

COUNTY OF SANTA CRUZ



HEALTH SERVICES AGENCY
ADMINISTRATION

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

AGENDA: October 17, 2000

October 3, 2000

BOARD OF SUPERVISORS

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

**SUBJECT: CONTRACT FOR FEASIBILITY STUDY OF 1080 EMELINE
CLINIC/LAB MODERNIZATION**

Dear Board Members:

The Health Services Agency (HSA) is requesting authorization for a feasibility study of various clinic and lab modernization options at its Santa Cruz Health Center at 1080 Emeline Avenue.

During FY 2000-2001 budget hearings, your Board approved funding for modifications to the clinics and laboratory. A modernization effort is necessary to respond to existing community health needs and the impacts of managed care. Existing clinic and lab facilities in Santa Cruz were designed in 1968 as part of a full-service inpatient County Hospital. A current focus on outpatient clinical services in an era of managed care demands that services be provided in a client-responsive, efficient and effective of a manner as is possible. Current space configurations in the lab and clinics are not conducive to the current clinical and laboratory practices.

It is believed independent professional architectural and engineering oversight of the study will prove to be a very cost-effective approach as construction/project phasing options, detailed cost estimates and preliminary design issues will be addressed and defined prior to entering into the more costly design phase. Teal1 Messer Architect is uniquely qualified to provide these assessment services as the firm is most familiar with the 1080 Emeline clinical and laboratory areas subject to potential modification. The estimated cost of the

contract will not exceed \$50,800 to include mechanical, electrical and structural engineering evaluation services.

It is, therefore, RECOMMENDED that your Board:

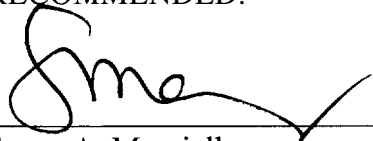
Authorize the Health Services Agency Administrator to execute the attached contract with Teall Messer Architect in an amount not to exceed \$50,800 for a feasibility study for the 1080 Emeline Avenue Clinical Modernization Project on behalf of your Board.

Sincerely,



Rama Khalsa, Ph.D.
HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
County Personnel
Auditor-Controller
HSA Administration
HSA Personnel
Environmental Health
General Services Department

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0127

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

FROM: Health Services Agency (Dept.)
Ramakrishna/09 (Signature) 10/5/00 (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 Teall Messer, 3833 Glen Haven Road, Soquel, CA 95073 (Name & Address)

2. The agreement will provide for a feasibility study related to modernization and
modification of the County of Santa Cruz Health Center Clinic and Laboratory at
1080 Emeline Ave., Santa Cruz, CA 95060

3. The agreement is needed to authorize study to proceed

4. Period of the agreement is from October 17, 2000 to project completion

5. Anticipated cost is \$ NTE \$50,800 (Fixed amount Monthly rate Not to exceed)

6. Remarks:

7. Appropriations are budgeted in 191020 (Index#) 6610 (Subject)

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

Appropriations are available and have been encumbered. Contract No. C002270 Date 10/6/00
GARY A. KNUTSON, Auditor - Controller
By Ronald J. Silva Deputy.

Proposed 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). County Administrative Officer

Remarks: _____ (Analyst) By _____ Date _____

Agreement approved as to form. Date _____

Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green *
Co. Admin. Officer - Conroy
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 34 approved by
said Board of Supervisors as recommended by the County Administrative Officer by an officer duly entered
in the minutes of said Board on _____ County Administrative Officer
_____ 19 _____ By _____ Deputy Clerk