Risk Pool Peer Review Committee Report
ChildNet, Inc. – Palm Beach
March 28, 2016

ChildNet, Inc.[1] - submitted a Notice of Intent to apply for Risk Pool Funding for Palm Beach County on December 4, 2015. The notice was reviewed by the DCF Southeast Region and was determined to meet the criteria to complete an application. ChildNet subsequently submitted an application for risk pool funding. The Southeast Region Contract Manager and Regional Managing Director concurred in the application on January 26, 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 ChildNet in Palm Beach County consisted of

> John Aitken, CFO, Kids Central, Inc.
> Alissa Cross, DCF Office of Child Welfare
> Bill D'Aiuto, DCF Regional Managing Director, Central Region
> JoShonda Guerrier, DCF Office of Child Welfare
> Allison Hill, COO and former CFO, Lakeview
> Lee Kaywork, CEO, Family Support Services of North Florida, Inc.
> Mark Mahoney, DCF Office of Revenue Management
> Pam Menendez, USF Center for Child Welfare
> Barney Ray, DCF Office of CBC/ME Financial Accountability
> Teri Saunders, CEO, Heartland for Children
> 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 February 10 through February 12, 2016.

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[1] As used in this report, ChildNet refers to the ChildNet Lead Agency contract for Palm Beach County

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?

   Palm Beach County is the third most populous county in the state. The eastern portion of the county is largely urban while the western part of the county is agricultural. ChildNet assumed responsibility as the lead agency on October 1, 2012. In Palm Beach County, DCF has responsibility for the Protective Investigations and the Children's Legal Services functions. ChildNet contracts for case management services with the Children's Home Society.

   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.

   Overall, Palm Beach is an affluent county, with child poverty rates below the state average[2]. Reports to the hotline have been relatively stable over time. In SFY 14/15, reports averaged 869 per month, with 829 per month in SFY 15/16 through January. While there were a slightly higher average number of reports in SFY 13/14 at 894 per month, reports have averaged between 850 and 900 monthly for the past five years.

   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.

   Palm Beach County has a Children's Services Council (CSC) with an annual budget of around $120 million. CSC funds are largely targeted to prevention and other services that are largely not targeted toward children in the child welfare system. There are some exceptions to this general observation and dependent children may also participate in and benefit from universal services funding by CSC.

   CSC does contract with Legal Aid to provide attorney representation to dependent children. The Legal Aid Society operates two programs: Foster Children's Project that serves children ages birth to twelve (12) and the Juvenile Advocacy Project that serves youth ages 12 to 18. Legal Aid works to reopen cases for youth who previously closed to dependency in an effort to make them eligible for Post Education Secondary Supports (PESS) or Extended Foster Care (EFC).

   Other programming offered by the CSC includes the Bridges program (10 Neighborhood projects in zip codes presenting the worst outcomes). Children served by the dependency system can access these services. Unique offerings include: navigation services, referrals to other community services, action community agency utility assistance, rental

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[2] 2015 Child Protection Summit Snapshot of Florida's Child Welfare System

assistance, assistance in completing applications for food stamps and/or Medicaid, neighborhood advocacy, engagement in health foundations, looking at health outcomes, parent education, help applying for school, and access to literacy classes. These programs have been available for five years.

As a separate support to the children served by ChildNet, Palm Beach County funds summer camp for all dependent children.

ChildNet reports having a very positive relationship with Southeast Behavioral Health (the Managing Entity for substance abuse and mental health) in Palm Beach County. ChildNet reports it has been trying to make a concerted effort to ensure they use the right services for youth, while leveraging the services that are funded by Southeast Behavioral Health. Continued maximization of this resource may assist in the reduction of ChildNet's deficit.

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?

    In SFY 14/15, there were 7 removals per 100 children investigated[3] compared to the statewide rate of 6.1. For July through September 2015, this rate was 6.8 compared to the statewide rate of 6.4.[4] Removals increased significantly in the first half of SFY 13/14, averaging 99 removals monthly for July 2013 to December 2013 compared to 58 per month the previous fiscal year. Although removals have moderated somewhat since then, the monthly averages have been 89 for SFY13/14, 83 for SFY 14/15 and 72 for SFY 15/16 through January.

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

    Protective Investigations has a protocol which requires investigators to staff all removals up through the supervisor, program administrator and operations manager. This protocol is intended to insure that they are removing the right kids and they are following the practice model. At some point, the region would like to know their staff are proficient in the practice, which builds internal capacity, hence eliminating the need to continue the protocol. As an additional opportunity to learn, region staff are looking at the Rapid Safety Feedback cases to identify other opportunities to improve. They are also conducting safety planning calls with staff.

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[3] 2015 Child Protection Summit Snapshot of Florida's Child Welfare System.
[4] Child Welfare Key Indicators Monthly Report, January 2016.

Despite the investigative units' efforts to insure they are removing the right children at the right time, there are no formal safety management services, and there are very limited informal safety management services to support investigators efforts to safely maintain unsafe children in the home with an in-home safety plan. To bridge this gap, the region has requested action from the lead agency to develop such supports, but there has been minimal effort to create and establish services to date.

For safe, high risk youth, Boys Town provides an intensive in-home services program. They do feel there is enough capacity in the program, but they are not getting many referrals. Other service referrals include: Sequel care, Henderson Health, and other providers. It does not appear that these services are being captured in the family services support module.

In discussing the factors that lead to increased removals, it was noted that a number of factors including a child death, publicity regarding child deaths in other areas of the state, inexperience by some investigators and implementation of the current practice model contributed to increased removals. To counteract issues related to inexperience and lack of comfort with the practice model and to ensure investigators are assessing thoroughly and collecting sufficient information, ACTION for Child Protection is being brought to the region monthly to provide technical assistance to investigative staff. Supervisors are holding two-hour Family Functioning Assessment (FFA) staffings with their very inexperienced staff to insure their understanding and skill development in writing an assessment. Additional training is also being made available to investigative staff to supplement knowledge and enhance skills. These include Tim Nolan Leadership Training, David Mandel Training for Domestic Violence Experts, ACTION Booster Training, and Writing Training developed by the Florida Atlantic University, Creole Speakers FFA Writing Training, Yellow Belt Training, Green Belt Training, and Southeast Region Leadership Training for all supervisory staff.

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

ChildNet uses its prevention funds to fund contracts with Henderson Health and with Camelot. Henderson Health expands services to nondependent children to help keep families together and to help the children not become dependent. Camelot offers an intensive in-home family therapy program which will soon be made available for use by CPI to refer families. ChildNet reported its challenge to establishing prevention services is the increase in the number of removals. These are in addition to the services provided by Boys Town referenced above. ChildNet expenditures of core services funds on prevention services are the lowest in the state and represent less than one percent of core services funds.

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?

The investment in prevention and diversion are minimal. It was reported that when families referred to Boys Town fail to engage in services, the Region conducts staffings to "close the loop."

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

Children's Home Society (CHS), the case management organization has 13 case management units. These units are comprised of 80 case managers; three of which are dedicated to extended foster care case management. Investigations and case management use an agreed upon protocol to transfer cases. CHS indicated that communication around the protocol has been improving. ChildNet has a shelter court liaison that helps facilitate the process.

When an investigation results in removal due to present danger, the case is staffed immediately with case management. The practice of immediately transferring a case from investigations to case management at the time of a removal, in response to the identification of present danger is not ideal as it can result in the development of case plan outcome based on insufficient information. However, CHS's efforts at early engagement should be seen as a strength. Early engagement allows a case manager to serve as a secondary worker to the family during the period between removal and completion of the Family FFA by the investigator who remains as primary worker during this time.

The benefit of this practice allows both systems (DCF and CHS) to engage the family, while routinely communicating with one another, equally working toward managing the safety of the child and ensuring sufficient information is gathered to make an accurate safety determination and ultimately enhance decision making. While the practice of engaging a family early will sometimes result in CHS expending resources on children who never require ongoing case management services the majority of the children will end up requiring full case management services. Upon completion of the FFA if a child has been determined to be unsafe, full case management responsibilities are then transferred from investigations to CHS, who is then assigned as the primary case 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.?

Palm Beach has had a historic high reliance on Residential Group Care (RGC); in the 18% - 23% range over the past five (5) years. Currently, 20% of children in out-of-home care are in RGC, which is double the state average. The percentage of children in residential group care and percentage of core funding expended on residential group care are the highest in the state.

ChildNet has 48% of placements in relative/nonrelative placement vs. a state average of 56%. ChildNet has successfully grown their network of family foster homes over the last few years. However, the utilization of family foster homes remains low, with 319 children in 290 foster homes.

The in-home care is only 29% for SFY 15/16. Additionally, they have seen a sharp decline in in-home judicial cases.

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?

Palm Beach spent 26% of their core funding in SFY 14/15 on RGC and is projecting to spend 37% in 15/16. This is the highest percentage in the state which averaged 15% in 2014/15 and projects an average of 17% in 2015/16.

Palm Beach spent 9% of their core funding on licensed foster homes in 2014/15 and is projecting the same in 2015/16, which is consistent with the state average.

Palm Beach spent 32% of their core funding in 2014/15 on dependency case management and is projecting to spend 38% in 2015/16. These are the lowest percentages in the state which averaged 52% in 2014/15 and is projected at 50% in 2015/16.

Palm Beach does not spend significant core funding on prevention services for families currently not dependent. The state average is 6% for 2014/15 and is projected to be 7% in 2015/16.

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 case management has been the lowest in the state and significantly lower than the state average (32% versus 52% SFY 14/15). It is projected to increase slightly in SFY 15/16. Upon review of the case manager and case management supervisor's salary structure, this seems to be similar to other programs around the state. The relatively low percentage of expenditure on case management appears to be a function of the high level of expenditures on RGC.

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).

ChildNet could benefit from greater utilization of non-child welfare funding service such as Medicaid, APD and DCF SAMH to support needed services for their children

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

Children's Home Society (CHS) is the sole subcontractor for case management services in Palm Beach. There seems to be a strong working relationship between ChildNet and CHS. Due to the financial strain at ChildNet, CHS subsidized the case management work for 2014/15 by $500,000. This level of support by CHS is not sustainable.

The case management services appear to be well-managed. The turnover for case manager positions tends to be a bit lower than the state average and they have experienced stability in their case manager supervisor positions. They have strong processes for permanency staffings and court preparation. A position has recently been added to facilitate safety and permanency round tables.

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?

    The average number of children active in out-of-home care per 100 investigated in 2014/15 is 8.3 which is higher than the state average of 7.9 and 7th highest amongst all CBCs.

    Children achieving permanency within 12 months of removal: Of children removed in 2012/13, 44.8% received permanency within 12 months; this is lower than the state average of 49.9% but exceeds the national standard of 40.5%. Of children removed in 2013/14, 37.3% received permanency within 12 months. This is below the state average of 47.4% and below the national standard of 40.5%.

    Children in care 24 or more months who achieve permanency: children in care as of 7/1/13 was 33.3% which was lower than the state average of 39.2% and higher than the national standard of 30.3%. Children in care as of 7/1/14 was 33.3% which was lower than the state average of 39.2% but higher than the national standard of 30.3%. Children in care as of 7/1/15 was 23.4% which is lower than the state average of 39.2% and lower than the national standard of 30.3%.

    Overall, ChildNet is achieving permanency for the children in care in a timely manner.

    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?

    There do not seem to be any significant externalities with the child welfare system, the judicial system, or the community that are creating any negative influences to the timely permanency.

    With regard to obtaining permanency for children, in general, ChildNet is performing well. They are exceeding the federal standard and state averages for achieving permanency in less than 12 months and for the 12 month -23 month measure. They are

not meeting the permanency measure for children in Care 24 months or longer. In Palm Beach, many children in the system of care have a legal aid attorney assigned to the case. This unique system feature may assist in obtaining timely permanency for younger children. However, there appears to be a culture in the system that nudges teens in care toward extended foster care rather than permanency. The system has a rather large extended foster care population. This may be a result of the legal aid attorneys supporting teens in foster care, as well as, those that have aged out in recent years and connecting them to the programming.

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 reviewing the Out-of-home Care, Removals and Discharge Trend Report; the removals have spiked over the past two years while discharges have remained steadily increasing. Discharges have not kept up with the removal rate, but they have been trending upward. The discharge rate per 100 in care was 5.3 which is higher than the state rate of 5.2. Removal data is worth mentioning: ChildNet has one of the lowest rates of investigations per 100 population in the state at 4.4 with a statewide rate of 5.3; the highest being 7.5.

The verification rate per investigations is 14%, the fourth lowest in the state, yet their removal rate per verified finding is the second highest at 50.3%. Overall, the removal rate has increased but may be leveling off at a higher rate than the previous few years. The discharge rate to permanency has been steady and does not seem to be a cause for alarm.

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?

ChildNet received additional recurring core funding each year from Fiscal 2010-2011 to 2015-2016. ChildNet also received an additional $5M of non-recurring funds for core services through a budget amendment approved by the Legislative Budget Commission in March 2015 and $1.8M in non-recurring Back of the Bill funding for their SFY 14/15 core funding deficit in SFY 15/16.

ChildNet had carry forward balances in SFY 12/13 ($248,467) and SFY 13/14 ($536,474) but has carried forward deficits the past two years. All available carry forward was expended in SFY 14/15. ChildNet instituted staff, salary, purchased and non-contractual services, case management contracts and administrative reductions they estimated at $1.8M in SFY 14/15. These reductions included a 4% reduction in residential group care rates.

Since receiving the contract in October 2012, ChildNet placed greater emphasis and increased costs in Foster home recruitment to increase the number of available foster homes. No changes in array of services were identified.

Palm Beach County 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 + D)	Carry Forward Balance Available
2010-2011	$27,262,881	$1,503,206	$28,766,087	$538,868
2011-2012	$28,629,199	$0	$28,629,199	$1,102,332
2012-2013(i)	$28,749,761	$0	$28,749,761	$248,467
2013-2014	$29,001,313	$305,988	$29,307,301	$536,474
2014-2015(ii)	$30,337,296	$5,099,955	$35,437,251	($3,101,614)
2015-2016 (iii)	$32,139,626	$1,838,032	$33,977,658	($1,958,928)
Footnotes	(i) ChildNet received Palm Beach contract beginning October 1, 2012. (ii) Non-recurring in FY14-15 from non-recurring budget approved by Legislative Budget Commission (March 2015). (iii) Non-recurring funding in FY15-16 from Back of the Bill for CBC operating costs deficits incurred in FY14-15.			

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

ChildNet has received additional recurring and non-recurring funds each year.

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

No unique or atypical funding identified.

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

Projections received since the Risk Pool Application projected a total deficit of $5,944,286 which is built on the assumption that all funding will be earned in that contract. However, ChildNet has indicated they do not believe they will earn all of the Title IV-E training funds or Children's Mental Health Wraparound funding allocated to Palm Beach. They stated that they believe they could earn more of these restricted funds in Broward and requested an exchange of these funds between the two contracts.

The projected deficit contains a five percent (5%) increase over the last six (6) months of the fiscal year for their one Case Management contract with Children's Home Society (CHS) who is operating at a deficit this year. This would increase the contract by estimated $200,000 for the year. Residential Group Care/Shelter (RGC) projection assumes a 2% decrease (reduction of $900,000) in the last six (6) months based upon a

decrease in removals in November and December. In addition, ChildNet reported $837,000 in expenditures during SFY 15/16 that were related to SFY 14/15 services that were not reported previously. The prior year expenditures were $747,216 for RGC/Shelter, $76,308 for Foster Home Management Providers and $13,952 for Purchased Services. Each projection assumption was discussed with ChildNet and assumptions appeared reasonable.

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

A Review of FSFN payment data identified approximately $450,000 for APD group homes as of 1/31/2016. In addition, payments for Statewide Inpatient Psychiatric Program (SIP) placement, Mental Health Inpatient and Special Therapeutic Group Home placements totaling approximately $454,000 as of the same date. There is potential for these costs to be covered by Medicaid or the Managing Entity for Substance and Mental Health services. Recommend a review by ChildNet and DCF of these costs to determine how much can be reimbursed through other programs and identify any change in process to more fully maximize utilization of these other programs.

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?

No other areas for cost reduction other than those mentioned in 5.5 above were identified. However, a greater utilization of foster homes and reduction in the reliance of residential group for mild to moderate behavioral children would significantly reduce Licensed Care costs. Implementing this recommendation will not eliminate the deficit this year however it is crucial to the long term financial outlook beyond SFY 15/16.

Absent an increase to the current available funding of Risk Pool or ChildNet seeking an increase from non-DCF sources for funding, ChildNet will have to carry forward any remaining deficit into the next fiscal year.

Any allocation of Risk Pool funding helps ChildNet with cash flow through the remainder of the fiscal year until they receive their two-month advance in July. However, this will not solve their deficit issues moving forward.

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

No fiscal practices were identified as contributing to the projected deficit however recommend that ChildNet receive technical assistance from DCF on improving consistent usage of the FSFN financial module which will assist financial analysis by both the ChildNet and DCF.

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

No findings or deficiencies identified in the June 30, 2015 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 is effective between the Region DCF and the Lead Agency. The effective communication is evident at every level of management and there is a strong sense of teamwork. There is a positive relationship with the case management organization and among other key partners in the community.

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

ChildNet holds weekly performance meetings focused on scorecard and fiscal review. Regional DCF team members attend these meetings. The Region hosts quarterly performance review with the CBC and key partners.

In spite of active communication and review of performance, the Region and ChildNet were late in detecting some trends that have adversely affected the system of care. For example, a reduction in the use of relative care was not identified for corrective action until percentage of children in this setting was the lowest in the state.

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?

ChildNet and the Southeast Region have initiated some actions to reduce the deficit. Administrative reductions were begun in the previous fiscal year and funding was obtained from Casey Family Programs to fund a position to convene Permanency Roundtables. The Region has established a goal of increasing the use of relative and non-relative placements to 60 percent of children in out-of-home care.

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?

A series of potential recommendations were discussed at the informal exit conference at the conclusion of the Peer Review Committee site visit. ChildNet and the Region have expressed a strong commitment to follow-through on these recommendations.

Summary of Findings and Conclusions

- Palm Beach County experienced a significant increase in removals beginning in July 2013. While removals have stabilized in recent months, a gap remains between removals and discharges. The result has been an increase in the number of children in out-of-home care.

- Safety management services are insufficient and there are few resources committed to prevention and diversion services to reduce entries into out-of-home care.

- Utilization of relative care is low and actions to increase identification of appropriate relative that have begun should receive high priority. Family finding and enhanced diligent search efforts are needed to fully leverage the use of kinship caregivers.

- Licensed foster family homes could be more effectively utilized to reduce use of residential group care, particularly for children with mild to moderate needs.

- Residential group care is over-utilized. While there are some excellent group care providers in the community, the high cost of care is creating a level of expenditures that is not sustainable and reduces the resources needed to improve the effectiveness of other components of the system of care. Group care should be used for children and youth needing this level of care and children, including children in sibling groups should be "stepped down" to more appropriate levels of care.

- Review of high costs cases that are potentially eligible for funding by Medicaid or by other funding sources indicates that there is potential savings that can be realized.

Recommendations:

The Risk Pool Peer Review Committee recommends that ChildNet receive Risk Pool funding contingent on agreement by the Region and the Lead Agency to develop and implement a comprehensive corrective action plan with key elements as outlined below. The goals of the corrective action plan would be to improve the efficiency and effectiveness of the Palm Beach system of care and bring costs and resources into alignment for the 2016/17 state fiscal year. Elements of the corrective action plan should include:

1. Actions to implement an effective safety management and decision support system to support actions by protective investigators to avoid unnecessary removals. In addition to prevention of unnecessary removals, actions should facilitate more rapid reunification consistent with the department's case practice model.

2. Increased use of kinship care including relative and non-relative caregivers. The Region and Lead Agency should include training on family engagement, such as Kevin Campbell's Family Finding model as part of the identification of appropriate relatives not only for initial placement but as possibilities for stepping down from residential group care.

3. More effective utilization of foster family homes. This should include use of existing capacity in licensed homes to serve children who are in residential care and who's needs are more consistent with family-based care. This should also include sibling groups that are currently in group care.

4. Reduction of use of residential group care. The Lead Agency should establish a goal of achieving a level of utilization of group care that approximates the state average in use of this level of care.

5. Review of high cost cases with potential for accessing other funding sources. The Lead Agency and Region should review all cases with potential for funding from Medicaid or from other funding sources to reduce the impact of these situations on the core funding in child welfare.

The Peer Review Committee believes accomplishment of these actions will put ChildNet on a sustainable path for the future and will improve the ability of the system of care to meet the needs of children and families in Palm Beach County.