



**HEALTH SERVICES AGENCY  
ADMINISTRATION**

# County of Santa Cruz<sup>0141</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

October 23, 2001

**AGENDA: November 6, 2001**

BOARD OF SUPERVISORS  
Santa Cruz County  
701 Ocean Street  
Santa Cruz, CA 95061

**Re: Approve Medi-Cal Outreach Program State Grant and Related Actions**

Dear Members of the Board:

The Health Services Agency (HSA) has been notified by the State Department of Health Services that additional funds are being made available for the Medi-Cal Outreach Program for FY 2001-2002. The goal of the expanded outreach program is to develop, implement, and provide direct outreach and education activities associated with enrollment of eligible children and their parents in the Healthy Families or Medi-Cal programs. HSA will be using this funding to support a full-time Departmental Administrative Analyst position in HSA for countywide program coordination and related services, along with a subcontract with Community Bridges to conduct outreach activities to families, with a focus on agricultural workers.

The federal State Children's Health Insurance Program (SCHIP) is providing the funds for program expansion. This contract award covers the period from July 2001 through December 2001. The agreement is on file with the Clerk of the Board. Attached are a State required resolution authorizing HSA to sign the revenue agreement and a resolution accepting \$62,925 in unanticipated revenue for this program. There are no additional county general fund costs associated with this agreement.

It is, therefore, **RECOMMENDED** that your Board:

1. Adopt the attached resolution authorizing the Health Services Administrator to sign the State Standard Agreement for the Medi-Cal Outreach Program; and

2. Adopt the attached resolution accepting and appropriating \$62,925 in unanticipated revenue for the Medi-Cal Outreach Program; and
3. Direct the Clerk of the Board to forward two (2) certified copies of the resolution to the Health Services Agency for processing to the State.

Sincerely,




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Rama Khalsa, Ph.D.  
Health Services Administrator

Attachments: Resolution  
AUD-60

RECOMMENDED:



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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

0143

RESOLUTION NO. \_\_\_\_\_

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

**RESOLUTION SUPPORTING THE HEALTHY FAMILIES AND MEDI-CAL OUTREACH 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 to eligible children and their parents through direct outreach and education activities associated with their enrollment in the Health Families or Medi-Cal programs; and

**WHEREAS**, the State of California has awarded grant funding to the County of Santa Cruz to develop, implement, and provide said services; and

**WHEREAS**, the Board of Supervisors of Santa Cruz County desires to enter into 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 December 31, 2001, 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 objectives as outlined above.

PASSED AND ADOPTED, by the Board of Supervisors of the County of Santa Cruz, State of California, this 6th day of November, 2001 by the following vote:

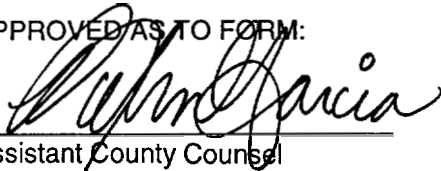
AYES:	SUPERVISORS
NOES:	SUPERVISORS
ABSTAIN:	SUPERVISORS

\_\_\_\_\_  
Chairman of the Board

ATTEST:

\_\_\_\_\_  
CLERK OF THE BOARD

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Assistant County Counsel

Distribution:  
County Administrative Officer  
Auditor-Controller  
County Counsel  
Health Services Agency Administration

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 UNANTICIPATED REVENUE**

WHEREAS, the County of Santa Cruz is a recipient of funds from Dept. of  
Health Services for Medi-Cal Outreach Program program; and

WHEREAS, the County is recipient of funds in the amount of \$ 62,925  
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 \$ 62,925 into

Department Health Services Agency

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
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see attached

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

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
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see attached

**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.

By   
Department Head

Date 10/25/01

COUNTY ADMINISTRATIVE OFFICER

☒ <sup>ES</sup> 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

NOES : SUPERVISORS

ABSENT: SUPERVISORS

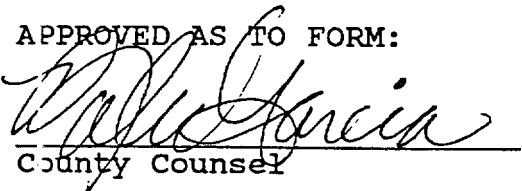
\_\_\_\_\_  
Chairperson **of the** Board

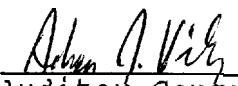
ATTEST :

\_\_\_\_\_  
Clerk **of the** Board

APPROVED AS TO FORM:

APPROVED AS TO ACCOUNTING DETAIL:

  
 \_\_\_\_\_  
 County Counsel

  
 \_\_\_\_\_  
 Auditor-Controller

Distribution:

Auditor-Controller  
 County Council  
 County Administrative Officer  
 Originating Department

HEALTH SERVICES AGENCY  
AUD-60 ATTACHMENT  
MEDI-CAL OUTREACH PROGRAM

FISCAL YEAR 2001-2002

## REVENUES:

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	360120	1095	FEDERAL - MISC GRANTS	\$ 62,925
Total				\$ <u>62,925</u>

## APPROPRIATIONS:

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
1 021	360120	3493		SUPPLIES	8,172
2 021	360120	3665		PROFESSIONAL SERVICES	14,784
3 021	360120	4166		MILEAGE	500
4 021	360180	3405		MAINTENANCE STRUCTURES	39,469
Total					\$ <u>62,925</u> ✓

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

0147

TO: Board of Supervisors  
County Administrative Office  
Auditor Controller

FROM: HEALTH SERVICES AGENCY (Department)  
BY: [Signature] (Signature) 10/25/01 (Date)  
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One)

Expenditure Agreement ☐

Revenue Agreement ☒

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

1. Said agreement is between the Health Services Agency (Department/Agency)  
and State Dept of Health Services, 714 "P" St., Room 1650, Sacramento, CA 95814 (Name/Address)  
compensation for:  
2. The agreement will provide outreach and education activities associated with enrollment of  
eligible children and their families in the Health Families or Medi-Cal programs.

3. Period of the agreement is from July 1, 2001 to December 31, 2001

4. Anticipated ~~Cost~~ <sup>Revenue</sup> is \$ 62,925 ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks: BOS 11/6/01

5. Detail: ☐ On Continuing Agreements List for FY \_\_\_\_ - \_\_\_\_ . Page CC-\_\_\_\_ Contract No: \_\_\_\_\_ OR ☒ 1<sup>st</sup> Time Agreement  
☐ Section II No Board letter required, will be listed under Item 8  
☐ Section III Board letter required  
☒ Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in 360120 (Index) 1095 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations are available and have been encumbered  
N/A are not will be

Contract No: R-755  
By: [Signature] Date: 10/25/01  
Auditor-Controller Deputy

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize  
the HSA Administrator (Dept/Agency Head) to execute on behalf of the

Health Services Agency (Department/Agency)

Date: 10-29-01

By: [Signature]  
County Administrative Office

Distribution:

Board of Supervisors - White  
Auditor Controller - Canary  
Auditor-Controller - Pink  
Department - Gold

State of California  
County of Santa Cruz

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 ap-  
proved by said Board of Supervisors as recommended by the County Administrative Office by an  
order duly entered in the minutes of said Board on \_\_\_\_\_ 20\_\_\_\_

ADM - 29 (8/01)  
Title I, Section 300 Roc Man

By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO _____	\$ _____	_____	_____	_____	_____
Document No.	JE Amount	Lines	H/TL	Keyed By	Date
TC110 _____	\$ _____	_____	_____	_____	_____
Auditor Description	Amount	Index	Sub object	User Code	

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