



Legislation Text

File #: 24-0407, **Version:** 1

Health and Human Services Agency (HHS) recommending the Board:

- 1) Adopt and authorize the Chair to sign Resolution **114-2024** delegating authority to the HHS Director or Chief Assistant Director to accept and execute ongoing Revenue/Grant Agreements from granting agencies and any amendments thereto, contingent upon approval by County Counsel and Risk Management, as applicable, that are required to fund ongoing HHS programs per Attachment A to the Resolution and are included in the proposed Fiscal Year 2024-25 Budget; and
- 2) Approve and authorize the HHS Director, Chief Assistant Director or Agency Chief Fiscal Officer to execute any required fiscal and programmatic reports for said Revenue/Grant Agreements.

FUNDING: Federal, State, and Local funding.

DISCUSSION / BACKGROUND:

The Board of Supervisors' Policy A-6, Grant Applications, establishes the Board as the sole authority for accepting grant awards. In accordance with this policy, HHS presents all new Funding/Revenue and Grant Agreements (hereinafter referred to as "revenue agreements") to the Board for acceptance and execution. On an annual basis, HHS receives many ongoing grant awards and funding allocations that support multiple HHS programs and are a mainstay for operations. Since 2007, HHS has processed an average of 35 revenue agreements each year, the majority of which are ongoing grant funding and include renewals or amendments to prior year agreements.

Revenue agreements and amendments can often be received late (i.e., after the start of the funding period) from the funding entity and in many cases the funding entity requires a short approval/execution/return timeline from HHS to secure funding. Program costs incurred before a revenue agreement or amendment is fully executed cannot be applied against the funding until after it has been approved and signed by both the County and the granting agency. Prior to 2015, this dynamic would impact HHS by shortening the period of time to charge allowable costs against the approved funding, resulting in a reduction to the amount of services provided to the community or an increase in General Fund or other funding source expenditures to support the cost to operate the program prior to the approval of the funding. Since this practice was instituted in 2015, the delays in service due to County processing time have been eliminated, and therefore HHS recommends that the Board continue this practice for the benefit of both our government and the community.

Consequently, starting in Fiscal Year (FY) 2015-16, in compliance with Board Policy A-6, HHS began submitting an annual Signature Authority Resolution to the Board for adoption. The resolution includes Attachment A, listing the ongoing grant funding, allocations, and agreements that the Board has previously approved and are anticipated to receive annual funding. Further, the resolution requests delegation of authority to the HHS Director or Chief Assistant Director to execute the associated revenue agreements or amendments for the upcoming and specified FY, based on prior Board approvals. This process has increased efficiency in processing associated agreements and documents, thereby decreasing the amount of time required to process funding documents. Additionally, it allows outside-funded, mainstay programs to begin (or continue) providing services to the target population(s) without undue delay, eliminating potential costs to other funding sources to

sustain the program's operation resulting from delays in approving such agreements or documents.

For this item presented in this agenda item, Attachment A to this resolution lists the known revenue agreements for FY 2024-25 that HHSA has included in their FY 2024-25 Budget. Examples of programs that receive funding under these revenue agreements include but are not limited to: Community Services Block Grant, Low-Income Home Energy Assistance Program; Home Weatherization; Immunization Program; Tobacco Control; Women, Infants and Children Program; various Senior programs; Drug Medi-Cal Organized Delivery System services for Substance Use Disorder treatment; and Homeless Programs.

ALTERNATIVES:

Disapproval of the Resolution will mean that HHSA will continue to process revenue agreements, grants, and allocations, however will then seek Board approval for each on an individual basis. A disapproval could result in lost grant funds due to processing delays and hinder HHSA's ability to provide timely, necessary and, in some cases, mandated services, to the community and residents of the County.

PRIOR BOARD ACTION:

- 1) 05/16/17, 15-0412, HHSA Revenue Agreements Resolution, 2017
- 2) 05/08/18, 18-0612, HHSA 2018-2019 Signature authority delegation resolution
- 3) 05/14/19, 19-0531, HHSA 2019-20 Signature Authority Del. Reso.
- 4) 05/19/20, 20-0605, HHSA 2020-2021 Signature authority delegation resolution
- 5) 05/11/21, 21-0669, HHSA 2021-22 Signature authority delegation resolution
- 6) 06/28/22, 22-0695, HHSA FY 2022-23 Annual Signature Authority
- 7) 06/06/23, 23-0829, HHSA Director Annual Signature Resolution

OTHER DEPARTMENT / AGENCY INVOLVEMENT:

Approved by County Counsel

CAO RECOMMENDATION:

Approve as recommended.

FINANCIAL IMPACT:

The revenue agreements are from a variety of sources as outlined in Attachment A to the Resolution. Approval of the Resolution will allow HHSA to continue to process funding agreements, allocations, grant documents, and any amendments thereto, in a timely manner through June 30, 2025, contingent upon approval by County Counsel and Risk Management, as applicable. This will reduce delays and mitigate the potential loss of funding due to short approval and processing deadlines imposed by the funding entities.

CLERK OF THE BOARD FOLLOW UP ACTIONS

- 1) Clerk of the Board to obtain the Chair's signature on one (1) original of the Resolution; and
- 2) Clerk of the Board to return one (1) certified Resolution to Health and Human Services Agency, Contracts Unit via email at hhsa-contracts@edcgov.us.

STRATEGIC PLAN COMPONENT:

N/A

CONTACT

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