**Risk Pool Peer Review Committee Report**
**Brevard Family Partnership**
**March 28, 2016**

Brevard Family Partnership submitted a Notice of Intent to apply for Risk Pool Funding and additional information was requested by the Central Region on January 29, 2016. The request was subsequently determined to meet the criteria for Risk Pool application and Brevard Family Partnership subsequently submitted an application for risk pool funding. The Central Region Contract Manager and Regional Managing Director concurred in the application on February 19, 2016 and the application was submitted to the Office of Child Welfare.

The department established a Risk Pool Peer Review Committee pursuant to section 409.990(7), F.S. and consistent with the department's Risk Pool Protocol of September 2, 2015.

The Risk Pool Peer Review Committee for Brevard Family Partnership consisted of

JoShonda Guerrier, DCF Office of Child Welfare
Mark Jones, CEO, Community Partnership for Children
Lee Kaywork, CEO, Family Support Services of North Florida, Inc.
Lisa Mayrose, Suncoast Regional Managing Director
Pam Menendez, USF Center for Child Welfare
Bob Miller, CFO, Family Support Services of North Florida, Inc.
Barney Ray, DCF Office of CBC/ME Financial Accountability
Kimberly Williams, Family and Community Services Director, Suncoast Region
Don Winstead, Team Leader

The Risk Pool Peer Review Committee reviewed the Notice of Intent and Application and assembled contextual information regarding caseloads, financial history and performance prior to the site visit. The Peer Review Committee conducted the site visit on March 2 and March 3, 2016.

**The Peer Review Committee's work was designed to meet the direction of the statute and departmental protocol in order to:**

1. Verify that the applicant meets the statutory criteria for eligibility which includes validation that the applicant's financial need was caused by circumstances beyond the control of the Lead Agency's management.
2. Determine if continued on-site technical assistance is appropriate.
3. Make a final recommendation to the Secretary regarding approval or disapproval of the application which may include access to the risk pool or other funding shifts to resolve the shortfall.
4. Determine the amount of funding and mix of funds to be made available.
5. Recommend specific limitations or requirements on the use of additional funds that are linked to correction of factors that caused the funding shortfall.
6. Identify any follow-up actions or additional documentation needed from the Lead Agency or Region, and
7. Report on any technical assistance activities completed and remaining and/or recommendations for future technical assistance.

**The work of the Peer Review Committee was organized in to seven areas and members of the committee looked in detail at issues in each of the following areas:**

1. Findings related to the need for services and commitment of resources.
2. Findings related to protective services including removals, referrals for post-investigative services, activities to protect children without removal and use of resources focused on prevention and intervention.
3. Findings related to provision of services for children in care (both in-home and out-of-home).
4. Findings related to exits from care including exits to permanence.
5. Findings related to funding, fiscal trends and fiscal management.
6. Findings related to overall management.
7. Other factors or considerations noted on the application or determined relevant by the Peer Review Committee.

**The following summarizes the findings of the Peer Review Committee**

**1. Findings related to the need for services and commitment of resources**

1.1. What is the relevant community context within which the child welfare system operates?

Brevard Family Partnership was created as a grass roots initiative because of a strong sense of community involvement. The lead agency continues to have strong community involvement and strong linkages to local organizations. Three members of the Board of Directors are appointed by Brevard County.

Brevard County is a coastal county that is 82 miles from North to South with Titusville, Melbourne and Palm Bay as the major cities in the county.

1.2. This may include incidence of calls to the hotline, child poverty in the area, local factors that influence the need for services, etc.

Brevard County's child poverty rate is 22% which is slightly below the statewide average of 24.2%[1]. Median family income is slightly higher than the state average.

1.3. Factors may also include community resources available to meet the needs of children and families such as Children's Services Councils, local governmental resources or other unique factors.

There is a Children's Services Council, but the council does not have taxing authority. There is a strong community commitment to child welfare.

**2. Findings related to protective services including removals, referrals for post-investigative services, activities to protect children without removal and use of resources focused on prevention and diversion.**

2.1. What are the rates of removal, rates of verification and other measures from protective investigations that affect the need for child welfare services? How have these measures changed over time and how do they compare with other areas of the state?

For SFY 14/15, removal rates were 6.5 per 100 children investigated compared to the statewide rate of 6.1 children[2]. For July through September 2015, the removal rate had dropped to 4.2 per 100 children investigated, which was the second lowest rate in the state[3]. Verification rates in SFY 14/15 were 14.7% in Brevard County, below the statewide rate of 17.5%. For SFY 15/16, verification rates have continued below the

[1] Florida Office of Economic and Demographic Research, County Profiles 2014
[2] 2015 Child Protection Summit, A Snapshot of Florida's Child Welfare System
[3] Office of Child Welfare Key Indicators Monthly Report, January 2016

state average. Through January 2016, removals have averaged 30 per month compared with 46 monthly in SFY 14/15[4].

2.2. What activities are in place to provide support to protective investigators and families to permit children to remain safe in their homes?

Brevard Family Partnership operates Brevard CARES (Coordination, Advocacy, Resources, Education and Support), which provides prevention and diversion through high fidelity wraparound services. Decision Support Teams (DST) are utilized when present danger has been identified or a removal is pending.

CARES and/or Impower (the CMO) staff will get involved with DST calls anytime the call involves a family currently served. While they are not a standing participant they make an effort to also be involved on families who previously received services. However, this is limited to business hours.

The Safety Management Team (SMT) through CARES provides intensive services to families. Cases include complex domestic violence and substance abuse cases. When the SMT get involved prior to a safety determination being made (safe vs. unsafe), most of the families they serve are assessed as unsafe and require ongoing case management.

Services provided by the SMT can be open for up to 60 days, however there have been circumstances where SMT have agreed to serve families for a longer period of time. The intent is to provide services for up to the length of the investigation as the need dictates. Masters level therapists are providing these services. SMT also uses family team conferencing and strength discovery when working with families.

There is constant communication between investigators and CARES, and as the situation warrants, joint visits are conducted with families. There are a few home visiting programs that could be included in Brevard's formal safety management continuum, such as Healthy Start. To date, the Safety Management Team is Brevard's only contracted safety management service. All other offered services are voluntary family support services.

Investigators reported they have been getting creative in the development of safety plans. Leadership continues to prioritize safety planning inclusive of both identifying the need for the plan as well as the actions needed in the plan. Investigators indicated that their safety plans have been successful.

Weekly on Wednesdays, investigators and CARES are reviewing the Safety Management Team cases to ensure families are receiving the correct level of services.

[4] Office of Child Welfare "Spinner" Reports

Family Intervention Specialists (FIS) are being utilized to provide services related to substance abuse (3 total), however, due to limited capacity, investigators reported there is a significant delay in initiation of services.

Investigators have the ability to utilize flex funds through CARES on a regular basis to support families through the use of the co-located CARES Family Advocate. DCF has agreements with landlords and hotels to place families for brief periods of time until CARES can get involved. Investigators view the child welfare safety practice as a way to better assess families. They reported positive results from the implementation of the practice model.

2.3. What services are provided with funds used for prevention and diversion?

Brevard Family Partnership uses prevention dollars to fund its Safety Management Team. DCF conducts bi-monthly meetings with local providers, outside of CARES, to learn more about what services are available to assist investigators.

For high or very high risk cases, a care coordinator is assigned and family team conferencing is utilized. In some instances, care coordinators are able to provide interim services until an appropriate referral can be obtained in efforts to expedite services to families.

There are domestic violence advocates co-located in each of the DCF Service Centers; however, these individuals do not provide on-site assessments in the field.

The Brevard system of care has the benefit of one Family Intensive Treatment (FIT) Team, three FIS and one Community Action Team (CAT). Staff expressed they have seen great success in working with the CAT.

Brevard CARES has been leveraging the faith-based community to secure additional services and supports for families. Brevard CARES also leverages the resources of other funding sources to include Healthy Families and Healthy Start.

Cases involving wraparound services are entered into FSFN; one time referrals, low risk cases, or services involving use of flex funds (e.g., hotel stays or tangible resource needs) are not being captured in FSFN. The determinant of whether to enter or not the family into the Family Support page, is gauged by whether or not follow-up may be required.

2.4. What evidence exists to show that investment in prevention and diversion services are, in fact, resulting in reduced flow of children into out-of-home care rather than just adding to the cost of services?

Brevard has the highest number of Family Support Services cases based on the number of children actively receiving services per 100 children investigated. BFP's rate of 6.2 children far exceeds the statewide average of 1.3 children.[5]

Brevard CARES has had evaluations of their prevention services continuum. Findings indicate that within 6 months of services closure, 93% of families who participate in services do not have another report of verified findings. Of the families who refused services, 74% of families do not have another report with verified findings. A second evaluation will be launched soon.

Brevard CARES uses Mindshare to help track service utilization in its Prevention Authorization System. "In real time, you know what's happening with a family."

2.5. How well integrated are the CPI and diversion services components? Are there case transfer issues that affect performance?

Brevard CARES, the provider of diversion services and CPI is fairly integrated. The case transfer process was described as an administrative function. The program accepts all levels of risk and offer the same continuum of services to every client whether community referred or DCF.

Early Services Intervention Staffing is used to transition cases through the Intake and Placement unit. There is a minimal use of secondary case assignment when transferring cases. The expectation is that the CPI is the primary worker pending the safety determination and completion of Family Functioning Assessment at which time the case is then transferred to Impower, the case management organization, as primary worker.

**3. Findings related to provision of services for children in care (both in-home and out-of-home).**

3.1. What is the composition of the children in care including age cohorts, placement types, use of specialized higher costs settings, use of congregate care, etc.

BFP has a good placement distribution with a strong emphasis on the least restrictive placement; averaging 55-60% Kinship, 34-35% in licensed foster care, and 8% in RGC. BFP brought placement/licensing in-house this year; it caused a drop in foster homes during the transition. They also purged their homes to improve quality. This caused stress on placement as removals increased at the same time. This has been remedied and homes and beds are increasing.

A large sibling group with severe behavioral issues caused an uptick in the 0-5 group home population. In general, BFP has one of the lowest percentages of children in RGC, but the incremental cost is high; 24 children cost one million dollars.

[5] Office of Child Welfare Key Indicators Monthly Report, January 2016

3.2. What is the cost of various placement types? To what extent are the rates paid for foster care (including care with various rates of intensity), congregate care consistent with statewide norms (considering community context)? Have these rates remained relatively consistent over the past few fiscal years?

Since bringing licensing and placement in house, BFP has instituted a step-down process along with a bonus stipend to keep children in their placements. This has helped stabilize what was a rising daily cost. They are paying a premium for RGC since there is a shortage of available beds in the area. The daily cost of OHC rose from $11,500 to a high of $19,288. Since they have initiated the new step-down process, this rate is now declining.

3.3. What is the cost for dependency case management? Is this consistent with norms for such services? Have these rates remained relatively consistent over the past few fiscal years?

The percentage of core funding spent on dependency case management is consistent with the state norms.

3.4. To what extent is the Lead Agency appropriately utilizing non-child welfare funding for services (such as DCF SAMH Funds, Medicaid, and other non-DCF funding sources).

BFP has two groups driving cost: Human trafficking and crossover children. This may be an opportunity to engage the Managing Entity (ME) to offset some cost.

3.5. What evidence exists that case management services are well-managed by the Lead Agency?

In July 2015, BFP consolidated case management from three CMOs to one. The single CMO is now Impower. As indicated in section 4 below, performance on measures related to exits to permanency are poor and overall rates of discharge declined in SFY 14/15. In SFY 15/16, discharge rates have increased.

Placement stability has also been below the state average. The case management organization has experience high turnover and this instability have likely contributed to these performance deficits. Turnover rates from July 2014 through May of 2015 were within the range of 70.3% to 88.9%. This number has reduced to 58.8% in January 2016, however, there is a high likelihood that this continued turnover is further impacting the agency's ability to safely achieve permanency for the increased amount of children being served in out of home care.

**4. Findings related to exits from care including exits to permanence.**

4.1. What is the performance of the Lead Agency in the recognized measures of children achieving permanence? Do these findings indicate that children are not remaining in

care for longer than necessary? Are these permanency achievement rates consistent across placement settings?

Permanency is an area that BFP can improve and therefore affect their long-term financial viability. BFP performs poorly in all three permanency measurements:

| | |
|---|---|
| Permanency within 12 months: | 34.3% |
| Permanency in 12-23 months: | 39.3% |
| Permanency in 24+ months: | 26.5% |

This has been a historical problem and was a contributing factor in BFP consolidating their CMOs and bringing in a new organization for case management. Unfortunately, during the transition to the new case management organization, the removal rate increased. This has caused high caseloads, case management turn-over, and court delays.

4.2. What contextual factors (such as Children's Legal services, dependency court dynamics, etc.) influence time to permanence for children served by the Lead Agency?

Although there does not appear to be any issues with Children's Legal Services, there seems to be a reluctance to challenge the court to move cases. There is one Judge in Brevard County covering both dependency and delinquency cases. Terminations of Parental Rights (TPRs) take too long, and court caseload is affecting the ability to schedule hearings. The practice in Brevard County is for the Judge to order 4 to 6 hours of visitation weekly which has an impact on the case manager's ability to meet other responsibilities.

4.3. Has there been a change in number of exits or time to exit that is materially influencing the cost of out-of-home care?

In SFY 14/15, exits declined to an average of 26 per month from that previous year's average of 33 monthly. In SFY 15/16, through January, exits have increased to an average of 34 per month. The reduction in exits came at a time of increased removals which significantly increased the cost of out-of-home care.

**5. Findings related to funding, fiscal trends and fiscal management.**

5.1. How has core services funding changed over time? How has the Lead Agency managed these changes? What adjustments to the available array of services have been made?

Recurring core services funding has decreased since the implementation of the equity allocation formula. Non-recurring core services received in FY14/15 help offset what would have been a greater deficit. The CBC provided several actions to reduce administrative types of cost since the equity allocation formula was implemented.

| Circuit 18 Brevard Core Funding History – Recurring and Non-Recurring Budget | | | | |
|---|---|---|---|---|
| Column-> | A | B | C | D |
| State Fiscal Year | Recurring Core Services Funding | Non-Recurring Core Services Funding | Total Core Services Funding (Total of Columns A + B) | Carry Forward Balance Available |
| 2010-2011 | $18,216,224 | $0 | $18,216,224 | |
| 2011-2012 | $17,468,519 | $0 | $17,468,519 | $714,231 |
| 2012-2013 | $16,784,156 | $463,687 | $17,247,843 | $698,962 |
| 2013-2014 | $16,676,435 | $145,741 | $16,822,176 | $332,582 |
| 2014-2015 | $16,681,176 | $1,500,000 | $18,181,176 | $(189,989) |
| 2015-2016 | $17,380,399 | $0 | $17,380,399 | $(196,183) |
| Footnotes or Comments | | | | |

5.2. How have any changes to core services funding contributed to any projected deficits for SFY 2015-2016?

Reduction of core services funding reduces the amount of any unused funding to carry forward into a future fiscal year as reserve for BFP to use for increased costs in the future.

5.3. In what ways are funding dynamics in the Lead Agency unique or atypical of funding in other Lead Agencies?

No atypical funding was noted. No local children's services council funding is available.

5.4. What is the amount of the anticipated deficit for the current year? How reliable and valid are these projections?

A best case projection from the CBC was for a $2.4 million deficit which assumes that several children are stepped down to lower cost placements and that there is no increase in the aggregate number of children in out of home care. It also includes an increase in their single case management contract of $176,000 to assist the CMO, Impower, with deficits and workload.

The worst case projection is a $2.7 million deficit which assumes no decrease in out-of-home care expenditures. This appears to be the most realistic projection.

5.5. Are there options other than Risk Pool funding available to reduce the deficit?

Reduced utilization of residential group care and increased use of foster home, relative and non-relative placement options would reduce the projected deficit. An increase in reunification rate would also ease the need for out-of-home placements.

5.6. If the Lead Agency meets the criteria for Risk Pool funding, but the amount of funding available is insufficient to cover the projected deficit, what other options are available?

Allocation of risk pool funds is necessary for BFP to meet its cash needs through end of the fiscal year. Any deficit greater than the allocation of risk pool funds would carry over into the fiscal year. No other options were identified.

5.7. Are there fiscal practices that could be completed with greater efficiency in order to reduce the projected deficit?

None were identified.

5.8. Has the most recent CPA audit indicated any issues that would affect the financial health of the organization?

There were no findings or questioned costs in the most recent CPA audit.

**6. Findings related to overall management.**

6.1. To what extent is there clear and effective communication between and among the Region, the Lead Agency, the Sheriff (if applicable), case management organizations and other key community partners?

Communication and relationships are strong and effective between the Region DCF and the CBC Lead Agency. Examples of ongoing meetings include a Bi-monthly SOC meetings are held that include DCF, BFP, the Guardians Ad Litem Office, CLS, Imposer, the Managing Entity, APD etc.

There is a weekly Operations meeting that includes BFP, CMO, Court Liaison, the Independent Living provider, Brevard CARES, supervisors, case managers, and providers. The meeting includes a review of extensive performance data.

6.2. How actively and effectively does Lead Agency management track programmatic performance and fiscal performance?

Performance tracking is active and extensive. Fiscal performance is also tracked. Some suggestions for improved fiscal forecasting are described in section 4 of this report.

The BFP Board of Directors is very involved and reviews performance and financial data.

6.3. What actions have been taken by the Region and/or the Lead Agency to resolve the fiscal issues without accessing the Risk Pool? What further actions are planned?

The Lead Agency has taken a number of administrative actions to reduce costs. These include administrative cuts, reduced mileage reimbursement to staff, reduction in fringe benefits and increase in the employee contribution to health care coverage.

6.4. If potential corrective actions or technical assistance is recommended by the Peer Review Team, what is the commitment of the Region and the Lead Agency to follow through on those recommended actions?

The Region and Lead Agency both expressed a strong commitment to follow through on recommendations.

**Summary of Findings and Conclusions**

- Brevard Family Partnership attributes a significant portion of their projected deficit to reductions in funds due to the inadequacy of the previous equity allocation formula in reflecting their needs. Brevard Family Partnerships has the highest number of Family Support Services cases among the CBCs and these cases were not counted in the allocation formula. While there was a slight increase in recurring core services funding from SFY 14/15 to this fiscal year, recurring core funding has remained below the SFY 10/11 level in each year since then.

- Brevard Family Partnership has taken a number of steps to reduce costs including reductions in administrative expenditures and consolidation of case management from three case management organizations (CMO) to one.

- Performance related to exits to permanency have been below at or near the bottom among CBCs on all three measures. Placement stability has also been below the state average. The case management organization has experienced high turnover and this instability have likely contributed to these performance deficits. Turnover rates from July 2014 through May of 2015 were within the range of 70.3% to 88.9%. This number has reduced to 58.8% in January 2016, however, there is a high likelihood that this continued turnover is further impacting the agency's ability to safely achieve permanency for the increased amount of children being served in out-of-home care.

- Brevard Family Partnership (BFP) has a wide array of services through Brevard C.A.R.E.S. This includes formal safety management, crisis response, a robust in-home program using certified workers and parent peer partners, and a strong family support services program for safe-high/medium & low-risk children, as well as community children.

- In spite of the strong upfront services, over the past two years, there has been an increase in removals and a decrease in discharges. The gap between removals and discharges has resulted in an increase in out-of-home care. In recent months both trends have changed. Removals have been declining and discharges have increased. If current trends continue, it is likely that BFP will be on a sustainable path next year.

- Since Decision Support Teams (DST) were instituted three months ago, removals have significantly dropped for the same three-month period a year ago.

- In July 2015, BFP was not satisfied with the performance of the licensing and placement provider and brought these functions in-house. Since then, BFP has instituted a step-down process along with a bonus stipend to keep children in their placements. This has helped stabilize what was a rising daily cost. They are paying a premium for RGC since there is a shortage of available beds in the area. The daily cost of OHC rose from $11,500 to a high of $19,288. Since they have initiated the new step-down process, this rate is now declining.

**Recommendations**

The Peer Review Committee recommends that Brevard Family Partnerships receive Risk Pool funding contingent on the Region's and Lead Agency's agreement to implement the following recommendations:

1. The Central Region should build on the progress made on implementation of Decision Support Teams to include multi-disciplinary and multi-agency participation, particularly at night and on weekends. They should expand training on the safety methodology and should work with BFP and other system of care partners to incorporate conditions for return language into all phases of practice.

2. Brevard Family Partnerships should continue to work with Impower, the CMO, to stabilize turnover. Some other organizations have improved staff stability by instituting a multi-level classification system to create a career ladder for case managers.

3. Brevard Family Partnerships should create a task force to work on the 100 children that have been in care for the longest duration and focus on achieving permanency. They should also introduce Permanency Roundtables (PRT) into their ongoing practice.

4. BFP should continue efforts to increase licensed foster homes and focus on sibling groups and also continue efforts to step children down to lower cost placement settings.