0109



County of Santa Cruz

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 1 2001 _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.

<u>Patrick Meyer</u> – 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.

<u>ECG Consultants</u> – 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,

Rama Khalsa, Ph.D.

Health Services Administrator

RECOMMENDED:

Susan A. Mauriello

County Administrative Officer

cc: County Administrative Office

Auditor-Controller County Counsel HSA Administration

TO: Boar : of Supervisors		FROM:	HEALTH SERVI	CES ACENCY		(
County Administrative Officer			TILALIII BERVI	CED AGENCI		_(Dept.)
County Counsel Auditor-Controller		1	P	(Signature)	7/5/1	(Date)
The Board of Supervisors is hereby req	uested to approve the att	tached agre	ement and duffioriz	the execution of	the same.	
1. Said agreement is between the	COUNTY OF SANTA CR	RUZ HEALT	H SERVICES AG	ENCY(Community	Mental Heá	Alatah):
Youth Resource Bank, F						9-10-77
ano,,					(Name & <i>F</i>	Address)
2. The agreement will provide admir				th, Alcohol 6	Drug, and	
Benefits Advocacy case man	agement "wrap-arou	und" fund	•			
- +0	omend the agreeme	n+				
3. The clgreement is needed	amend the agreeme	:111				
4. Pericd of the agreement is from	uly 1, 1999		toJu	ne 30, 2002		
5. Anticipated cost is \$\frac{\$10,000 fo}{}		ne 30, 20	02 ()	ĸĸsmanickasasar	XXXXX; Not to	exceed)
				,		
6. Remarks: On 2001-2002 Cont	Inding Agreements	List				
	20 (\$10,000)			3665 (\$10,000)	
7. Appropriations are budgeted in	.11 (\$41,000)			(Index#) 3665 ((\$41,000) _{(Su}	bobject)
	022 (\$6,000) Opriations are insu	FFICIENT,	ATTACH COMPL		(\$ 6 , 000) -74	
h				02/03		
Appropriations are not available and "	will he encumbered.			Auditor - Controlle	-	
CC-9, I NOW I		B _v	Adm O. V	élu.	•	Donutu
						Deputy.
Proposel reviewed and approved. It is HSA Administrator	recommended that the Bo	oard of Supe tute the sam	ervisors approve the	ne agreement and a	uthorize the	
Health Services Agency				Administrative Office		
Remarks:		• /	DIT.	/X) -	0/20	101
	(Analyst)	Ву	- MANU	ees -	Date O TO	
Agreement approved as to form. Date				•		
Distribution: Bd. of Supv. • White	State of California)			20	•
Auditor-Controller - Blue County Counsel - Green •	County of Santa Cruz	, ss)			UL	•
Co. Admin, Officer - Canary Auditor-Controller - Pink	I State of California, do he			d of Supervisors of the	-	
Originating Dept. Goldenrod	said Board of Supervisors					•
*To Orig. Dopt. if rejected.	in the minutes of said Bo	ard on		Coun	ty Administrative	Officer
ADM - 29 (6/95)	4-,	19	<u> </u>		Deput	y Cierk

TO:	Board of Supervisors County Administrative Officer County Counsel Auditor-Controller		FROM:	HEALTH SERVICES	S AGENCY (Signature) 2	(Dept.)
The	e Board of Supervisors is hereby rec	quested to approve the a	attached agree	ment and authorize the	execution of the sa	ame.
	Said agreement is between the					(Agency)
2.	The agreement will providefor	continuation of	Alcohol Ou	tpatient Services	<u> </u>	
3.	The agreement is needed to	provide the above	e services.			
4.	Pericd of the agreement is from	July 1. 2001		to June_3	0 , 2002	
5.	Anticipated cost is \$544,807	.00		(Fixed ar	mount; Monthly rate	e; Not to exceed)
6.	Remcrks:					
7.	Appropriations are budgeted in			(Inde	•	(Subobject)
	propriations are available and hare not SUPP BULE TO SUPP BULE OPOSOL REVIEWED AND APPROVED. It is HEALTH SERVICES	recommended that the	Contract No GAI By_ Board of Supe ecute the same	C010796_01 RY A KNUTSON Audito	Date <u>8/29</u> or - Controller ement and authoriz	Deputy.
Re	marks:		ency). By <u>(</u>	$\langle 1 \rangle \langle 1 $	istrative Officer	8/30/01
Ag	preement approved as to form. Date			/		,
Dis	Betribution: Bd. of Supv White Audite r-Controller - Blue County Counsel - Green * Co. Almin. Officer - Conary Audite r-Controller - Pink Originating Dept Goldenrod 'To Orig. Dept. if rejected.	State of California, do h said Board of Superviso in the minutes of said E	nereby certify that ors as recommen	io Clerk of the Board <i>of</i> Sup t the foregoing request for a ded by the County Admintst By	pproval of agreement rative Officer by an o	was approved by rder duly entered inistrative Officer

COUNTY OF SANTA CRUZ

TO: Bocrd of Supervisors County Administrative Officer	FROM	HEALTH SERVI	CES AGENCY		_(Dept.)
County Counsel Auditor-Controller		DP July	(Signature)	8/28/1	_ (Date)
The Bo crd of Supervisors is hereby re	equested to approve the attached	agreement and authorize	the execution of	the same.	
1. Said agreement is between the	County of Santa Cruz Hea	olth Services Agenc	у	((Agency)
and. Janus of Santa CNZ	, 200 7th Ave. Suite 150	, Santa Cruz, CA 9	5062	(Name & /	Address)
2. The agreement will providere	esidential, detox and ou		d drug abuse	treatment	
3. The agreement is needed <u>to p</u>	rovide for the above me	ntioned services.			
4. Period of the agreement is from _	July 1, 2001	to 	me 30, 2002		
5. Anticipated cost is \$1,411,7	778.00	(803	HOOKK HIKKOGKKK KKS	Klayxxxxxx Notto	exceed
6. Remarks:,					
7. App opriations are budgeted in	Suffix 02 362950 Suffix 01 364042 ROPRIATIONS ARE INSUFFICE	ENT, ATTACH COMPLE		_(\$30,000¢Su	
Appropriations available and	have been encumbered. Conti	ract No. C010133-01		8/29/01	
SUBJETT TO SUPP. B	Will BE DODGET	GARY ALKNUTSON, A	Auditor - Controlle	r	
CC-11, I NOWIE		By Ham J. Very	<u> </u>		Deputy
Proposal reviewed and approved. It i	s recommended that the Board o to execute th		-	uthorize the	
	(Agency).	County	ministrative Offic	cer	1
Remarks:	(Analyst)	By Whal	ly	Date 8/30	101
Agreement approved as to form. Dat			1		
Dirtribrtion: 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) s County of Santa Cruz) I State of California, do hereby ce said Board of Supervlsors as rec in the minutes of said Board on1	ex-officio Clerk of the Board ertify that the foregoing reque commended by the County Ac	st for approval of agre dministrative Officer	eement was appro by an order duly of ty Administrative	oved by entered Officer

					Whan	
Τ0			EDOM:			
10:	Bocrd of Supervisors Cocnty Administrative Officer		FROM:	HEALTH SERVI	CES AGENCY	(Dept.)
	County Counsel		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•
	Auc itor-Controller		101	h	(Signature)	8/28/I(Date)
The	e Bocrd of Supervisors is hereby rec	juested to approve the	attached agre			
1.	Said agreement is between the	County of Santa C	ruz Health	Services Age	ıcy	(Agency)
	and Santa Cruz Community	z Counceling Cent	or 195_2	Harrow West Ri	vd. Santa Cru	CARSOGO Address
2.	The agreement will provideser	vices for contin	uation of	Alcohol & Drug	g Abuse Prevent	ion,
	<u>outpatient</u> counseling	, & <u>resi</u> dential	services.			
3.	The agreement is neededto	provide the abov	e services	•	THE WAST	
4	Period of the agreement is from	July 1, 2001		to	Tune 30 2002	
					·	
5.	Anticipated cost is \$ 1,595,171	-		(F	ixed amount; Month	ly rate; Not to exceed)
6.	Remarks:					
7	Annualistican on budgets in	244042			(Indov#) 2620	(Subabiaat
7.	Appropriations are budgeted in					-
_		OPRIATIONS ARE INS				
Αp	propriotions are available and h	ave been encumbered.	Contract N	lo. <u>C010100-01</u>	Date 8	19/01
<	Sub. tect to Supp. Budo	will be			Auditor - Controller	
	CC-11, II NOW II		By	Adum 111	^ ∕h	Deputy.
				-412-4 1. An		
Pro	oposal reviewedpnd approved. It is Health Services Administra	recommended that the ator to ex	Board of Sup	ervisors approve th ne on behalf of the	e ogreement and au	thorize the
	HEALTH SERVIO		ency).		٨	
RA	marks:	(9		Jounny V	Administrative Office	er of a line
		(Analyst)	Ву	While	4	Date 8 30 10
^ ~		, , ,		<i>, , , ,</i> .)	, - ,
Ag	reement approved as to form. Date				1	
=						
Dis	stribution: Bd. of Supr White	State of California	,			
	Auditor-Controller - Blue County Counsel - Green *	State of California County of Santa Cruz) ss			
	Co. ₱ drnin. Officer • Canary			cio Clerk of the Boar	d of Supervisors of the	County of Santa Cruz,
	Auditor-Controller - Pink Origi rating Dept Goldenrod	· ·	, ,			ement was approved by
	*To Orig. Dept. if rejected.	said Board of Supervis		nded by the County A		y an order duly entered y Administrative Officer
				By		Deputy Clerk

-29 (6/95) 82

REQUEST FOR APPROVAL OF AGREEMENT

TO: Board of Supervisors County Administrative Officer County Counsel Auditor-Controller	FRC	HEALTH SERVIC	ES AGENCY (Signature)	(Dept.)
The Boa d of Supervisors is hereby rec	quested to approve the attach	ed agreement and authorize	the execution of the s	same.
1. Said agreement is between the <u>Cou</u> and, <u>Triad Community</u> Se	unty of Santa Cruz He			
2. The agreement will providefor	r continuation of meth	nadone maintenance dr		rvices &
outpatient_counseling	•			
3. The agreement is needed to	provide the above men	ntioned services		
4. Period of the agreement is from	July 1,2001	_{to} Jur	ne 30,2002	
5. Antic ipated cost is \$	00	(Fix	ed amount; Monthly ra	te; Not to exceed)
6. Remarks:				
Appropriations are budgeted in	OPRIATIONS ARE INSUFFIC ave been encumbered. Con	CIENT, ATTACH COMPLE	TED FORM AUD-74 Date 8/29/	
CC-11, III		By Offin Y. V.	Lly	Deputy.
Proposal reviewed and approved. It is Remarks: Agreemmt approved as to form. Date	to execute (Agency)(Analyst)	of Supervisors approve the the same on behalf of the—,	agreement and authori	
Distribution: Bd. cf Supv. • White Audicor-Controller - Blue County Counsel • Green • Co. Admin. Officer • Conary Audicor-Controller - Pink Originating Dept Goldenrod *To Orig. Dept. if rejected.	State of California, do hereby	ss ex-officio Clerk of the Board of certify that the foregoing request recommended by the County Adron 19 By	t for approval of agreemen ninlstrative Officer by an o	nt was approved by

4DM - 29 (6/95)

COUNTY OF SANTA CRUZ

TO: Board of Supervisors County Administrative Officer County Counsel Auditor-Controller		FROM:	HEALTH SERVICES A	AGENCY Signature) _8	(Dept.)
The Board of Supervisors is hereby re		_		cecution of the sc	ome.
1. Said agreement is between the and,				CA 95065 ()	(Agency)
2. The agreement will providef	or continuation of				
3. The agreement is needed <u>to</u>	provide the above	services.			
4. Period of the agreement is from	July 1,2001		to June 30,	2002	
5. Anticipated cost is \$ <u>69.076.0</u>	0		(Fixed am	ount; Monthly rate	e; Not to exceed)
6. Remarks:,			 -		
7. Appropriations ore budgeted in			(Index	•	(Subobject
Appropriations are not available and SUBJECT TO SUPP' &	have been encumbered.	GA 	c. <u>C010298-01</u> RY A. KNUTSON, Auditor	- Controller	<u> </u>
Proposal reviewed and approved. It is <u>Health Services Administra</u>	s recommended that the E	Board of Supe	rvisors approve the agreer		
HEALTH SERVICE	(Age	ency). By -	Count Airninis	trative Officer	8/30/01
Agreement approved as to form. Date	e		/		
Distribution: Bd. of Supv. • White Auditor-Controller • Blue Courty Counsel - Green Co. Admin, Officer • Canary Auditor-Controller - Pink Orig nating Dept. • Goldenrod 'To Orig. Dept. if rejected. ADM - 29 (6/95)	State of California, do h	ereby certify that ors as recommer Board on	sio Clerk of the Board of Supe at the foregoing request for ap nded by the County Administra By	proval of agreement ative Officer by an o	was approved by rder duly entered inistrative Officer

COUNTY OF SANTA CRUZ REQUEST FOR APPROVAL OF AGREEMENT 0117

TO: Board of Supervisors County Administrative Officer	FF	ROM: HEALTH SERV	VICES AGENCY		_ (Dept.
Cot nty Counsel Auclitor-Controller	_	SOLL	(Signature)	8/28/1	(Date)
The Bourd of Supervisors is hereby re	quested to approve the attac	ched agreement and author	orize the execution o	of the same.	
1. Said agreement is between the	County of Santa Cruz	Health Services A	gency		(Agency
and. Pajaro Valley Prever 335 East Lake Avenue 2. The agreement will provide <u>for</u>	, Watsonville, CA 95	5076		(Name &	Address)
outpatient counseling					
3. The ogreement is needed	provide the above.				
4. Perisd of the agreement is from	July 1, 2001	to	June 30.2002		
5. Anticipated cost is \$ 271,201.	00		(Fixed amount; Mor	thly rate; Not to	o exceed
6. Remarks:					
7. Appropriations are budgeted in	364042		(Index#)3	638 (Si	ubobjec
NOTE: IF APPR	OPRIATIONS ARE INSUFF				
are not	WIII De	Contract No			
Subject to Supp CC-11, I NOW II	· Budget	GARY A. KNUTSC By Adam (1	N, Auditor - Controll Vily	er	_ Deputy
Proposal reviewed and approved. It is Health Services Administra	s recommended that the Boa tor to execut	rd of Supervisors approve e the same on behalf of t	the agreement and he	authorize the	
HEALTH SERVICE Remarks:		Caur	nty Administrative Off	icer 8/30/	61
Agreement approved as to form. Date		Бу	7	Date —	
Distribution: Bd. of Supv. • White Auditor-Controller • Blue Courrty Counsel • Green • Co. Admin. Officer • Conary Auditor-Controller • Pink Orig noting Dept. • Goldenrod 'To Orig. Dept. if rejected.	State of California, do herek) ss) — ex-officio Clerk of the B by certify that the foregoing re s recommended by the Coun d on	equest for approval of act ty Administrative Office	greement was appro	oved by entered
ADM - 29 (6/95)	_	19 By _		Depu	ty Clerk

____ Deputy Clerk

COUNTY OF SANTA CRUZ REQUEST FOR APPROVAL OF AGREEMENT

ГО:	Board of Supervisors County Administrative Officer County Counsel Aud tor-Controller		FROM:	HEALTH SERV		CY (Menta)	1 1) (Dept.) (Date)
Γhe	Board of Supervisors is hereby rec	quested to approve the a	attached a	greement and aut	horize the ex	ecution of th	e same.	
1.	Said agreement is between the	unty of Santa Cru	z, (Com	munity Mental	Health)			. (Agency)
	and <u>Ombudsman/Advocate</u> ,	Inc., 333 Front S	t., Suit	ce 101, Santa	- Cruz, CA	95060	(Name &	Address)
2.	The cgreement will providefo	r mental health Pa	atient A	dvocate serv	ices.			
3.	The agreement is needed to p	rovide the above.						
4.	Period of the agreement is from	July 1, 2001	Parameter Antiques and Antiques	to	June 30, 2	002		e de la constitución de la const
5.	Anticipated cost is \$\frac{\$8,800}{100} th	rough June 30, 20	02		_ (Fixed amo	ount; Monthly	rate; Not t	o exceed)
6.	Remork . The 2001-02 Conti	nuing Agreements	List - S	Section III				
7.	Appropriations are budgeted in	363140 OPRIATIONS ARE INS			•	,	•	ubobject)
===	propri ations are not available and h			t No. C010665-C				
	are not	will be)		GARY A. KNUTS By Allyn J.				_ Deputy.
Pro	pposo reviewed and approved. It is Health Services Administra	recommended that the	Board of S	upervisors appro	ve the agreer	nent and auth	orize the	
I	HEALTH SERVICES	(Age	ency).		unt ⁄ minisi	trative Officer	1	,
Re	marks.	(Analyst)	f	By ST	Killy_	Do	ate 8/30	001
Ag	reement approved as to form. Date				/		·	,
Dis	Stribution: Bd. of Supv White Auditor-Controller - Blue County Counsel - Green * Co. Admin. Officer * Canary Auditor-Controller - Pink Originating Dept Goldenrod	State of California County of Santa Cruz I State of California, do h said Board of Superviso	nereby certify ors as recom		request for app	oroval of agreen tive OffIcer by a	nent was app an order duly	roved by entered
	'To Crig, Dept. if rejected.	in the minutes of said F	⊰oard on			County A	AdrninIstrative	Officer

COUNTY OF SANTA CRUZ PI 2000-2001

REQUEST FOR APPROVAL OF AGREEMENT

01 19

TO:	Board of Supervisors Courty Administrative Officer	F		services agency	
	Courty Counsel Auditor-Controller	_	CKIN	(Signature)	<u>6/27/01</u> (Date)
The	e Board of Supervisors is hereby req	uested to approve the atta	ached agreement and	authorize the execution of	the same .
1.	Said agreement is between the	COUNTY OF SANTA CRU	Z HEALTH SERVIC	ES AGENCY	(Agency)
	and, OBIE MEDIA CORPORATION	N 4211 W. 11th Str	<u>eet. Eugene, OR</u>	97402	(Name & Address)
2.	The cgreement will provide <u>for 1</u> <u>displays</u> for the Anti-Tol	-			
3.	The clgreement is needed. to pro	ovide the above ser	vice		
4.	Period of the agreement is from	June 12, 2001	t	o June 30, 2002	
5.	Antic ipated cost is \$ 27,560			(********************************	Not to exceed)
6.	Remarks: approved by the B	OS on September 22	, 1998 Item No .	32 Res #393_98	
7.	Appropriations are budgeted in	362800		(Index#) <u>3665</u>	(Subobject
				COMPLETED FORM AUD-	
	proprotions available and he are not	will (be)	Contract No. 4. R	UTSON, Auditor - Controlle	7-2-P1
	W-9 ATTACHED. CC	-8 ,I NOWIF	Ву	- Ph	Deputy.
Pro	opost reviewed and approved. It is HSA Administrator	recommended that the Boa	ard of Supervisors a _l ite the same on beha	pprove the agreement and a	uthorize the
	Health Services Agency marks:	(Agenc	у). Ву	Colunty Administrative Office	Date 8/30/01
Ag	reement approved as to form. Date				
Dis	Stribution: Bd. of Supv. • White Auditor-Controller • Blue County Counsel • Green • Co. Admin. Officer • Conary Auditor-Controller • Pink Originating Dept. • Goldenrod *To Orig. Dopt. if rejected.	State of California. do here	eby certify that the foreg as recommended by the ard on	f the Board of Supervisors of the going request for approval of agree County Administrative Officer County	reement was approved by
	ADM - 29 (6/95)			1 - 1 ×	Dopusy Oleik

COUNTY OF SANTA CRUZ REQUEST FOR APPROVAL OF AGREEMENT

TO: Board of Supervisors Cot nty Administrative Officer County Counsel Auditor-Controller	FROM	1: HEALTH SERVICES AGENCY (Dept.) (Signature) 8/28/1 (Date)
	quested to approve the attached	d agreement and authorize the execution of the same.
1. Said agreement is between the	OUNTY OF SANTA CRUZ HEA	ALTH SERVICES AGENCY (Agency)
and. Central Coast Alliance	for Health, 375 Encina	al, Suite A, Santa Cruz, CA 95060 (Name & Address)
2. The agreement will provide imm	unization services throu	gh the All Kids by Two collaborative
_immunization project.		
3. The agreement is neededto	provide the above servi	ces
4. Period of the agreement is from	July 1, 2001	to June 30 , 2002
5. Anticipated cost is \$ 55,340		(KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. Appropriations are budgeted in	362960	(Index#)_3665(Subobject
		ract No. 12587 Date 8/29/01 GARYA. KNUTSON, Auditor - Controller By Adm J. Villy Deputy.
	s recommended that the Board o	f Supervisors approve the agreement and authorize the e same on behalf of the
Health Services Agency	(Agency).	County Administrative Officer
Remarks:	(Analyst)	By Date 8/30/01
Agreement approved as to form. Date		
Distribut on: Bd. of Supv White Auditor-Controller - Blue County Counsel - Green * Co. Pdmin. Officer - Canary Auditor-Controller - Pink Originating Dept Goldenrod 'To Orig. Dept. if rejected.	County of Santa Cruz) State of California. do hereby ce	,

TO: Board of Supervisors County Administrative Officer County Counsel Aud tor-Controller	FROM:	HEALTH SER	VICES AGENCY (Signature)	(Dept.) 8/28/1 (Date)
The Board of Supervisors is hereby re	quested to approve the attached	agreement and auth	orize the execution of	the same.
1. Said agreement is between the				(Agency) (Name & Address)
2. The agreement will provide ground and other HSA County S		t services to 1	nurse case <u>manager</u>	<u>`s</u>
3. The agreement is needed to pr	covide for the above serv	vices.		
4. Period of the agreement is from _	July 1, 2001	to	June 30, 2002	
5. Antic ipated cost is \$ 4,500	-		***********	Not to exceed)
6. Remarks:2001/2002_Conti	nuing Agreements List -	Section II		
7. Appropriations are budgeted in _	362950		(Index#) <u>3665</u>	Subobject
NOTE: IF APPR	ROPRIATIONS ARE INSUFFICIE	ENT, ATTACH COM	MPLETED FORM AUD-7	74
Appropriations are not available and	have been encumbered. Contr	GARY A KNUTS	Date _8/ ON Auditor - Controller	
I NOW II		By Solumy.	Vily	Deputy.
Propo sci reviewed and approved. It i	s recommended that the Board of to execute the	f Supervisors approve same on behalf of	re the agreement and authe	ithorize the
Health Services Agency	(Agency).	da	dministrative Office	er , /
Remarks:	(Analyst)	By Dhu	lly	Date 8 3001
Agreement approved as to form. Dat	e		1	
Distribution: Bd. of Supv. • White Auditor-Controller • Blue Courty Counsel • Green * Co. Admin. Officer • Canary Auditor-Controller • Pink Orig noting Dept. • Goldenrod *To Orig. Dept. if rejected.	State of California) ss County of Santa Cruz) I e State of California, do hereby cel said Board of Supervisors as rece in the minutes of said Board on	ex-officio Clerk of the lartify that the foregoing commended by the Cou	request for approval of agre nty Administrative Officer b	ement was approved by by an order duly entered y Administrative Officer
ADM - 29 (6/95)				, ,

COUNTY OF SANTA CRUZ REQUEST FOR APPROVAL OF AGREEMENT

0122

TO: Board of Supervisors County Administrative Officer County Counsel Auditor-Controller	FR	Health Serv	rices Agency (Menta	1 1
The Board of Supervisors is hereby r	equested to approve the attac	thed agreement and auth	orize the execution of th	e same.
1. Said agreement is between the	·		,	
and	Inc., 1 Stiles Road,			(Name & Address)
2. The agreement will provide <u>tech</u>	inical assistance in S	5DMC systems enhar	icements.	
3. The agreement is neededto_i	provide the above.			
4. Period of the agreement is from _	September 11, 2001	to	June 35, 2002	
5. Ant cipated cost is \$ 30,000.0				rate; Not to exceed)
6. Remarks: Contract is at				
o. Remorks:				
7. Appropriations are budgeted in _	363103 ROPRIATIONS ARE INSUFF		(Index#) 3665	-
	have been		B Date 8/2	
Appropriations are not available and	will be encumbered. C	ontract No.		.970
W- ATTACHED		By Alm ().	ON Auditor - Controller	_
		-7		Deputy.
Proposal reviewed and approved. It Health Services Administr	ator to execute	rd of Supervisors approv e the same on behalf of t	e the agreement ond auth the	norize the
HEALTH SERVICES	(Agency)). Coy	nty Administrative Officer	<i>†</i> /
Remarks:	(Analyst)	Ву	Da Da	ate 8/30/01
Agreement approved as to form. Da	te			·
Distribution: Bd. of Supv. • White Aud tor-Controller • Blue County Counrol • Green • Co. Admin. Officer • Canary Aud tor-Controller • Pink Originating Dopt. • Goldonrod 'To Orig. Dopt. if rejected.	State of California, do hereb	y certify that the foregoing r s recommended by the Cour d on	Board of Supervisors of the Crequest for approval of agreer hty Administrative Officer by County A	ment was approved by an order duly entered Administrative Officer

COUNTY OF SANTA CRUZ

	County Administrative Officer		Health	Services <u>Ag</u> en	су	(Dept.)
	County Counsel Auditor-Controller		SOLIC	(Sign	ature) <u>8-28-01</u>	(Date)
The	Board of Supervisors is hereby req	uested to approve the attach	ned agreement and	authorize the execu	ution of the same.	
	Said agreement is between the Consumption ECG Management Consumption	ıltants, Inc., 1111 Ti	hird Ave., Ste	2700, Seattle	(110)110	& Address)
2.	The agreement will provide	dment to County cont	ract #12576 to	provide addit	ional scope o	f
	work - Climics Operations	s Assessment per Exh	ibit B			
3.	The agreement is neededtc al	uthorize expanded sco	ope of work to	prcceed		
4.	Period of the agreement is from	August 28, 2001	to	project compl	etion	
	Anticipated cost is \$ increase 6				; Monthly rate; No	t to exceed)
	Remarks:					
7.	Appropriations are budgeted in	61100 subobj 3665	ICIENT ATTACH ((Index#)_		(Subobject)
	NOTE: IF APPRO	DPRIATIONS ARE INSUFFI	· //	COMPLETED FOR:	M AUD-74	
— Ар _і	Appropriations are budgeted in	OPRIATIONS ARE INSUFFI	ontract No. 12	COMPLETED FOR 576 Do	M AUD-74 M AUD-74 M AUD-74 Ontroller	
Api	Propriations are budgeted in	OPRIATIONS ARE INSUFFICION PRIATIONS ARE INSUFFICION PRIATIONS ARE INSUFFICION PRIATION PRIAT	GARY A. KNL By Adm d of Supervisors ap	COMPLETED FOR 576 Do TSON Auditor - Co	M AUD-74 nte 8 /29/01 ontroller	— Deputy.
App	Propriations are budgeted in	PRIATIONS ARE INSUFFICE The encumbered of the commended that the Board of the execute (Agency)	GARY A. KNL By Admu d of Supervisors aper the same on behalf	COMPLETED FOR 576 Do TSON Auditor - Co	M AUD-74 M AUD-74 M AUD-74 Ontroller t and authorize the	— Deputy.
App	NOTE: IF APPROpropriations are budgeted in	PRIATIONS ARE INSUFFICIAL PRIATIONS ARE INSU	GARY A. KNL By Admu d of Supervisors aper the same on behalf	TSON, Auditor - Co	M AUD-74 M AUD-74 M AUD-74 Ontroller t and authorize the	— Deputy.