



HEALTH SERVICES AGENCY
ADMINISTRATION

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
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September 26, 2000

Agenda: October 17, 2000

BOARD OF SUPERVISORS

County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

RE: AUTHORIZATION TO APPROPRIATE REVENUES AND TO ADD AND DELETE
POSITIONS WITHIN HSA

Dear Board Members:

Background:

At its June 27th Budget Hearings meeting, your Board approved a number of positions in the Health Services Agency (HSA) for reclassification study. Currently, four of these positions within our Outpatient Medical Clinics and Public Health units are vacant. To expedite hiring for these four vacant positions to perform important job assignments in HSA, position changes in lieu of reclassification are being proposed for your Board's consideration. Central Personnel will study the positions to assure appropriate classifications are utilized. No new County funds are needed for these changes.

Current Classification/Position

1 .O FTE Account Clerk (#CH3010AA)
1 .O FTE Clerk II (#BA6005AA)
1 .O FTE Community Health Worker (#NW5007AA)
1 .O FTE Administrative Aide (#UR1004)

Proposed Classification/Position

1 .O FTE Senior Account Clerk
1 .O FTE Clerk III
1 .O FTE Medical Assistant
1 .O FTE Clerical Supervisor II

The changes are related to improving customer service and efficiency in clinic operations, and improve clerical supervision within the public health program for disabled children.

Public Health AIDS Case Management Program Personnel and Revenue Changes

HSA is also requesting to increase an existing 0.60 FTE Sr. Mental Health Client Specialist position in Public Health Case Management program to full time. The Public Health Case

Management Program provides primary care and other services to eligible clients living with HIV disease. This position will allow HSA to meet a growing demand for bilingual client services. The \$23,200 estimated cost of the position increase will be fully covered by State funding, a portion of which (\$12,000) is already included in HSA's budget. These currently budgeted funds include \$6,000 accepted by your Board earlier this year as part of the State Early Intervention Program allocation for personnel costs and \$6,000 originally earmarked for various contract services funded by the State AIDS Case Management program. The remaining \$11,200 is from additional funding from the State AIDS Waiver program (\$7,700) and from the State Medi-Cal Administrative Activities program (\$3,500), both of which are related to an increased case load in the Public Health Case Management program. The attached resolution accepts and appropriates this additional revenue.

0130

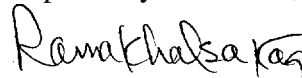
It is therefore RECOMMENDED that your Board:

1. Authorize a 0.40 FTE increase in the Sr. Mental Health Client Specialist position in department 3620 (SK5-107TA), and refer to County Personnel for classification.
2. Adopt the attached resolution accepting and appropriating \$11,200 in unanticipated revenue for the Public Health Case Management program.
3. Approve the deletion of 4.0 FTEs and the addition of 4.0 FTEs and refer to Central Personnel for classification:

<u>Delete:</u>	<u>Budget Unit</u>
1.0 FTE Account Clerk (#CH3010AA)	3610
1.0 FTE Clerk II (#BA6005AA)	3610
1.0 FTE Community Health Worker (#NW5007AA)	3610
1.0 FTE Administrative Analyst	3620

<u>Add:</u>	<u>Budget Unit</u>
1.0 FTE Senior Account Clerk	3610
1.0 FTE Clerk III	3610
1.0 FTE Medical Assistant	3610
1.0 FTE Clerical Supervisor II	3620

Respectfully submitted,



Rama Khalsa, Ph.D., HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Personnel
Auditor-Controller

CAO
HSA Administration

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

0131

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 The State AIDS Case Mgmt Program for the Public Hlth Case Mgmt Program program: and

WHEREAS, the County is recipient of funds in the amount of \$ 11,200 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 \$ 11,200.00 into

Department Health Services Agency

<u>T/C</u>	<u>Index Number</u>	<u>Revenue Subject Number</u>	<u>Account Name</u>	<u>Amount</u>
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See Attached Schedule

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

<u>T/C</u>	<u>Index Number</u>	<u>Expenditure Subject Number</u>	<u>PRJ/UCD</u>	<u>Account Name</u>	<u>Amount</u>
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See Attached Schedule

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 Rana Chalsay (a)
Department Head

Date 10/5/00

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 three-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

Rafael Garcia

County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Ronald J. Silva 10/6/00

Auditor-Controller

Distribution:

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

**HEALTH SERVICES AGENCY
AUD-60 ATTACHMENT
PUBLIC HEALTH CASE MANAGEMENT**

FISCAL YEAR 2000-01

ESTIMATED REVENUES:

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	362300	0534	ST AID FOR ADMIN - MED-ICAL	\$ 3,500
	362300	0662	ST AID - WAIVER PROJ	7,700
Total				\$ <u>11,200</u>

APPROPRIATIONS:

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	362300	3100		REGULAR PAY	\$ 13,152
021	362300	3150		FICA	1,006
021	362300	3155		PERS	1,716
021	362300	3160		INSURANCE	1,326
021	362300	3614		HOSPITAL CHARGES	6,000
Total					\$ <u>-11,200</u>