

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

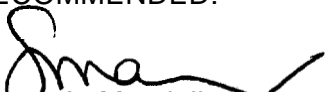
It is, therefore, RECOMMENDED that your Board:

1. Approve the agreements on file with the Clerk of the Board with: Parents Center, Contract No. 1412, with a maximum amount of \$273,800 and IBM Global Services, Contract No. 2441, at an hourly rate of \$135 with no fixed maximum amount, to provide various health services and authorize the Health Services Administrator to sign; and
2. Adopt the attached resolution approving the State Standard Agreement for the Long Term Care Initiative program, Contract No. R-710, and authorizing the Health Services Administrator to sign the agreement; and
3. Adopt the attached resolution approving the State Standard Agreement for the Cooperative Program, Contract No. 603, and authorizing the Health Services Administrator to sign the agreement; and
4. Direct the Clerk of the Board to forward four **(4)** original signed copies of each Resolution to the Health Services Agency for processing to the State.

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

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

0085

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION **SUPPORTING THE LONG TERM CARE INITIATIVE PILOT PROJECT AGREEMENT**
BETWEEN THE STATE DEPARTMENT OF HEALTH SERVICES AND THE
COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY

WHEREAS, the County of Santa Cruz desires to improve services and care to elderly and disabled citizens; and

WHEREAS, the State of California has awarded grant funding to the County of Santa Cruz to develop a plan to deliver said services and care; and

WHEREAS, the Board of Supervisors of Santa Cruz County desires to renew an Agreement between the State of California, Department of Health Services, and the County of Santa Cruz for the period of July 1, 2001, until June 30, 2002, for purposes of fulfilling these work objectives.

NOW, THEREFORE, BE IT RESOLVED AND ORDERED, that the County of Santa Cruz Board of Supervisors, is hereby authorizing the Health Services Administrator to sign and execute such an agreement with the Department of Health Services to achieve the objections as outlined above.

PASSED AND ADOPTED, by the Board of Supervisors of the County of Santa Cruz, State of California, this 16th day of October, 2001, by the following vote:

AYES:	SUPERVISORS
NOES:	SUPERVISORS
ABSTAIN:	SUPERVISORS

Chair of the Board

ATTEST:

CLERK OF THE BOARD

APPROVED AS TO FORM:



Assistant County Counsel

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

0086

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION SUPPORTING THE COOPERATIVE PROGRAM AGREEMENT
BETWEEN THE STATE DEPARTMENT OF REHABILITATION AND THE
COUNTY OF SANTA CRUZ MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

WHEREAS, 87% of those clients seen by Mental Health and Substance Abuse Services are unemployed; and

WHEREAS, it is estimated by Mental Health and Substance Abuse Services that 70% of these unemployed person(s) want to work; and

WHEREAS, the Board of Supervisors of Santa Cruz County desires to renew a Cooperative Program Agreement between the State of California, Department of Rehabilitation, and the County of Santa Cruz for the period of July 1, 2001, until June 30, 2002, for purposes of fulfilling these work objectives: assist the client in developing an Individual Plan for Employment (IPE); provide vocational counseling; provides services and service coordination that will lead to a successful employment outcome; vocational assessment; job preparation; job placement and job support.

NOW, THEREFORE, BE IT RESOLVED AND ORDERED, that the County Santa Cruz Board of Supervisors, is hereby authorizing the Health Services Administrator to sign and execute such an agreement with the Department of Rehabilitation to achieve the objections as outlined above.

PASSED AND ADOPTED, by the Board of Supervisors of the County of Santa Cruz, State of California, this 16th day of October, 2001, by the following vote:

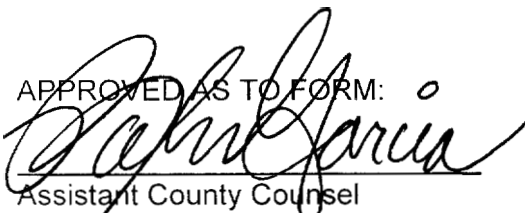
AYES:	SUPERVISORS
NOES:	SUPERVISORS
ABSTAIN:	SUPERVISORS

Chair of the Board

ATTEST:

CLERK OF THE BOARD

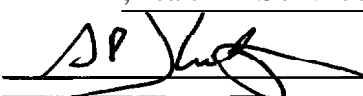
APPROVED AS TO FORM:


Assistant County Counsel

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0087

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

FROM: Health Services Agency (Dept.)
 (Signature) 9/21/01 (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 (Mental Health) (Agency)
and, Ca. Dept. of Health Services, P.O. Box 942732, Sacramento, CA 94234 (Name & Address)
- The agreement will provide funding for the Long Term Care Integration Planning project
- The agreement is needed to provide the above
- Period of the agreement is from July 1, 2001 to June 30, 2002
- Anticipated cost is \$ 0 - Revenue agreement (Fixed amount; Monthly rate; Not to exceed)
- Remarks: \$50,000 revenue


Estimated revenues

7. Appropriations are budgeted in 360120 (Index#) 0626 (Subobject:)

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


Appropriations are available and have been encumbered. Contract No. R-710 Date 10/6/01
are not will be

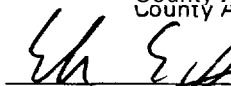
GARY A. KNUTSON, Auditor - Controller

By  Deputy.

CC-25
Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the County of Santa Cruz (HSA Administrator) to execute the same on behalf of the Health Services Agency

Remarks: (Agency).

By  (Analyst)

County Administrative Officer
County Administrative Officer
By  Date 10/5/01

Agreement approved as to form. Date

Distribution:

Bd. of Supv. - Whit.
Auditor-Controller - Blue
County Counsel - Green *
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldonrod

*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
By Deputy Clerk

21

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0088

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

FROM: HEALTH SERVICES AGENCY (MENTAL HEALTH) (Dept.)
[Signature] (Signature) 9/24/11 (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 (Mental Health) (Agency)
and the State Department of Rehabilitation, 2000 Evergreen St. Sacramento, CA 95815-3832 (Name & Address)
2. The agreement will provide for a Cooperative Agreement for a comprehensive employment service program for seriously mentally disabled residents of Santa Cruz County.
3. The agreement is needed to provide above
4. Period of the agreement is from July 1, 2001 to June 30, 2002
5. Anticipated cost is \$ 114,700 through June 30, 2002 (Fixed amount; Monthly rate; Not to exceed)
6. Remarks: on the 2001-02 Continuing Agreements List - Section II
7. Appropriations are budgeted in 363210 (Index#) 3665 (Subobject:)

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

Appropriations are available and have been encumbered. Contract No. C010603-01 Date 10/12/01
are not will be
CC-10, II Nov 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 Health Services Administrator to execute the same on behalf of the Health Services (Agency).

Remarks: [Signature] (Analyst)

County Administrative Officer
By [Signature] Date 10/10/01

Agreement approved as to form. Date _____

Distribution:

21
Bd. of Supv. - Whit.
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldonrod

*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
By _____ Deputy Clerk

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0080

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

FROM: HEALTH SERVICES AGENCY (Mental Health) (Dept.)
SP [Signature] (Signature) 9/21/01 (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 (Mental Health & Substance Abuse) (Agency)
and, IBM Global Services. 2710-s Gateway Oaks Dr. Ste. 200 Sacramento. CA 95833 (Name & Address)
2. The agreement will provide technical assistance in SDMC systems enhancements.
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 \$ 94,500 through June 30, 2002 (Fixed amount; Monthly rate; Not to exceed)
6. Remarks: Auditor: Contract is at an hourly rate with no maximum amount.
7. 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. CO12441-01 Date 10/2/01
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 Health Services Administrator to execute the same on behalf of the HEALTH SERVICES (Agency).

Remarks: [Signature] (Analyst) By [Signature] County Administrative Officer Date 10/10/01

Agreement approved as to form. Date _____

Distribution:
Bd. of Supv. - Whit.
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

21

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0090

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

FROM: **HEALTH SERVICES AGENCY (Mental Health)** (Dept.)
PR [Signature] (Signature) 9/21/1 (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 (Community Mental Health) (Agency)
and, Parents Center, 530 Soquel Avenue, Santa Cruz, CA 95062 (Name & Address)
2. The agreement will provide intensive mental health services designed to reunify children
in foster care placement with their families of origin.
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 \$ 273,800 through June 30, 2002 (Fixed amount; Monthly rate; Not to exceed)
6. Remarks: On the 2001-02 Continuing Agreements List - Section III
7. Appropriations are budgeted in 363117 (Index#) 3638 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C011412-01 Date 10/2/01
are not will be
CC-9 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
Health Services Administrator to execute the same on behalf of the

HEALTH SERVICES (Agency).

Remarks ES (Analyst) County Administrative Officer
By [Signature] Date 9/10/01

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 Crig. Dept. if rejected.

21
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