

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

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| | | |
|--------------------------------|---|---|
| Meeting Date: February 6, 2007 | <input checked="" type="checkbox"/> Consent | <input type="checkbox"/> Regular |
| | <input type="checkbox"/> Workshop | <input type="checkbox"/> Public Hearing |

Department

Submitted By: Community Services

Submitted For: Ryan White Title I

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 3 to the contract with Treasure Coast Health Council (R2006-1086) providing an additional \$7,000 for specialty medical services.

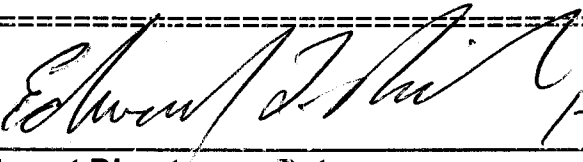
Summary: These are the remaining funds provided by The Palm Beach County Health Department grant to the County (R2006-1350, dated July 18, 2006) to supplement the Ryan White Title I funds. This funding will be used to provide specialty medical services to HIV affected clients. No County funds are required. (Ryan White) Countywide (TKF).

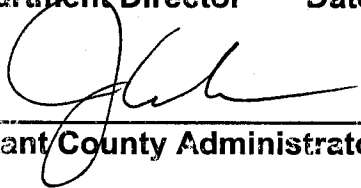
Background and Justification: Palm Beach County Ryan White Title I program received \$1.25 million less federal dollars this current grant year to serve persons with HIV/AIDS. The Palm Beach County Health Department supplemented the shortfall with a \$250,000 grant. The funds were allocated to various agencies with the exception of \$7,000 which is now being allocated to the Treasure Coast Health Council.

Attachments:

1. Amendment No. 3 Treasure Coast Health Council, Inc.

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| | |
|--|-----------|
| Recommended by:  | 1-17-2007 |
| Department Director | Date |

| | |
|--|---------|
| Approved by:  | 1/31/07 |
| Assistant County Administrator | Date |

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2007 | 2008 | 2009 | 2010 |
|-------------------------------|-----------------|--------------------------|--------------------------|--------------------------|
| Capital Expenditures | <u>0</u> | <u> </u> | <u> </u> | <u> </u> |
| Operating Costs | <u>7,000</u> | <u> </u> | <u> </u> | <u> </u> |
| External Revenues | <u>(7,000)</u> | <u> </u> | <u> </u> | <u> </u> |
| Program Income (County) | <u>0</u> | <u> </u> | <u> </u> | <u> </u> |
| In-Kind Match (County) | <u>0</u> | <u> </u> | <u> </u> | <u> </u> |
| NET FISCAL IMPACT | <u>0</u> | <u> </u> | <u> </u> | <u> </u> |
| # ADDITIONAL FTE | | | | |
| POSITIONS (Cumulative) | | | | |

Is Item Included in Current Budget? Yes X No
Budget Account No.: Fund 1010 Dept 142 Unit 1473 Object 8201
Program Code RW 53

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Funding provided through the Palm Beach County Health Department. No county match is required.

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Jan. 23-07 1/29/07
OFMB Contract Dev. and Control

B. Legal Sufficiency: 1/30/07

Assistant County Attorney

This amendment complies with our review requirements.

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

**AMENDMENT TO RYAN WHITE TITLE I
HIV HEALTH SUPPORT SERVICES**

THIS AMENDMENT TO THE RYAN WHITE TITLE I HIV HEALTH SUPPORT SERVICES CONTRACT (Document No.R2006-1086, dated April 4, 2006) made and entered into at West Palm Beach Florida, on this ____ day of ____, 2006 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Treasure Coast Health Council hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 4152 W. Blue Heron Boulevard Suite 229 Riviera Beach, Florida 33404.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Specialty Medical.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on April 4, 2006 is hereby amended as follows:

I. A new Work Plan "A2" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A1" in its entirety for Specialty Medical. Units of service will increase from 425 units (visits) to 428 units (visits).

II. A new Budget Exhibit "B2" attached hereto showing the new total budget for funding for Specialty Medical shall replace the original Exhibit "B1" in its entirety.

III. Increase funding for Specialty Medical by \$7,000 for a new total of \$477,251.

IV. Total contract not to exceed amount will be \$614,163.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this Third Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:

Sharon R. Bock
Clerk and Comptroller

PALM BEACH COUNTY, FLORIDA,
BY ITS BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

Date

WITNESS:

Patricia Davis
Signature

Patricia Davis
Witness Name

Treasure Coast Health Council

By: _____

Signature

Barbara Jacobowitz
Executive Director

12-29-06
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

Edward L. Rich
Edward L. Rich, Director

WORK PLAN
March 1, 2006 through February 28, 2007

Page 1

Treasure Coast Health Council

AREA TO BE SERVED: All of Palm Beach County

| <u>OBJECTIVE(S)</u> | <u>ACTIVITIES</u> | <u>START DATE</u> | <u>END DATE</u> | <u>NON-DUPLICATING STATEMENT</u> |
|---|--|---------------------------------|-----------------------------------|---|
| <p>1.Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of service.</p> <p>2.Impact Statement: When the objective is accomplished, what impact will it will have?</p> | Describe the sequential steps to be taken to accomplish the objective. | | | Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are |
| <p>Ryan White Title I Outpatient Specialty Medical</p> <p>1. Objectives:</p> <p>A.) A unit of service is defined as a visit of specialty medical care treatment. TCHC will provide Specialty Medical Outpatient services to an unduplicated 428 clients. A unit varies according to the type of service performed.</p> <p>B.) 428 HIV+ men, women, and children will have access to outpatient specialty medical services as referred by the primary physician.</p> <p>unit=varies by service visit=varies by service cost=actual cost of procedure</p> | <p>1.) Upon contractual agreement, TCHC will negotiate services with medical outpatient specialists up to 150% above the medicaid rate.</p> <p>2.) Case Managers and Referral Clerks will send referral form for eligible clients with 48 hours of receipt from the primary medical physician.</p> | <p>3-1-2006</p> <p>3-1-2006</p> | <p>2-28-2007</p> <p>2-28-2007</p> | <p>Ryan White outpatient specialty medical providers in Palm Beach County report their services by client URN thus duplication of services is easily identifiable.</p> |

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BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical

Agency Name: Treasure Coast Health Council, Inc.

Budget Period: March 1, 2006 thru February 28, 2007

| Category | Administration | Program | Total Amount | Cost Per Unit |
|--------------------|----------------|------------|--------------|---------------|
| A. Personnel | 23,872 | 45,832 | 69,704 | N/A |
| B. Fringe Benefits | 7,330 | 14,888 | 22,218 | N/A |
| C. Travel | 2,250 | 1,000 | 3,250 | N/A |
| D. Equipment | 0 | 0 | 0 | N/A |
| E. Supplies | 800 | 1,000 | 1,800 | N/A |
| F. Contractual | 473 | 356,306 | 356,779 | N/A |
| G. Other | 13,000 | 10,500 | 23,500 | N/A |
| Total | \$ 47,725 | \$ 429,526 | \$ 477,251 | \$ N/A |

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BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical

Agency Name: Treasure Coast Health Council, Inc.

Budget Period: March 1, 2006 thru February 28, 2007

| REVENUES | | Administration Amount | Program Amount | Total Service Costs |
|----------|---|--------------------------|-------------------|------------------------|
| 1 | Funds from government Sources (Specify Source of Funds) | 47,725 | 429,526 | 477,251 |
| 2 | Foundations | | | |
| 3 | Other Grants | | | |
| 4 | Fund Raising | | | |
| 5 | Contributions/Legacies/Bequests | | | |
| 6 | Membership Dues | | | |
| 7 | Program Service Fees and Sales to the Public | | | |
| 8 | Investment Income | | | |
| 9 | In Kind | | | |
| 10 | Miscellaneous Revenue | | | |
| 11 | Total Revenue | \$47,725 | \$429,526 | \$477,251 |

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical
Agency Name: Treasure Coast Health Council, Inc.
Budget Period: March 1, 2006 thru February 28, 2007

| EXPENDITURES | | Administration Amount | Program Amount | Total Service Costs |
|--------------|-------------------------------------|--------------------------|-------------------|------------------------|
| 12 | Salaries (Must agree with form C-1) | 23,872 | 45,832 | 69,704 |
| 13 | Employee Benefits | | | |
| a. | FICA | 1,826 | 3,506 | 5,332 |
| b. | FI Unemployment | 185 | 340 | 525 |
| c. | Workers' Compensation | 125 | 250 | 375 |
| d. | Health Plan | 4,000 | 8,500 | 12,500 |
| e. | Retirement | 1,194 | 2,292 | 3,486 |
| 14 | Sub-Total Employee Benefits | 7,330 | 14,888 | 22,218 |
| 15 | Sub-Total Salaries & Benefits | 31,202 | 60,720 | 91,922 |
| 16 | Travel | | | |
| a. | Travel/Transportation | 750 | 500 | 1,250 |
| b. | Conferences/Registration/Travel | 1,500 | 500 | 2,000 |
| 17 | Sub-Total Travel | 2,250 | 1,000 | 3,250 |

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical
Agency Name: Treasure Coast Health Council, Inc.
Budget Period: March 1, 2006 thru February 28, 2007

| EXPENDITURES | | Administratio n Amount | Program Amount | Total Service Costs |
|--------------|---|---------------------------|-------------------|------------------------|
| 18 | Equipment | 0 | 0 | 0 |
| 19 | Supplies | 0 | 0 | 0 |
| a. | Office Supplies | 800 | 1,000 | 1,800 |
| b. | Program Supplies | 0 | 0 | 0 |
| 20 | Sub-Total Supplies | 800 | 1,000 | 1,800 |
| 21 | Contractural (Attach sheet showing details if more space is needed) | 473 | 356,306 | 356,779 |
| 22 | Other | | | |
| A. | Communications/Utilities | | | |
| | 1. Telephone | 1,000 | 1,000 | 2,000 |
| | 2. Postage & Shipping | 250 | 500 | 750 |
| | 3. Utilities (Power/water/Gas) (Based on % of occupied space) | 850 | 850 | 1,700 |
| | Sub-Total Comuncations/Utilities | 2,100 | 2,350 | 4,450 |

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical
Agency Name: Treasure Coast Health Council, Inc.
Budget Period: March 1, 2006 thru February 28, 2007

| EXPENDITURES | | Administration Amount | Program Amount | Total Service Costs |
|--------------|------------------------------------|--------------------------|-------------------|------------------------|
| B. | Food Service | 0 | 0 | 0 |
| C. | Rental | | | |
| | 1. Building | 5,000 | 5,000 | 10,000 |
| | 2. Equipment | 1,000 | 750 | 1,750 |
| | Sub-Total Rental | 6,000 | 5,750 | 11,750 |
| D. | Repair & Maintenance | | | |
| | 1. Building Maintenance | 500 | 500 | 1,000 |
| | 2. Equipment Maintenance | 0 | 0 | 0 |
| | Sub-total Repair & Maintenance | 500 | 500 | 1,000 |
| E. | Specific Assistance to individuals | 0 | 0 | 0 |
| F. | Dues & Membership | 0 | 0 | 0 |

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BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical
Agency Name: Treasure Coast Health Council, Inc.
Budget Period: March 1, 2006 to February 28, 2007

| EXPENDITURES | | Administration Amount | Program Amount | Total Service Costs |
|--------------|---|--------------------------|-------------------|------------------------|
| G. | Subscriptions | 200 | 0 | 200 |
| H. | Training & Development | 250 | 500 | 750 |
| I. | Printing | 0 | 900 | 900 |
| J. | Copy Cost | 0 | 0 | 0 |
| K. | Advertising | 250 | 0 | 250 |
| L. | Audit Fees | 1,200 | 0 | 1,200 |
| M. | Office Furniture and Equipment (Attach a sheet showing details) | 1,500 | 500 | 2,000 |
| N. | Insurance/Bonding | 1,000 | 0 | 1,000 |
| | | | | |
| 23 | Sub-Total Other | 13,000 | 10,500 | 23,500 |
| 24 | Total Expenditures | \$47,725 | \$429,526 | \$477,251 |
| 25 | Total Cost per Unit of Service (must match unit of service cost used in Workplan) | N/A | N/A | N/A |

\$477,251

ALL FINANCIAL INFORMATION ROUNDED TO THE NEAREST DOLLAR

06-07 budget SPEC revised 12-06.xls PBC HIV CC Sheet6

Use additional sheets if necessary.

Agency: _Treasure Coast Health Council

Agency Budget for Fiscal Year

3/01/06 To 2/28/07

| REVENUES | Title I Ryan White | Title II Ryan White | HOPWA | Other * Federal | Other * State | Other * Local | |
|---|-----------------------|------------------------|------------|--------------------|------------------|------------------|--------------|
| 1. Funds from Govt. Sources | \$ 1,099,219 | \$ 3,003,109 | \$ 682,296 | \$ - | \$ 150,000 | \$ 9,860 | \$ 4,944,484 |
| 2. Foundations | | | | | | | |
| 3. Other Grants | | | | | | | |
| 4. Fund Raising | | | | | | | |
| 5. Contributions/ Legacies/Bequests | | | | | | | \$ - |
| 6. Membership Dues | | | | | | | |
| 7. Program Svc Fees/ Sales to Public | | | | | | \$ 24,000 | \$ 24,000 |
| 8. Investment Income | | | | | | | |
| 9. In-Kind | | | | | | | |
| 10. Miscellaneous | | | | | | | |
| 11. Total Revenues | \$ 1,099,219 | \$ 3,003,109 | \$ 682,296 | \$ - | \$ 150,000 | 33,860 | \$ 4,968,484 |

All Financial Information Rounded to Nearest Dollar

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Agency: _Treasure Coast Health Council

Agency Budget for Fiscal Year

3/01/06 To 2/28/07

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

| EXPENDITURES | Title I Ryan White | Title II Ryan White | HOPWA | Other * Federal | Other * State | Other * Local | |
|--|-----------------------|------------------------|-----------|--------------------|------------------|------------------|------------|
| 12. Salaries | \$ 307,202 | \$ 165,134 | \$ 34,051 | \$ - | \$ 100,474 | \$ 3,000 | \$ 609,861 |
| 13. Employee Benefits: | | | | | | | |
| a. FICA | \$ 23,503 | \$ 12,632 | \$ 2,604 | \$ - | \$ 9,890 | \$ 230 | \$ 48,859 |
| b. FL Unemployment | \$ 2,708 | \$ 687 | \$ 173 | \$ - | \$ 555 | \$ 50 | \$ 4,173 |
| c. Workers' Comp. | \$ 2,037 | \$ 1,032 | \$ 338 | \$ - | \$ 1,149 | \$ 20 | \$ 4,576 |
| d. Health Plan | \$ 50,567 | \$ 22,000 | \$ 3,000 | \$ - | \$ 10,560 | \$ 1,000 | \$ 87,127 |
| e. Retirement | \$ 15,364 | \$ 8,256 | \$ 1,702 | \$ - | \$ 5,026 | \$ 150 | \$ 30,498 |
| 14. Sub-Total Employee Benefits | \$ 94,179 | \$ 44,607 | \$ 7,817 | \$ - | \$ 27,180 | \$ 1,450 | \$ 175,233 |
| 15. Sub-Total Salaries/Benefits | \$ 401,381 | \$ 209,741 | \$ 41,868 | \$ - | \$ 127,654 | \$ 4,450 | \$ 785,094 |
| 16. Travel | | | | | | | |
| a. Travel/Transportation | \$ 3,041 | \$ 2,500 | \$ - | \$ - | \$ 200 | \$ 3,500 | \$ 9,241 |
| b. Conferences/ Registration/Travel | \$ 5,300 | \$ 5,000 | \$ - | \$ - | \$ 400 | \$ 4,700 | \$ 15,400 |
| 17. Sub-Total Travel | \$ 8,341 | \$ 7,500 | \$ - | \$ - | \$ 600 | \$ 8,200 | \$ 24,641 |

All Financial Information Rounded to Nearest Dollar

Agency: Treasure Coast Health Council

Agency Budget for Fiscal Year

3/01/06 To 2/28/07

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

| EXPENDITURES | Title I Ryan White | Title II Ryan White | HOPWA | Other * Federal | Other * State | Other * Local | |
|---------------------------------------|-----------------------|------------------------|----------|--------------------|------------------|------------------|------------|
| 18. Equipment | \$ 2,100 | \$ 1,500 | \$ - | | | \$ - | \$ 3,600 |
| 19. Supplies | | | | | | | |
| a. Office Supplies | \$ 4,787 | \$ 3,600 | \$ - | \$ - | \$ 800 | \$ 2,000 | \$ 11,187 |
| b. Program Supplies | \$ 3,838 | | | | | | |
| c. Computer Software | | | | | | \$ - | \$ - |
| 20. Sub-Total Supplies | \$ 8,625 | \$ 3,600 | \$ - | \$ - | \$ 800 | \$ 2,000 | \$ 15,025 |
| 21. Contractual | \$ 519,822 | \$ 1,466 | \$ 1,500 | | | \$ - | \$ 522,788 |
| 22. Other | | | | | | | |
| A. Communications/Utilities | | | | | | | |
| 1. Telephone | \$ 6,025 | \$ 5,350 | \$ 600 | \$ - | \$ 2,069 | \$ - | \$ 14,044 |
| 2. Postage & Shipping | \$ 2,025 | \$ 4,650 | \$ 400 | \$ - | \$ 1,200 | \$ 3,500 | \$ 11,775 |
| 3. Utilities (Power/Water/Gas) | \$ 6,000 | \$ 2,430 | \$ 500 | | \$ 1,512 | | \$ 10,442 |
| 4. Data Lines | \$ 43,540 | | | | | \$ 3,000 | \$ 46,540 |
| Sub-Total Communications/Utilities | \$ 57,590 | \$ 12,430 | \$ 1,500 | \$ - | \$ 4,781 | \$ 6,500 | \$ 82,801 |

All Financial Information Rounded to Nearest Dollar

Agency: Treasure Coast Health Council

Agency Budget for Fiscal Year

3/01/06 To 2/28/07

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

| EXPENDITURES | Title I Ryan White | Title II Ryan White | HOPWA | Other * Federal | Other * State | Other * Local | |
|---------------------------------------|-----------------------|------------------------|------------|--------------------|------------------|------------------|--------------|
| B. Food Service | \$ 900 | | \$ - | | \$ 67 | \$ 2,000 | \$ 2,967 |
| C. Rental | | | | | | | |
| 1. Building | \$ 46,260 | \$ 18,661 | \$ 2,500 | | \$ 11,664 | | \$ 79,085 |
| 2. Equipment | \$ 6,900 | \$ 5,700 | \$ 500 | \$ - | \$ 900 | | \$ 14,000 |
| Sub-Total Rental | \$ 53,160 | \$ 24,361 | \$ 3,000 | | \$ 12,564 | | \$ 93,085 |
| D. Repair & Maintenance | | | | | | | |
| 1. Building Maintenance | \$ 3,875 | \$ 1,650 | \$ 500 | | \$ 1,034 | 2000 | \$ 9,059 |
| 2. Equipment Maintenance | \$ 750 | | | | | 2000 | \$ 2,750 |
| Sub-Total Repair & Maintenance | \$ 4,625 | \$ 1,650 | \$ 500 | | \$ 1,034 | | \$ 7,809 |
| E. Specific Assistance to individuals | | \$ 2,721,479 | \$ 631,628 | | | | \$ 3,353,107 |
| F. Dues & Membership | \$ 100 | | | | | 3000 | \$ 3,100 |
| G. Subscriptions | \$ 200 | | | | | \$ - | \$ 200 |

All Financial Information Rounded to Nearest Dollar

Agency: Treasure Coast Health Council

Agency Budget for Fiscal Year 3/01/06 To 2/28/07

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

| EXPENDITURES | Title I Ryan White | Title II Ryan White | HOPWA | Other * Federal | Other ** State | Other * Local | |
|--------------------------------------|-----------------------|------------------------|------------|--------------------|-------------------|------------------|--------------|
| H. Training & Development | \$ 2,675 | \$ 2,000 | | | | \$ - | \$ 4,675 |
| I. Printing | \$ 1,056 | \$ 5,150 | \$ 500 | \$ - | \$ 500 | \$ 6,500 | \$ 13,706 |
| J. Copy Cost | \$ - | | | | | | \$ - |
| K. Advertising | \$ 900 | \$ 1,928 | \$ - | | | \$ - | \$ 2,828 |
| L. Audit Fees | \$ 2,400 | \$ 10,000 | \$ 3,000 | \$ - | \$ 1,000 | \$ 150 | \$ 16,550 |
| M. Office Furniture and Equipment | \$ - | | | \$ - | | | \$ - |
| N. Insurance/Bonding | \$ 5,200 | \$ 1,804 | \$ 300 | | \$ 1,000 | | \$ 8,304 |
| O. Members Fund | \$ 20,500 | | | | | | \$ 20,500 |
| P. Outreach Incentives | \$ 8,800 | | | | | | \$ 8,800 |
| Q. Taxes/Lic/Fees | \$ - | 0 | | | | \$ 2,000 | \$ 2,000 |
| R. Data Processing | | | | | | \$ 2,060 | \$ 2,060 |
| 25. Sub-Total Other | \$ 149,306 | \$ 59,323 | \$ 640,428 | \$ - | \$ 2,500 | \$ 10,710 | \$ 862,267 |
| 28. Total Expenditures | \$ 1,099,219 | \$ 3,003,109 | \$ 682,296 | \$ - | \$ 150,000 | \$ 33,860 | \$ 4,968,484 |

TAGCY-RW

All Financial Information Rounded to Nearest Dollar