

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: January 24, 2012 ☒ Consent ☐ Regular
☐ Workshop ☐ Public Hearing

Department

Submitted By: Community Services

Submitted For: Ryan White Part A

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Three (3) amendments to Ryan White Part A HIV Health Support Services (Formula) Contracts for the period March 1, 2011, through February 29, 2012:

- A)** Amendment No. 2 to Treasure Coast Health Council, Inc. (R2011-0476) to decrease funding for Specialty Outpatient Medical Care Services by \$115,000 for a new total contract amount not-to-exceed \$394,146;
- B)** Amendment No. 2 to Comprehensive Community Care Network, Inc. DBA Foundcare (R2011-0469) to decrease funding for Outpatient Primary Care by \$20,000, Lab/Diagnostic by \$30,000, Home Health Care by \$30,000, Mental Health Counseling by \$5,000 and Emergency Financial Assistance by \$18,000 for a new total contract amount not-to-exceed \$505,619;
- C)** Amendment No. 4 to Comprehensive AIDS Program, Inc. (R2011-0468) to increase funding for Medical Case Management by \$218,000 for a new total contract amount not-to-exceed \$1,526,293.

Summary: Ryan White HIV Health Support service dollars are reviewed throughout the contract year and reallocated to best meet the needs of affected clients. A decrease of \$115,000 from Treasure Coast Health Council, Inc. and \$103,000 from Comprehensive Community Care Network, Inc. DBA Foundcare will be reallocated to Comprehensive AIDS Program, Inc. (\$218,000). These reallocations allow additional clients to be served with Medical Case Management services. No County funds are required. (Ryan White) Countywide (TKF).

Background and Justification: Under the new Part A Ryan White HIV/AIDS Treatment Extension Act of 2009, the Palm Beach County HIV CARE Council establishes priority service areas and assigns funding percentages. These changes have been approved by the CARE Council and the Priorities and Allocations Committee.

Attachments: Three (3) Amendments

Recommended By:

Department Director

Date _____

Approved By:

Assistant County Administrator

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | <u>2012</u> | <u>2013</u> | <u>2014</u> | <u>2015</u> | <u>2016</u> |
|--------------------------------------------|----------------------|-------------|-------------|-------------|-------------|
| Capital Expenditures | _____ | _____ | _____ | _____ | _____ |
| Operating Costs | _____ | _____ | _____ | _____ | _____ |
| External Revenue | _____ | _____ | _____ | _____ | _____ |
| Program Income (County) | _____ | _____ | _____ | _____ | _____ |
| In-Kind Match (County) | _____ | _____ | _____ | _____ | _____ |
| NET FISCAL IMPACT | <u>0</u> * see below | _____ | _____ | _____ | _____ |
| # ADDITIONAL FTE POSITIONS (Cumulative) | _____ | _____ | _____ | _____ | _____ |

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

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. Federal funds will provide needed services to
HIV/AIDS clients in Palm Beach County.

C. Departmental Fiscal Review: T. Hall
12/27/11

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

- * There is no additional funding associated with this agenda
item. Funding of \$218,000 is a reallocation of dollars
between the agencies.

OFMB

Contract Dev. and Control
1-13-12 B. Wheeler

B. Legal Sufficiency:

[Signature] 4/17/12
Assistant County Attorney

C. Other Department Review:

Department Director

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