### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

# AGENDA ITEM SUMMARY

Meeting Date:	January 4, 2022	[X] [ ]	Consent Ordinance	[ ] Regular [ ] Public Hearing
Department				
Submitted By:	Youth Services Department			
Submitted For:	Outreach and Con	nmunity <b>P</b>	rogramming	Division

#### I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to receive and file: Amendment #0002 to Inter-Agency Agreement with the Florida Department of Children and Families (DCF) (R2020-0700) (Amendment), effective the date on which the Amendment has been signed by both parties, that increases the reimbursable amount received by the County from DCF from \$26,126 to \$35,000, for State Fiscal Year 21/22, for eligible expenses consistent with Title IV-E under the Social Security Act.

Summary: On June 16, 2020, the Board approved an Inter-Agency Agreement (Agreement) with DCF to certify local funds as a State match for reimbursement of eligible expenses consistent with Title IV-E under the Social Security Act. The Agreement was for five (5) years, with an optional five (5) year renewal. Also in June 2020, the Board approved the current Community Based Agency Contract with The Children's Home Society of Florida (CHS) (R2020-0701) (Contract) to offer pre- and post-adoption support services. DCF receives federal funding and calculates reimbursement to the County using the Florida Safe Families Network (FSFN) Title IV-E Adoption Client Eligibility Rate for the month of service, after which a 50% reimbursement rate is applied. Under the original Agreement, DCF reimbursed the County \$18,000 annually. Amendment #0001 increased the DCF reimbursement rate to \$26,126 for State Fiscal Year 20/21. On September 14, 2021, Agenda Item 3BB-3 authorized the County Administrator, or designee, to execute future agreements/minor amendments on behalf of the Board of County Commissioners, after approval of legal sufficiency by the County Attorney's Office, and within budgeted allocations. Amendment #0002 increases the DCF reimbursement rate to \$35,000 for State Fiscal Year 21/22, updates the DCF contact person and address, and corrects a scrivener's' error in the DCF Contract number Countywide (HH)

**Background and Justification:** In 2016, Palm Beach County Board of County Commissioners, through the Youth Services Department, was approved by DCF for funding for Adoption Assistance Activities, defined by Section 473 of the Social Security Act. Adoption assistance services are designed to encourage more adoptions out of the foster care/dependency system, and assist children in their transition to a successful and lifelong adoptive setting. On June 16, 2020, the Board approved an Agreement with DCF, under which the County would submit requests to DCF for the allowable reimbursement for the pre- and post-adoption services paid to CHS: Also, the Board approved a Contract with CHS to provide the eligible adoption services. On September 14, 2021, the Board ratified the Mayor's signature on Amendment #0001 with DCF (R2021-1285), which increased the reimbursable amount from \$18,000 to \$26,126 for State Fiscal Year 20/21. Amendment #0002 will increase the reimbursable amount from \$26,126 to \$35,000 for State Fiscal Year 21/22, and update contact information and the contract number.

#### Attachments:

1. Amendment #0002 to Interagency Agreement with DCF

Recommended by	: 1017. AD	12/12/21
	Department Director	'Date
Approved by:	Zal J Shur	12/29/2021
	Assistant County Administrator	Ďate <sup>\</sup>

# A. Five Year Summary of Fiscal Impact:

Fiscal Years	2021	2022	2023	2024	2025
Capital Expenditures					
Operating Costs		\$50,000			
External Revenue		(\$35,000)			
Program Income (Cour	nty)				
In-Kind Match (County)					
NET FISCAL IMPACT		\$15,000			
No. ADDITIONAL FTE POSITIONS (Cumulative)					
Is Item Included in Current Budget? Yes <sub>X</sub> No					
Does this item include the	e use of federal fu	inds? Yes	No	X	
-	<b>p No:</b> nd0001	<b>Dept</b> 154	4 Unit	2531	<b>Obj</b> <u>3401</u>

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

Rev No: Fund

The net fiscal impact associated with this item will be funded by FY2022 ad valorem. There is sufficient funding included in the current budget. The \$50,000 contract expense will be offset by the anticipated revenue from DCF.

0001

**Departmental Fiscal Review:** MIANO

# III. REVIEW COMMENTS

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

OFMB

ar 121 Contract Development & Control

**Dept** 154 **Unit** 2531 **Obj** 6943

Β. Legal Sufficiency: 12/28/21

Assistant County Attorney FOR HIL

C. Other Department Review:

**Department Director** 

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

Effective the latter of October 1, 2021, or the last date of the signatories, this amends the above referenced **Contract as follows:** 

- 1. In **2.a**), "1317 Winewood Boulevard" is amended to read "2415 North Monroe Street" and "32399-0700" is amended to read "32303".
- 2. In **14.**, the name, address, telephone number and email address of DCF's Contract Manager is amended to read:

Colleen Kelly-Statler, FCCM - Contract Manager Department of Children & Families-Southeast Region 111 South Sapodilla Avenue, 317-O West Palm Beach, FL 33401 office (561)227-6783 cell (561)725-1023 colleen.kellystatler@myflfamilies.com

- 3. In 15., YIJ02 is amended to read YJI02.
- 4. Attachment A., 1.a), sentence beginning with Example is replaced with the following:

The 50% reimbursement rate will be calculated as follows:

1) FY 20-21

Total estimated costs of \$55,587.23 times the FSFN Title IV-E Eligibility Rate of 94% equals \$52,252.00, times 50% reimbursement rate equals \$26,126.00 reimbursement.

2) FY 21-22

Total estimated costs of \$74,468.09 times the FSFN Title IV-E Eligibility Rate of 94% equals \$70,000.00, times 50% reimbursement rate equals \$35,000.00 reimbursement.

- 5. Attachment A., 1. c), first line, is amended to read:
  - c) The Estimated Budget Projections will fluctuate quarterly during each State Fiscal Year based on the calculated FSFN Title IV-E Eligibility Rate to be identified by the Protective and Supportive Services Division of the Office of Child Welfare.
- 6. In Attachment A., 1. d), is amended to read:

Federal Financial Participation is returned to the local entity per contract year based on the Department's approval of payment for claims associated with the delivery of eligible administrative adoption services included in Attachment A, Description of Service, for a total dollar amount not to exceed the amounts as listed in the table below, subject to the availability of funds, during the State Fiscal Year of July-June.

State Fiscal Year	Total Amount, Not to Exceed
2020-2021	\$26,126.00
2021-2022	\$35,000.00
2022-2023	TBD
2023-2024	TBD
2024-2025	TBD

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#### Contract # YLJ76

7. All provisions in the Contract and any attachments thereto in conflict with this Amendment are changed to conform with this Amendment. All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the Contract. This Amendment and all its attachments are made a part of the Contract.

**IN WITNESS THEREOF**, the parties cause this amendment to be executed by their duly authorized officials.

PROVIDER:	DEPARTMENT:
SIGNED BY: Tammy L. Fillds 79C233C577C54D1	SIGNED BY: Shevan L. Harris
NAME: Tammy Fields	NAME: Shevaun L. Harris
TITLE: Director, Youth Services Department	TITLE: Secretary
DATE: 10/22/2021	DATE: 10/22/2021   3:25 PM EDT
APPROVED FOR TERMS AND CONDITIONS	

SIGNED BY: Guta Loach-Jacobson F8081D08C0F2489...

NAME: <u>Geeta Loach-Jacobson</u> <u>Director, Outreach and Community</u> <u>Programming Division, Palm Beach</u> <u>County Youth Services Department</u>

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

SIGNED BY: Docusigned by: Anne Hellant

-804811B22F6B464... ------

NAME: <u>Helene C Hvizd</u> <u>Senior Assistant County Attorney</u>

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NAME: Tammy Fields	NAME: Shevaun L. Harris
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NAME: <u>Geeta Loach-Jacobson</u> <u>Director, Outreach and Community</u> <u>Programming Division, Palm Beach</u> <u>County Youth Services Department</u>

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

SIGNED BY: \_\_\_\_\_DocuSigned by:

Anne Helfant

804811B22F6B464...

NAME: <u>Helene C Hvizd</u> <u>Senior Assistant County Attorney</u>

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