</u>	t ond authorize the Of Santa Cruz
Health Services Age	ency	gency).	County Administrativ	
Remarks:	/ (Analyst)	В.	y Sh Shin	Date
Agreement approved as to form. Do	, , ,			,
Disable Management				The state of the s
Distribution:  Bd. of Supv White	State of California	١		
Auditor-Controller - Blue County Counsel - Green *	County of Santa Cruz	, ss z )		
Co. Admin. Officer - Canary Auditor-Concoller Pink	1		fficio Clerk of the Board of Superviso	
Originating Dept. oldehrod	i		that the foregoing request for approva- nended by the County Administrative	-
*To Orig. Dept. if rejected.	in the minutes of said	Board on		County Administrative Officer
ADM - 29 (6/95)		19	ву	Deputy Clerk

## COUNTY OF SANTA CRUZ

### REQUEST FOR APPROVAL OF AGREEMENT

TO: Board of Supervisors	FROM:	HEALTH SERVICES AGENCY			
County Administrative Officer County Counsel Auditor-Controller		CM ovy (Signature)	(Dept.) 9(27/98) (Date)		
The Board of Supervisors is hereby requ	uested to approve the attached a	greement and authorize the execution o	f the same.		
1. Said agreement is between the and. Whtsonville YWCA, 340		Health Services Agency)	(Agency)		
2. The agreement will provide Variou					
Involvement Project condu	cted by the County's H	ealth Services Agency.			
3. The agreement is needed, to pr	ovide for the above serv	ices.			
4. Period of the agreement is from	July 1, 1998	to June 30, 1999			
5. Anticipated cost is \$ 11,043	ECOLOGICA COLOGICA	ихихихихих хрежх дк	www.xxxxxxXomo <b>exceed)</b>		
6. Remarks:) On 1998-99 Conti	inuing Agreenents List.	<u>Se</u> I.			
7. Appropriations are budgeted in	362750	(Index#) 3665	(Subobj ect)		
NOTE: IF APPRO	PRIATIONS ARE INSUFFICIEN	T, ATTACH COMPLETED FORM AUD	-74		
Appropriations are not available and ha	vill be encumbered. Contra	ct No. 81249ADate	9/23/98		
Suject to 98-9	9 Final Budget	GARY A. KNUTSON, Auditor - Controlle	er Deputy		
	to execute the s		authorize the anta Cruz		
Health Services Agen	(Agency).	County Administrative Offi	icer		
Remarks:	(Analyst)	Вү	_ Date		
Agreement approved as to form. Date					
Distribution:  Bd. of Supv White Auditor-Controller - Blue County Counsel - ADRILL - Co. Admin. Officer - Canary Auditor-Controller - Pink Originating Dopt Goldonrod	State of California, do hereby certif	officio Clerk of the Board of Supervisors of the street of the graph of agreement of the county Administrative Officer	reement was approved by		
'To Orig. Dept. if rejected.	in the minutes of said Board on	Coun	ty Administrative Officer		
ADM - 29 (6/95)			Dopaty Oloik		

### COUNTY OF SANTA CRUZ

REQUEST FOR APPROVAL OF 'AGREEMENT

ΓΟ: Board of Supervisors	FR	OM: <b>HEAL</b>	TH SERVICES AGEN	СУ
County Administrative Officer				(Dept.)
County Counsel		C M over	(Signature)	0/22/02
Auditor-Controller			(Signature)	9() (Date)
The Board of Supervisors is hereby re	quested to approve the attach	ned agreement and outh	orize the execution of	the same.
1 - 1	COUNTY OF SANTA CRUZ	(Health Services	Agency)	(Agency)
<ol> <li>Said agreement is between the</li> </ol>				(Agency)
and, Salud Para La Gente	<b>, 204 E.</b> Beach <b>St.</b> , W	atsonville, <b>CA 9</b> 5	5076	(Name & Address)
2. The agreement will provide	rious educational and	l counseling servi	ces as part of t	he Male
<u>Involvement <b>Project</b></u>	conducted by the Cour	nty's Health Serv	ices Agency.	
3. The agreement is needed. to	provide for the above	services.		
4. Period of the agreement is from —	July 1, 1998	to	June 30, 1999	
5. Anticipated cost is \$14,543	.00		(Ейжескатасын х Моя И	byxxxxxx;Nottoexceed)
6. Remarks: <u>Ort 1998-99 Court</u>	mumy ngreements LIS	L. Sec. I		
$7.$ Appropriations are budgeted in $\_$	362750	and the second s	(Index#)3665	(Subobject)
NOTE: IF APPI	ROPRIATIONS ARE INSUFF	ICIENT, ATTACH CON	PLETED FORM AUD	·74
Appropriations are available and	have been encumbered. Co	ontract No. 81248A	Date	9/23/98
Appropriations are not	will be	CARVA VALUTO	ON A diam Controlle	
Subject to 98-99	Final Budget	By Jun	ON, Auditor - Controlle	hou Deputy.
	to execute	d of Supervisors approv the same on behalf of	e the agreement and a the <b>County of Sa</b>	uthorize the nta Cruz
Health Services Ag	ency (Agency)	· Coi	unty Administrative Offic	cer
Remarks:	(Analyse)	Вү		Date
	(Allalyst)			
Agreement approved as to form. Dat	e			
Distribution:  Bd. of Supv. • White Auditor-Controller • Blue County Counsel • Green * Co. Admin. Officer • Canary Auditor-Controller • Pink		ss ex-officio Clerk of the	•	•
Originating Dept Goldenrod *To Originating Dept. if rejected.	State of California, do hereb said Board of Supervisors as in the minutes of said Board	recommended by the Coulon	nty Administrative Officer   Coun	by entered t) Officer
ADM - 29 (6/95)		19 By		uty Clerk