

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: January 15, 2008	<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 Part A

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: amendment no. 1 to contract with Treasure Coast Health Council (R2007-1478) to correct work plan dates for Program Support.

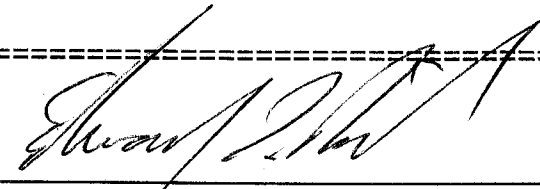
Summary: Dates throughout the work plan of the Treasure Coast Health Council contract are incorrect. This amendment is needed to correct dates to the work plan. No County funds are required. (Ryan White) Countywide (TKF).

Background and Justification: The work plan dates reflected on the Treasure Coast Health Council's contract hinder the payment process because they are incorrect. The dates must be corrected in order to ensure proper payment processing throughout the contract term.

Attachments:

Amendment #1- Treasure Coast Health Council

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Recommended by:		12-17-2007
	Department Director	Date

Approved by:		12-28-2009
	Assistant County Administrator	Date

FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	<u>0</u>	_____	_____	_____	_____
Operating Costs	<u>0</u>	_____	_____	_____	_____
External Revenues	<u>0</u>	_____	_____	_____	_____
Program Income (County)	<u>0</u>	_____	_____	_____	_____
In-Kind Match (County)	<u>0</u>	_____	_____	_____	_____
NET FISCAL IMPACT	<u>0</u>	_____	_____	_____	_____
# ADDITIONAL FTE	<u>0</u>	_____	_____	_____	_____
POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes X No
 Budget Account No.: Fund 1010 Dept 142 Unit 1475 Object 8201
 Program Code 53

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Funding provided through the U.S. Department of Health and Human Services.
 No county match is required.

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:
 Approval of this item will not change the original contract amount of \$190,020.

[Handwritten Signature] 12-21-07 *[Handwritten Signature]* 12/20/07
 OFMB Contract Dev. and Control

B. Legal Sufficiency: *[Handwritten Signature]* 12/26/07
 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 Part A
HIV HEALTH SUPPORT SERVICES**

THIS AMENDMENT TO THE RYAN WHITE Part A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No.R-2007-1478, dated September 11, 2007) made and entered into at West Palm Beach Florida, on this ____ day of ____, 2007 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Treasure Coast Health Council, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 600 Sand Tree Drive, Palm Beach Gardens, FL 33403.

WITNESSETH:

WHEREAS, the need exists to amend the contract to correct work plan dates for Care Council Support and Program Support.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on September 11, 2007 is hereby amended as follows:

- I. New Work Plans with date corrections**
 - a. Program Support**
 - b. Care Council Support**

- II. Total contract not to exceed \$ 190,020 (amount remains the same).**

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First 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

Treasure Coast Health Council, Inc.

WITNESS:
Gayle Corso
Signature

By: Barbara Jacobowitz
Signature
Barbara Jacobowitz
Executive Director

Gayle Corso
Witness Name

12/5/07
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 PART A Formula
(Ryan White Title I) PROGRAM SUPPORT (MIS) - March 1, 2007 through May 31, 2007

A1

<p align="center"><u>OBJECTIVE(S)</u></p> <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>	<p align="center"><u>ACTIVITIES</u></p> <p>Describe the sequential steps to be taken to accomplish the objective.</p>	<p align="center"><u>START DATE</u></p>	<p align="center"><u>END DATE</u></p>	<p align="center"><u>NON-DUPLICATING STATEMENT</u></p> <p>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 needed.</p>
<p>1. Objectives:</p> <p>A.) To maintain and expand the standard data collection and management information system for all providers of Ryan White Title I funded services in Palm Beach County.</p> <p>B.) Add PBC Health Care District and PBC Health Department to the FACTORS database through the use of a datapump ofware product to upload bulk service information, and access to FACTORS through a remote desktop system.</p> <p>C.) Continue countywide reporting of demographic and service related data on a centralized basis which will enable the EMA to meet federal reporting requirements under the Ryan White CARE Act Title I Grant.</p> <p>D.) Ongoing maintenance of the central database of information relating to HIV/AIDS services for use in planning, implementing and monitoring programs planned for or funded through the Ryan White Title I Grant to Palm Beach County.</p> <p>2. Impact:</p> <p>A.) Upon implementation and ongoing operation of the Management Information Services Project, the EMA will be better positioned to understand who is receiving publically funded HIV/AIDS services. What those services are, and what agencies are providing the services.</p>	<p>Verify the existing capacity of various participating agencies and determine the necessary data system expansion to support data input and report generation at each site.</p> <p>Complete design and writing of appropriate program code. Test, procedures with fictional client data, then beta test and complete installation. Begin ongoing uploading of client level data.</p> <p>Train staff at various agencies as appropriate. Provide technical assistance in the development of reports necessary for program reporting.</p> <p>Upgrade various database tables, create and run necessary reports, maintain the database software and implement any upgrades to the system as necessary.</p> <p>Ongoing training of MIS staff, key project support staff and other system management-level staff in administration of the FACTORS and user-level software operation.</p>	<p align="center">3-1-2007</p> <p align="center">3-1-2007</p> <p align="center">3-1-2007</p> <p align="center">3-1-2007</p> <p align="center">3-1-2007</p>	<p align="center">5-31-2007</p> <p align="center">5-31-2007</p> <p align="center">5-31-2007</p> <p align="center">5-31-2007</p> <p align="center">5-31-2007</p>	<p>There is no other resource in Palm Beach County Florida which collects, processes and distributes on a countywide basis, information suitable and necessary for the planning, operating, maintaining and monitoring of HIV/AIDS medical and support services.</p>

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Formula FY07-08 CARE COUNCIL SUPPORT

<p><u>OBJECTIVE(S)</u></p> <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>	<p><u>ACTIVITIES</u></p> <p>Describe the sequential steps to be taken to accomplish the objective.</p>	<p><u>START DATE</u></p>	<p><u>END DATE</u></p>	<p><u>NON-DUPLICATING STATEMENT</u></p> <p>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</p>
<p><u>OBJECTIVE ONE:</u></p> <p>To provide staff assistance to the 45 member HIV CARE Council and all members of the various committees of the CARE Council.</p> <p>Successful completion of the accompanying activities will effect accomplishing the Council's goal to work across all locally available funding streams to collaboratively identify, prioritize and allocate funding for HIV/AIDS Services in Palm Beach County. Successful implementation of CARE Council activities will ensure the community based identification of need, needs based allocation of funding for services and the rapid contracting of identified services.</p>	<p><u>General Activities:</u></p> <p><u>1. Provide administrative support to the Palm Beach County HIV CARE Council in relation to the Council's legislated mandate to:</u></p> <p>A) Establish priorities for the allocation of funds within the Eligible metropolitan Area (EMA), including how best to meet each such priority and additional factors the grantee should consider in allocating funds under a grant based upon 1)documented needs of the HIV-Infected populations; 2)cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable); 3)priorities of the HIV-infected population for whom the services are intended and; 4) availability of other governmental and non-governmental resources.</p> <p>B) Develop a comprehensive plan for the organization and delivery of health services to individuals with HIV</p>	<p>3-1-07</p>	<p>2-29-08</p>	<p>No other agency or resource provides planning and administrative support to the federally required CARE Council.</p> <p>Activities carried out by the CARE Council are required in the planning, development and initiation of HIV/AIDS Services funded through the Ryan White CARE Act Title I and Title II grants made to Palm Beach County Florida.</p>

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Formula FY07-08 CARE COUNCIL SUPPORT

	<p>disease;</p> <p>C) Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible metropolitan area. At the discretion of the council assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs;</p> <p>D) Participate in the development of a statewide coordinated statement of need initiated by the State public health agency responsible for administering grants under Title II;</p> <p>E) Establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups and convening ad-hoc panels.</p> <p>F) Provide staff support to all officially convened CARE Council Meetings.</p> <p>G) Provide staff support to all officially convened CARE Council Committee and Sub-Committee meetings other than those associated with the Quality Assurance Program i.e. Medical Services Committee, Support Services Committee and Quality Assurance and Evaluation Committee.</p> <p>H) Provide staff support and professional expertise as appropriate to planning activities recommended by the</p>			
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Formula FY07-08 CARE COUNCIL SUPPORT

	<p>Program for new members to strengthen participation on both the CARE Council and its committees.</p> <p>Assist CARE Council members with participating in additional training programs sponsored by HRSA, relating to enhancing capacity to perform committee and group activities such as developing community plans, coming to group consensus, and maintaining community involvement.</p> <p>4. Needs Assessment Activities: Provide professional and administrative support to the Planning Committee to enable the committee to complete necessary activities to engage in a Needs Assessment of services needed by the HIV/AIDS community.</p> <p>5. Priorities and Allocations Activities: Provide appropriate professional and administrative support to the Priorities and Allocations Committee which will ensure the committee will:</p> <ul style="list-style-type: none"> a) Analyze current guidelines & HRSA policies b) Review current priority section of Needs Assessment c) Analyze the comprehensive funding element of Needs Assessment to include Title I, Title II, HOPWA, Patient Care Network and State General Revenue funding resources. d) Review Title I Utilization data 	<p>3-1-07</p> <p>3-1-07</p>	<p>2-29-08</p> <p>2-29-08</p>	
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Formula FY07-08 CARE COUNCIL SUPPORT

	<ul style="list-style-type: none"> e) Identify "core" services f) Review Comprehensive Plan to ensure services being considered are part of the adopted plan. g) Develop priorities for services to be funded. Through Ryan White Title I, Title II, HOPWA, Department of Health AIDS General Revenue Funds, and DOH AIDS Network funds. h) Review Outcome measures i) Coordinate with Grantee to define units of Service and Cost per unit to allocate resources to service categories. j) Coordinate public forums k) Allocate resources to the identified needed service categories. <p>6. Preparation of Grant Application: Assist the Grantee in preparation of FY 2008 Ryan White Title I Application.</p> <p>7. Development of a Mechanism to Evaluate the Effectiveness of CARE Council Activities. Provide professional and administrative support to the Executive Committee for the development of tools to evaluate how effective services developed through the CARE Act program are, and identify results of the services contracted for under the grant.</p> <p>8. Membership Development Provide professional and administrative support to the Membership Committee to continue and enhance activities which will develop Council Membership</p>			
		3-1-07	2-29-08	
		3-1-07	2-29-08	
		3-1-06	2-29-08	

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Formula FY07-08 CARE COUNCIL SUPPORT

	<p>utilizing the CARE Council Membership policy as a guide. Increase community wide participation in Council activities through networking, and increasing awareness of the Council's value to Palm Beach County as a whole.</p> <p>9. 3 Year Comprehensive Plan Provide professional and administrative support to the Planning Committee in order to ensure that the 3 year comprehensive plan as required by HRSA is implemented.</p>	<p>3-1-07</p>	<p>2-29-08</p>	
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