



**Interoffice Memorandum**

June 25, 2020

**AGENDA ITEM**

**TO:** Mayor Jerry L. Demings  
-AND-  
Board of County Commissioners

**THRU:** Lonnie C. Bell, Jr., Director *Lonnie C Bell*  
Community and Family Services Department

**FROM:** Tracy Salem, Manager  
Youth and Family Services Division

**CONTACT:** Keith Yannessa, Senior Contract Administrator  
(407) 836-6521

**SUBJECT:** **Consent Agenda Item – July 7, 2020**  
Approval of Contract Amendment #1 to Contract GJ506 between Orange County, Florida and the State of Florida, Department of Children and Families regarding the provision of Residential Group Foster Care and Shelter Services

The Great Oaks Village Residential Group Foster Care Program was started by Orange County, Florida in 1924. The program has undergone many changes over the years in regards to staffing levels, number of children in care, increase in services, and the type of children coming into care. Orange County, Florida is the only county in the State of Florida that contracts directly with the State to provide these services due to 409.986. F.S.

On June 4, 2019 the Board approved the fiscal year 2019 Contract #GJ506 with the State of Florida, Department of Children and Families (DCF) and Orange County Board of County Commissioners, Orange County, Florida (the County) to deliver an array of residential group care and emergency shelter services to eligible children in Circuits 9 and 18. Contract #GJ506 is for a 3-year term ending June 30, 2022, in a total contract amount not to exceed \$8,060,769.75.

The purpose of Amendment #1 to contract #GJ506 with DCF is to bring the contract and licensure requirements into alignment as outlined in 409.986. F.S., changing the language from a specific number, "72" to "at least 40 children". The amendment also adds 39.0141 F.S., to the compliance standard for the reporting of missing children.

Consent Agenda Item – July 7, 2020

Approval of the Contract #GJ506 Amendment #1 between Orange County, Florida and the State of Florida, Department of Children and Families

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This amendment also makes changes to the Contract Reporting Tracking Table by adding "Table 1" before the phrase "Contract Reports Tracking Table". This table has also been updated regarding the report due dates for the Performance Measures Report, the Early Periodic Screening Diagnosis and Treatment (EPSDT) report, and the Attendance Report from quarterly by the 30<sup>th</sup> of the month to quarterly by the 15<sup>th</sup> of the month. The Security Agreement and General Liability Insurance have also been updated by adding annually to the frequency.

This amendment language changes regarding the outcome measures to bring the language up to date and to reflect both the change in children coming into care and the changes in services offered to the children. The outcome measure regarding tutoring services has been changed to include "study hall" and the mandated amount of time, 45 minutes per session has been removed. The amount of time that a new client is being given to be enrolled in school has changed from three days to five days.

This amendment also changes the language regarding the provision of information to the independent young adults about the Extended Foster Care program, Post-Secondary Education Support Services, and the Aftercare program by removing the word "continued" from enrollment as it is not suggesting services to keep the child in the program, only to offer up the information about the programs.

Lastly, included are Attachment II, The Request for Payment Attachments to streamline the billing process and Attachment III, Quarterly Performance Compliance Report, to reflect the changes made by the amendment.

In addition to approval of the Agreement, we are requesting authorization for the County Mayor or designee to approve any increases, decreases, or amendments to this contract.

**ACTION REQUESTED: Approval and execution of Amendment # 001 Contract # GJ506 between Orange County, Florida and the State of Florida, Department of Children and Families to provide Residential Group Foster Care and Shelter Services and authorization for the County Mayor or designee to approve any increases, decreases, or amendments to this contract.**

TS/ky:jam

Attachment

c: Yolanda Brown, Fiscal Manager, Community and Family Services  
Johonna Brown, Program Manager, Youth and Family Services Division  
Diana Mendez, Medical and Mental Health Services Administrator, Youth and Family Services Division

Effective the latter of June 1, 2020 or the last date of the signatories, this amends the above referenced Contract as follows:

1. B-4.1.3 is amended to read "The Provider's licensed capacity shall be for at least 40 children as outlined in 409.986. F.S."
2. In C-1.22, first sentence, the word "services" is replaced with the phrase "or study hall."
3. In C-1.22, the second sentence is amended to read "Residents will attend study hall or tutoring a minimum of two (2) days a week during the calendar school year."
4. In C-1.23, the text is replaced with "reserved".
5. In C-1.31.1.1, the word "continued" is deleted.
6. In C-2.3, the sentence following the title "Reporting of Missing Children" is amended to read: "The Provider agrees to comply with 39.0141, F.S., 65C-30.019, F.A.C., and GOV Policy-Runaway-Missing Child Reporting."
7. In Section C-6.1, insert the phrase "**Table 1**" before the phrase "Contract Reports Tracking Table."
8. The highlighted portion of the sections below amend the table titled "Contract Reports Tracking Table" immediately following C-6.3. The non-highlighted parts are for illustrative purposes only and are unaffected by this amendment.

**Table 1 Contract Reports Tracking Table**

Report Title	Reporting Frequency	Report Due Date	Number of Copies Due	DCF Office to receive report	Address
Line Item Budget and Budget Narrative	Annually	August 15 each year	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando Florida 32801
Attachment 1 Cost Analysis	Annually	30 days after contract execution	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Attachment 2 Invoice	Monthly	Fifteen (15) calendar days following the end of the month	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Attachment 3 Performance Measurement Report	<del>Quarterly</del>	<del>October 15 January 15 April 15 July 15</del>	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Attachment 4 Incident Report Log	Monthly	Fifteen (15) calendar Days following the end of the month	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Attachment 5 GOV Bed Hold Authorization	Monthly (as applicable)	Fifteen (15) calendar Days following the end of the month	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801

Attachment 6 EPSDT report	<u>Quarterly</u>	<u>October 15</u> <u>January 15</u> <u>April 15</u> <u>July 15</u>	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Attachment 7 Monthly Denial Log (Welcome Center, Youth Shelter, and GOV Cottages)	Monthly	Fifteen (15) calendar days following the end of the month	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Attachment 8 Cultural Enrichment and Recreational Activities Report	Monthly	Fifteen (15) calendar days following the end of the month	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Attachment 9 Request for Removal	Monthly (as applicable)	Fifteen (15) calendar days following the end of the month	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Financial Contribution Attestation as required by 409.986(1)(a), F.S.	Annually	Annually July 15 for prior year	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Civil Rights Compliance Report	Annually	May 15	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Disaster Preparedness Plan	Annually	October 30	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Security Agreement	Upon employment by Provider and annually thereafter	<u>Annually</u>	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
General Liability Insurance	Due on or prior to contract begin date and annually thereafter	<u>Annually</u>	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
Quarterly Expenditure Report	Quarterly, 30 days after the beginning of each Quarter	October 30 January 30 April 30 August 15	1 Electronic copy	Contract Manager	400 W. Robinson Street, S1118, Orlando, Florida 32801
<u>Attendance Report</u>	<u>Quarterly</u>	<u>October 15</u> <u>January 15</u> <u>April 15</u> <u>July 15</u>	<u>1</u> <u>Electronic copy</u>	<u>Contract</u> <u>Manager</u>	<u>400 W. Robinson Street,</u> <u>S1118, Orlando, Florida</u> <u>32801</u>

9. In E-1.1.5, the word "three" is deleted and replaced with "five (5)".
10. The current Attachment 2 is hereby replaced by the attached Attachment 2.
11. The current Attachment 3 is hereby replaced by the attached Attachment 3.
12. 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

AMENDMENT # 001

Contract # GJ506

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: Orange County Board of County Commissioners

DEPARTMENT: Department of Children and Families

SIGNED

BY:

*Burton W. Brooks*

SIGNED

BY:

*Chad Poppell*

NAME:

*Burton W. Brooks*

NAME:

Chad Poppell

TITLE:

*County Administrator*

TITLE:

Secretary

DATE:

*JUL 07 2020*

DATE:

8-11-2020



**ATTACHMENT 2**  
**REQUEST FOR PAYMENT**  
 State Fiscal Year 2019-2020

PROVIDER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

INVOICE NUMBER: \_\_\_\_\_  
 CONTRACT NUMBER: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_ GOV (\$160)      \_\_\_\_\_ Challenging Behaviors (\$320)      \_\_\_\_\_ YS (\$160)      \_\_\_\_\_ EFC (\$112)

#	Case Management Agency	Child Last Name, First Initial	Child DOB	FSFN Person ID	Number of Bed Days	Amount	Dates
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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36							
37							
38							
39							
40							
41							
42							

43							
44							
45							
46							
47							
				Total			

I CERTIFY THAT THIS REQUEST FOR PAYMENT IS AN ACCURATE REFLECTION OF THE ACTIVITIES FOR THIS PERIOD, THAT THE AMOUNT REQUESTED IS ONLY FOR ALLOWABLE EXPENDITURES SPECIFIED IN THE LINE ITEM BUDGET USED TO ESTABLISH THE UNIT COST OF THESE SERVICES, AND THAT ALL EXPENDITURES ARE DIRECTLY RELATED TO THE PURPOSES OF THIS CONTRACT. THESE SERVICES, AND ALL EXPENDITURES ARE DIRECTLY RELATED TO THE PURPOSES OF THIS CONTRACT.

Original Authorizing Signature

Title

Date

**FOR DEPARTMENT USE ONLY**

DATE SERVICES PROVIDED: \_\_\_\_\_  
DATE DELIVERABLE RECEIVED: \_\_\_\_\_  
DATE DELIVERABLE REVIEWED & APPROVED BY CONTRACT MANAGER:  
\_\_\_\_\_  
DATE INVOICE RECEIVED: \_\_\_\_\_  
DATE PAYMENT APPROVED: \_\_\_\_\_  
AUTHORIZING SIGNATURE: \_\_\_\_\_  
TITLE: Contract Manager TELEPHONE: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

OCA: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
OCA: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
OCA: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
ORG Code: 6030900209 EO \_\_\_\_\_ BE: \_\_\_\_\_  
TOTAL AUTHORIZED: \_\_\_\_\_







**ATTACHMENT 3  
Quarterly Performance Compliance Report**

<b>Outcome Measured</b>	<b>Provider's Measuring Tool</b>	<b>Rate Compliance Required</b>	<b>1<sup>ST</sup> Quarter</b>	<b>2<sup>ND</sup> Quarter</b>	<b>3<sup>RD</sup> Quarter</b>	<b>4<sup>TH</sup> Quarter</b>
Residents in residential group care shall have zero findings of incidents of abuse or neglect by the Provider's staff, volunteers, other Shelter Residents or visiting family members.	Incident Reports and Attachment 4	100%				
Residents will be satisfied with the services provided while in placement	Client Discharge Surveys	90%				
Residents placed at the facility will have no episodes of running away during placement at the facility as defined in CFOP 215-6	Missing Person Reports and Client Files	80%				
A minimum of 4 recreational and cultural enrichment activities and at least 2 activities will occur away from the facility in a calendar month.	Monthly Calendar and Attachment 8	100%				
Residents placed in residential group care or emergency shelter will be enrolled in school within 5 days of admission unless the child(ren) cannot be enrolled in school due to mitigating circumstances	Educational notes and school records	100%				
Residents served will demonstrate improved attendance in school.	School Report Card and Monthly Attendance Reports	85%				
An EPSDT will be <u>scheduled</u> for residents placed in Shelter care status, if not previously completed	Client Case Notes and Attachment 6	100%				
An EPSDT examination will be <u>completed</u> within 5 days of placement in the facility, if not already accomplished	Completed EPSDT form in medical file and Attachment 6	90%				
Clients served will not receive a request for removal using Attachment 9	Client File and Attachment 9	90%				
Residents will receive individual counseling services based on identified needs at a minimum of one (1) time per month	Client Case Notes and Clinical File	95%				
Residents will attend tutoring or study hall two days a week during the calendar school year.	Client Case Notes	80%				
Eligible residents will receive on-site court ordered drug testing and substance abuse services or referral for additional services.	Client Case Notes	95%				
Group therapy sessions will be available a minimum of three (3) times a month.	Client Case Notes and Clinical File	100%				

GOV residents will have a completed bio- psychosocial assessment within 14 days of intake.	Client Case Notes and Clinical File	90%				
Youth Shelter residents will have a completed Comprehensive Family Assessment within 5 days of intake.	Client Case Notes and Clinical File	90%				
GOV residents will have a completed service plan within 30 days of placement. The service plan will be reviewed every 90 days.	Client Case Notes and Clinical File	90%				
Accepted residents will have a treatment plan within 5 days of intake. The treatment plan will be reviewed every 90 days.	Client Case Notes and Clinical File	90%				
Family/Sibling therapy sessions will be available a minimum of one (1) time a week	Client Case Notes and Clinical File	90%				