



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

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HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061

(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

February 23, 1999

AGENDA: March 9, 1999

BOARD OF SUPERVISORS

Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95061

RE: ACCEPT AUGMENTATION FUNDING FROM RYAN WHITE CARE ACT, TITLE II, AND
APPROVE RELATED CONTRACT AMENDMENT WITH THE SANTA CRUZ AIDS
PROJECT

Dear Board Members:

The Health Services Agency has been notified it will receive an additional \$6,000 this fiscal year for local HIV services funded by Title II of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act. These funds will be used to augment an existing contract with the Santa Cruz AIDS Project (SCAP). Attached are the award notification letter, the resolution accepting this unanticipated revenue and the related SCAP contract amendment.

Title II of the Ryan White CARE Act provides access to various health and social services for low-income persons with HIV infections. As your Board is aware, the Santa Cruz County HIV Services Consortium evaluates local needs and recommends services to meet established priorities. The County then selects contractors and administers these contracts as the Consortium's fiscal agent.

The State Office of AIDS is redistributing unspent 1998-99 Title II funds recouped from various programs around the state. On behalf of the HIV Services Consortium, HSA applied for, and has been approved to receive, \$6,000 of these funds to augment SCAP's Medical Assistance Fund, which helps clients with payment of various medical services and expenses. With this addition, SCAP's Medical Assistance Fund allocation comes to \$43,951 and the total SCAP Title II contract amount is increased to \$114,266. The additional funds must be expended by March 31, 1999, the end of the 1998-99 Title II funding cycle.

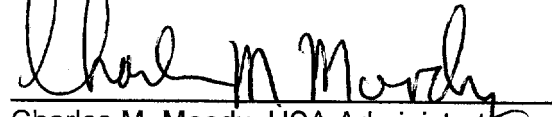
It is therefore RECOMMENDED that your Board:

1. Adopt the attached resolution accepting and appropriating \$6,000 in unanticipated revenue from Title II of the Ryan White CARE Act; and

2. Authorize the Health Services Agency Administrator to sign the related amendment to the State Title II revenue agreement when received; and
3. Authorize the Health Services Agency Administrator to sign the attached \$6,000 contract amendment with the Santa Cruz AIDS Project for HIV Consortium Services.

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Sincerely,


Charles M. Moody, HSA Administrator

RECOMMENDED:


for Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration
Santa Cruz AIDS Project
Santa Cruz County HIV Services Consortium

STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

177
Gray Davis, Governor

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 323-8949



Betsy McCarty
Sr. Public Health Program Manager
Santa Cruz County Health Services Agency
P.O. Box 962
Santa Cruz, CA 95061

Dear Ms. McCarty:

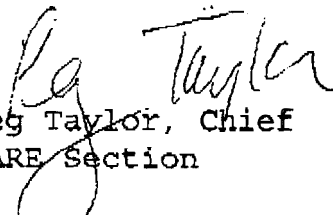
APPROVAL OF ADDITIONAL YEAR 08 TITLE II FUNDS

We are pleased to inform you that the HIV Services Consortium of Santa Cruz County has been awarded \$6,000 in additional YR 08 Title II funds. Please note that these funds **must** be expended by **March 31, 1999.**

so we may complete the contract amendment process, it is imperative that you submit amended budget sheets that reflect the **increased contract amount** to your consortia liaison by February 19, 1999 .

If you have questions regarding **this matter**, please contact your consortia liaison. Thanks you for **your continued** work in providing HIV/AIDS assistance and your participation in this process.

Sincerely,


Peg Taylor, Chief
CARE Section

cc: Gail Sanabria
CARE
611 N. 7th Street
Sacramento, CA 95814

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 ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from State Office of AIDS for HIV Consortium Services (Title II, CARE Act) program; and

WHEREAS, the County is recipient of funds in the amount of \$ 6,000.00 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 \$ 6,000.00 into

Department Health Services Agency

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	362700	0980	Fed Aid - AIDS CARE Act	6,000.00

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

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	362700	3665		Prof & other svces	6,000.00

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 Chad M. Moody
Department Head

Date 2/25/99

COUNTY ADMINISTRATIVE OFFICER

☒ 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

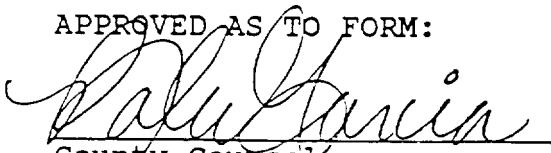
ABSENT: SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:


County Counsel

APPROVED AS TO ACCOUNTING DETAIL:


Auditor-Controller

Distribution:

Auditor-Controller
County Council
County Administrative Officer
Originating Department

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

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TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HEALTH SERVICES AGENCY

Chad M. Mordy

(Signature)

2/25/99

(Dept.)

(Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the COUNTY OF SANTA CRUZ (Health Services Agency) (Agency)
and SANTA CRUZ AIDS PROJECT (SCAP), PO box 557, Santa Cruz, CA 95061-0557 (Name & Address)

2. The agreement will provide various HIV care and support services as part of the local HIV Services Consortium (funded by Title II of the Ryan White CARE Act). Amendment increasing contract amount for FY 1938-99.

3. The agreement is needed. to provide for the above services.

4. Period of the agreement is from April 1, 1998 to March 31, 1999

5. Anticipated cost is \$ additional \$6,000.00 (Fixed Amount, Monthly, etc.; Not to exceed) XXXXX

6. Remarks:

7. Appropriations are budgeted in 362700 (Index#) 3665 (Subject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered.
are not will be

Contract No. C080814A

Date 2/26/99

GARY A. KNUTSON, Auditor - Controller

BY Linda Chou

Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HSA Administrator to execute the same on behalf of the County of Santa Cruz
Health Services Agency (Agency).

Remarks:
GS (Analyst)

County Administrative Officer
By *[Signature]* Date 2/26/99

Agreement approved as to form. Date

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

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ADM - 9/3/95)

State of California)
County of Santa Cruz) ss

I ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on 19

County Administrative Officer
By Deputy Clerk

Contract No.: 80814A
Account: 362700
Subobject: 3665

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Santa Cruz County Health Services Agency

Title II Consortium Services

AMENDMENT TO AGREEMENT

The parties hereto agree to amend that certain agreement dated April 1, 1998, by and between the COUNTY OF SANTA CRUZ and THE SANTA CRUZ AIDS PROJECT by deleting the existing Exhibits D, D-I and D-2 and replacing them with the attached revised Exhibits D (Rev1), D-I (Rev 1), and D-2 (Rev 1). All of the revised Exhibits are effective from April 1, 1998.

All other provisions of said contract shall remain in full force and effect.

CONTRACTOR

COUNTY OF SANTA CRUZ

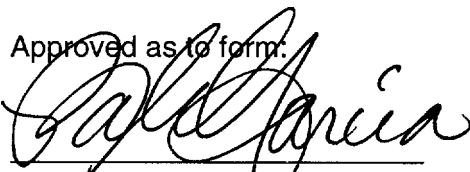
By: _____

By: _____
HSA Administrator

Santa Cruz AIDS Project
Address: PO Box 557
Santa Cruz, CA 95061-0557

Date:

Approved as to form:


Assistant County Counsel

Distribution:

Auditor-Controller
County Counsel
HSA Administration
Santa Cruz AIDS Project

1. COMPENSATION. In consideration for CONTRACTOR providing services described in Exhibit C (Scope of Work), COUNTY agrees to pay as follows: **an amount not to exceed \$114,266.00** as detailed in the attached Fiscal and Payment Provisions (Exhibit D-1 and Exhibit D-2), which by this reference are made part of this agreement. Total contract amount is based on and limited to the availability of funding from the federal Ryan White CARE Act, Title II. If this federal funding is reduced or eliminated, the amount available for services provided under this agreement will likewise be reduced or eliminated. No COUNTY funds will be used to fund services under this agreement.
2. MONTHLY PAYMENT. CONTRACTOR may elect to receive compensation advanced in monthly installments of 1/12th of the maximum contract amount as shown in Paragraph D(1) above. CONTRACTOR assures that a cash advance is needed each month in order to provide the contracted services. Payment may be less than the above 1/12th amounts if there is a cash carry-over from the prior month which indicates that CONTRACTOR does not need the full advance amount to support the program's cash flow during the month. CONTRACTOR may be allowed a carry-over amount from month to month, not to exceed the 1/12th monthly allocation, upon COUNTY approval. Any unused funds exceeding the carry-over base shall be offset against the next month's advance. No single monthly payment shall exceed 1/12th of the Maximum Allocation unless there have been payments of less than 1/12th of such amount for any prior month of the agreement term. To the extent that there have been such lesser payments, the resultant savings may be used to pay monthly billings which exceed 1/12th of the Maximum Allocation. Justification to COUNTY shall be required for advance in excess of these amounts prior to approval of claim for such excess. The cash advance will not be used to provide working capital for non-County programs, and when possible the advance will be deposited in an interest bearing account, and the interest used to reduce program costs.
3. PARTIAL PERFORMANCE. In the event less than all services are performed in a proper and timely manner, CONTRACTOR shall be paid only the reasonable cost for the services performed for the payment period as determined by COUNTY's Administrator.
4. CHANGES IN SERVICE ALLOCATIONS. With prior written approval of COUNTY, CONTRACTOR may adjust allocations among service areas as shown in Exhibit D-1 or add/delete service allocations as long as the total amount of the contract is not exceeded. Such allocation adjustments shall be done on a dollar for dollar basis and, as the maximum allocation for one type of service or services is augmented, there shall be a corresponding reduction in the maximum allocation for other types of service or services. Any such shifting of allocations must be approved in advance by COUNTY and the Local HIV Services Consortium and must be in accordance with the State Standard Agreement for Ryan White CARE Act Title II services.

EXHIBIT D-I (Rev 1)
FISCAL AND PAYMENT PROVISIONS

Service Area	Allocation	Rate	Unit
A. Medical Assistance Fund	43,951	Reimbursement for actual cost & operating expense of Fund	N/A
B. Service Coordination (Benefits Advocacy)	39,503	Hourly rate per Exh D-2, plus benefits & indirect	Client Service Hour* (Assigned Staff)
C. Psychosocial Support	29,462	Hourly rate per Exh D-2, plus benefits & indirect	Client Service Hour (Assigned Staff)
D. Housing Assistance Fund	1,350	Reimbursment for actual cost & operating expense of Fund	N/A
TOTAL CONTRACT AMOUNT	\$ 114,266		

*Client Service Hour is defined as time spent by Contractor's assigned staff on providing direct services and related support services to individual clients as detailed in Exhibit C ("Scope of Work"). Indirect Services" are not to exceed 15% of total salary and fringe benefits.

Rates are in effect from April 1, 1998.

SERVICE LEVELS FFY 08

Direct Emergency Financial Assistance: approximately 152 clients to receive an average of \$250 for assistance with medical care needs.

Housing Assistance: approximately 5 clients to receive an average of \$270 for assistance with housing costs.

EXHIBIT D-2
STAFF AND HOURLY RATES

<u>Staff Classification/Job Title</u>	<u>Hourly Pay Rate</u>
Service Coordinator I	\$10.19
Service Coordinator II	\$11.54
Social Worker I	\$13.77
Social Worker II	\$15.11

With prior written COUNTY approval, CONTRACTOR may adjust hourly rates, plus benefits, up to 10% without formal amendment to this agreement.

With prior written COUNTY approval, CONTRACTOR may also add, delete, or alter classifications of personnel providing services under this agreement, without formal amendment to this agreement.