

# **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

November 16,2001

AGENDA: December 11,2001

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

# RE: Adopt Resolution Accepting and Appropriating Unanticipated Revenue for California Kids' Plates Training Grants

Dear Members of the Board:

The Health Services Agency (HSA) has been notified that it will receive two California Kids' Plates training grants from the Center for Injury Prevention Policy and Practice (CIPPP) through the San Diego State University Foundation for the 2001-2002 funding cycle. The Maternal, Child and Adolescent Health (MCAH) program was awarded \$4,000 for the Child Passenger Safety Project. The Emergency Medical Services (EMS) program was awarded \$7,000 for the Spinal Cord Injury Prevention Project.

The MCAH program participates in a project that gives car seats and car seat safety information and education to low-income teenage mothers and families. The project is a collaborative effort that includes MCAH, Watsonville Community Hospital, and the Watsonville Family Resource Center. Staff from these participating agencies distribute car seats. Last year, the County was awarded a training grant that allowed these staff members to receive their National Highway and Traffic Safety Association (NHTSA) child passenger safety technician certification. The new training grant will provide funding to purchase child safety restraints and for the project coordinator to attend the annual CIPPP conference. The MCAH program also received funds for the purchase of additional car seats through an Office of Traffic Safety Grant. These new grant funds will continue to help meet the community need for free or low-cost car seats that meet federal safety standards.

The Spinal Cord Injury Prevention Project is a collaborative effort that includes the HSA Emergency Medical Services (EMS) program, the Emergency Medical Care Commission and the Public Information and Education Committee. The project will develop educational curriculum packets and videos, provide training to health care providers, and present materials in the classrooms and through various media activities. These activities support the goal of the Spinal Cord Injury Prevention Project which is to prevent unintentional death and non-fatal hospitalization for spinal cord injuries in adolescents in Santa Cruz County through a program of community education delivered by health care providers.

There are no additional County costs associated with these projects.

It is, therefore, RECOMMENDED that your Board:

- 1. Adopt the attached resolution accepting and appropriating \$11,000 in unanticipated revenue for the Maternal, Child and Adolescent Health and Emergency Management programs; and
- 2. Approve the grant agreements (on file with the Clerk of the Board) with the San Diego State University Foundation for a California Kids' Plate Training Grant from the Center for Injury Prevention Policy and Practice in the amounts of \$4,000 and \$7,000 and authorize the Health Services Agency Administrator to sign the grant agreements.

Sincerely,

Klinke

Rama Khalsa, Ph.D. Health Services Administrator

**RECOMMENDED:** 

Susan Mauriello County Administrative Officer

Attachments: Grant Agreement ADM-29 AUD-60 Resolution

cc: County Administrative Officer Auditor Controller County Counsel Health Services Administration Public Health Administration Emergency Medical Care Commission Public Information and Education Committee

-	RE		APPROVAL (		MENT	0187
TO:	Board <b>cf Supervisors</b> <i>County</i> Administrative Office Auditor Controller	FROM: BY:	Health Serv	5	-	(Department) Signature) 11/19/1 (Date) available
AGREE	EVENTTYPE (Check One)			-	Revenue Agree	
The Bo	bard of Supervisors is hereby requested	d to approve the	attached agreemer	t and authorize	e <b>the</b> execution <b>of</b> s	ame.
1. Sa	id agreement is between the <u>Heal</u>	th Services	Agency			(Department/Agency)
an	d San Diego State Univer	sity Founda	tion			(Name/Address)
2. Th	e agreement will provide <u>funding</u>	to purchas	e child safe	ty restrai	nts and to se	end staff to
	Center for Injury Preventi					
 3. Pe	riod of the agreement is fromA	ugust 1, 20	01	to May	17, 2002	
	ticipated Cost is \$ r./a revenue				thly Rate 🗍 Annu	al Rate 🗍 Not to Evoged
	marks: California Kids' Pl					
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6. A.	propriations/Revenues are available ar	nd are budgeted i	in362	750	(Index)	(Sub object)
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Appro	are available and are not will	e been encumb be	ered. By:_	act No:	K 759 Rayler er Deputy	Date: 11 28/01
Propa	sal and accounting detail reviewed and	d approved. It is	recommended that	t the Board <b>of</b> S	Supervisors approve	e the agreement and authorize
	HSA Administrator	(D	<b>Dept/Agency</b> Head)	to execute on	behalf <b>of the</b>	
Date	Health Services Agency		By:C	Junty Administ	rative Office	(Department/Agency)
Distr	ibution: <b>Board of</b> Supervisors - White Auditor Controller - Canary Auditor-Controller - Pink Department - Gold	proved by said	<b>a Cruz</b> ex-officio nia, do <b>hereby</b> cert	ify that the fore ors as recomme	egoing request for a ended by the Count	of the County of Santa Cruz, approval of agreement was ap- / Administrative Office by an 20
<u> </u>	ADM <b>- 29</b> (8/01) Title I, Section 300 <b>Proc</b> Man	By: Deputy Cle	erk			
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O:	Board of Supervis County Administra Auditor Controller	tive Office	FROM: BY:	Health Se	$k \sim 100$		(Department) (Signature) <u>II [[] [</u> (Date re available
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0189

#### 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 San Diego State <u>University Foundation</u> for <u>Public Health HCAH and CMS</u> program; and

WHEREAS, the County is recipient of funds in the amount of \$ <u>11,000</u> 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 **\$11,000** into

Department <u>Health Services Agency</u>

<u> T/C</u>	Index Number	Sul	venue pobject mber	Account Name	Amount
			see attach	ed	
and that	such funds <b>b</b>	<b>be</b> and are	hereby app	propriated <b>as</b> fo	llows:
<u> </u>	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
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researche				ne fiscal provis peen) (will be)	ions have been received within <b>the</b>
Ву	SI X	Depart	ment Head	Date ——	11/19/1
		2			
AUD60 (Re	ev 5/94)				Page <b>1 of 2</b>

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COUNTY 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):

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AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

Chairperson **of** the Board

ATTEST:

Clerk of the Board

FORM: County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Auditor-Controller

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

AUD60 (Rev 5/94)

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# **FISCAL YEAR 2001-2002**

# HEALTH SERVICES AGENCY AUD-60 ATTACHMENT PUBLIC HEALTH - KIDS PLATES GRANTS

# **REVENUES:**

- -

		Index	Revenue Subobject		
	T/C	Number	Number	Account Name	Amount
Ι	001	362750	2384	OTHERREVENUE \$	4,000
2.	001	362010	2384	OTHERREVENUE \$	7,000
	Total			\$	11,000

## **APPROPRIATIONS:**

			Expenditure			
		Index	Subobject			
	T/C	Number	Number	PRJ/UCD	Account Name	Amount
	021	362750	3975		SPECIAL DEPTL EXPENSE	3,033
2	021	362750	4168		TRAVEL - OTHER	967
3	021	362010	3484		DUPLICATING	4,120
4	021	362010	3493		SUPPLIES	100
	021	362010	3975		SPECIAL DEPTL EXPENSE	820
ดี	021	362010	4162		LODGING	330
ちじゅ	021	362010	4164		MEALS	120
8	021	362010	4166		MILEAGE	1,300
7	021	362010	4168		REGISTRATIONS	210
	Total					\$