



County of Santa Cruz⁵⁵

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4000 FAX: (831) 454-4488 TDD: (831) 454-4123

August 3, 1999

AGENDA: August 17, 1999

Board of Supervisors
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

SUBJECT: Approval of Agreement with Janus of Santa Cruz

Dear Board Members:

This letter is to request approval and authorization for the Health Services Agency Administrator to sign the attached \$932,794 agreement with Janus of Santa Cruz for renewal of 1999-2000 alcohol and drug services contracts.

The County has contracted with Janus for alcohol and drug treatment services for over 15 years. In prior years, these services have been administered through three separate agreements – one for detoxification, residential and outpatient services (Contract # CO901 33A); one for residential and day treatment services for parenting women and their children (Contract # CO90604A); and one for residential services for homeless persons that is funded through a Federal grant (Contract # CO90434A).

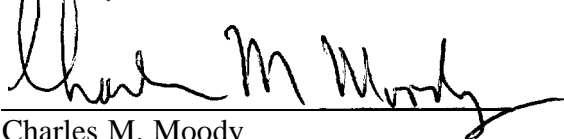
To increase administrative efficiency, these three contracts have been merged into a single contract for 1999-2000.

The total of the three separate agreements is \$40,413 less than the estimated amount shown at the time the HSA budget was approved. The difference is due to changes in Medical revenue that is expected to be received by the Contractor. This agreement is fully funded in the 1999/2000 HSA budget and approval of the agreement will not result in any additional Net County cost.

It is therefore RECOMMENDED that your Board:

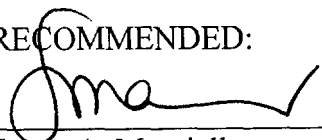
1. Approve and authorize the Health Services Agency Administrator to sign the attached \$932,794 agreement with Janus of Santa Cruz for alcohol and drug treatment services.

Sincerely,



Charles M. Moody
Health Services Agency Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Officer
Auditor Controller
County Counsel
HSA Administration
Director, Mental Health and Substance Abuse Program
Alcohol and Drug Program Administrator

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 (Dept.)
C. Mark (Signature) 8/2/99 (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, Janus of Santa Cruz, 200 7th Ave., Suite 150, Santa Cruz, CA 95062 (Name & Address

2. The agreement will provide for continuation of Alcohol and Drug Prevention, outpatient counseling,
detox, and adult and perinatal residential treatment services.

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

4. Period of the agreement is from 'July 1, 1999 to June 30, 2000

5. Anticipated cost is \$ 932,794.00 ~~XXXXXXX~~ (Fixed amount, monthly rate; Not to exceed

6. Remarks:

7. Appropriations are budgeted in 364042 (Index#) 3975 (Subobject)
and 362950 3665 (\$30,000)

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

Appropriations are available and have been encumbered. Contract No. C09013301 Date 8/5/99
are not will be

GARY A. KNUTSON, Auditor - Controller
By Garry A. Knutson Deput

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

Health Services (Agency).

Remarks:
BY [Signature] Date 8/5/99
(Analyst) County Administrative Officer

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.

ADM-29 (6/95)

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
Deputy Clerk

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AGREEMENT between the COUNTY OF SANTA CRUZ

County Dept./Agency: HEALTH SERVICES AGENCY
Alcohol and Drug Program

Contract # CO9013301

Hereinafter called COUNTY and:

JANUS OF SANTA CRUZ, INC.
200 7th Avenue, Suite 150
Santa Cruz, CA 95062

Telephone: (831) 462-1060

Hereinafter called CONTRACTOR for: Community based Alcohol and Drug Treatment Services

WHEREAS COUNTY has need of comprehensive community based residential, homeless residential, perinatal residential, detox and outpatient alcohol and drug abuse treatment programs for FY 1999/00; and,

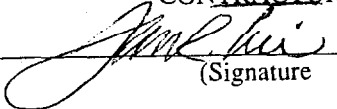
WHEREAS CONTRACTOR has skills and capacity to provide such services; and,

WHEREAS, pursuant to the provisions of California Government Code Section 26227, the Board of Supervisors of COUNTY is authorized to enter a contract for such services,

NOW, THEREFORE, the parties hereto do mutually agree as set forth in:

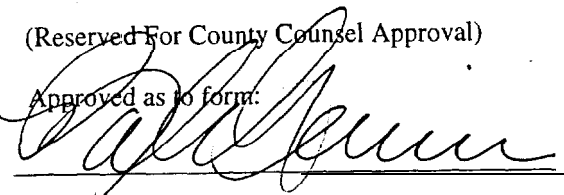
EXHIBIT	TITLE
A	Specific Contractor Information
B	HSA Standard Provisions
C	HSA Alcohol & Drug Program Provisions
D	Contractors Fiscal Provisions
E	Description of Services
F	Assurances
G	Appeal Processes

IN WITNESS THEREOF COUNTY and CONTRACTOR have executed this Agreement to be effective: July 1, 1999 through June 30, 2000.

<p>CONTRACTOR:</p> <p> (Signature)</p> <p><u>EXECUTIVE DIRECTOR</u> (Title)</p>	<p>COUNTY:</p> <p>_____ (Signature)</p> <p>_____ (Title)</p>
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(Reserved For County Counsel Approval)

Approved as to form:



Contract	# C09013301 Alcohol & Drug	# C09013301 Homeless
Index	# 364042	# 362950
Subobject	# 3975	# 3665
Amount	\$902,794	\$ 30,000

(Reserved for Clerk of Board)

(DISTRIBUTION)
County Administrative Officer
County Counsel
Auditor Controller
Health Services Agency
Contractor