

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**FROM:** Community Health Agency/Department of Public Health

**SUBMITTAL DATE:**  
January 11, 2007

**SUBJECT:** Ratify the Second Amendment between Riverside County Community Health Agency, Department of Public Health and Inland Empire Health Plan, DPH02K.089.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify the Second Amendment, No. DPH02K.089, between Riverside County Community Health Agency, Department of Public Health and Inland Empire Health Plan for the period of July 1, 2006 through June 30, 2007 in the amount of \$7,500; and
- 2) Authorize the Chairperson of the Board to sign five (5) originals of the Amendment on behalf of the County;

**BACKGROUND:**

IEHP, as a Local initiative Medi-Cal Managed Care Plan, is required to coordinate public health services with the public health departments of Riverside and San Bernardino Counties. Since 2002, the Community Health Agency has been contracted by IEHP to provide to its members asthma education classes. Therefore, IEHP is requesting to continue contracting with the Community Health Agency to provide an Asthma Education Program.

*Susan D. Harrington*

FN:CE:ma

Susan Harrington, Director of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 7,500	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	06/07

<b>SOURCE OF FUNDS:</b> 100% Funded by the Inland Empire Health Plan	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE

*Debra Cournoyer*

**County Executive Office Signature**

- Policy
- Policy
- Consent
- Consent

Dept Recomm.:  
Per Exec. Ofc.:

SOBJ 7VM SP VHI: PO  
RECEIVED VIA FBRIDE COUHLA

**Prev. Agn. Ref.:** 8/10/04, 3.23 | **District:** All | **Agenda Number:**

3 . 12

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

FORM APPROVED COUNTY COUNSEL

JAN 17 2007  
BY *H. V. Keeler*  
Departmental Concurrence

**Form 11 Attachment**  
**Contract/Lease/Purchase Summary Data**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> <b>Contract</b> | <input type="checkbox"/> <b>Lease</b> | <input type="checkbox"/> <b>Purchase</b> |
| Approval/Renewal                                    | Approval/Renewal                      | Sole Source                              |
| <input type="checkbox"/> Sole Source                | Mult-Year Lease                       | Other Than Low Bid                       |
| Personal Services                                   | Equipment                             | Change Order                             |
| Independent Contractor                              | Real Property                         |  |
| Other than low Bid                                  | Change Order                          |  |
| Change Order  |                                       |  |

<b>User Department:</b>	Community Health Agency
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<b>Vendor/Lessor Name:</b>	Inland Empire Health Plan
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<b>Vendor/Lessor Location:</b>	San Bernardino, CA
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Selection Committee Member Names (RFP=s Only)
Minority
Status: 9 M 9 W 9 DV 9 None

**Applicable Board Policy #**

**Comments:**

**RFQ/RFP Process:**

Date Mailed:  
 Response Date:  
 # of Responses:  
 # of Qualified Responses:

**Bidding Process:**

Bid Range:	\$	To: \$
Local Bid Range:	\$	To: \$
Responsive and Responsible Bid Range:	\$	To: \$
Local Performance Award Cost (5% maximum preference)	\$	To: \$
Local Preference FYTD: Cost	\$	To: \$

**Contract/Lease Renewals Only**  
**Proposed Differences**

**Existing Agreement Items**

**Proposed Agreement Items**

1. Rates
2. Terms
3. Conditions
4. Legal Issues
5. Accountability