

Attachment I
Amendment to Interlocal Agreement with University Health System
Summary

Goal: The ultimate goals of the transition of clinical preventive health services are to improve the quality of preventive health services, use resources more efficiently, and establish a seamless system of care for patients.

Proposed Changes:

- All individual clinical preventive health services should transition from SAMHD to UHS control, including the personnel and grants that support these activities. These services include prenatal care, family planning, well-child screenings, breast and cervical cancer screenings, senior health screenings, and refugee health services.
- SAMHD should continue to provide population-based health services including the health authority responsibilities, community health monitoring and investigations, community-based preventive health services, communicable disease control programs, food and environmental health programs, maintenance of vital statistics and public health emergency preparedness.
- UHS and SAMHD should continue to explore and implement changes to achieve functional integration of programs through the JPOC and its subcommittees.

Amendment to Interlocal Agreement

- Provide specific details on the services and resources to be included in the transition.
- Outline the process by which services and resources will be transitioned from COSA to UHS.
- Describe COSA, SAMHD, and UHS responsibilities during the transition period.

Section	Key Elements
1) Organizational Structure and Culture	<ul style="list-style-type: none"> ▪ Transitioned services will be situated within the UHS Ambulatory Care Division ▪ UHS will provide mechanisms to support maintenance and expansion of preventive health services within their organization
2) Clinical Operations and Medical Providers	<ul style="list-style-type: none"> ▪ UHS will implement services consistent with Texas Department of State Health Services and Joint Commission standards ▪ SAMHD will close and transfer patient medical records in accordance with HIPAA in support of coordination of care ▪ Medical providers will be employed by UHS through their medical group practice (CMA) and will work with UTHSCSA departments to provide appropriate supervision of services ▪ A SAMHD physician will be appointed to the CMA Board, and a CMA representative will be assigned to the JPOC to support coordination and oversight of services
3) Facilities	<ul style="list-style-type: none"> ▪ A comprehensive lease agreement will cover UHS use of ten current facilities and equipment: <ul style="list-style-type: none"> - Nine (9) of the facilities are City-owned - One (1) belongs to the San Antonio Housing Authority (Salinas Clinic) - In all but two (2) of the clinics, UHS will be co-located with other SAMHD staff or personnel from other City departments - If UHS wishes to expand services, one (1) other City-owned SAMHD facility is available (Southwest Branch) ▪ City will support building utilities, maintenance and current security systems.

	<ul style="list-style-type: none"> ▪ UHS will assess long-term facility use following the initial transition period and negotiate lease or transition of property.
4) Information Systems	<ul style="list-style-type: none"> ▪ City will support current IT and telecommunication systems through the transition period ▪ Access to SAP will be disabled ▪ UHS staff using City computer equipment will be subject to related ADs ▪ System upgrades or changes required will be coordinated through ITSD and paid for by UHS
5) Human Resources	<ul style="list-style-type: none"> ▪ 125 positions to transfer from COSA to UHS on February 4, 2008 ▪ Employee compensation paid in accordance with UHS internal equity and years of professional service. No employee will realize a decrease in compensation ▪ COSA will pay out or transfer remaining annual leave balances to employees. Employees will accrue leave with UHS based on their COSA years of service ▪ Arrangements made for employees close to retirement ▪ FT classified employees with >15 years exp. and support personnel given option to be placed in other COSA jobs
6) Funding Plan	<ul style="list-style-type: none"> ▪ UHS operations during the transition period will be supported by a combination of City funding, grant/contract revenues and other revenues (Medicaid, Medicare, patient co-payments, etc.) earned through clinic operations ▪ Future funding of services by UHS will include an upward adjustment of their tax rate ▪ Reduction of the City tax rate to match this adjustment will be recommended in accordance with State law and in good faith toward the taxpayer. ▪ A 2-step transfer of function and adjustment of tax rates is outlined to overcome issues for a transfer of function between two taxing units with different fiscal years.
7) Grants/Contracts and Billing	<ul style="list-style-type: none"> ▪ Eight grants/contracts with annual revenues of approximately \$1.87 million will be transitioned to UHS ▪ SAMHD has been working with grantors to terminate these grants/contracts effective February 1, 2008 and establish them with UHS as the grantee ▪ UHS will assume responsibility for all grant deliverables and billing ▪ For outreach activities associated with Title X grant programs UHS will fund SAMHD to complete grant objectives through an amendment to the Interlocal Agreement
8) Ancillary Services	<ul style="list-style-type: none"> ▪ During the transition year, SAMHD will pay UHS to process laboratory specimens for unfunded patients seen at preventive health clinics up to a total of \$176,000 ▪ UHS will continue to provide pharmacy and radiology services for other SAMHD clinical services as per the Interlocal Agreement
9) Health Promotion/Preventive Health Programs	<ul style="list-style-type: none"> ▪ UHS and SAMHD will work cooperatively toward integrating health promotion and disease prevention programs to improve community health ▪ SAMHD will lead an effort to develop a community health agenda and strategic plan for population-based services ▪ UHS will align their prevention programs to the SAMHD agenda
10) Public Health Events/Public Health Emergencies	<ul style="list-style-type: none"> ▪ SAMHD and UHS will jointly develop a community response plan to assure adequate staffing and resources are available from both entities to meet community needs for an all hazards emergency response and public health

	<p>events</p> <ul style="list-style-type: none"> ▪ SAMHD and UHS will develop a joint annex to be included in each organization's emergency response plan that addresses the specific details of the job categories, training requirements, and mechanism to ensure adequate staffing levels for any all hazard response
11) Assuring Quality of Transitioned Services	<ul style="list-style-type: none"> ▪ A performance management plan is in development to monitor the quality, accessibility, equity and efficiency of transitioned services, as well as client and staff satisfaction ▪ Quarterly performance reports will be provided to the JPOC with periodic reports to COSA and UHS leadership and will include performance improvement actions if necessary
12) Joint Planning and Operations Council	<ul style="list-style-type: none"> ▪ Section outlines areas of continued JPOC collaboration during the transition period focusing on both oversight of transitioned services and partnership on new health promotion activities ▪ JPOC membership will be reevaluated to include other individuals and partner entities to support coordinated preventive health service delivery