



HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ

0159

## 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

November 2, 1999

AGENDA: November 16, 1999

### BOARD OF SUPERVISORS

Santa Cruz County

**701** Ocean Street

Santa Cruz, CA 95061

SUBJECT: **POSITION CHANGES AND RELATED BUDGET ACTIONS IN  
PUBLIC HEALTH**

Dear Board Members:

The Health Services Agency is requesting the following changes in authorized staffing for two Public Health programs: the deletion of a vacant 1 .00 FTE Typist Clerk III Supervisory position in the California Children's Services (CCS) Program and a vacant 1 .00 FTE Typist Clerk III position in the Homeless Persons Health Project (HHP) and the addition of 2.00 FTE Administrative Aide positions, one each in CCS and HHP. This request strengthens the administrative and support staffing within these two programs with no increase in authorized positions. The combined annual cost of the two Administrative Aide positions is approximately \$5,200 more than the cost of the two Typist Clerk III positions. The CCS costs can be absorbed within currently budgeted funds, and the HHP costs will be covered by additional federal funds, which are included in the attached resolution accepting unanticipated revenue. There is no increase in net County cost as a result of these position changes.

The Typist Clerk III and Typist Clerk III Supervisory classifications are designed to provide a variety of difficult or specialized clerical services. Typical duties include word processing, collecting statistical data, data input, file maintenance, record keeping, and other office activities. The Administrative Aide classification focuses on analyzing systems, developing procedures, organizing and coordinating projects, designing reporting and other procedures for management information systems, and related administrative activities. An incumbent may provide support services to senior administrative staff and assist with clerical supervision.

The CCS program has grown significantly in the last five years. Staffing has increased and caseloads have become more complex as the program has responded to additional State mandates. As a result, the program must comply with more complex financial monitoring, case management, treatment authorization, service coordination, and newly implemented data


reporting requirements. The Administrative Aide classification is more appropriate for this changing work environment than a clerical position.

The Homeless Persons Health Project (HPHP) has likewise reached a point in its development where the need for administrative support is greater than the existing staffing pattern can provide. The HPHP has been awarded additional federal funds this year for clinical and primary care services, including funds for administrative support. The total award comes to \$22,260 and is ongoing. The additional cost of an Administrative Aide position will be fully covered by the federal funding augmentation. The balance of the award will be used for clinical care and other homeless services provided primarily through existing sources. A resolution accepting and appropriating this unanticipated revenue is attached.

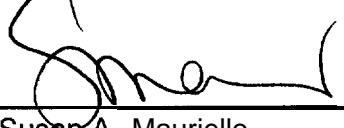
It is, therefore, RECOMMENDED that your Board:

1. Delete a vacant 1 .00 FTE Typist Clerk III Supervisory position (position code: BC8002AA) and add a 1 .00 FTE Administrative Aide position in the California Children's Services (CCS) program (Budget Unit 3620), and refer to County Personnel for classification; and
2. Delete a vacant 1 .00 FTE Typist Clerk III position (position code: BC7006AA) and add a 1 .00 FTE Administrative Aide in the Homeless Persons Health Project (Budget Unit 3620), and refer to County Personnel for classification.
3. Adopt the attached resolution accepting and appropriating \$22,260 in unanticipated revenue for the Homeless Persons Health Project.

Sincerely,

  
 Charles M. Moody, HSA Administrator

RECOMMENDED:

  
 Susan A. Mauriello  
 County Administrative Officer

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

1. DATE ISSUED (MO/DAY/YR.) 5/28/99	2. CFDA NO. 93.151
3. SUPERSEDES AWARD NOTICE dated 3/26/99 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.	
4. GRANT NO. 6 S 00457-12 S2 R2	5. FORMER GRANT NO. CSH901811
6. PROJECT PERIOD From Mo/Day/Yr. 1/1/90	Through Mo/Day/Yr. 10/31/00
7. BUDGET PERIOD From Mo/Day/Yr. 11/1/98	Through Mo/Day/Yr. 10/31/99

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES & SERVICES ADMINISTRATION



NOTICE OF GRANT AWARD

0161

AUTHORIZATION (Legislation/Regulation) SECTION 330(H), PUBLIC HEALTH SERVICE ACT, AS AMENDED	FORMULA CONSTRUCTION RESEARCH	<input checked="" type="checkbox"/>	BLOCK TRAINING SERVICE	COOP AGREEMENT PLANNING TECHASSISTANCE
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8. GRANTOR BUREAU OF PRIMARY HEALTH CARE
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9. TITLE OF PROJECT (OR PROGRAM) HEALTH CARE FOR THE HOMELESS
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10. GRANTEE NAME AND ADDRESS SANTA CRUZ COUNTY HEALTH SERVICES AGENCY 1080 EMELINE AVENUE  SANTA CRUZ, CA 95061	11. DIRECTOR OF PROGRAM (LAST NAME FIRST & ADDRESS) SIPPL, CHRISTINE SANTA CRUZ COUNTY HEALTH SERVICES AGENCY 1080 EMELINE STREET  SANTA CRUZ, CA 95061
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12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE		13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT):	
I PHS Grant Funds Only		YEAR	TOTAL COSTS
II Total project costs including grant funds & all other financial participation (Select one and place NUMBER in box.)		a. 13	578.762
TAL APPROVED BUDGET ..... \$ 911.310		d.	
i. Less Non-Federal Share ..... \$ 325,548		e.	
ii. Federal Share ..... \$ 585,762			
b. Unobligated Balance From the Prior Budget Periods ..... \$ 7,000 (Additional Authority ..... \$ 7,000) (Offset ..... \$ )		14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):	
c. Less Cumulative Prior Award(s) This Budget Period ..... \$ 556,502		a. Amount of PHS Direct Assistance ..... \$	
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION ..... \$ 22,260		b. Less Cumulative Prior Award(s) This Budget Period ..... \$	
		c. AMOUNT OF DIRECT ASSISTANCE THIS ACTION ..... \$	
		15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART C, OR 4.5 CFR PART 92, SUBPA SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
		<input checked="" type="checkbox"/> E	
		A=Additional Cost, B=Deduction, C=Finance Non-Federal Share, D=Cost Sharing or Matching, E=Other	

REMARKS: (Other Terms and Conditions Attached)  
1. ESTIMATED PROGRAM INCOME: \$0

GRANTS MANAGEMENT OFFICER: (Signature)	(Name-Type/Print)
LAWRENCE R. POOLE, GRANTS MANAGEMENT OFFICER	BPHC

17. OBJ. CLASS FY-CAN 41.51 93980879	18. CRS-EIN DOCUMENT NO. CSH901811A	19. LIST NO. ADMINISTRATIVE CODE AMT. ACTION FIN. ASST. 22,260	AMT. ACTION DIR ASST
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GRANT NO. 6 H66 CS 00457-12 S2

ITEM NO.

**SPECIAL CONDITION(S):**

None.

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**SPECIAL REMARK(S):**

1. This Notice of Grant Award (NGA) provides ongoing funds in the amount of \$22,260 as a result of the reinvestment process. These funds may only be used for the agreed upon purpose(s) stated in your Official Request Form. Your "recommended future support" level has been increased accordingly.

All prior special conditions and special remarks remain in effect unless specifically removed.

**CONTACTS:**

Refer to your previous award for the name, address, and telephone number of your program and grant office contacts.

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

0163

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 Dept of Health & Human Services for the Homeless Persons Health Project (HHPH) program; and

WHEREAS, the County is recipient of funds in the amount of \$ 22,260 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 \$ 22,260 n t o

Department Health Services Agency

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
0 0 1	362950	0996	Federal Health Programs	22,260

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

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
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- SEE ATTACHED SHEET -

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 11/4/99

COUNTY ADMINISTRATIVE OFFICER

✓ *ES*

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:

*Rafael Garcia*  
\_\_\_\_\_  
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

*Ronald J. Silva* 11/4/99  
\_\_\_\_\_  
Auditor-C&roller

Distribution:

Auditor-Controller

County Council

County Administrative- Officer

Originating Department

**Attachment A****HEALTH SERVICES AGENCY  
AUD60 ATTACHMENT  
HOMELESS PERSONS HEALTH PROJECT (HHPH)****FISCAL YEAR 1999/00**

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**ESTIMATED REVENUES:**

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	362950	0996	FEDERAL HEALTH PROGRAMS	\$ 22,500

Total				\$ 22,260
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**APPROPRIATIONS:**

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	362950	3100		REGULAR PAY	\$ 2,676
021	362950	3150		FICA	205
021	362950	3155		PERS	349
021	362950	3160		INSURANCE	270
021	362950	3613		HEALTH CARE SVCS-INTRA-AGENCY	7,000
021	362950	3614		HOSPITAL SVCS-INTERDEPARTMENT	11,760
Total					\$ 22,260