

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

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.

<u>State Revenue Agreement</u> – 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.

<u>Central Coast Alliance for Health</u> – 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.

<u>Salud Para La Gente</u> – 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.

<u>Santa Cruz Aids Project</u> – 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.

<u>Front Street</u> – 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.

<u>Cabrillo College</u> – 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 Chancelor'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.

<u>Peter Graney</u> – 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:

 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.

Sincergly,

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

	RE	QUEST FOR	APPROVAL OF AGRE	EMENT	0131
Τα	Boardof Supervisors County Administrative Office <i>Auditor</i> controller	FROM: BY:	Health Services Ag Signature certifies that approp Expenditure Agreement	riations/revenues are	Signature) 1 28/2(Date) available
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	The agreement will provide			Stata contrac	+. #00-000572
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3. P	Period of the agreement is fromJu	ly 1, 2000	to	une 30, 2001	
	Anticipated Cost is \$N/A			onthly Rate 🗌 Annu	al Rate 🗋 Not to Exceed
5. C	Section III Board letter required Section IV Revenue Agreen Appropriations/Revenues are available a	ist for FY <u>00-01</u> equired, will be lis lired nent nd are budgeted i	Page CC- <u>11</u> Contract sted under Item <i>8</i> n360115	(Index)	6626 (Sub object)
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0:	Board of Superviso County Administral Auditor Controller		BY:	10	\ld_	gency riations/revenues a	(Signature)	(Department) 2/5/2_(Date)
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AGREE	MENT TYPE (Check One)	Ex	penditure Agreement 🔀	RevenueAgre	eement 🛄
The Fo	ard of Supervisors is hereby request	ed to approve the attac	ched agreement and au	thorize the execution of	f same.
1. Saic	d agreement is between the <u>COUNT</u>	Y OF SANTA CRU	Z HEALTH SERVICE	S AGENCY	(Department/Agency)
and	SALUD PARA LA GENTE, 20	04 East Beach S	t., Watsonville,	CA 95076	(Name/Address)
2. The	eagreementwillprovide_various State M	HIV education Naster Agreemen		services, funde	ed by the
3. Per	iod of the agreement is from <u>July</u>	1, 2001	to	lune 30, 2002	
4. Ant	kipated Cost is <u>\$ decrease</u> \$5,	.132 fotal \$37,	536 🔄 🗖 Fixed 🔲	Monthly Rate 🗌 An	nual Rate 🖄 Not to Exceed
Ra	marks:amendment to refle	ect decrease in	State funding	-	
	tail: On Continuing Agreements I Section II Section II Section II Section IV Revenue Agree	required, will be listed		tract NO: <u>11313-01</u>	OR 🔲 1 st Time Agreement
6. App	propriations/Revenues are available a	and are budgeted in	362700	(Index) <u>3</u>	3665 (Sub object
	NOTE: IF APPRO	PRIATIONS ARE INSUL	FICIENT, ATTACHED CO	OMPLETED AUD-74 OR	AUD-60
Approj		ve been encumbered	By: Cha	11313-01	Date: 2 13 02
Propox	sal and accounting detail reviewed a	nd approved. It is rec	ommended that the Boa	rt of Supervisors appro	ove the agreement and authorize
<u>_He</u> a	alth Services Administra	tor (Dept,	Agency Head) to execu	ite on behalf of the	
Hea	alth Services Agency				(Department/Agency
Date:	2/19/02		By: County Adr	ninistrative Office	
Distrit	bution: Board of Supervisors - White Auditor Controller - Canary Auditor-Controller - Pink Department - Gold	proved by said Boa	ex-officio Clerk of do hereby certify that the	ne g request fo commended by the Cou	ors of the County of Santa Cruz, or approval of agreement was ap- unty Administrative Office by an 20
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	R	EQUEST FOR			NENT		
TO:	Board of Supervisors county Administrative Office Auditor Controller	FROM: BY:	HEALTH SER	VICES AGEN	CY	Signature) 2/12/2-(Data	•
AGREEN	VENTTYPE (Check One)		Expenditure Agree				
The Bo a	ard of Supervisors is hereby reques	ted to approve the a	attached agreemen	t and authorize	the execution of s	ame.	-
	agreement is between the	••	•			(Department/Agency	}
	SANTA CRUZ AIDS PROJEC			ruz, CA 9	5061-0557	(Name/Address	
2. The		ious HIV educa te Master Agre		evention s	ervices, func	led by the	
	od of the agreement is fromJ	uly 1, 2001		to June	30, 2002		
4. Anti	icipated Cost is <u>\$ decrease by</u>	\$24,395 for	\$178,894 🔲 Fi	xed 🗌 Mont	niy Rate 🔲 Annua		
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The F	oard of Supervisors is hereby requeste	ed to approve the attache	d agreement and auth	orize the execution of	same.	
1. Sa	id agreement is between the <u>Count</u>	y of Santa Cruz	(Community Ment	al Health)	(Department/Agen	cy)
ar	d Front Street, Inc. 303	Potrero St., Su	<u>ite lA, Santa (</u>	Cruz, CA 95060	(Name/Addre	ess)
2. Th	e agreement will provide <u>a</u> Suppo	rted Housing proc	gram component	via contract a	mendment.	_
	riod of the agreement is from $_July$			<u>me 30, 2002</u>	2	_
	ticipated Cost is \$_3,370,500 the			-	1 - The American	
[required, will be listed un uired (contract ame	der Item 8	act No: 539–0 1	OR 1 st Time Agreem	ent
6. Ap	ppropriations/Revenues are available a	nd are budgeted in <u>363</u>	149	(Index)46	16 (Sub ot	oject)
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	REQ	COUNTY OF	SANTA CRUZ	EMENT	0136
To: Boardof supervis county Administr Auditor Controller	ors ative Office	FROM:He	alth Services	Agency	(Department) (Signature) 2/5/2 (Date) e available
AGREEMENTTYPE (Check	One)	Expendi	ure Agreement 🖾	Revenue Agree	
The Foard of Supervisors	i s hereby requested t	o approve the attached a	greement and author	rize the execution of s	same.
1. Said agreement is betw	veen theHealt	ch Services Agenc	y - Administra	ation	(Department/Agency)
and <u>Cabrillo</u>		Soquel Drive, Apt			(Name/Address)
2. The agreement will pro	wide <u>expande</u>	1 nursing educati	on program		
3. Period of the agreeme	nt is fromMat	rch 1, 2002	to	e 30, 2004	
4. Anticipated Cost is \$ Remarks:Audito	•	prance needed in I		Ionthly Rate 🗌 Ann	ual Rate 🖾 Not to Exceed
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are not	wailable and	encumbered.	Auditor-Contr		Date: 02/13/02
					e the agreement and authorize
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$\frac{\text{Health Serv}}{\text{Date:}} \frac{2}{17/07}$		·	By: County Admin	chrometer office	(Department/Agency)
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0137

COUNTY OF SANTA CRUZ REQUEST FOR APPROVAL OF AGREEMENT

			П 1.41-				(Department)
Τα	Boardof Supervisors County Administrative Office	FROM: BY:		Services Ag	gency	(Signature)_	
	Auditor Controller	D1.	Signature certifie	s that appropriat	tions/revenues a	re available	<u> </u>
AGRE	EMENTTYPE (Check One)		ExpenditureAgre	ement 🙀	Revenue Agre	eement 🗌	
The F	oard of Supervisors k hereby requested	d to approve the	attached agreeme	nt and authorize	the execution of	same.	
1. Sa	Id agreement is between the	th Services	s Agency - Me	ntal Health	h	(Depa	artment/Agency)
ai	d Peter Graney, 716 N Str	eet, Davis,	CA 95616				(Name/Address)
2. T	e agreement will provideShort	Doyle Medi	cal Systems	Enhancement	ts_and		
_	technical assistance						
3. Pe	riod of the agreement is fromFe	ebruary 15,	2002	_ toJune_	30, 2002		
4. A	nticipated Cost is \$40 hourly	,	[] F	ixed 🔀 Mont	🗱 Rate 🔲 Ani	nual Rate 🗌	Not to Exceed
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6. A	opropriations/Revenues are available an	d are budgeted	in363103		(Index)	3665	(Sub object)
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ł	lealth Services Administrat	:or ([)ept/Agency Head)	to execute on b	cehalf of the		
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Date	······································		By: C	ounty Administra	S/		,
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