



HEALTH SERVICES AGENCY  
ADMINISTRATION

# County of Santa Cruz

0277

## HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE, SANTA CRUZ, CA 95061  
(831) 454-4066 FAX: (831) 454-4770 TDD: (831) 454-2123

May 9, 2000

AGENDA: May 23, 2000

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

RE: **APPROVAL OF TRANSFER OF APPROPRIATIONS**

Dear Members of the Board:

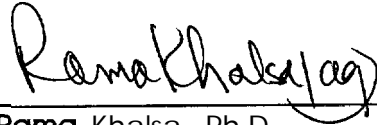
The Health Service Agency requests approval appropriations transfers within the Mental Health, Clinic, and Medi-Cruz budgets. The total transferred amount comes to \$310,000 as detailed below. A transfer is often done at this time of year to align appropriations with anticipated expenditures through the end of the fiscal year. These changes were anticipated in HSA's Estimated **Actuals** for the year and do not affect Net County Cost. The required "Request for Transfer or Revision of Budget Appropriations" form is attached.

HSA Mental Health utilized various **locum tenens** psychiatrist placement agencies to provide medication management services to Santa Cruz County residents. Use of these contract services was necessary due to difficulties in recruiting permanent staff. HSA is requesting a \$150,000 transfer from salaries and benefits to the services and supplies account to cover these unexpected contract costs. HSA also extensively used contract physicians and nurse registry services at its general medical clinics and at County detention facilities, again due to difficulties in recruiting permanent staff. A \$150,000 transfer from salaries and benefits to services and supplies within the clinic budget is requested to cover these costs. Finally, a \$10,000 appropriations transfer is requested in the Medi-Cruz budget to cover the estimated cost of an audit of American Medical Response West (**AMRW**), the County's ambulance services provider. The audit was conducted by the Auditor-Controller for the year ended December 31, 1998.

It is, therefore, RECOMMENDED that your Board:

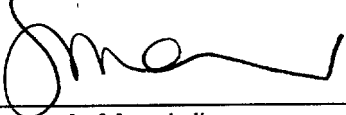
1. Approve the attached request for transfer of appropriations in the amount of \$310,000 within Mental Health, Clinics, and **MediCruz** budgets as detailed on the attached AUD-74.

Sincerely,



**Rama** Khalsa, Ph.D.  
Health Services Agency Administrator

RECOMMENDED:



**Susan A. Mauriello**  
County Administrative Officer

cc: County Administrative Office  
Auditor-Controller  
County Counsel  
HSA Administration  
HSA Clinic Administration  
Medi-Cruz Program Manager  
Mental Health & Substance Abuse Services

**COUNTY OF SANTA CRUZ**  
REQUEST FOR TRANSFER OR REVISION  
OF BUDGET APPROPRIATIONS AND/OR FUNDS

0279

Department: Health Services Agency

Date: 5/10/00

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, 19\_\_

AUDITORS USE ONLY									
DOCUMENT #		AMOUNT				L/W	T/C HASH		
JE	6								

BATCH #	
DATE	Keyed By:

		T/C	INDEX	SUBJECT	USER CODE	AMOUNT			ACCOUNT DESCRIPTION *
T R A N S F E R	T O	0, 2, 1							see attached
	F R O M	0, 2, 2							see attached

Explanation:

Transfer appropriations within Mental, Clinic, and MediCruz budgets, as detailed on attached sheet.

Name Ramachandra Title KA Administrator

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above.

Auditor-Controller, by Ronald J. Silver, Deputy Date 5/10/00

County Administrative Officer's Action: ☒ Recommended to Board ☐ Approved ☐ Not Recommended or Approved

County Administrative Officer G/S Date 5/10/00

State of California } ss. As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for  
County of Santa Cruz } transfer 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\_\_\_\_, BY \_\_\_\_\_, Deputy Clerk

(A-C) \* Desc: \_\_\_\_\_ # \_\_\_\_\_ - Budget Transfer

Distribution: BRD. NAME AGENDA DATE ITEM NO.  
White-Board of Supervisors Green-County Administrative Officer Goldenrod-Departmental Control Copy  
Yellow-Auditor-Controller Fink-Originating Department

A-C Review	

HEALTH SERVICES AGENCY  
AUD-74 ATTACHMENT

FISCAL YEAR 1999/00

0280

T/C	INDEX	SUBJECT	PRJ/UCD	DESCRIPTION	AMOUNT
<b>TRANSFER TO:</b>					
021	361231	3647	---	PHYSICIANS SERVICES	\$ 50,000
021	361910	3665	---	PROFESSIONAL SERVICES	100,000
021	363141	3647	---	PHYSICIANS SERVICES	150,000
021	365002	3665	---	PROFESSIONAL SERVICES	10,000
Total					<u>\$ 310,000</u>
<b>TRANSFER FROM:</b>					
022	361231	3100	---	REGULAR PAY	\$ 100,000
022	361910	3100	---	REGULAR PAY	50,000
022	363141	3100	---	REGULAR PAY	150,000
022	365002	3100	---	REGULAR PAY	10,000
Total					<u>\$ 310,000</u>

S:\FISCALSHR\2000CLOSE\Aud74attach.xls