

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: September 22, 2015	<input checked="" type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
	<input type="checkbox"/>	Ordinance	<input type="checkbox"/>	Public Hearing

Department
Submitted By: Community Services
Submitted For: Ryan White Part A

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I. EXECUTIVE BRIEF

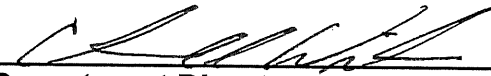

Motion and Title: Staff recommends motion to approve: Amendment No. 1 to Contract for Provision of Ryan White Part A HIV Health Support Services with Treasure Coast Health Council, Inc. d/b/a Health Council of Southeast Florida (R2015-0469), for the period March 1, 2015, through February 29, 2016 to increase funding by \$18,500, for a total not to exceed \$473,750.

Summary: This amendment is necessary to allow for payment of services rendered during the grant year. The reallocation of funds will provide additional member support for the Palm Beach County HIV Care Council. Additional funds of \$18,500 will be reallocated to Comprehensive AIDS Resources Emergency (CARE) Council from the Ryan White grantee administrative dollars. No County funds are required. (Ryan White) Countywide (HH)

Background and Justification: Funds are used to provide various services to serve persons living with HIV/AIDS. Grant adjustments are made during the contract year to align services with needs.

Attachments: Amendment No. 1 with Treasure Coast Health Council, Inc.

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Recommended By:		<u>9/2/15</u>
	Department Director	Date
Approved By:		<u>9-10-15</u>
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures					
Operating Costs	10,730	7,770			
External Revenue	(10,730)	(7,770)			
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT					

No. ADDITIONAL FTE POSITIONS (Cumulative)	-0-	-0-			
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Is Item Included In Current Budget? Yes X No

Budget Account No.:

Fund 1010 Dept 142 Unit 1475 Object 8201 Program Code RW18 Program Period _____

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

Funding source is the U.S. Department of Health and Human Services. No County funds are required.

C. Departmental Fiscal Review:

Taruna

Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

Sherry Bm
OFMB/KD JK
9/2 9/3/15

In. J. Jacobson
Contract Development and Control
9-3-B Wheeler

B. Legal Sufficiency:

Delene Colbrunn 9-9-15
Assistant County Attorney

C. Other Department Review:

Department Director

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

**AMENDMENT TO CONTRACT FOR PROVISION
OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES**

This Amendment to the Contract for Provision of Ryan White Part A HIV Health Support Services (R2015-0469) is made as of the _____ day of _____, 2015, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and Treasure Coast Health Council, Inc. d/b/a Health Council of Southeast Florida, a not for profit authorized to do business in the State of Florida, hereinafter referred to as the Agency, whose Federal I.D. is 59-2242689.

In consideration of the mutual promises contained herein, the COUNTY and the Agency agree as follows:

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for **CARE Council Support**.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on April 21, 2015 is hereby amended as follows:

- I. New Work Plan Exhibit "A1" attached hereto shall replace the Work Plan Exhibit "A" in its entirety.
- II. New Budget Exhibit "B1" attached hereto showing the new total budgets for funding shall replace the New Budgets Exhibit "B" in its entirety.
- III. Increase funding for **CARE Council Support** by \$18,500 not to exceed \$142,897.
- IV. Total contract not to exceed amount will be \$473,750.

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.

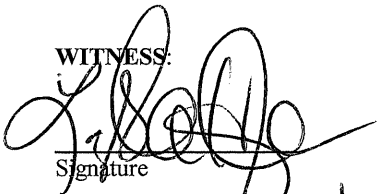
ATTEST:
Sharon R. Bock
Clerk and Comptroller

PALM BEACH COUNTY
BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Shelley Vana, Mayor

Date

WITNESS:

Signature
LaShaundra Higdon
Witness Name

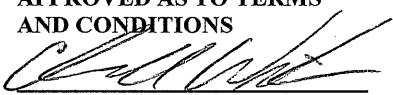
AGENCY:
Treasure Coast Health Council, Inc.
DBA Health Council of Southeast Florida

By: 
Signature
Andrea Stephenson
Executive Director

7/30/15
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

Assistant County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

Channell Wilkins, Director
Department of Community Services

HCSEF Ryan White Part A Workplan
FY 15-16 - March 1st, 2015 - February 29th, 2016

#	Agency	Service	Total # to be served	Unit Definition	Total Units Provided	Estimated Unit Cost	HRSA Implementation Plan Objective/Program Objective	Activities	Non-Duplicating Statement:	Impact Statement:
1	HCSEF	Specialty Medical	155 Clients	1 unit = 1 specialty medical visit	660 units		75% of clients referred to for specialty medical services keep their appointment	1. Negotiate service rates with medical outpatient specialists for up to 150% above the Medicaid rate. 2. Process referrals received from Case Managers, Referral Clerks, or nurses when a primary physician identifies a need for specialty care service 3. Process referrals within 72 hours of receipt. HCSEF will confirm eligibility using documentation in Provide, and ensure that the referral is related prior to approval.	Ryan White specialty outpatient medical care providers in Palm Beach County report their services by client URN thus duplication of services is easily identifiable.	PLWH/A will have access to timely, cost effective, HIV/AIDS specialty outpatient medical care which will have a direct impact on their quality and length of life.
2	HCSEF	Care Council Support	n/a	n/a	n/a	n/a	Provide member support for the Palm Beach HIV Care Council and sub-committees	1. Staff Support: A) Provide staff support to officially convened CARE Council Meetings. B) Provide staff support to officially convened CARE Council Membership Committee meetings throughout the year. C) Provide staff support to officially convened CARE Council Community Awareness Committee Meetings. D) Arrange for members transportation as needed and as outlined in the CARE Council policies. E) Reimburse members for transportation and childcare expenses as needed and as outlined in the CARE Council policies. 2. Community Engagement: A) Provide the support for public outreach events intended to broaden and enhance the general public's knowledge of issues related to living with HIV disease, current treatment practices and or available services within the EMA. B) Actively participate in Care Council Meetings in order to maintain up to date knowledge regarding key HIV/AIDS issues in Palm Beach County, and become a trusted source of reliable information and support for committee members. C) Serve as a conduit for information sharing between the Care Council and other relevant planning bodies or entities.	HCSEF is the sole service provider in this category	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.

HCSEF Ryan White Part A Workplan
FY 15-16 - March 1st, 2015 - February 29th, 2016

							<p>3. Membership Activities</p> <p>A) Maintain an up-to-date Members Orientation Manual for CARE Council Members as outlined in the 12/13 Training Work Plan.</p> <p>B) Hold orientation/training meetings in conjunction with the Membership Committee to develop or strengthen members' ability to understand the complex issues the CARE Council must act upon. Continue the Mentor Program for new members to strengthen participation on both the CARE Council and its committees</p> <p>C) 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>D) Co-sponsor trainings as appropriate and within the resources available (both human and financial)</p> <p>E) Provide staff support to the Membership Committee to continue and enhance activities which will develop Council Membership utilizing the CARE Council Membership policy as a guide.</p> <p>F) 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>G) Maintain up to date demographic matrix, inventory of seats, member renewal schedules</p> <p>H) Submit membership packets to grantee</p>		
3	HCSEF	Community-Based Research (RARE Project)	n/a	n/a	n/a	n/a	<p>1) Demographic and socioeconomic profile of Palm Beach County with zip code stratification</p> <p>2) Identification of target zip code/geographic areas</p> <p>3) Key stakeholder interviews (12 Systems Interviews)</p> <p>4) Key stakeholder interviews (16 Community Interviews)</p> <p>5) Advisory Council development and convening (4 meetings)</p> <p>6) Facilitation of process to develop goals, objectives and strategies for the project</p> <p>7) Presentation of final report (3 presentations)</p> <p>8) Provision of hard copies of final report (25 copies)</p>	<p>The RARE project is being conducted by HCSEF in partnership with Ryan White Part A and the DOH.</p>	<p>RARE community-based research activities will provide qualitative and quantitative data to assist in allocation of resources, determine target populations, evaluate effectiveness of interventions/ strategies and identify focal areas of need.</p>

EXHIBIT B - I		
TREASURE COAST DBA HEALTH COUNCIL		
CARE COUNCIL SUPPORT (ADMIN)		
CURRENT & PROPOSED OPERATING BUDGET		
FISCAL YEAR RW-GY15		
ACCT #	TITLE	BUDGET AMOUNT
PROGRAM EXPENSES		
820.1201	Regular Salaries and Wages - Prgm	\$ 50,530
820.2101	FICA Taxes - Prgm	\$ 3,866
820.2105	FICA Medicare - Prgm	
820.2112	Other Benefits - Prgm	
820.2201	Retirement Contributions - Prgm	\$ 2,527
820.2301	Life and Health Insurance - Prgm	\$ 4,211
820.2401	Workers Compensation - Prgm	\$ 174
820.2501	Unemployment Compensation - Prgm	\$ 530
820.4101	Communication Services - Prgm	\$ 1,561
820.4301	Utilities - Prgm	\$ 530
820.4401	Rent - Prgm	\$ 9,690
820.8000	Other Program Costs	
820.9515	Prgm Costs - Indirect	
140.3101	Professional Services	
140.3103	Medical/Health Care and Nutrition Services	
140.3118	Dental Services	
140.3125	Legal Services	
140.3126	Interpreter Services	
140.3127	Health Disabilities	
140.3140	Consultant Services	\$ 1,329
140.3201	Audit Services	\$ 2,356
140.3203	Accounting and Consulting Services	
140.3401	Other Contractual Services	\$ 2,264
140.3419	Contracted Food	
140.3421	Training	
140.3431	Laboratory Testing	
140.3438	Emergency Assistance	
140.4001	Travel Per Diem and Mileage	\$ 1,737
140.4200	Child Transportation Services	
140.4201	Other Transportation	\$ 10,794
140.4205	Postage/Shipping	\$ 161
140.4405	Rent-Other Equipment	\$ 3,081
140.4601	Repair and Maintenance	\$ 786
140.4701	Printing and Graphics	\$ 294
140.4909	Licenses, Permits and Certifications	\$ 29
140.4932	Parent Activity	
140.4945	Advertising	\$ 177
140.5101	Office Supplies	\$ 2,546
140.5111	Office Furniture And Equipment	\$ 108
140.5121	Data Processing Software/Accessories	\$ 957
140.5201	Materials/Supplies Operating	
140.5202	Janitorial Supplies	
140.5230	Medicine and Drugs	
140.5231	Medical-Surgical Supplies	
140.5233	Laboratory Supplies	
140.5242	Food Prep and Serving Supplies	
140.5243	Personal Care Items	
140.5244	Food and Dietary	\$ 11,096
140.5401	Books, Publications and Subscriptions	
140.5402	Educational Training Materials	
140.5412	Dues and Memberships	\$ 29
140.6401	Machinery and Equipment	
140.6405	Data Processing Equipment	
140.6406	Data Processing Software	
140.8000	Unit Cost - Direct Services	\$ 20,397
Total Program Expenses		\$ 131,760

EXHIBIT B -I		
TREASURE COAST DBA HEALTH COUNCIL		
CARE COUNCIL SUPPORT (ADMIN)		
CURRENT & PROPOSED OPERATING BUDGET		
FISCAL YEAR RW-GY15		
ADMIN EXPENSES		
800.1201	Salaries and Wages Regular Admin	\$ 8,636
800.2101	FICA-Taxes Admin	\$ 661
800.2105	FICA Medicare Admin	
800.2112	Other Benefits Admin	\$ 12
800.2201	Retirement Contributions-FRS Admin	\$ 432
800.2301	Insurance-Life and Health Admin	\$ 1,211
800.2401	Workers' Compensation Admin	\$ 29
800.2501	Unemployment Compensation Admin	\$ 84
800.3201	Audit Services Admin	
800.3203	Accounting and Consulting Service Admin	
800.4001	Travel And Per Diem Admin	
800.4101	Communication Services Admin	
800.4301	Utilities Admin	
800.4401	Rent Admin	
800.5101	Office Supplies Admin	
800.5201	Materials/Supplies Operating Admin	
800.5242	Food Prep and Serving Supplies Admin	
800.6401	Machinery and Equipment Admin	
800.8000	Other Administrative	\$ 72
800.9515	Admin Costs-Indirect	
Total Admin Expenses	(NOT TO EXCEED 10% OF BUDGET)	\$ 11,137
Grand Total		\$ 142,897
Total Admin %		9%
Total Program %		91%

Summary of Certificates

This report displays detailed Certificate of Insurance information for a selected Insured. Any items shown in red are deficient.

Thursday, August 20, 2015

Images

Contracts

Insured: Treasure Coast Health Council, Inc.

Insured ID: R2015-0469-PBC

Status: Compliant (with overrides)

ITS Account Number: PLC1542

Project(s): Palm Beach County - Community Services

Insurance Policy	Required	Provided	Override
<u>General Liability</u>			
Expiration: 5/30/2016			
General Aggregate:	\$500,000	\$2,000,000	
Products - Completed Operations Aggregate:	\$0	\$0	
Personal And Advertising Injury:	\$0	\$0	
Each Occurrence:	\$500,000	\$1,000,000	
Fire Damage:	\$0	\$0	
Medical Expense:	\$0	\$0	
<u>Automobile Liability</u>	All Owned Autos	not provided	X
Expiration: 5/30/2016			
	Hired Autos	Hired Autos	
	Non-Owned Autos	Non-Owned Autos	
Combined Single Limit:	\$500,000	\$1,000,000	
<u>Workers Compensation/Employers Liability</u>	WC Stat. Limits	WC Stat. Limits	
Expiration: 1/1/2016			
Each Accident:	\$1,000,000	\$1,000,000	
Disease - Policy Limit:	\$1,000,000	\$1,000,000	
Disease - Each Employee:	\$1,000,000	\$1,000,000	

Notifications

The following deficiency letters were issued:

Follow-up - 8/17/2015.

Do you have an updated Certificate? Click the button below to submit a Certificate.

Certificate Submittal