



# County of Santa Cruz <sup>0109</sup>

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## HEALTH SERVICES AGENCY

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

### HEALTH SERVICES AGENCY ADMINISTRATION

August 24, 2001

**AGENDA: September 11, 2001**

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

### **RE: Approval of HSA Contract Agreements and Amendments**

Dear Members of the Board:

The Health Services Agency (HSA) is requesting your Board's approval on the following contract agreements and amendments, which are on file with the Clerk of the Board.

Propositions 10 and 36 contracts – During budget hearings, your Board authorized HSA to negotiate agreements with Youth Resource Bank, Fenix, Janus, Santa Cruz Community Counseling Center, Triad and Women's Crisis Support / Defensa de Mujeres to implement various Proposition 10 activities and return to your Board with final agreements. In addition, HSA's Proposition 36 supplemental budget report informed your Board of a similar need to negotiate with various contractors to include services and funding to implement treatment activities associated with the Substance Abuse and Crime Prevention Initiative. Proposition 36 services and funding have been included in the agreements with Pajaro Valley Prevention and Student Assistance, Fenix, Janus, Santa Cruz Community Counseling Center and Triad.

Ombudsman Advocate, Inc – During 2000/01, HSA augmented funding to Ombudsman Advocate to allow for a move from county owned space on Water St to their new location on Front St. Full year funding of that augmentation increased the contract maximum by more than 10%. No other changes have been made to this agreement.

OBIE Media Corporation – This agreement provides advertisement displays for the Anti-Tobacco Bus Advertising Campaign funded with tobacco litigation settlement funds, as reported to your Board on September 22, 1998. This agreement is listed on the 2001-02 Continuing Agreements List. Your Board's approval is necessary, as this is a multiyear agreement with a proposed effective date of June 12, 2001.

Central Coast Alliance for Health – On June 19, 2001, your Board approved the 2001-02 State revenue agreement for the Immunization Program. This program is a collaborative effort among various community agencies to provide All Kids by Two immunization services. This agreement with the Central Coast Alliance for Health will implement the provisions of the collaborative effort.

Patrick Meyer – This on-going agreement for consultation services for nurse case managers was inadvertently left off the Continuing Agreements List in error.

Kenda Systems – This new agreement is with a vendor who will be working on the Short-Doyle Medi-Cal systems enhancements to improve claiming and information processes in order to speed payments to the county. This agreement is similar to previous agreements with other vendors submitted to your Board for approval who are working on these same projects.


ECG Consultants – An amendment to the existing agreement is proposed which expands the scope of service to include a review of clinic operations with the goal of enhancing service delivery and business office operations.

Sufficient funds exist in HSA's budget to implement these agreements and no new county funds are needed or requested.

It is, therefore, RECOMMENDED that your Board:

1. Approve the agreements on file with the Clerk of the Board with: Youth Resource Bank, Contract No. 1015, increasing the maximum amount by \$10,000 to \$57,000, Fenix Services, Contract No. 796, with a maximum amount of \$544,807, Janus of Santa Cruz, Contract No. 133, with a maximum amount of \$1,411,778, Santa Cruz Community Counseling Center, Contract No. 100, with a maximum amount of \$1,595,171, Triad Community Services, Contract No. 880, with a maximum amount of \$708,257, Women's Crisis Support, Contract No. 298, with a maximum amount of \$69,076, Pajaro Valley Prevention and Student Assistance, Contract No. 892, with a maximum amount of \$271,201, Ombudsman Advocate, Contract No. 665, with a maximum amount of \$86,000, OBIE Media, Contract No. 2457, with a maximum amount of \$27,560 effective June 12, 2001, Central Coast Alliance for Health, a new contract with a maximum amount of \$55,340, Patrick Meyer, Contract No. 1694, at a fixed rate of \$75 per hour, Kenda Systems, a new contract at an hourly rate up to \$100 per hour and ECG Management Consultants, Contract No. 2576, increasing the maximum amount by \$85,000 to \$215,000 to provide various health services and authorize the Health Services Administrator to sign.

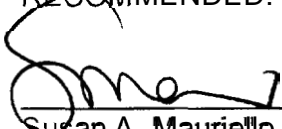
Sincerely,




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Rama Khalsa, Ph.D.  
Health Services Administrator

RECOMMENDED:




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Susan A. Mauriello  
County Administrative Officer

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

**COUNTY OF SANTA CRUZ**  
**REQUEST FOR APPROVAL OF AGREEMENT**

0111

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

FROM: HEALTH SERVICES AGENCY (Dept.)

[Signature] (Signature) 7/5/01 (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 (Community Mental Health Agency)  
 and Youth Resource Bank, P.O. Box 1844, Capitola, CA 95010 (Name & Address)

2. The agreement will provide administration of the Children's Mental Health, Alcohol & Drug, and Benefits Advocacy case management "wrap-around" fund.

3. The agreement is needed to amend the agreement

4. Period of the agreement is from July 1, 1999 to June 30, 2002

5. Anticipated cost is \$ \$10,000 for \$57,000 thru June 30, 2002 (Fixed amount, Monthly rate; Not to exceed)

6. Remarks: On 2001-2002 Continuing Agreements List

03-360120 (\$10,000)	3665 (\$10,000)
01-363111 (\$41,000)	(Index#) 3665 (\$41,000) (Subobject)
02-364022 (\$6,000)	3975 (\$ 6,000)

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

Appropriations are available and will be encumbered. Contract No. C011015-01/02/03 Date 8/29/01

GARY A. KNUTSON, Auditor - Controller  
 By Adm J. V. Vela Deputy.

CC-9, I NOW III

Proposal 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

Health Services Agency (Agency).

County Administrative Officer

Remarks: \_\_\_\_\_ (Analyst) By [Signature] Date 8/30/01

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.

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\_\_\_\_ By \_\_\_\_\_ Deputy Clerk

**32**

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0112

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

FROM: HEALTH SERVICES AGENCY (Dept.)

[Signature] (Signature) 8/28/01 (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 Fenix Services, Inc. 10 Alexander Street, Watsonville, CA 95076 (Name & Address)

2. The agreement will provide for continuation of Alcohol Outpatient Services.

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

4. Period of the agreement is from July 1, 2001 to June 30, 2002

5. Anticipated cost is \$ 544,807.00 (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: \_\_\_\_\_

7. Appropriations are budgeted in 364042 (Index#) 3638 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C010796\_01 Date 8/29/01  
are not available and will be encumbered. GARY A. KNUTSON Auditor - Controller  
SUBJECT TO SUPP BUDGET  
CC-11, IF NOW TH  
By [Signature] Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the Health Services Administrator to execute the same on behalf of the HEALTH SERVICES (Agency),  
County Administrative Officer

Remarks: \_\_\_\_\_ (Analyst) By [Signature] Date 8/30/01

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.

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 \_\_\_\_\_ County Administrative Officer  
\_\_\_\_\_ 19\_\_\_\_ By \_\_\_\_\_ Deputy Clerk

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0113

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
DR [Signature] (Signature) 8/28/01 (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 residential, detox and outclient alcohol and drug abuse treatment services.

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

4. Period of the agreement is from July 1, 2001 to June 30, 2002

5. Anticipated cost is \$ 1,411,778.00 (~~XXXXXXX, XXXXXX, XXXXXX~~ Not to exceed)

6. Remarks: \_\_\_\_\_

7. Appropriations are budgeted in Suffix 02 362950 (Index#) 3638 3665 (\$30,000) (Subject)  
Suffix 01 364042 3638 (1,381,778)

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

Appropriations are available and have been encumbered. Contract No. C010133-01 Date 8/29/01  
are not will be 4-3-01

SUBJECT TO SUPP. BUDGET  
CC-11, II NOW III

GARY A. KNUTSON, Auditor - Controller  
By [Signature] Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the \_\_\_\_\_ to execute the same on behalf of the \_\_\_\_\_

\_\_\_\_\_ (Agency).  
County Administrative Officer

Remarks: \_\_\_\_\_  
By [Signature] Date 8/30/01  
\_\_\_\_\_ (Analyst)

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.

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 \_\_\_\_\_ County Administrative Officer  
\_\_\_\_\_ 19 \_\_\_\_\_ By \_\_\_\_\_ Deputy Clerk

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COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

01 14

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
[Signature] (Signature) 8/28/01 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the County of Santa Cruz Health Services Agency (Agency) and Santa Cruz Community Counseling Center, 195-A Harvey West Blvd., Santa Cruz CA 95060 (Name & Address)
- The agreement will provide services for continuation of Alcohol & Drug Abuse Prevention, outpatient counseling, & residential services.
- The agreement is needed to provide the above services.
- Period of the agreement is from July 1, 2001 to June 30, 2002
- Anticipated cost is \$ 1,595,171 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: \_\_\_\_\_
- Appropriations are budgeted in 364042 (Index#) 3638 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C010100-01 Date 8/29/01  
are not available and will be encumbered. SUBJECT TO SUPP. BUDGET  
CC-11, II NOW III  
GARY A. KNUTSON, Auditor - Controller  
By [Signature] Deputy.

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

HEALTH SERVICES (Agency).  
County Administrative Officer  
Remarks: \_\_\_\_\_ (Analyst) By [Signature] Date 8/30/01  
Agreement approved as to form. Date \_\_\_\_\_

Distribution:  
S.J. of Supv. - White  
Auditor-Controller - Blue  
County Counsel - Green \*  
Co. Admin. Officer - Canary  
Auditor-Controller - Pink  
Originating Dept. - Goldenrod

\*To Orig. Dept. if rejected.

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 \_\_\_\_\_  
County Administrative Officer  
By \_\_\_\_\_ Deputy Clerk

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

01 15

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

FROM: HEALTH SERVICES AGENCY (Dept.)

[Signature] (Signature) 8/28/11 (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, Triad Community Services, 5271 Scotts Valley Dr. Ste. 200, Scotts Valley, CA, 95066 (Name & Address)

2. The agreement will provide for continuation of methadone maintenance drug treatment services & outpatient counseling.

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

4. Period of the agreement is from July 1, 2001 to June 30, 2002

5. Anticipated cost is \$ 708,257.00 (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: \_\_\_\_\_

7. Appropriations are budgeted in 364042 (Index#) 3638 (Subobject)

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

Appropriations are available and will be encumbered. Contract No. C010880-01 Date 8/29/01  
SUBJECT TO SUPP. BUDGET  
CC-11, II  
GARY A. KNUTSON, Auditor - Controller  
By [Signature] Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the \_\_\_\_\_ to execute the same on behalf of the \_\_\_\_\_ (Agency).  
County Administrative Officer

Remarks: \_\_\_\_\_ (Analyst) By [Signature] Date \_\_\_\_\_

Agreement approved as to form. Date \_\_\_\_\_

- Distribution:  
Bd. of Supv. - White  
Auditor-Controller - Blue  
County Counsel - Green  
Co. Admin. Officer - Conary  
Auditor-Controller - Pink  
Originating Dept. - Goldenrod

\*To Orig. Dept. if rejected.

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 \_\_\_\_\_ County Administrative Officer  
By \_\_\_\_\_ Deputy Clerk

**\$2**

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0116

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
[Signature] (Signature) 8/28/01 (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, Women's Crisis Support, Inc., 1658 Soquel Dr., Suite A, Santa Cruz CA 95065 (Name & Address)

2. The agreement will provide for continuation of Alcohol & Drug Abuse Prevention & Outpatient counseling services for women.

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

4. Period of the agreement is from July 1, 2001 to June 30, 2002

5. Anticipated cost is \$ 69,076.00 (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: \_\_\_\_\_

7. Appropriations are budgeted in 364042 (Index#) 3638 (Subject)

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

Appropriations are available and will be encumbered. Contract No. C010298-01 Date 8/29/01  
SUBJECT TO SUPP. BUDGET  
CC-11, IF NOW III  
GARY A. KNUTSON, Auditor - Controller  
By Adm. J. Vela Deputy.

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

Remarks: \_\_\_\_\_  
By [Signature] County Administrative Officer Date 8/30/01  
\_\_\_\_\_  
(Analyst)

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) **32**

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 \_\_\_\_\_ County Administrative Officer  
\_\_\_\_\_ 19 \_\_\_\_\_ By \_\_\_\_\_ Deputy Clerk



COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT 0117

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
[Signature] (Signature) 8/28/01 (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 Pajaro Valley Prevention & Student Assistance, Inc. (PVPSA) (Name & Address)  
335 East Lake Avenue, Watsonville, CA 95076

2. The agreement will provide for continuation of alcohol & drug abuse prevention & outpatient counseling services.

3. The agreement is needed to provide the above.

4. Period of the agreement is from July 1, 2001 to June 30, 2002

5. Anticipated cost is \$ 271,201.00 (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: \_\_\_\_\_

7. Appropriations are budgeted in 364042 (Index#) 3638 (Subject)

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

Appropriations are available and have been encumbered. Contract No. C010892-01 Date 8/29/01  
are not available and will be encumbered. GARY A. KNUTSON, Auditor - Controller  
Subject to Supp. Budget By Adm J. Vily Deputy.  
CC-11, IF NOW III

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

Remarks: \_\_\_\_\_  
By [Signature] Date 8/30/01  
\_\_\_\_\_  
(Analyst)

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 \_\_\_\_\_ County Administrative Officer  
\_\_\_\_\_ 19 \_\_\_\_ By \_\_\_\_\_ Deputy Clerk

32

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0118

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

FROM: HEALTH SERVICES AGENCY (Mental Health) (Dept.)  
[Signature] (Signature) 8/28/11 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the County of Santa Cruz, (Community Mental Health) (Agency) and Ombudsman/Advocate, Inc., 333 Front St., Suite 101, Santa Cruz, CA 95060 (Name & Address)
- The agreement will provide for mental health Patient Advocate services.
- The agreement is needed to provide the above.
- Period of the agreement is from July 1, 2001 to June 30, 2002
- Anticipated cost is \$ 26,000 through June 30, 2002 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: On The 2001-02 Continuing Agreements List - Section III
- Appropriations are budgeted in 363140 (Index#) 3665 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C010665-01 Date 8/29/01  
are not available and will be encumbered.  
CC-9, III  
GARY A. KNUTSON, Auditor - Controller  
By [Signature] Deputy.

Proposed reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the Health Services Administrator to execute the same on behalf of the HEALTH SERVICES (Agency).

Remarks: \_\_\_\_\_ (Analyst) By [Signature] County Administrative Officer Date 8/30/01

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.  
  
DM-29 (6/95) **82**

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 \_\_\_\_\_ County Administrative Officer  
\_\_\_\_\_ 19 \_\_\_\_\_ By \_\_\_\_\_ Deputy Clerk

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

FROM: health services agency (Dept.)
[Signature] (Signature) 6/27/01 (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 OBIE MEDIA CORPORATION 4211 W. 11th Street. Eugene, OR 97402 (Name & Address)
2. The agreement will provide for the production and display of three murals for transit advertisement displays for the Anti-Tobacco Bus Advertising Campaign
3. The agreement is needed to provide the above service
4. Period of the agreement is from June 12, 2001 to June 30, 2002
5. Anticipated cost is \$ 27,560 (Fixed amount, Monthly rate; Not to exceed)
6. Remarks: approved by the BOS on September 22, 1998 Item No. 32 Res #393-98
7. Appropriations are budgeted in 362800 (Index#) 3665 (Subobject)

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

Appropriations available and have been encumbered. Contract No. 12457 7-2-01
are not will be GARY A. KNUTSON, Auditor - Controller
W-9 ATTACHED. CC-8, I NOW IF By [Signature] Deputy.

Proposal 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 Health Services Agency (Agency). County Administrative Officer

Remarks: (Analyst) By [Signature] Date 8/30/01
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
County Administrative Officer
19 By Deputy Clerk

32



COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0121

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
[Signature] (Signature) 8/28/01 (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 PATRICK A. MEYER, 1722 North Seabright Ave., Santa Cruz, CA 95062 (Name & Address)

2. The agreement will provide group and related consultant services to nurse case managers and other HSA County Staff.

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

4. Period of the agreement is from July 1, 2001 to June 30, 2002

5. Anticipated cost is \$ 4,500 ~~(Fixed amount, monthly rate)~~ (Not to exceed)

6. Remarks: 2001/2002 Continuing Agreements List - Section II

7. Appropriations are budgeted in 362950 (Index#) 3665 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. 11694 Date 8/29/01  
are not will be

GARY A. KNUTSON, Auditor - Controller

By [Signature] Deputy.

II Now II

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

Health Services Agency (Agency).

Remarks: \_\_\_\_\_ (Analyst)

County Administrative Officer  
By [Signature] Date 8/30/01

Agreement approved as to form. Date \_\_\_\_\_

Distribution:

- Bd. of Supv. - White
- Auditor-Controller - Blue
- County Counsel - Green \*
- Co. Admin. Officer - Canary
- Auditor-Controller - Pink
- Orig noting Dept. - Goldenrod

\*To Orig. Dept. if rejected.

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 \_\_\_\_\_ County Administrative Officer

\_\_\_\_\_ 19\_\_\_\_ By \_\_\_\_\_ Deputy Clerk

82

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0122

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

FROM: Health Services Agency (Mental Health) (Dept.)  
[Signature] (Signature) 8/28/01 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the County of Santa Cruz (Community Mental Health) (Agency) and Kenda Systems, Inc., 1 Stiles Road, Salem, NH 03079 (Name & Address)
- The agreement will provide technical assistance in SDMC systems enhancements.
- The agreement is needed to provide the above.
- Period of the agreement is from September 11, 2001 to June 30, 2002
- Anticipated cost is \$ 30,000.00 through June 30, 2002 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: Contract is at an hourly rate with no maximum amount.
- Appropriations are budgeted in 363103 (Index#) 3665 (Subobject;

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

Appropriations are available and will be encumbered. Contract No. 112588 Date 8/29/01  
GARY A. KNUTSON, Auditor - Controller  
By [Signature] Deputy.

W-9 ATTACHED  
Proposed reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the Health Services Administrator to execute the same on behalf of the HEALTH SERVICES (Agency).

Remarks: \_\_\_\_\_ (Analyst) By [Signature] County Administrative Officer Date 8/30/01  
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. • Goldrod  
  
'To Orig. Dept. if rejected.  
ADM - 29 (6/95) **82**

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 \_\_\_\_\_ County Administrative Officer  
\_\_\_\_\_ 19\_\_\_\_ By \_\_\_\_\_ Deputy Clerk

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0123

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

FROM: Health Services Agency (Dept.)  
[Signature] (Signature) 8-28-01 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the County of Santa Cruz Health Services Agency (Agency) and ECG Management Consultants, Inc., 1111 Third Ave., Ste 2700, Seattle, WA 98101-3201 (Name & Address)
- The agreement will provide amendment to County contract #12576 to provide additional scope of work - Clinics Operations Assessment per Exhibit B
- The agreement is needed to authorize expanded scope of work to proceed
- Period of the agreement is from August 28, 2001 to project completion
- Anticipated cost is \$ increase encumbrance \$85,000 total \$215,000 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: \_\_\_\_\_
- Appropriations are budgeted in 361100 subobj 3665 (Index#) 3665 (Subject)

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

Appropriations are available and will be encumbered. Contract No. 12576 Date 8/29/01  
GARY A. KNUTSON, Auditor - Controller  
By [Signature] Deputy.  
CC-6, III W-C ATTACHED

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the \_\_\_\_\_ to execute the same on behalf of the \_\_\_\_\_ (Agency).

Remarks: \_\_\_\_\_ (Analyst) By [Signature] County Administrative Officer Date 8/30/01

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. - Gold/rod  
\*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 \_\_\_\_\_ County Administrative Officer  
\_\_\_\_\_ 19 \_\_\_\_\_ By \_\_\_\_\_ Deputy Clerk

82