

County of Santa Cruz

0129

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

February 4, 2002

AGENDA: February 26, 2002

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.

State Revenue Agreement – HSA recently received the fully executed State revenue agreement for the Long Term Care Integration Project for 2000-01. This agreement provided funding for the development of a model to integrate long term care services for the elderly and disabled. This agreement is on going and was on the Continuing Agreements List for 2000-01.

Central Coast Alliance for Health – This on-going revenue agreement provides reimbursement to HSA Clinics for medical services delivered to MediCal beneficiaries who are residents of Santa Cruz County. This agreement is being amended to include reimbursement for services delivered to patients who are now covered under the expansion of Healthy Families coverage to include uninsured parents. This is an on-going agreement and was included on the Continuing Agreements List for 2001-02.

Salud Para La Gente – This on-going agreement reimburses the contractor for HIV education and prevention services delivered under a collaborative effort with HSA and funded by the State Office on AIDS. This funding is being reduced in the current year. This amendment reduces the contract maximum by the corresponding reduction in state funding.

Santa Cruz Aids Project – This on-going agreement reimburses the contractor for HIV education and prevention services delivered under a collaborative effort with HSA and funded by the State Office on AIDS. This funding is being reduced in the current year. This amendment reduces the contract maximum by the corresponding reduction in state funding.

Front Street – This on-going agreement reimburses the contractor for residential services provided to psychiatrically disabled county residents. This amendment increases the scope of

services to included supported housing, a level of care between board and care and independent living allowing clients to move from a structured setting but maintaining a minimal support network of services. This transition setting further educates and trains clients on the skills they need to live successfully on their own.

Cabrillo College – This new agreement will provide funding for an expansion of the Nursing Education program at Cabrillo College. Cabrillo recently received partial funding to increase the Nursing program from 40 to 52 students from the Community College's Chancellor's Office. An additional \$60,000 in funding was needed to fully fund the expansion over the next two years. Watsonville Community Hospital, Dominican Hospital and HSA, being the major beneficiaries of an increase in local nursing resources, desire to fund the balance of the program costs.

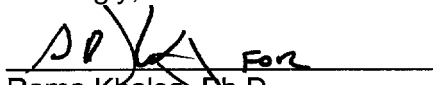
Peter Graney – This new agreement is with a vendor who will be working on the Short-Doyle Medi-Cal systems enhancements to improve claiming and information processes in order to speed payments to the county. This agreement is similar to previous agreements with other vendors submitted to your Board for approval who are working on these same projects. These programmers and analysts work with state and county staff to design and build modules which provide electronic transfer of data between the state and county computer systems.

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

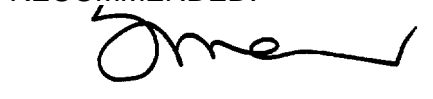
It is, therefore, RECOMMENDED that your Board:

1. Approve the agreements on file with the Clerk of the Board with: the State of California, Revenue Agreement No. R-710, in the amount of \$50,000 for 2000-01, Central Coast Alliance for Health, Revenue Agreement No. R-598, amending the language to include Healthy Families expansion to uninsured parents, Salud Para La Gente, Contract No. 1313, reducing the maximum amount by \$5,132 to \$37,636, Santa Cruz Aids Project, Contract No. 1314, reducing the maximum amount by \$24,395 to \$178,894, Front Street, Inc., Contract No. 539, increasing the maximum amount by \$60,000 to \$3,370,500, Cabrillo College, a new contract with a maximum amount of \$20,000 and Peter Graney, a new contract at an hourly rate of \$40, to provide various health services and authorize the Health Services Administrator, or as their designee the Director of Administration, to sign.

Sincerely,


 Rama Khalsa, Ph.D.
 Health Services Administrator

RECOMMENDED:


 Susan A. Mauriello
 County Administrative Officer

Attachments: ADM-29's

cc: County Administrative Office
 Auditor-Controller

County Counsel
 HSA Administration

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0131

To: Board of Supervisors
County Administrative Office
Auditor controller

FROM: Health Services Agency (Department)
BY: [Signature] (Signature) 1/28/02 (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, Administration (Department/Agency)
and State of California - Dept. of Health Services, 714 P Street, (Name/Address) /
Sacramento, CA 95814

2. The agreement will provide Funding for the long term care integration planning project, State contract: #00-900572

3. Period of the agreement is from July 1, 2000 to June 30, 2001

4. Anticipated Cost is \$ N/A ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks:

5. Detail: ☒ On Continuing Agreements List for FY 00-01, Page CC- 11 Contract No: R-710 OR ☐ 1st 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 360115 (Index) 0626 (Sub object) ^{AV.}

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

~~are~~ ~~have been~~
~~Appropriations~~ ~~are not~~ ~~available and~~ ~~will be~~ ~~encumbered.~~

Contract No: R 710

By: [Signature]
Auditor-Controller Deputy

Date: 1/29/02

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

(Dept/Agency Head) to execute on behalf of the

Date: 1/30/02 By: [Signature] (Department/Agency)
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 Proc Man

By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

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Document No.	JE Amount				
TC110	\$	Amount	Index	Sub object	User Code
Auditor Description					

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

0132

TO: Board of Supervisors
County Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)

BY: [Signature] (Signature) 2/5/2 (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 - Clinics (Department/Agency) 95060
and Central Coast Alliance for Health, 375 Encinal Ave., Santa Cruz, CA (Name/Address)
2. The agreement will provide reimbursement for services delivered to Healthy Families beneficiaries

3. Period of the agreement is from January 1, 2000 to continuous

4. Anticipated Cost is \$ N/A ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks:

5. Detail: ☒ On Continuing Agreements List for FY 01-02 . Page CC- 25 Contract NO: R-598 OR ☐ 1st 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 ~~361210~~ 361210 (Index) 1674 (Sub object)

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

Appropriations are available and have been encumbered.
are not available and will be encumbered.

Contract No. R-598

By: [Signature]
Auditor-Controller Deputy

Date: 02/13/02

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

Health Services Administrator (Dept/Agency Head) to execute on behalf of the

Health Services Agency (Department/Agency)

Date: 2/14/02

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 approved 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 Proc Man

By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

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33

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0133

TO: Board of Supervisors
County Administrative Office
Auditor **Controller**

FROM: HEALTH SERVICES AGENCY (Department)
BY: [Signature] (Signature) 2/5/11 (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 COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY (Department/Agency)
and SALUD PARA LA GENTE, 204 East Beach St., Watsonville, CA 95076 (Name/Address)

2. The agreement will provide various HIV education and prevention services, funded by the
State Master Agreement

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

4. Anticipated Cost is \$ decrease \$5,132 total \$37,636 ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☒ Not to Exceed

Remarks: amendment to reflect decrease in State funding

5. Detail: ☐ On Continuing Agreements List for FY 01 - 02 . Page CC- 8 Contract NO: 11313-01 OR ☐ 1st 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 362700 (Index) 3665 (Sub object)

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

Appropriations are available and have been encumbered.
are not will be

Contract No: 11313-01

By: [Signature]
Auditor-Controller Deputy

Date: 2/13/02

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

Health Services Administrator (Dept/Agency Head) to execute on behalf of the
Health Services Agency (Department/Agency)

Date: 2/19/02

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 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 Proc Man

By: Deputy clerk

AUDITOR-CONTROLLER USE ONLY

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Auditor Description Amount Index Sub object User Code

33

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0134

TO: **Board of Supervisors**
county Administrative Office
Auditor Controller

FROM: **HEALTH SERVICES AGENCY** (Department)

BY: _____

Signature *[Signature]* (Date) 2/14/02
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 **SANTA CRUZ AIDS PROJECT, P.O. BOX 557, Santa Cruz, CA 95061-0557** (Name/Address)

2. The agreement will provide **various HIV education and prevention services, funded by the**
State Master Agreement

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

4. Anticipated Cost is \$ **decrease by \$24,395 for \$178,894** ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☒ Not to Exceed

Remarks: **amendment to decrease contract by \$24,395 for a new contract total of \$178,894**

5. Detail: ☐ On Continuing Agreements List for FY **01-02**, Page CC- **8** Contract No: **11314-01** OR ☐ 1st 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 **362700** (Index) **3665** (Sub object)

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

Appropriations are available and will be encumbered.
are not

Contract No: **11314-01**

By: *[Signature]*
Auditor-Controller Deputy

Date: **02/13/02**

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

Health Services Administrator (Dept/Agency Head) to execute on behalf of the

Health Services Agency

(Department/Agency)

Date: **2/14/02**

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 approved 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 II, Section 300 Proc Man

By: Deputy Clerk

AUDITOR/CONTROLLER USE ONLY

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33 TC110 Auditor Description \$ _____ / _____
Amount Index Sub object User Code

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

0135

To: **Board of supervisors**
County Administrative Office
Auditor Controller

FROM: Health Services (Mental Health) (Department)
BY: [Signature] (Signature) 2/12/02 (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 County of Santa Cruz (Community Mental Health) (Department/Agency)
and Front Street, Inc. 303 Potrero St., Suite 1A, Santa Cruz, CA 95060 (Name/Address)
2. The agreement will provide a Supported Housing program component via contract amendment.

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

4. Anticipated Cost is \$ 3,370,500 through June 30, 2002 ☐ Fixed ☐ Monthly Rate ☒ Annual Rate ☒ Not to Exceed

Remarks: This is an amendment which increases existing contract by \$60,000 / ENCUMBRAS - 02

5. Detail: ☒ On Continuing Agreements List for FY 01 - 02 . Page CC- 10 Contract No: 539-02 OR ☐ 1st Time Agreement
- ☐ Section II No Board letter required, will be listed under Item 8
- ☒ Section III Board letter required (contract amendment)
- ☐ Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in 363149 (Index) 4616 (Sub object)

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

Appropriations are available and have been encumbered.
are not will be

Contract No. C010539-02

By: [Signature]
Auditor-Controller Deputy

Date: 02/13/02

CC-10, WAS II, NOW III

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

(Dept/Agency Head) to execute on behalf of the

(Department/Agency)

Date: 2/14/02

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 approved 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 Proc Man

By: Deputy Clerk

AUDITOR/CONTROLLER USE ONLY

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Auditor Description	Amount	Index	Sub object	User Code	

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

0136

To: Board of supervisors
county Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)
BY: [Signature] (Signature) 2/5/2 (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 - Administration (Department/Agency)
and Cabrillo College, 6500 Soquel Drive, Aptos, CA 95003 (Name/Address)
2. The agreement will provide expanded nursing education program

3. Period of the agreement is from March 1, 2002 to June 30, 2004

4. Anticipated Cost is \$ 20,000 ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☒ Not to Exceed

Remarks: Auditor - No encumbrance needed in FY 01/02

5. Detail: ☐ On Continuing Agreements List for FY - , Page CC- Contract No: OR ☒ 1st 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 360113 (Index) 3665 (Sub object)

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

Appropriations are available and will be encumbered.
are not

Contract No: 12716
By: [Signature]
Auditor-Controller Deputy

Date: 02/13/02

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

Date: 2/14/02

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 ☒ Section 300 Proc Mn

By: Deputy clerk

AUDITOR-CONTROLLER USE ONLY

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COUNTY OF SANTA CRUZ

REQUEST FOR APPROVAL OF AGREEMENT

To: Board of Supervisors
County Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)

BY: [Signature] (Signature) 2/5/02 (Date)

Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One)

Expenditure Agreement ☒

Revenue Agreement ☐

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

1. Said agreement is between the Health Services Agency - Mental Health (Department/Agency)
and Peter Graney, 716 N Street, Davis, CA 95616 (Name/Address)

2. The agreement will provide Short Doyle Medical Systems Enhancements and
technical assistance

3. Period of the agreement is from February 15, 2002 to June 30, 2002

4. Anticipated Cost is \$ 40 hourly ☐ Fixed ☒ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks: Auditor - please encumber \$30,720

5. Detail: ☐ On Continuing Agreements List for FY - . Page CC- Contract No: OR ☒ 1st 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 363103 (Index) 3665 (Sub object)

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

Appropriations are available and will be encumbered.

Contract No: 12715

By: [Signature]
Auditor-Controller Deputy

Date: 02/13/02

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

Health Services Administrator (Dept/Agency Head) to execute on behalf of the

Health Services Agency

(Department/Agency)

Date: 2/14/02

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 Section 300 Proc Man

By: Deputy Clerk

AUDITOR/CONTROLLER USE ONLY

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Document No. JE Amount Lines H/TL Keyed By Date

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Auditor Description Amount Index Sub object User Code