

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061 (408) 454-4066 FAX: (408) 454-4770 TDD: (408) 454-4123

AGENDA: January 12, 1999

December 29, 1998

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

RE: Medi-Cal Outreach Grant Award, Acceptance of Unanticipated Revenue

Dear Members of the Board,

This letter advises your Board of the notification of grant approval for a Medi-Cal Outreach Grant, accepts and appropriates unanticipated revenue, and requests authorization to create three limited term positions to conduct outreach services.

<u>Backaround</u> - In August, 1998 HSA received notification of the availability of State grant funds to conduct Medi-Cal Outreach activities. Outreach activities are directed to-children and families who are in need of health services available through Medi-Cal, are potentially eligible for program benefits, but have not participated, or 'are no longer receiving benefits.

Application for Outreach Grant funding requires collaboration with community agencies that serve the target population. Such a Coalition was formed in 1997, with the purpose of increasing Medi-Cal enrollments, which have declined over the past years. A listing of Coalition members can be found in the grant application which is on file with the Clerk of the Board.

At the beginning of this year, the Coalition met to develop a grant application which was submitted to the Packard Foundation, and was recently funded. The Packard grant, to be administered by HRA, will fund outreach activities for State-funded health care programs, including the development of outreach and media materials, and will fund outreach staff supportat HRA, Food and Nutrition Services, Davenbort Resource Center, Valley Resource Center, Pajaro Valley Unified School District/Healthy Start, the Santa Cruz Community Counseling Center, and County Office of Education.

Members of the Coalition metagain in August, 1998 to discuss gaps in outreach services that needed to be addressed, beyond those addressed by the Packard grant. It was decided that these "gaps" in services could best be addressed by the State/federal funded Medi-Cal Outreach Grant program. The Medi-Cal Outreach grant application was submitted for the Board's review and approval on

November 24, 1998. On December 21, 1998, HSA received State notification that the Medi-Cal Outreach grant was funded.

Medi-Cal Outreach project activities will include: 1) a new eligibility worker position in HRA to be outstationed in the community to interface with new outreach efforts at various community agencies and clinics; 2) a new senior level benefits advocate position in Community Mental Health to focus outreach efforts to children, adolescents and families involved with the CPS, juvenile justice, alcohol and drug and/or mental health systems; and 3) a countywide Medi-Cal outreach coordinator in HSA to interface with community agencies and clinics, and to seek sustainability funding for program activities.

<u>Project Implementation</u> - In order to begin project operations, it will be necessary to add and classify three new limited term positions, through September 30, 1999. The three new classifications include: 1) Eligibility Worker III; 2) Senior Mental Health Client Benefits Representative; and 3) Departmental Administrative Analyst.

Additionally, it will be necessary to accept and appropriate unanticipated revenue in the amount of \$92,775, which represents funding for FY 1998-99. Subsequent fiscal year funding will be included in HSA and HRA's FY 1999-00 budget.

It is therefore RECOMMENDED that your Board:

- 1) Authorize the Health Services Agency Administrator to sign agreements related to the acceptance of the Medi-Cal Outreach Grant award;
- 2) Request County personnel to create and classify three limited term positions Eligibility Worker III, Senior Mental Health Client Benefits Representative and Departmental Administrative Analyst, through September 30, 1999; and
- 3) Accept and appropriate Grant fund revenue.

Sincerely,

Charles M. Moody, MSA Administrator

RECOMMENDED:

Susan A. Mauriello

County Administrative Officer

attachment

cc. County Counsel, Auditor-Controller, County Personnel, Health Services Agency, Human Resources Agency

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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, tl State MediCa		of Santa Cruz is a for <u>MediCal OUtreac</u>	recipient of funds from p	Federal/ rogram: and
WHEREAS, the County is recipient of funds in the amount of \$ 92,775 which are either in excess of those anticipated or are not specifically set forth in the current fiscal year budget of the County; and				
may be made		for specific app	ection 29130(c)/29064(b), ropriation by a four-fiftl	
			ERED that the Santa Cruz amount of \$ 92,775	County into
Department	Health Se	ervices Agency	<u> </u>	
T/C	Index Number	Revenue Subobject Number	Account Nane	Amount
see attac	hed			
and that s	uch funds l	oe and are hereby	appropriated as follows:	
T/C	Index Number	Expenditure Subobject Number PRJ/UCD	Account Name	Anount
see atta	ched			
DEPARTMENT researched current f i	and that t	the Revenue(s) (ha	the fiscal provisions has been) (will be) receive	d within the
Ву	My lu	The for Charles / Department Hea	Moody Date 31 Dec, 199	18

AUD60 (Rev 5/94)

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CADINIT	WDMTMT9TVWTTAR	OFFICER

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 three-fifths vote for approval):

AYES:

SUPERVISORS

NOES:

SUPERVISORS

ABSENT:

'SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Auditor-Controller

Distribution:

Auditor-Controller County Council County Administrative, Officer Originating Department

ESTIMATED REVENUES:

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001 001 001	362800 363101 392100	1095 1095 1095	FED-MISC GRANTS FED-MISC GRANTS FED-MISC GRANTS	-49,861- 46,724 21,89 9 23,469 21,014 2 ,584
Total				\$ <u>-92,775</u> -42,775

APPROPRIATIONS:

	Index	Expenditure Subobject			
T/C	Number	Number	PRJ/UCD	Account Name	Amount
021	362800	3100		REGULAR PAY - PERMANENT	\$ 20,006
021	362800	3150		OASDI-SOCIAL SECURITY	1,531
021	362800	3155		PERS	2,860
021	362800	3160		EMPLOYEE INSURANCE AND BE	2,044
021	392100	3100		REGULAR PAY - PERMANENT	14,884
021	392100	3140		DIFFERENTIAL PAY	672
021	392100	3150		OASDI-SOCIAL SECURITY	1,190
021	392100	3155		PERS	2,224
021	392100	3160		EMPLOYEE INSURANCE AND BE	2,044
021	363102	3100		REGULAR PAY - PERMANENT	15,913
021	363102	3140		DIFFERENTIAL PAY	672
021	363102	3150		OASDI-SOCIAL SECURITY	1,140
021	363102	3155		PERS	2,130
021	363102	3160		EMPLOYEE INSURANCE AND BE	2,044
021	362800	3484		DUPLICATING SERVICES	10,000
021	362800	4166		MILEAGE	1,570
021	392100	4166		MILEAGE	1,570
021	363102	4166		MILEAGE	-1,569- /,570
021	362800	8404		EQUIPMENT	8,711
Total					\$ 92,775

\$ 92,775

confirmed with

Rub/HSA

corrected by

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