

### **County of Santa Cruz**

0191

#### **HUMAN RESOURCES AGENCY**

Cecilia Espinola, Administrator 1000 Emeline Avenue, Santa Cruz, CA 95060 (83 1) 454-4130 or 454-4045 FAX: (83 1) 454-4642

October 5, 2000 AGENDA: October 24, 2000

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

#### HEALTH CARE OUTREACH PROJECT

Dear Members of the Board:

Previously, your Board took action to accept unanticipated funds from the David and Lucile Packard Foundation and to execute contracts to conduct outreach to uninsured poor families in Santa Cruz County. These short-term contracts were approved while a funding decision for additional health care outreach funds was pending with the Department of Health Services (DHS). Once a DHS funding decision was reached, the Human Resources Agency was to return to your Board to amend the contracts and request approval for new contracts. The purpose of this letter is to recommend that your Board approve the new and amended contracts between the Human Resources Agency and collaborative members.

#### **Background Information**

As you may recall, the Human Resources Agency, in conjunction the Health Services Agency and the Health Care Outreach Coalition of Santa Cruz County, proposed a twelve month project to the Packard Foundation to improve access to no-cost or low-cost health care coverage for low-income Santa Cruz County residents. The Packard Foundation negotiated with DHS, the submission of a proposal for matching state funds based on the Packard's contribution. DHS has augmented the HSA 1931 (b) Medi-Cal Outreach grant in the amount of \$50,000. Packard has recently approved an additional \$6,171 in funding for the project.

#### **Project Description**

The total funding package for these contracts includes \$100,991 from the Packard Foundation, of which \$94,820 was accepted previously, \$97,754 from DHS Medi-Cal Outreach Grant held by HSA, transferred to HRA, and \$42,499 in TANF Incentive Funds. There are no additional County costs.

The project will conduct outreach and enrollment activities, assist families with the application process for different programs, and enroll them in the appropriate health care program. Outreach and enrollment for the following programs will be provided: Access for Infants and Mothers Program (AIM); California Children's Services (CCS); Child Health and Disability prevention (CHDP);

Family PACT (Planning, Access, Care & Treatment); Pacific Health Advantage (PacAdvantage); Healthy Families Program; Managed Risk Medical Insurance Program (MRMIP); Medi-Cal and California Kids.

#### **Recommendations**

HRA is requesting that your Board approve and authorize the Human Resources Agency Administrator to execute the amended contracts with collaborative members in the following amounts and extend the term of the contracts through June 30, 2001: Food and Nutrition Services/WIC Program - \$24,038; Food and Nutrition Services/Adelante - \$19,190; Santa Cruz Community Counseling Center/youth Services - \$22,180; Valley Resource Center - \$18,048; Pajaro Valley Unified School District/Healthy Start - \$24,000; Community Action Board/Davenport Resource Service Center - \$8,968; Santa Cruz Office of Education - \$6,995; United Way of Santa Cruz County - \$27,349 and Project Coordinator - \$26,000. Approval and authorization for the Human Resources Agency Administrator to execute the following new contracts is also requested: All Rids by Two Immunization Coalition - \$8,730; Familia Center - \$11,600; Santa Cruz City Schools - \$19,08 1; Santa Cruz Women's Health Center - \$18,461. These contracts are on file with the Clerk of the Board.

#### IT IS THEREFORE RECOMMENDED that your Board:

- 1. Approve the attached resolution accepting unanticipated revenue in the amount of \$42,499 and appropriate these funds as described in the attached AUD 60;
- 2. Approve the attached resolution accepting unanticipated revenue from the Packard Foundation in the amount of \$6,171 and appropriate these funds as described in the attached AUD 60;
- 3. Approve and authorize the Human Resources Agency Administrator to sign the amended and new contracts for the Project Coordinator and the collaborative members as identified;
- 4. Approve the attached resolution accepting intra-fund transfer from HSA in the amount of \$97,754 and appropriate these funds as described in the attached AUD 74.

Very truly yours,

CECILIA ESPINOLA

Administrator

CE/CW:cw/Packard Grant FYOO-01 .doc

Cecilia Espinole

Attachments

RECOMMENDED:

32

BOARD OF SUPERVISORS Agenda: October 24, 2000 Health Care Outreach Project

Page 3

Susan A. Mauriello County Administrative Officer

cc: Auditor-Controller
County Counsel
Risk Management
Packard Foundation
Collaborative Members

N:hra/claudine/bos1024.doc

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

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

		duly	seconde	n of Supervis d by Supervis g resolution	sor	:	
	RES	DLUTION ACCE	PTING U	NATICIPATED 1	REVENUE		
HEREAS, th	ne County VE FUNDS	of Santa for <u>HEALTHCAR</u>	Cruz is E OUTREAC	s a recipie H & ENROLLMENT	nt of fun	ds <u>from</u> TANF program; and	
which are	either in	excess of th	ose ant	funds in the icipated or of the Coun	are not spe	of \$ 42,499 ecifically set	
	e availabl	e for specif				), such funds fths vote of	
				RED that the amount of \$_		z County <u>t</u> o	
Department	HRA- FAMILY	RELATIONS		_			
1/C	Index Number	Reve Subo Num	object	Account	Name	Amount	_
001	392400	237		CONTRIBUTIONS,	DONATIONS	42, 499	
and that s	such funds	be and are l	hereby a	appropriated	as follows	:	
T/C	Irdex Number	Subobject Number	PRJ/UCD	Account Na	ıme	Amount	_
321	392400	5191		CONTRIBUTIONS AGENCIES	i.	42,499	
				the fiscal			_
	d and that iscal year		(s) (ha	s been) <b>(wil</b>	.1 be) rece	ived within th	е
By	Trans	Departm	n <b>ent</b> Hea	Date d		100	-
AUD60 (Re	v <b>5/94)</b>					Page <b>1 of</b>	2

COUNTY F	ADMINISTRATIVE	OFFICER	/ Recommended to Board /// Not Recommended to Board
PASSED A State of by the f	AND ADOPTED by California, following vote	the Board this (requires	of Supervisors of the County of Santa Cruz day of 19 four-fifths vote for approval):
AYES:	SUPERVISORS		
NOES :	SUPERVISORS		
ABSENT:	SUPERVISORS		
	•		Chairperson of the Board
ATTEST:			
Clerk o	f the Board		
Mal	DAS TO FORM:		APPROVED AS TO ACCOUNTING DETAIL:  Noull Julian 10/10/00  Auditor-Controller
Cour Cour	oution: .tor-Controller nty Council nty Administra ginating Depar	tive Office	er

32

Page 2 of 2

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

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

		duly s	seconded	by Supervi	sorsorsorsorsorsorsorsomething for the contract of		
	RESC	LUTION ACCE	TING UNA!	TICIPATED	REVENUE		
		of Santa <b>Cru</b> For <b>HEALTHCARE</b>				m <u>PACKARD</u> program; and	
which are	either in	is recipient excess of <b>t</b> h fiscal year	ose anti	cipated or	are not sp	6,171 pecifically se	:t
WHEREAS, p may be ma the Board	odrsuant to de availabl of Supervi	Government e for specif sors;	Code Sec ic appro	tion <b>29130</b> priation by	<b>(c)/29064(</b> k / a four-fi	o), such funds fths vote of	
		T <b>resolved a</b> ccept funds					
Derartmer	nt <u>HRA FAMI</u> L	Y RELATIONS					
/c	Index Number	Reve Subc Uml	bject	Accou	nt Name	Amount	_
0:)1	392400	2372	s co	ONTRIBUTIONS,	DONATIONS	6, 171	
and that	such funds	be and are	hereby ar	propriated	as follows	ş:	
	Index Number	Expenditure Subobject Number	PRJ/UCD	Account N	lame	Anount	
021	392400	5191		TRIBUTIONS T	O OTHER	6,171	
					i		
research						have been eived within t	.he
By	Thanse	Departm	nent Head	Dat	ce <u>10/.</u>	5/01)	
AUD60 (F	Rev <b>5/94)</b>					Page 1 of	2

CO'JNTY	ADMINISTRATIVE	OFFICER	/	Recomm	ended to	Board	
			/	Not Re	commende	d to Boar	d
PASSED State o by the	AND ADOPTED by f California, t following vote	the Board his (requires	of Supe day four-fi	ervisor of fths v	s of the	County o	f Santa Cruz, 19
AYES:	SUPERVISORS						
NCES:	SUPERVISORS						
AESENT:	SUPERVISORS						
					Chairpe	rson of t	he Board
					CHAILPC	LEGII OL (	Sile Board
AMTEST	•						
C.erk	of the Board						
A?PROV	ED AS TO FORM:			APPR	OVED AS :	ro accoun	ring DETAIL:
Wills	Warey			La	mul.	Alm 10 roller	100
County	Counsel			Audi	tor-qonti	roller	F/F
Aud Cou Cou	bution: itor-Controller nty Council nty Administrat ginating Depart	cive Office	er				

			GRANT BUDGET					
			Year 2					
		Budget Period	711101 - 6130102	I				
BUDGET CATEGORIES	PACKARD	FOUNDATION	OTHER MATCH (e.g., MAA)		IN-KIND	OTHER (specify)	P	TOTAL ROJECT UDGET
Personnel								
Coordinator/\$25/.5 FTE	\$	26,000					\$	26,000
Analyst/\$19.72/.25 FTE				\$	10,254		\$	10,254
Mg <sup>-</sup> /\$24.65/.20 FTE				\$	10,344		\$	10,344
Ou reach Wkr/\$12/1.5 FTE	\$	86,000						
Total Salaries	\$	112,000	\$ -	\$	20,598	\$ -	\$	132,598
Fringe Benefits (30%)	\$	7,200		\$	6,177		\$	13,377
To:al Personnel	\$	119,200	\$ -	\$	26,775	\$ -	\$	145,975
Operating Expenses					<del></del>			
General Expenses	\$	3,829					\$	3,829
Space Rent/Lease								
Printing	\$	2,500					\$	2,500
Eq <b>Jipment</b> Rental								
Au dit Costs								
Total Operating Expenses	\$	6,329	\$ -	\$	•	-	\$	6,329
Equipment Purchase	\$	15,000					\$	15,000
(laptops)								
Subcontracts	_	-						
(TRA amounts reflected in other		•						
ca-egories)				<u> </u>				
Travel & Per Diem	\$	1,000					\$	1,000
Other Costs (Incontinos)	e 40.000	_						10.000
Other Costs (Incentives)	\$ 10,000						-f!	10,000
Indirect Costs	\$	7,885		- - I			\$	7,885
TOTAL	\$	 159,414	\$ -	\$	26,775	\$ -	\$	186,189

### **COUNTY OF SANTA CRUZ**

REQUEST FOR TRANSFER OR REVISION
OF BUILDET APPROPRIATIONS AND/OR FUNDS

0199

here			Supervisors / our approval of the	-						e fiscal year ending June 30, 19 200
	<del></del>		AUDITORS	USE ONLY				7 [	BATCH #	
	DOCL	UMENT #	***	TRUC	L/N	T/C	HASH	1	DATE	Keyed By:
Ē	6		1192	5 5 08:0	0002	1 1	43	3		A STATE OF THE STA
		T/C	INDEX	SUBORJECT	USER CO	DDE		AM	DUNT	ACCOUNT DESCRIPTION *
		0,2,1	3,9,2,4,0,0	5,1,9,1	, , ,	, ,	,	, 9,	7 7 5 4 0 0	CONTRIB TO OTHER AGENCII
	T 0				1 1 1		,	1 1	•	
	U		1 1 1 1 1	1 1 1	1 1 1	1 1	ı	1 1		
				1 1 1	<b>1</b> 1 1	i i	_	1 1		
		0,2,2	3,9,2,4,0,0	9,0,4,6	, , ,	, ,	ı	7, 9	7 5 4 <b>Q</b> Q	INTRA FUND TRANSFER
		ΙΙ	IIIII	1 1 1	1 1 1	1 1	1	1 1	, 	
<b>!</b>	F									
}	F R O			, , ,	1 1 1	1 1	1	1 1	1 1 1 1	
_	M	, ,	APPROPRIA	AIE IHE FU	HRA FRO	OM HSA HRA'S	(19 CON	31b <b>M</b>	EDI - CAL OUT	REACH GRANT) AND ER AGENCIES FOR
	M M Inati BUE	ion: DGET FO	APPROPRIA	CARE OUTR	HRA FRO	OM HSA HRA'S	(19 CON	31b <b>M</b>	EDI-CAL OUT ONS TO OTHI	REACH GRANT) AND ER AGENCIES FOR
pl: im id	e	ion: DGET FO	MEDICAL  Action: I hereby certi	CARE OUTR	HRA FROM INTO REACH COM	OM HSA HRA'S NTRACT	CON	31b METRIBUTI	EDI - CAL OUT ONS TO OTHI	Softunds and in the amounts indicated at
m d'd'uu	e	ion: DGET FO	APPROPRIE  MEDICAL  Action: I hereby certi  by	fy that unencur	mbered balance commend	OM HSA HRA'S NTRACT  nce(s) isl  4 to Bo sors of the Supervision of th	CON	31b METRIBUTION	Title (	s/funds and in the amounts indicated at puty    Not Recommended or Appr
m d' d' d	e	ion: DGET FO	APPROPRIE  MEDICAL  Action: I hereby certical  A	fy that unencur	mbered balance of Supervisiaid Board of Said B	OM HSA HRA'S NTRACT  nce(s) isl  4 to Bo sors of the Supervision on the Supervision of the Supervision on th	are ave	ailable in	Title	s/funds and in the amounts indicated at puty    Not Recommended or Appr   Date