

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

402



FROM: Community Health Agency/ Department of Public Health

SUBMITTAL DATE:
January 19, 2011

SUBJECT: Ratify the First Amendment to the Agreement #754-5320-71209-10 with California Family Health Council Inc. 2010 Title X.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify the First Amendment to the Agreement #754-5320-71209-10 with California Family Health Council Inc. 2010 Title X (CFHC) and the Community Health Agency Department of Public Health (DOPH) for additional funding of \$8,000; and
- 2) Authorize the Chairman of the Board to sign four (4) copies of said Agreement.

BACKGROUND: (Continued)

Attachments

KB:cl:td:ys

Susan D Harrington
Susan Harrington, Director Department of Public Health

**FINANCIAL
DATA**

Current F.Y. Total Cost: Jan-Jun	\$8,000	In Current Year Budget:	YES
Current F.Y. Net County Cost:	\$ -0-	Budget Adjustment:	NO
Annual Net County Cost:	\$ -0-	For Fiscal Year:	10/11

SOURCE OF FUNDS: 100% funded by California Family Health Council

Positions To Be Deleted Per A-30	☒
Requires 4/5 Vote	☐

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

FORM APPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS
DATE: 1/24/11
Departmental Concurrence
ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

Consent	☐	Policy	☒
Consent	☐	Policy	☒

Dep't Recomm.:
Per Exec. Ofc.:

SUBJECT: Ratify the First Amendment to the Agreement #754-5320-71209-10 with California Family Health Council Inc. 2010 Title X.

BACKGROUND:

The California Family Health Council (CFHC) is contracted by the Federal Government to administer Title X Family Planning funds in California. Our original contract was approved by the Board of Supervisors on February 11, 2010, Item 3.15 in the amount of \$496,140 for the performance period of January 1, 2010 through December 31, 2011 for Basic Contraceptive Services and Youth Health Initiative programs.

On December 8, 2010, DOPH received an Amendment, from CFHC announcing the allocation of additional supplemental funds in the amount of \$8,000 to be added to DOPH 2010 Title X contract total.

California Family Health Council
2010 Title X Family Planning Program Contract
Contract Number 754-5320-71209-10
CFDA #93.217
Amendment Number 01

The 2010 Family Planning Program Contract for January 1, 2010 to December 31, 2010 between the California Family Health Council, Inc. and the Contractor, County of Riverside Community Health Agency is hereby amended as follows

1. The dollar allocation for Family Planning Services is increased by \$8,000.00
2. The maximum obligation of CFHC for payments due under this contract shall not exceed \$504,140.00
3. The revised 2010 projected Family Planning Services budget summary is as follows:

CFHC Title X Additional Obligation for Family Planning Services	\$8,000.00
CFHC Title X Obligation for Family Planning Services	\$496,140.00
Family Planning Services Applicant & Other	\$4,524,187.00
Total Contract Amount	\$5,028,327.00

4. The following exhibit is added to the Master Contract which by this reference is made a part of this agreement:

Exhibit D -1 Revised Family Planning Program Budget

5. All other terms and provisions of said agreement shall remain in full force and effect. The effective date of this amendment is October 1, 2010

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

Contractor's Name: County of Riverside Community Health Agency

By (Authorized Signator)

Date:

Printed Name and Title: Jeff Stone

Chairman, Board of Supervisors

Address: 4065 County Circle Drive
Riverside, CA 92503

CALIFORNIA FAMILY HEALTH COUNCIL

Diane Chamberlain, Chief Operating Officer

Date:

3600 Wilshire Blvd., Suite 600, Los Angeles, CA 90010

Program is subject to Code of Federal Regulations Title 45, Part 74.24 (b).

FORM APPROVED COUNTY COUNSEL

BY:

NEAL R. KIPNIS

DATE

Family Planning Services Budget Summary

Exhibit D-1

Agency Name: Community Health Agency - County of Rive

Agency Number: 754

Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

<u>Budget Category</u>	<u>Total Amount Required</u>	<u>Source of Fund Applicant and Other</u>	<u>Allocated from CFHC</u>
Salaries and Wages			
Physician	750,000	750,000	0
Mid-Level Practitioners	127,500	127,500	0
Other Health Personnel	1,538,000	1,303,900	234,100
Ancillary Personnel	11,700	6,700	5,000
Administration Staff	152,000	80,000	72,000
Fringe Benefits	1,077,836	961,675	116,161
Fringe Benefits Adjustments	0	0	0
Total Personnel Service	<u>3,657,036</u>	<u>3,229,775</u>	<u>427,261</u>
Patient Care			
Clinical Services	0	0	0
Laboratory Services	700,000	700,000	0
Total Patient Care	<u>700,000</u>	<u>700,000</u>	<u>0</u>
Equipment			
Equipment	0	0	0
Total Equipment	<u>0</u>	<u>0</u>	<u>0</u>
Other Costs			
Consultants	0	0	0
Medical Supplies	311,000	300,000	11,000
Office Supplies	43,000	37,000	6,000
Duplication and Printing	8,000	3,500	4,500
Health and Educational Supplies	17,500	8,500	9,000

Family Planning Services Budget Summary

Exhibit D-1

Agency Name: Community Health Agency - County of Rive

Agency Number: 754

Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

<u>Budget Category</u>	<u>Total Amount Required</u>	<u>Source of Fund</u>	
		<u>Applicant and Other</u>	<u>Allocated from CFHC</u>
Utilities and Communication	9,000	9,000	0
Travel Expense	5,000	5,000	0
Lease/Rental Expense	2,350	2,350	0
Other Expense	60,000	60,000	0
Approved Indirect Cost	215,441	169,062	46,379
Total Other Costs	<u>671,291</u>	<u>594,412</u>	<u>76,879</u>
Total Budget	5,028,327	4,524,187	504,140
CY 2010 FPS Agency Allocation			504,140

Summary of Applicant and Other Sources

	<u>Amount</u>
General Funds	827,187
Subtotal Applicant Funds	<u>827,187</u>
Family PACT Fee	
Family PACT Fee for Service (FFS)	3,500,000
Subtotal Family PACT Fee	<u>3,500,000</u>
Medi-CAL	
Medi-CAL	25,000
Subtotal Medi-CAL	<u>25,000</u>
Other Federal Grants	
Medicaid	0
Medicare (Title XVIII)	0
Title V (MCH Block Grant)	0
Bureau of Primary Health Care	0
Social Services Block Grant (Title XX)	0
Subtotal Other Federal Grants	<u>0</u>

Family Planning Services Budget Summary

Exhibit D-1

Agency Name: Community Health Agency - County of Rive

Agency Number: 754

Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Summary of Applicant and Other Sources

Amount

State Government Grants

State Grants (Specify):

0

Subtotal State Government Grants

0

Local Government Grants

Local Grants (Specify):

Community Challenge Grant

127,000

Subtotal Local Government Grants

127,000

Third Party Payers

Patient Fees

10,000

Private Health Insurance

20,000

Subtotal Other Third Party

30,000

Private Grants

Regional Access Project

15,000

Subtotal Private Grants

15,000

Total Applicant and Other Source of Revenue

4,524,187

Agency Name: Community Health Agency - County of Riverside
Site Number: 1365
Site Name: Riverside Neighborhood Health Center
Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Agency Number: 754
Exhibit D-1

Budget Category	Allocated from CFHC
Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	19,800
Ancillary Personnel	0
Administration Staff	0
Total Salaries and Wages	19,800
Fringe Benefits	7,010
Fringe Benefits Adjustments	0
Total Fringe Benefits	7,010
Clinical Services	0
Laboratory Services	0
Total Patient Care	0
Equipment	0
Total Equipment	0
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
Total Other Costs	0
Total CFHC Allocation	26,810

Agency Name: Community Health Agency - County of Riverside
Site Number: 1366
Site Name: Indio Family Care Center
Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Agency Number: 754
Exhibit D-1

Budget Category	Allocated from CFHC
Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	25,800
Ancillary Personnel	0
Administration Staff	0
Total Salaries and Wages	25,800
Fringe Benefits	10,116
Fringe Benefits Adjustments	0
Total Fringe Benefits	10,116
Clinical Services	0
Laboratory Services	0
Total Patient Care	0
Equipment	0
Total Equipment	0
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
Total Other Costs	0
Total CFHC Allocation	35,916

Agency Name: Community Health Agency - County of Riverside
Site Number: 1368
Site Name: Corona Family Care Center
Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Agency Number: 754
Exhibit D-1

Budget Category	Allocated from CFHC
Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	15,800
Ancillary Personnel	0
Administration Staff	0
Total Salaries and Wages	15,800
Fringe Benefits	5,679
Fringe Benefits Adjustments	0
Total Fringe Benefits	5,679
Clinical Services	0
Laboratory Services	0
Total Patient Care	0
Equipment	0
Total Equipment	0
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
Total Other Costs	0
Total CFHC Allocation	21,479

Agency Name: Community Health Agency - County of Riverside
Site Number: 1369
Site Name: Hemet Family Care Center
Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Agency Number: 754
Exhibit D-1

Budget Category	Allocated from CFHC
Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	16,800
Ancillary Personnel	0
Administration Staff	0
Total Salaries and Wages	16,800
Fringe Benefits	5,679
Fringe Benefits Adjustments	0
Total Fringe Benefits	5,679
Clinical Services	0
Laboratory Services	0
Total Patient Care	0
Equipment	0
Total Equipment	0
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
Total Other Costs	0
Total CFHC Allocation	22,479

Agency Name: Community Health Agency - County of Riverside
Site Number: 1370
Site Name: Palm Springs Family Care Center
Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Agency Number: 754
Exhibit D-1

Budget Category	Allocated from CFHC
Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	26,800
Ancillary Personnel	0
Administration Staff	0
Total Salaries and Wages	26,800
Fringe Benefits	10,116
Fringe Benefits Adjustments	0
Total Fringe Benefits	10,116
Clinical Services	0
Laboratory Services	0
Total Patient Care	0
Equipment	0
Total Equipment	0
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
Total Other Costs	0
Total CFHC Allocation	36,916

Agency Name: Community Health Agency - County of Riverside
Site Number: 1623
Site Name: Banning Family Care Center
Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Agency Number: 754
Exhibit D-1

Budget Category	Allocated from CFHC
Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	25,800
Ancillary Personnel	0
Administration Staff	0
Total Salaries and Wages	25,800
Fringe Benefits	10,116
Fringe Benefits Adjustments	0
Total Fringe Benefits	10,116
Clinical Services	0
Laboratory Services	0
Total Patient Care	0
Equipment	0
Total Equipment	0
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
Total Other Costs	0
Total CFHC Allocation	35,916

Agency Name: Community Health Agency - County of Riverside

Agency Number: 754

Site Number: 1847

Exhibit D-1

Site Name: Jurupa Family Care Center

Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Budget Category	Allocated from CFHC
Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	18,800
Ancillary Personnel	0
Administration Staff	0
Total Salaries and Wages	18,800
Fringe Benefits	7,010
Fringe Benefits Adjustments	0
Total Fringe Benefits	7,010
Clinical Services	0
Laboratory Services	0
Total Patient Care	0
Equipment	0
Total Equipment	0
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
Total Other Costs	0
Total CFHC Allocation	25,810

Agency Name: Community Health Agency - County of Riverside
Site Number: 1993
Site Name: Perris Family Care Center
Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Agency Number: 754
Exhibit D-1

Budget Category	Allocated from CFHC
Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	17,800
Ancillary Personnel	0
Administration Staff	0
Total Salaries and Wages	17,800
Fringe Benefits	5,679
Fringe Benefits Adjustments	0
Total Fringe Benefits	5,679
Clinical Services	0
Laboratory Services	0
Total Patient Care	0
Equipment	0
Total Equipment	0
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
Total Other Costs	0
Total CFHC Allocation	23,479

Agency Name: Community Health Agency - County of Riverside

Agency Number: 754

Site Number: 1995

Exhibit D-1

Site Name: Lake Elsinore Family Care Center

Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Budget Category	Allocated from CFHC
Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	19,800
Ancillary Personnel	0
Administration Staff	0
Total Salaries and Wages	19,800
Fringe Benefits	6,567
Fringe Benefits Adjustments	0
Total Fringe Benefits	6,567
Clinical Services	0
Laboratory Services	0
Total Patient Care	0
Equipment	0
Total Equipment	0
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication and Printing	0
Health and Educational Supplies	0
Utilities and Communication	0
Travel Expense	0
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
Total Other Costs	0
Total CFHC Allocation	26,367

Agency Name: Community Health Agency - County of Riverside

Agency Number: 754

Site Number: 9202

Exhibit D-1

Site Name: Community Health Agency County of Riverside - Admin Site

Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Budget Category	Allocated from CFHC
Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	27,100
Ancillary Personnel	5,000
Administration Staff	72,000
Total Salaries and Wages	104,100
Fringe Benefits	41,175
Fringe Benefits Adjustments	0
Total Fringe Benefits	41,175
Clinical Services	0
Laboratory Services	0
Total Patient Care	0
Equipment	0
Total Equipment	0
Consultants	0
Medical Supplies	11,000
Office Supplies	6,000
Duplication and Printing	4,500
Health and Educational Supplies	9,000
Utilities and Communication	0
Travel Expense	0
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	46,379
Total Other Costs	76,879
Total CFHC Allocation	222,154

Agency Name: Community Health Agency - County of Riverside

Agency Number: 754

Site Number: 9204

Exhibit D-1

Site Name: Rubidoux Family Care Center

Budget Period: Start Date: 1/1/2010 Ending Date: 12/31/2010

Budget Category	Allocated from CFHC
Other Health Personnel	19,800
Ancillary Personnel	0
Administration Staff	0
Total Salaries and Wages	19,800
Fringe Benefits	7,010
Total Fringe Benefits	7,010
Health and Educational Supplies	0
Travel Expense	0
Lease/Rental Expense	0
Total Other Costs	0
Total CFHC Allocation	26,810