

County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962 (831) 4544000 FAX: (831) 4544488 TDD: (831) 4544123

ADMINISTRATION DIVISION

May 2, 2001

AGENDA: May 22, 2001

BOARD OF SUPERVISORS County Government Center 701 Ocean Street Santa Cruz, California

SUBJECT: ADOPT RESOLUTION ACCEPTING UNANTICIPATED REVENUE AND APPROVE TRANSFER OF FUNDS FOR PURCHASE OF FIXED ASSETS AND RELATED ACTIONS

Dear Members of the Board:

The Health Services Agency is requesting your Board's review and approval of various fixed asset purchases and appropriation transfers for FY 2000-2001. A total of \$77,864 is proposed to be transferred from various accounts to fixed assets for the purchase of various technology and medical equipment. Other budget transfers in the amount of \$1,045,000 are proposed for administrative accounting purposes including an increase of \$50,000 to the reserve for non-collectible medical services accounts. Additionally, the Health Services Agency recently received \$41,966 in unanticipated revenue from the National Association of Attorneys General for staff costs related to the Tobacco Master Settlement Agreement. HSA is proposing to utilize these funds for modular furniture and facility upgrades. These proposed changes will not affect County General Funds.

The proposed technology upgrades include the fixed asset purchases of a computer projection system for Environmental Health, five new servers and associated software, replacement of an existing **firewall** and a system printer for the HSA computer center. These upgrades will enhance the presentations and programs given by Environmental Health and will facilitate the installation and management of Windows 2000 servers in HSA related to the County Exchange/Internet E-mail upgrade and will lead to improved **internet** security on the HSA computer network.

HSA is proposing to utilize the unanticipated revenue from the National Association of Attorneys General for the one-time purchase of modular furniture and an HVAC upgrade to the Solarium at 1060 Emeline. The purchase of the modular furniture will address space and ergonomic efficiencies for Public Health Division staff located at 1080 Emeline. The HVAC upgrades for the Solarium will allow for better utilization of the facility.

At this time, it is also necessary to make the following transfer of funds:

- . Transfer of \$280,000 in Mental Health to Other Charges for additional treatment and residential placements costs incurred in the current year.
- Transfer of \$3,700 in HSA Administration to fixed assets for additional costs related to the purchase of fixed asset items previously approved by your Board;
- Transfer of \$5,000 in Public Health to provide additional motel vouchers for the Homeless Persons Health Project;
- Transfer of \$710,000 in California Children Services (CCS) to properly record pharmacy and dental expenses paid directly by the State of California; and
- Transfer of \$50,000 in Clinics to increase the reserve for uncollectible accounts by \$50,000.

Attached please find a Resolution Accepting and Appropriating Unanticipated Revenue (AUD-60, Attachmentl), Transfer of Funds (AUD-74, Attachment 2), and a Schedule of Fixed Assets (Attachment 3) which provides the budgetary detail necessary to implement these requests.

It is therefore RECOMMENDED that your Board:

- 1. Adopt the attached resolution accepting and appropriating \$41,966 of unanticipated revenue into the HSA Public Health Budget; and
- 2. Approve the attached request for transfer of appropriations in the amount of \$1,122,864 within various HSA budgets (AUD-74 attached); and
- 3. Approve the purchase of various fixed assets in the amount of \$119,830 as detailed on the attached Schedule of Fixed Assets (Attachment 3).

Sincerely,

an Kludson

Rama Khalsa, Ph.D. Health Services Agency Administrator

Attachments: AUD-60 AUD-74 Schedule of Fixed Assets

RECOMMENDED:

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Susan M. Mauriello County Administrative officer

cc: County Administrative Office County Counsel Auditor-Controller Purchasing County ISD HSA Administration HSA ISD PH Administration/CCS

0206

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 UNATICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from National Assn 05 Attorneys Geneal for Health Services Agency - public Health program; and

WHEREAS, the County is recipient of funds in the amount of \$ 41,966______ 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 <u>\$ 41.966</u> into

Department HEALTH SERVICES AGENCY - PUBLIC HEALTH

<u>T/C</u>	Index Number	Revenue subobject Number	Account Name	Amount
001	362100	0418	Judgements & Damages	\$41,966

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

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	362100	8404		Fixed Assets - Equip	\$41,966

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.

and Bv Alan Ay 91 Department Head

Date <u>5-8-0/</u>

AUD60 (Rev 5/94)

CCUNTY 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 four-fifths vote for approval):

AYES: SUPERVISORS

NCES: SUPERVISORS

AESENT: SUPERVISORS

Chairperson of the Board

ATTEST:

Clerk of the Board

O FORM: unsél

#362100-0418 APPROVED AS TO ACCOUNTING DETAIL:

11/01 Auditor

Distribution: Auditor-Controller County Council County Administrative Officer Originating Department

AUD60 (Rev 5/94)

Page 2 of 2



COUNTY OF SANTA CRUZ

REQUEST FOR TRANSFER OR REVISION OF BUDGET APPROPRIATIONS AND/OR FUNDS 0208

Department: HEALTH SERVICES AGENCY

Date: MAY 2,2001

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

I hert by request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, XX8 2001

	AUDITORS USE ONLY	20,000 () ,	τ
DOCUMENT #	AMOUNT	L/N	T/C HASH
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BATCH #	
DATE	Keyed By:

Title HSA administrator

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Exple nation:

see attached

ma Rama Khalsa, Ph.D. Ν

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

Audi-or-Controller, by	PJ	ll ang		,	Deputy	Date 571-01
Cour ty Administrative Off	icer's Action:	I Recommended to Bo	ard	Approved	N	ot Recommended or Approved
Couraty Administrative Offi	icer					Date
State of California } ss. County of Santa Cruz}	transfer was ap	•	ervisors as re	•	•	tify that the foregoing request for Administrative Officer by an order
		, 19,	BY			, Deputy Clerk
(A.C)*De - :		ltem :	- Bu	daet Transf	er	A-C Review

ITEM NO.

Goldenrod-Departmental Control Copy

AGENDA DATE

Pink-Originating Department

Green-County Administrative Officer

Distribution: Distribution: BRD. NAME White-Board of Supervisors Yellow-Auditor-Controller

AUD:4 (REV 12	/94)
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0209

APPROPRIATIONS:

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10	Index	Expenditure Subobject			
T/C	Number	Number	PRJ/UCD	Account Name	Amount
021	360110	8404		FIXED ASSETS - EQUIPMENT	2,000
021	360112	8404'		FIXED ASSETS - EQUIPMENT	63,764
021	361100	5000		UNCOLLECTIBLE ACCOUNTS EXP	50,000
021	361910	8404		FIXED ASSETS - EQUIPMENT	1,700
021	362503	5186		CONTRIB TO OTHER AGENCIES - CCS	710,000
021	362860	8404		FIXED ASSETS - EQUIPMENT	10,400
021	362950	3665		PROFESSIONAL SERVICES	5,000
021	363149	4616		OTHER CHARGES - MISC	280,000
	TOTAL				\$
FROM					
		Expenditure			
	Index	Subobject			
T/C	Number	Number	PRJ/UCD	Account Name	Amount
022	360112	3100		REGULAR PAY	65,764
022	361100	3100		REGULAR PAY	50,000
022	361910	3100		REGULAR PAY	1,700
022	362100	3975		SPECIAL MISCELLANEOUS EXP	5,000
022	362503	4332		CCS TRAMSPLANTS	70,000
022	362503	4346		OUTSIDE EXPENSE - MEDICAL CARE	640,000
022	362860	3100		REGULAR PAY	10,400
		04.00		REGULAR PAY	100,000
022	363104	3100			100,000
022 022	363104 363141	3100 3100		REGULAR PAY	180,000

Explanation:

Transfer of appropriations to purchase technology upgrades and to properly align costs with appropriate expense accounts.

Attachment 3

SCHEDULE OF FIXED ASSETS

<u>INDEX</u>	<u>8404 – Equipment - NEW</u>	<u>COST</u>
362860	1 Computer Projection System	10,400
360112	5 Win200 Servers and Software	28,554
360112	1 Firewall System	28,832
360112	1 System Line Printer	6,378
362100	8 Modular Work Stations	31,966
362100	1 Solarium HVAC Upgrade at 1060 Emeline	10,000

8404 - Equipment - AUGMENTATION

361910	2 Vital Sign Monitors	1,700
360110	1 LCD Projector	2,000