Risk Pool Peer Review Committee Report
Community Partnership for Children
Fiscal Year 2016/2017

Community Partnership for Children submitted an application for risk pool funding on November 29, 2016. The application was subsequently reviewed by the Northeast Region and with the concurrence of the Regional Managing Director 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 November 18, 2016. For fiscal year 2016-2017, the Risk Pool application process was informed by lessons learned from the prior year reviews as well as the availability of extensive additional information from reports developed pursuant to proviso language included in the General Appropriations Act (Chapter 2016-66, L.O.F, Specific Appropriation 342) for fiscal year 2016-2017. In compliance with this proviso language the department completed a comprehensive, multi-year review of the revenues, expenditures and financial position of all Community-Based Care lead agencies including a comprehensive system of care analysis. This submission also included a financial viability plan from lead agencies that had experiences a financial operating deficit.

The Risk Pool Protocol provided for priority consideration for any lead agency with increased removals that exceeded 50 percent based on a 12-month moving average from September 2013 to September 2016. This criterion was based on the experience from prior year reviews that found that significant increases in removals were a key indicator of financial vulnerability for a lead agency. Based on analysis of relevant data, Community Partnership for Children was in the top tier for priority consideration with a 90.72% increase in removals.

The Risk Pool Peer Review Committee for Community Partnership for Children consisted of

Vicki Abrams, DCF Assistant Secretary for Operations
Alissa Cross, DCF Office of Child Welfare
Jackie Gonzalez, CEO, Our Kids of Miami-Dade/ Monroe Inc.
Lee Kaywork, CEO, Family Support Services of North Florida, Inc.
Kelly Messer, Director of Finance, Devereux Florida
Bob Miller, CFO, Family Support Services of North Florida, Inc.
Barney Ray, DCF Office of CBC/ME Financial Accountability
Don Winstead, Team Leader

The Risk Pool Peer Review Committee reviewed relevant contextual information regarding caseloads, financial history and performance prior to the site visit. The Peer Review Committee conducted the site visit on December 14 and 15, 2016.

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

1. Review, analyze, and discuss the application.
2. Verify the accuracy of the data being reported by the Lead Agency.
3. Conduct an on-site, fact-finding visit to confirm input from the applying Lead Agency (if a visit has not occurred in the last 12 months).
4. Assess need for immediate technical assistance regarding budget development/management, and determine if continued on-site technical assistance is appropriate. In these cases, the Peer Review Committee will serve as the coordinating entity for the provision of technical assistance.
5. Make a final recommendation to the Secretary upon the completion of all required site visits, regarding approval or disapproval of the application. Recommendations for approval will include:
    a. Amount of funding and mix of funds to be made available.
    b. Limitations or requirements on use of additional funding that are linked to correction of factors that caused the shortfall.
    c. Any follow-up actions or additional documentation needed from the Lead Agency or Region.
    d. Report on technical assistance activities completed and remaining, and/or recommendations for future technical assistance.
    e. Access to the risk pool.

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?

Community Partnership of Children (CPC) is the lead agency for Community-Based Care in Flagler, Putnam and Volusia counties. The agency was established in 2001 for Volusia and Flagler counties through a community process and full assumption of responsibilities from the department was phased in over time. Putnam County was subsequently added to the area served by CPC. The lead agency has a history of innovation. They were early adopters of the Quality Parenting Initiative (QPI) and have participated in the Georgetown University Center for Juvenile Justice Reform work related to "crossover youth" involved in both the child welfare and juvenile justice systems.

There has also been considerable attention to the issue of trauma-informed care and there is a strong partnership with the media and the local faith-based community with over 200 adoptions expected this year. There is a strong commitment to keeping children in the area.

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.

CPC ranks at or near the top of lead agencies in child protective investigations as measured by the number of calls to the hotline per 1,000 children. In SFY 14/15 CPC's rate was 5.5 reports per 1,000 children compared to the statewide rate of 3.8. In SFY 15/16 the rate was 5.7 per 1,000 children compared to 3.9 statewide. Through November 2016, the CPC rate for SFY 16/17 has been 5.9 while the statewide rate has remained at 3.9.[1]

Flagler County's child poverty rate is below the statewide average, while Volusia County is slightly above the state level. Putnam County has one of the highest child poverty rates in the state. In 2015, the child poverty rate in Putnam County was 41.1% compared to the statewide rate of 23.4%. Flagler and Volusia counties were 20.9% and 25.1% respectively[2].

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.

While there are many community resources in Volusia County, it was noted that there is a lack of community ownership for services for children and families. There is a view that

[1] Office of Child Welfare Spinner Report, Child Welfare Trends
[2] County Profiles, Office of Economic and Demographic Research

CPC should have ownership of all issues related to children. This has specifically caused an increase in the number of children 13-17 coming into care.

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?

CPC has seen a significant increase in removals over the past several years. As stated earlier in this report, the 12-month moving average of removals increased 90.72% from September 2013 to September 2016. This is one of the highest increases in removals in the state. In October 2016, CPC implemented Family Builders as a safety management service in Volusia County. While it is too early to determine the impact of this service, there has been a reduction in removals since implementation. In October and November of 2015, there were 115 removals in Volusia County. In October and November of 2016, the total Volusia County removals were 50.

In Putnam County, there has been high turnover and instability in the CPI staff. This has stabilized more recently. There are indications that the increase in removals in Putnam County was in response to situations where removals may have been indicated in the past. CPC plans to co-locate a non-judicial case manager, Family Support Worker and a clinical positon with CPI in Putnam County to provide similar supports as is provided by the Family Builders program in Volusia.

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

Both CPI and CPC staff are committed to Florida’s CW Practice model and demonstrated in their discussion the benefits of engagement with families. CPIs indicated how they are able to better safety plan with families, identify informal safety management services as well as when needed identify needed relatives who can provide placement options.

Both CPI and Case Management have a clear understanding of engagement with families and have used this skill to ensure quality assessments and make appropriate relative/non-relative placements.

There is a culture of trying to keep children in their home safely as a priority. When that is not possible, making significant efforts to locate relative/non-relative placements. Efforts to increase awareness of trauma have been positive and it is clear that it influences practice positively.

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

Funds for prevention services, family preservation and family support services are used to provide case management services for prevention and diversion as well as to contract for services from the Neighbor to Family Program Family In-Home Recovery Support Team (FIRST), Intensive In-Home Support Services and the Family Coach Program.

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?

As indicated above, the number of removals in Volusia County have reduced since the implementation of Family Builders. With the continuation of this intervention and the implementation of additional safety management services in Putnam County, there should be additional impact on the number of children coming into out-of-home care.

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

These are well integrated and no case transfer issues were noted.

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.

There is nothing extraordinary about the composition of the various cohorts that would cause a financial burden on CPC. CPI does an excellent job of finding relatives for placement. There is a concern for capacity to place if the OHC numbers continue to increase. Due to the fact that there is a large group home in the area, they have a large number of out of county placements which forces them to dedicate FTE resources to this population to perform courtesy case management for these children.

The percentage of children in relative care or in the care of non-relatives with an established relationship with the child is 62% compared to the statewide average of 56%. The percentage in Putnam County is 77%[3]. In Volusia County, there are many families new to the area without established family support systems. This makes their ability to identify relative placements even more remarkable.

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?

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[3] Office of Child Welfare Spinner Reports, Average of July through November 2016

The placement costs are consistent with the state averages. Due to their ability to place with relatives their daily cost of care is in line with the state.

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?

CPC has had to add 20 FTEs to handle the increases on OHC. The rates have remained steady but turnover has increased somewhat. There is some concern about the depth on the management team and the spans of control.

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).

According to FSFN payment information for FY16/17, CPC is paying approximately $20,000 to $25,000 per month on Residential Treatment Centers for seven clients each month.

CPC is paying for 1 to 2 clients identified in the Stewart-Marchman RAPP program at $188/day each month. CPC should confirm that no other funder can pay for these services to these specific clients.

CPC is paying $403 per day for one client that is identified as placed at an APD group home. This client has been in this placement every day this fiscal year. The annual cost for this placement is $147,000. CPC indicated that eligibility for the APD Home and Community-Based Waiver had been explored and this person was not eligible.

Every lead agency has some expensive children but CPC has a process for managing the high cost placements and stepping them down when appropriate.

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

CPC does the case management function in-house. They do have high caseloads due to vacancies. Each county has its own unique issues. Putnam has delays in permanency due to the delays within the judicial system. Flagler is seeing a change in the demographics which is causing an increase in placements. Volusia has a high transient population which causes issues around support services for families. CPC does a good job of managing the Residential Group care population.

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?

Three key permanency indicators relate to the percent of children in care who achieve permanency within 12 months, the percent in care for 12 to 23 months who achieve permanency within an additional 12 months and the percent in care for 24 or more months who achieve permanency within an additional 12 months. The chart below shows the percentage for each measure.[4]

Measure	National Standard	CPC	Statewide
Children Achieving Permanency within 12 months of removal (children removed in July through September 2015 and followed for 12 months).	40.5%	28.9%	41.5%
Children in Care 12-23 Months on October 1, 2015 Who Achieved Permanency within an Additional 12 Months.	43.6%	50.9%	53.9%
Children in Care 24 or More Months on October 1, 2015 Who Achieved Permanency within an Additional 12 Months.	30.3%	43.7%	40.9%

Achieving permanency in a timely manner is a problem for CPC for both under twelve months and 12-23 months. This is a result of a combination of judicial issues. In Volusia County, the Regional Counsel prohibits their clients (parents) from talking to the case managers which delays adjudication of the case plan and therefore delays the provision of services and the ability to reach timely permanency. The judges will not accept in-home safety plans for reunification which causes children to remain in care longer than necessary. Docket time is an issue in all three counties.

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?

As indicated in the previous item, there are issues in the dependency court in each of the three counties that influence time to permanence. For children with a disposition in the period July 1 through October 31, 2016, the median number of days from shelter to disposition in Circuit 7 was 91 days compared to the statewide median of 67 days. Median days from Termination of Parental Rights (TPR) to Entry of Final Order was 217 days compared to the statewide median of 153 days. On the measure of the percentage of children with a goal of reunification extended past 15 months and no TPR activity, Circuit 7's percentage of 3.8% was lower than the statewide average of 8%.[5]

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?

[4] Child Welfare Key Indicators Monthly Report, December 2016, pages 26 through 28.
[5] Child Welfare Key Indicators Monthly Report, December 2016, pages 30 and 31.

As removals have increased, the rate of discharges has not kept pace. This has resulted in an overall increase in the number of children in out-of-home care. As indicated previously there are judicial issues in the circuit that contribute to delays in permanence. Technical assistance on Children's Legal Services issues may be helpful in making progress on some of these issues.

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?

Core services funding has been relatively flat for several years but increased in FY 16/17 by $1.8 million. In response to deficits in FY12/13, CPC eliminated middle management positions and restructured their organization.

No general pay increases have been given the last several years. A one-time bonus was paid to staff in FY14/15. Case mangers did receive a raise from CPC's share of the $10 million appropriated for case management increases in FY14/15.

Since the beginning of FY15/16, CPC has added approximately 20 FTEs (mostly case managers and family support workers) to handle increased workload.

5.2 How have any changes to core services funding contributed to any projected deficits for SFY 2016-2017?

Core services funding increased by $1.8M in FY16/17, however the out of home care costs have absorbed that increased funding. Historically CPC has supplemented their Independent Living (IL)) funding from core services funding. In FY 15/16 this was $650 thousand. The current year projection includes using $585 thousand from core services funding for IL in FY16-17.

CPC is projecting $7.6 million for licensed care expenditures in the current year compared to $5.7 million in FY15/16. The total number of case manager positions is currently 83 FTEs with 7 FTEs vacant and 76 filled. This compares to 65 case manager FTEs at the beginning of FY15-16.

Projections for FY16/17 include $313 thousand for insurance which is 50% greater than the $207 thousand spent last fiscal year. CPC has entered into a self-insurance program with three other CBCs as a way to meet their insurance needs and they hope that eventually theses premiums will decrease over time.

The CPC salary cost is projected to increase by approximately $129,000 over FY15/16. This is primarily due to the additional 20 FTES over the past 16 months and salary increases for 12 to 13 staff as part of the anticipated Department of Labor law change in December. These raises total $50,260 on an annual basis.

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

CPC relies on in-kind community resources (local churches) to assistance with foster and adoptive parent recruitment. CPC has received requests for increases for therapeutic foster home rates. Their normal rate structure is as follows:

$18/day traditional Foster Home Board Rate
$25/day enhanced foster home Board Rate
$40/day crisis for up to 10 days
$59/day Therapeutic FH rate (age 12 and under)
$96.82/day Level II

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

Current year projected $1,789,936. Prior Year carry forward deficit of $346,770. Total Risk Pool Application request is for both which equals $2,136,707.

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

No.

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?

One option would be to delay paying some large provider invoices from the 10th of the month to later in the month. The contracts state they must be paid 30 days from receipt of invoice. If DCF can assist with ensuring invoice payment to CPC by the first week of the month, this would help CBC avoid borrowing on their line of credit.

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

CPC does use Mindshare for case management but not for FSFN financially related information. The Peer Review Team recommends that CPC explore adding this information to their Mindshare reporting capabilities as a management tool. Another possible solution is to use the FSFN Client Rate Validation report daily/weekly to use as a management and operational tool rather than the manual tracking logs used currently.

CPC contracts with James Moore and Associates for accounting services and part-time CFO services. The amount of this contract increased from $180,000 in FY15-16 to more than $220,000 for FY16-17. While James Moore and Associates is a well-respected CPA, accounting services and consulting firm, CPC may want to consider the cost effectiveness of these services and whether hiring a full-time CFO as a strategic financial executive which may benefit CPC both in the short and long term.

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

No findings.

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?

There is clear and effective communication between the Region and the Lead Agency. Both organizations have a strong commitment to family engagement and collaborate effectively.

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

The Lead Agency actively tracks performance. As indicated in the fiscal section of this report there are tools potentially available that would enhance the tracking of fiscal performance.

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 reduced administrative positions in the past to reduce expenditures and has a lean management structure. The Lead Agency has added case manager positions which has added to the potential deficit, but this was appropriate given the increase in children entering care in the opinion of the Peer Review Team. While the increase in safety management services will have a cost, it is an investment that should result in lower removals in the future.

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?

Both the Region and the Lead Agency were receptive to input and are committed to follow through on the Financial Viability Plan and recommendations from the Peer Review Team.

7. Other Findings and Considerations – Financial Viability Plan

The Financial Viability Plan submitted by the Northeast Region and the Community Partnership for Children includes 2 objectives for the DCF Region with 5 action steps associated with these objectives. The lead agencies portion of the plan includes 2 objectives with 6 action steps. These are summarized below:

DCF Northeast Region Objectives and Action Steps

1. Reduce OHC by 20% or 231 children by 6/30/17. (Baseline = 1155)
   - 1.1. 100% of investigations that are moving towards a shelter of the children will have a Decision Support Team or Multidisciplinary Team Staffing
   - 1.2. Green belt project to analyze the increase in out of home care
   - 1.3. Maintain at least 75% of the CPI staff in C7 (Volusia/Flagler/Putnam) for the FY (for 76 total career service positions = no more than 19 separations for FY16/17)
2. Reduce RGC by 30% or 25 children by 6/30/17 (Baseline = 83)
   - 2.1. Children sheltered age 13 and older will be reviewed by management team for appropriate of placement and conditions of return
   - 2.2. Analyze the effectiveness of Local Review Team Procedures to reduce the number of teen community kids coming into care

Community Partnership for Children Objectives and Action Steps

1. Process and timeline for how Community Partnership for Children plans to reduce OHC by 20% by June 30, 2017 (Baseline number in OHC is 1155 children). Goal is to reduce OHC by at least 231 children.
   - 1.1. To expand safety services for child protective investigators with a model similar to family builders.
   - 1.2. Review all open cases over 18 months to determine barriers to permanency.
   - 1.3. Increase discharges to permanency while utilizing Conditions of Return in cases where children can return home safely with safety services
   - 1.4. Work with Department of Children and Families to provide ongoing training to new and current CPI staff around available safety services.
2. Process and timeline for how Community Partnership for Children plans to reduce residential group care by at least 30% by June 2017 (current number of children is 83). Goal is to reduce by at least 25 children.
   - 2.1. To reduce children ages 6-12 in group care.
   - 2.2. Recruit, train and license at least ten foster homes that are willing to work with teenagers specifically.

Summary of Findings and Conclusions

- Community Partnership for Children has experience a significant increase in removals that has led to an increase in the number of children in out-of-home care.

- The Northeast Region and the Lead Agency have begun implementation of a Financial Viability Plan that includes actions to support decisions regarding removals that are designed to reduce entries into out-of-home care without compromising child safety.
- While these actions are appropriate, it will take time to fully resolve the current fiscal issues and the Lead Agency will have a deficit this year.
- The Peer Review Team finds that Community Partnership for Children meets the criteria for Risk Pool funding.

Recommendations

The Peer Review Committee recommends that Community Partnership for Children receive Risk Pool funding contingent on the Region's and Lead Agency's agreement to implement the recommendations listed below. It is recommended that Risk Pool funding be approved for 85% of the projected deficit of $2,136,770.

1. Continue implementation of the Financial Viability Plan.
2. Implement use of the FSFN Client Rate Validation Report as a management tool and review the potential addition of financial data to the Mindshare reports used by the Lead Agency.

In addition to these recommendations, the Peer Review Team noted that legal process in the circuit are potentially delaying permanence for children. It is recommended that the Office of Children's Legal Services review these practices and determine if technical assistance may be beneficial to the Region.

Risk Pool Peer Review Committee Report
Sarasota Family YMCA – Safe Children Coalition
Fiscal Year 2016/2017

The Sarasota Family YMCA (SYMCA) submitted an application for risk pool funding on November 21, 2016. The application was subsequently reviewed by the Suncoast Region and with the concurrence of the Regional Managing Director 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 November 18, 2016. For fiscal year 2016-2017, the Risk Pool application process was informed by lessons learned from the prior year reviews as well as the availability of extensive additional information from reports developed pursuant to proviso language included in the General Appropriations Act (Chapter 2016-66, L.O.F, Specific Appropriation 342) for fiscal year 2016-2017. In compliance with this proviso language the department completed a comprehensive, multi-year review of the revenues, expenditures and financial position of all Community-Based Care lead agencies including a comprehensive system of care analysis. This submission also included a financial viability plan from lead agencies that had experiences a financial operating deficit.

The Risk Pool Protocol provided for priority consideration for any lead agency with increased removals based on a 12-month moving average from September 2013 to September 2016. This criterion was based on the experience from prior year reviews that found that significant increases in removals were a key indicator of financial vulnerability for a lead agency. Tier one for priority consideration was lead agencies with an increase in removals of 50% or more. Based on analysis of relevant data, SYMCA was in Tier 1 for priority consideration with an increased removals rate of 119.76%. This was the highest increase in removals among lead agency areas in the state.

The Risk Pool Protocol further provided that site visits would be required if no Risk Pool Peer Review site visits had been held in the past 12 months. A Peer Review Committee conducted a site visit on February 24 and February 25, 2016, therefore this report updates the prior year report which is attached for reference. In addition, this update was informed by a site visit performed by a consultant to the department to assess current fiscal and operational challenges.

This report also includes a review of relevant contextual information regarding caseloads, financial history and performance as reflected in the comprehensive report of October 1, 2016, the Financial Viability Plan submitted in response to last year's Risk Pool recommendations and updated financial and programmatic trend data.

This updated report is designed to meet the direction of the statute and departmental protocol in order to:

1. Review, analyze, and discuss the application.
2. Verify the accuracy of the data being reported by the Lead Agency.
3. Conduct an on-site, fact-finding visit to confirm input from the applying Lead Agency (if a visit has not occurred in the last 12 months).
4. Assess need for immediate technical assistance regarding budget development/management, and determine if continued on-site technical assistance is appropriate. In these cases, the Peer Review Committee will serve as the coordinating entity for the provision of technical assistance.
5. Make a final recommendation to the Secretary upon the completion of all required site visits, regarding approval or disapproval of the application. Recommendations for approval will include:
    a. Amount of funding and mix of funds to be made available.
    b. Limitations or requirements on use of additional funding that are linked to correction of factors that caused the shortfall.
    c. Any follow-up actions or additional documentation needed from the Lead Agency or Region.
    d. Report on technical assistance activities completed and remaining, and/or recommendations for future technical assistance.
    e. Access to the risk pool.

This updated information is organized in seven areas similar to the organization of last year's report.:

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 updated findings. Almost all of the challenges noted in the original report still exist, so this addendum only contains significant updates or changes.

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

   Last year's report indicated the demographic variation among the three counties in the area served by SYMCA. As was indicated in the comprehensive system of care report of October 1, 2016, the overall child poverty rate was slightly below the state average based on 2014 information[1]. Updated child poverty rates for 2015 are 41.3% in Desoto County, 24.2% in Manatee County and 17.6% in Sarasota County. The statewide child poverty rate in 2015 was 24.3%[2].

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.**

   DeSoto County removals continue to be high. The average for FY 15/16 was 8 and for July through November 2016 has been more than 12. Sarasota average for FY 15/16 was just under 19 and now is at 20 for July through November 2016. Manatee average for FY 15/16 was 48 and has dropped to just over 42 for July through November 2016. As noted in the March 2016 report, these removal rates are well above the statewide average. For July through November 2016 they are about 40% higher than the statewide rate. Removals for the 3 counties averaged 40.5 per month for FY 13/14, 55 for FY 14/15, almost 75 for FY 15/16. Removals have continued to average 75 monthly July through November 2016. Total Out-of-Home Care (OOHC) at November 30 was at an all-time high of 1,104.

   It is important to note that for the June through November 2016 period, while average removals have been 75 the range has been from 64 to 85 per month. This is less volatility than in the prior fiscal year, so this may be an indicator of some stabilization of removal rates, though at a much higher level than in prior years.

   Funding for Early Response Assessment Team (ERAT) services has been increased (doubled in July) and it is reported that services are being fully utilized. SYMCA staff did indicate that non-judicial case management services are under-utilized. There has not been development of additional prevention or diversion services.

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

   Placement with relatives or non-relatives with an established relationship with the child continues to be a strength in the system of care. As of November 30, 2016, those placements comprised 63.5% of total out-of-home care placements. Residential Group Care (RGC)

[1] Comprehensive, Multi-Year Review of October 1, 2016, page 10.
[2] Florida Office of Economic and Demographic Research, County Profiles

placements are at 125 (11.3%) down from a high of 143 at June 30. As noted on the March report, this is due to the commitment to keep sibling groups together and saturation of foster home capacity. As such, spending on RGC remains at an elevated level and is a primary driver of the projected deficit. In fact, there is an entire facility that was re-opened to facilitate sibling groups that costs $120 per day.

SYMCA has contracted with 2 providers to recruit specific types of foster homes: one for sibling groups and one for teens (the teen homes are to be specialized therapeutic). Unfortunately, they do not expect that these new resources will be available until SFY 2018. In fact, SYMCA had not quantified the impact or timing of these new resources.

The case management function continues to be relatively stable, especially considering the continued high number of removals. Case manager positions are added or shifted to ensure that caseloads do not become too high, though they are higher than they have historically been.

The Manatee court system is still reported to be backlogged. The current judge retires this month; it is unclear what impact this may have on the system.

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

Three key permanency indicators relate to the percent of children in care who achieve permanency within 12 months, the percent in care for 12 to 23 months who achieve permanency within an additional 12 months and the percent in care for 24 or more months who achieve permanency within an additional 12 months. The chart below shows the percentage for each measure.[3]

Measure	National Standard	SYMCA	Statewide
Children Achieving Permanency within 12 months of removal (children removed in July through September 2015 and followed for 12 months).	40.5%	41.8%	41.5%
Children in Care 12-23 Months on October 1, 2015 Who Achieved Permanency within an Additional 12 Months.	43.6%	57.1%	53.9%
Children in Care 24 or More Months on October 1, 2015 Who Achieved Permanency within an Additional 12 Months.	30.3%	48.1%	40.9%

SYMCA exceeds the state average and national standard on all three measures.

Exits from care had generally been trending up though not keeping pace with removals. However, average monthly exits from July through November 2016 were just under 52 with

[3] Child Welfare Key Indicators Monthly Report, December 2016, pages 26 through 28.

January through June at almost 58. While some of this may be seasonal (exits tend to be high in June), we would expect exits to continue to increase with the high number of removals.

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

The projected deficit for SFY 2017 is $2.1 million. The forecast assumes spending for the entire fiscal year to remain relatively flat. This is probably the most realistic scenario. However, if removals have stabilized (albeit at a much higher level than historical) we would expect to see some reduction in licensed care costs during the current fiscal year. RGC costs are projected to be $6.6 million compared to actual expenditures of $5.8 million in the prior fiscal year.

Without risk pool funding, SYMCA will experience significant cash flow issues beginning in May and services will be disrupted. There is not a realistic path to eliminate the deficit this fiscal year.

SYMCA staff indicate that if the current level of removals remains at about 75 per month, it is difficult to imagine how they can be financially viable in the long term at their current level of funding.

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

The information in last year's report remains

7. **Other Findings and Considerations – Financial Viability Plan**

The Financial Viability Plan submitted by SYMCA is based on the recommendations made in the Risk Pool Peer Review Report in March 2016. These are listed below.

1. The Peer Review Committee recommends that the Region and the Sarasota YMCA visit Kids Central and Family Support Services of North Florida to observe practices that these CBC lead agencies have used to successfully divert children from entry into out-of-home care in addition to expanding the use of decision support practices that have already begun in Sarasota County.

2. It is further recommended that key leadership in the Region and the Sarasota YMCA engage the leadership of the Manatee Sheriff's Office to determine ways to enhance child safety through more effective in-home support and decision support. This could include technical assistance from another Sheriff's office that performs Child Protective Investigations.

3. Review of the efficiency of foster care licensing and recruitment to expand the license capacity of family foster homes. Particular emphasis should be placed on recruiting and licensing homes that will take siblings so the sibling groups do not have to go into residential placements.

3A. The Sarasota YMCA will develop a Foster Care Profile Needs Assessment. The Foster Care Profile Needs Assessment will include: number and type of homes needed to meet a two-year goal of 220 licensed homes. The profile will be based on a data analysis of children currently in Out of Home care, children entering and exiting care that includes: sibling size, age of child and special needs.

3B. The Sarasota YMCA will develop a targeted recruitment plan based on the Foster Care Profile Needs Assessment.

3C. The Sarasota YMCA will develop a retention plan based on the Foster Care Profile Needs Assessment.

3D. The Sarasota YMCA will implement the targeted recruitment and retention plans based on the Foster Care Profile Needs Assessment that outlines specific action items with corresponding data driven performance targets, persons responsible estimated completion date.

3E. The Sarasota YMCA will reduce the number of children in out-of-home care placed in group home settings.

3D. Develop step-down plan and process for children in high-end placements

4. Review of all high cost children for whom access to funding from other sources, particularly Medicaid to determine if alternative funding is available.

5. Identification of the longest staying children in the system and review through actions to achieve permanency for these children.

5A. Identify all children and youth that have been in care for twenty-four (24) months or longer

5B. Develop criteria/process for achieving permanency for children and youth that have been in care for twenty-four (24) months or longer

Summary of Findings and Conclusions

- Removals continue to be the primary driver of their deficit and the potential slowing of exits may exacerbate this issue.
- Without Risk Pool Funding, the Sarasota Family YMCA will not have sufficient resources to avoid disruptions in services. The Lead Agency meets the criteria for Risk Pool Funding.

Recommendations

The Peer Review Committee recommends that:

1. Sarasota Family YMCA, with support from the Suncoast Region, continue with implementation of the action steps outlined in Financial Viability Plan based on the March 2016 Risk Pool Report.

2. Sarasota Family YMCA continue their work with support from Casey Family Programs to review early returns to home. Casey Family Programs is reviewing Manatee cases where children are returned home in less than 90 days. This should provide SYMCA with valuable information to adjust the system of care to either prevent those removals or get those children home even sooner. This review should result in additional action steps in the Financial Viability Plan.

3. Engage fiscal and operations leadership in a strategic planning session to document expectations around operational strategies and they will impact census and spending. This should include plans for the next 18 months.

Contingent on Sarasota Family YMCA's commitment to implement these recommendations, it is recommended the Risk Pool Funding be approved for 85% of the requested amount of $2.1 million.

Risk Pool Peer Review Committee Report
Community-Based Care of Central Florida - Seminole
Fiscal Year 2016/2017

Community Based Care of Central Florida (CBCCF) submitted an application for risk pool funding on November 30, 2016. The application specified that risk pool funds were being requested for the Seminole County portion of the contract. This contract was merged with the contract covering Orange and Osceola Counties effective October 1, 2016 as recommended by the Risk Pool Peer Review Team in March 2016. The application was subsequently reviewed by the Central Region and with the concurrence of the Regional Managing Director 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 November 18, 2016. For fiscal year 2016-2017, the Risk Pool application process was informed by lessons learned from the prior year reviews as well as the availability of extensive additional information from reports developed pursuant to proviso language included in the General Appropriations Act (Chapter 2016-66, L.O.F, Specific Appropriation 342) for fiscal year 2016-2017. In compliance with this proviso language the department completed a comprehensive, multi-year review of the revenues, expenditures and financial position of all Community-Based Care lead agencies including a comprehensive system of care analysis. This submission also included a financial viability plan from lead agencies that had experienced a financial operating deficit.

The Risk Pool Protocol provided for priority consideration for any lead agency with increased removals based on a 12-month moving average from September 2013 to September 2016. This criterion was based on the experience from prior year reviews that found that significant increases in removals were a key indicator of financial vulnerability for a lead agency. Tier one for priority consideration was lead agencies with an increase in removals of 50% or more. Based on analysis of relevant data, CBCCF-Seminole was in Tier 1 for priority consideration with an increased removals rate of 64.97%.[1]

The Risk Pool Protocol further provided that site visits would be required if no Risk Pool Peer Review site visits had been held in the past 12 months. A Peer Review Committee conducted a site visit on January 20 and 21, 2016, therefore this report updates the prior year report which is attached for reference. In addition, this report was informed by additional technical assistance and review provided by a consultant to the department.

This report also includes a review of relevant contextual information regarding caseloads, financial history and performance as reflected in the comprehensive report of October 1, 2016,

[1] Overall, the increased removal percentage for CBCCF was 28.38% with the increase for Orange and Osceola being 19.27%.

the Financial Viability Plan submitted in response to last year's Risk Pool recommendations and updated financial and programmatic trend data.

This updated report is designed to meet the direction of the statute and departmental protocol in order to:

1. Review, analyze, and discuss the application.
2. Verify the accuracy of the data being reported by the Lead Agency.
3. Conduct an on-site, fact-finding visit to confirm input from the applying Lead Agency (if a visit has not occurred in the last 12 months).
4. Assess need for immediate technical assistance regarding budget development/management, and determine if continued on-site technical assistance is appropriate. In these cases, the Peer Review Committee will serve as the coordinating entity for the provision of technical assistance.
5. Make a final recommendation to the Secretary upon the completion of all required site visits, regarding approval or disapproval of the application. Recommendations for approval will include:
    a. Amount of funding and mix of funds to be made available.
    b. Limitations or requirements on use of additional funding that are linked to correction of factors that caused the shortfall.
    c. Any follow-up actions or additional documentation needed from the Lead Agency or Region.
    d. Report on technical assistance activities completed and remaining, and/or recommendations for future technical assistance.
    e. Access to the risk pool.

This updated information is organized in seven areas similar to the organization of last year's report.:

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.

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

The information in the March 2016 report largely remains applicable. The key difference is that the prior recommendation to merge the Seminole County contract with the Orange-Osceola contract was implemented effective October 1, 2016. The Risk Pool application for the current fiscal year is based on the residual effects of the prior separate contract arrangement.

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.

As noted in the March 2016 report, the removal rate in Seminole had historically been one of the lowest in the state, averaging 15 per month in SFY 2013, increasing to 19 per month in SFY 2014, then increasing much more significantly to 29 per month in SFY 2015, then remaining at an elevated level of 27 per month in SFY 2016. For the first 6 months of SFY 2017, the average is 20 per month and appears to have stabilized at this level. If this level of removals remains stable, CBCCF should be able to make significant strides in reducing OOHC levels back to SFY 2014 levels. It should be noted that the current removal level (for SFY 2017) is again below the statewide average.

CBCCFL indicates that they have not changed their array of prevention and diversion services, rather, they have focused on providing training to existing practitioners on how to better identify needs and provide appropriate service levels. Note that they continue to fund residential services for non-dependent children. The following table recaps relevant information on the rates of reporting and removals for Seminole compared to the state.

Reports Per 1,000 Children in Population				
	SFY 13/14	**SFY 14/15**	**SFY 15/16**	**SFY 16/17**
Statewide	3.8	3.8	3.9	3.9
CBCCF - Seminole	3.4	3.4	3.4	3.5
Removals Per 10,000 Children in Population				
Statewide	3.06	3.23	3.23	3.30
CBCCF - Seminole	1.94	3.01	2.75	2.08
Removals Per Report Received				
Statewide	8.2%	8.5%	8.3%	8.4%
CBCCF - Seminole	5.7%	8.8%	8.0%	6.0%

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

Foster home capacity continues to be an issue for the teen population. CBCCFL utilizes a robust matching process which they describe as similar to that of looking for an adoptive home.

Seminole county's composition of OOH placement by setting is generally aligned with statewide averages as shown in the following table.

Percent OOH by Setting		SFY 13/14	SFY 14/15	SFY 15/16	SFY 16/17 Q1
Relative Care	Statewide	44%	43%	45%	44%
	CBCCF-Seminole	43%	45%	47%	46%
Non-Relative Care	Statewide	9%	10%	11%	11%
	CBCCF-Seminole	6%	10%	11%	11%
Licensed Family-Based Care	Statewide	33%	33%	31%	31%
	CBCCF-Seminole	36%	29%	28%	31%
Licensed Facility-Based Care	Statewide	11%	11%	11%	10%
	CBCCF-Seminole	12%	14%	11%	10%
All Other	Statewide	3%	3%	3%	3%
	CBCCF-Seminole	2%	2%	2%	2%

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

Three key permanency indicators relate to the percent of children in care who achieve permanency within 12 months, the percent in care for 12 to 23 months who achieve permanency within an additional 12 months and the percent in care for 24 or more months who achieve permanency within an additional 12 months. The chart below shows the percentage for each measure.[2]

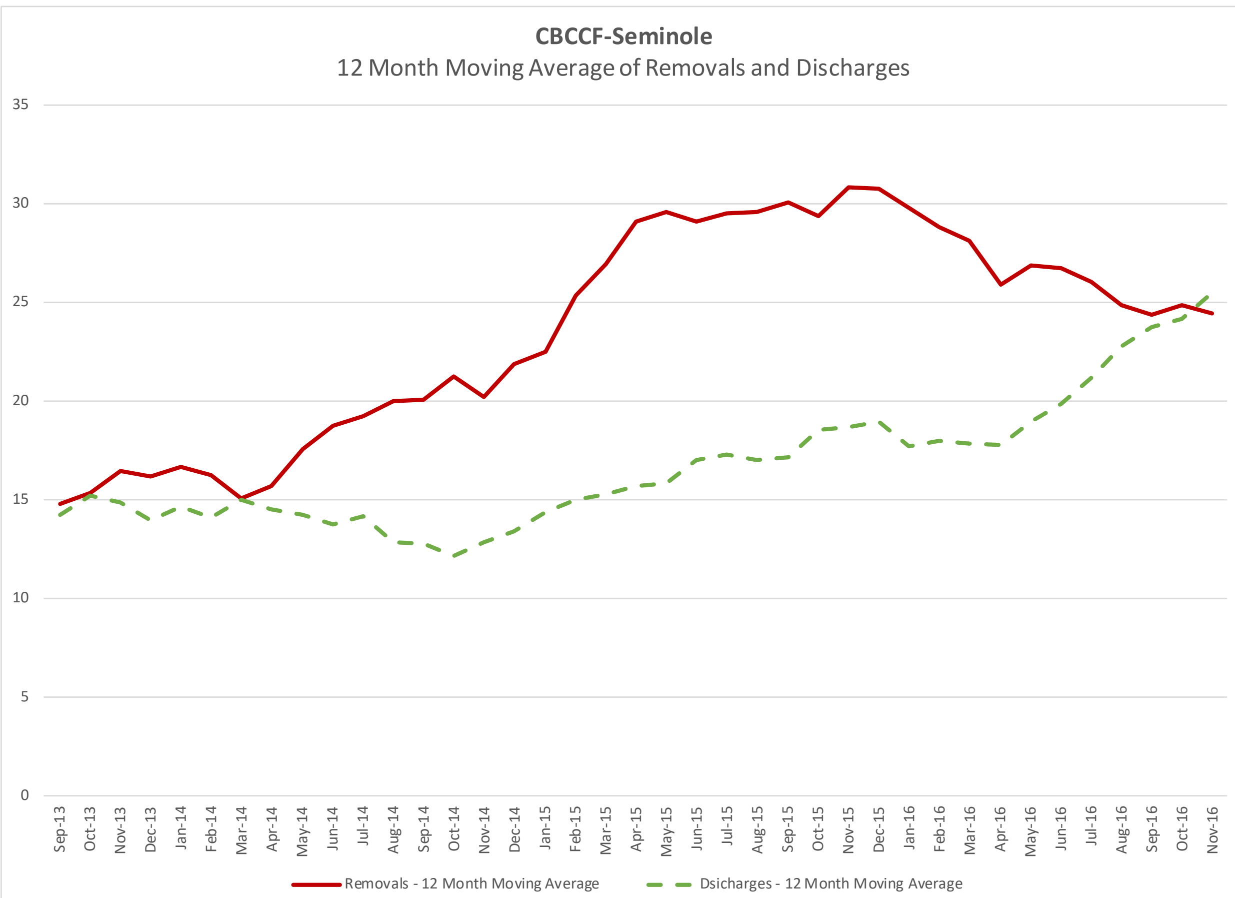
Measure	National Standard	CBCCF-Seminole	Statewide
Children Achieving Permanency within 12 months of removal (children removed in July through September 2015 and followed for 12 months).	40.5%	33.8	41.5%

[2] Child Welfare Key Indicators Monthly Report, December 2016, pages 26 through 28.

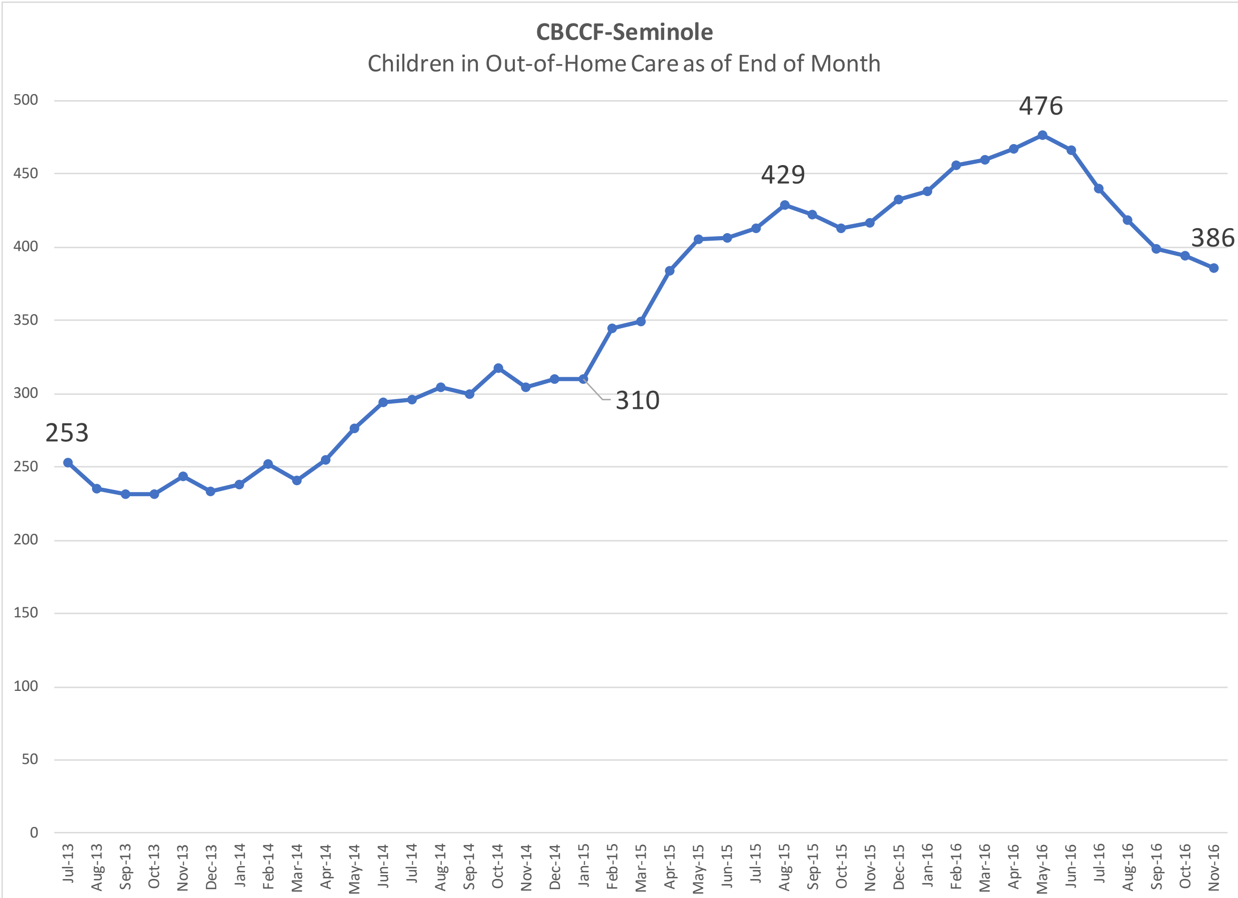
Measure	**National Standard**	**CBCCF-Seminole**	**Statewide**
Children in Care 12-23 Months on October 1, 2015 Who Achieved Permanency within an Additional 12 Months.	43.6%	54.0	53.9%
Children in Care 24 or More Months on October 1, 2015 Who Achieved Permanency within an Additional 12 Months.	30.3%	43.2	40.9%

CBCCF-Seminole is below the statewide rate and the national standard on children achieving permanency within 12 months of removal and is above the national standard and statewide rate on the other two measures.

Recent trends have seen a decline in removals and an increase in discharges. The following chart shows this trend.



As a result of this trend there has been a decline in the number of children in out-of-home care from a historical high of 476 children at the end of May 2016 to 386 children at the end of November 2016. The following chart shows the count of children in out-of-home care from July 2013 through November 2016



In addition, there has been a significant decline in facility-based care – from a high of 57 in June 2016 to 39 in November 2016.

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

CBCFL requested $3.7 million in risk pool funds which was comprised of the projected current year deficit of $3 million and the carry forward loss of $0.7million. Since the application, the current year projected deficit was adjusted down to $2.5 million. The $2.5 million projection assumes licensed care spending at the same average per month as August – December 2016 despite significant downward trends in OOHC (see item 4).

In October 2016, the contracts for Orange / Osceola and Seminole were combined as recommended by the risk pool committee in March 2016. As a result, CBCCFL will be better able to manage any cash flow issues. Even with the contracts combined, however, the cumulative deficit of $3.2 million at June 30 approaches one month's worth of cash for core funding ($4.5m). As such, it is likely that the combined contract would experience cash flow issues without risk pool funding and services could be disrupted.

During the review, it was noted that 4 of 6 months in the current fiscal year contained accrual errors making financial reports inaccurate and trend analysis extremely difficult.

6. Findings related to overall management.

The information in the March 2016 report remains with 1 addition – CBCCFL was able to provide a significant amount of programmatic information on goals and related progress. However, this information was not supported or reflected in the monthly financial statements due to issues noted above. Thus, it is extremely difficult for operations management to determine whether programmatic progress is impacting financial performance.

7. Other Findings and Considerations – Financial Viability Plan

The Seminole Financial Viability Plan contained 4 broad goals. These addressed 2 of the 5 recommendations of the March 2016 risk pool report (item 1 related to reduction of use of facility-based care and item 2 related to review of the use of the Safety Methodology in making reunification decisions) in addition to other areas identified for improvement. Those 4 goals and related tasks are as follows – progress is noted with each task:

1. Placement Options / Out-of-Home-Care
    a. Increase foster home capacity – As discussed above, leadership indicates that capacity for the 0-12 population is at the target for Seminole county but 30 additional homes are needed for teens.
    b. Decrease closures by 10% - See above
    c. Reduce the number of children in OOHC, reduce the number of children in group care – See discussion above (section 4) – there has been significant progress in this area
2. Improve Fidelity to SDMM
    a. Provide / coordinate training for system stakeholders – Action steps are behind original targets on this task
    b. Provide Safety Management mentors within each county – Positions have been identified and trained, plans are in process of being implemented
3. Reduce costs from other systems
    a. Reduce CBC expenses related to costs eligible for SAMH – Actions have yielded minimum progress in this area to date
    b. Reduce CBC expenses related to costs eligible for APD - Actions have yielded minimum progress in this area to date
4. System of Care Improvement Initiatives
    a. Implement STEP – The CBC is slightly behind on action steps but still expects to complete this fiscal year.

b. Increase capacity of case management providers – Action steps to be completed January 2017

c. Reduce DCM turnover – Based on year-to-date numbers, progress appears to be made in this area but will be more evident with annual statistics – related and ongoing tasks are complete / continuing.

The remaining 3 recommendations and current status were as follows:

1. Ensure bank reconciliations are completed on a monthly basis
    - Status - The December bank reconciliation was completed, however, it showed that there were $167,000 in un-cleared checks from SFY 2016. CBCCF should resolve stale checks on a rolling six-month basis.
2. Revise its agreement with the holding company to conform to cost allocation methodologies acceptable to the department and the relevant OMB regulations. This revised agreement is subject to approval by the DCF Office of Financial Management and should be accomplished within 60 days.
    - Status - SFY 2015 Cost Allocation Plan (CAP) was approved in June 2016 and SFY 2017 CAP was approved in September 2016
3. The Central Region, The Board of Directors of CBC Seminole and stakeholders in Seminole County should undertake an in-depth analysis of the future viability of CBC-Seminole as a stand-alone entity. Unless additional community financial resources can be identified to sustain this entity, strong consideration should be given to restructuring this entity into a larger entity to improve its financial viability. The Regional Managing Director in consultation with the Board of Directors and other stakeholders should make a recommendation to the Secretary within 120 days as to whether this contract should be restructured.
    - Status – Contracts were combined October 2016

Summary of Findings and Conclusions

- CBCCFL leadership has repeatedly indicated that it would likely take all of SFY 2017 to return to a position of financial viability for Seminole County and census trends support this assertion – while significant progress has been made, CBCCFL needs to have 6 more months of progress to reach manageable OOHC levels. Note that in SFY 2013 and 2014, CBCCFL-Seminole generated surpluses in core funding of more than $1m (ignoring carry forward). During those years, average removals were 15 and 19, respectively. Corresponding average OOHC census was 233 and 249, respectively. Given that data, it seems reasonable to expect that the current average removals of 20 could eventually be managed within the Seminole budget.

- Without risk pool funding, CBCCFL will likely face cash flow issues that may impact service delivery.

Recommendations

The Peer Review Committee recommends that:

1. CBCCFL, with support from the Central Region, continue with implementation of the action steps outlined in Financial Viability Plan based on the March 2016 Risk Pool Report.
2. CBCCFL has requested technical assistance to assist in correcting financial reporting inconsistencies noted above. This should be scheduled as soon as possible to ensure that financial reporting appropriately reflects the current operational environment.

The Peer Review Committee recognizes the complexity of addressing Seminole county alone when the contract has now been combined with Orange / Osceola. Specifically, decisions to reduce funding for Seminole services to balance the budget may be delayed or not implemented because there is longer term benefit to the system and funding can be managed under the larger contract. As such, the recommendation for risk pool funding is for the current year deficit with the following adjustments:

1. Costs related to funding for residential services for non-dependent children is removed – while the Committee understands the rationale that these children may end up in the dependency system, they are of a more discretionary nature and would likely not be incurred long-term if Seminole remained a stand-alone entity
2. The expected deficit for February – June is reduced proportionally to align with an expectation that financial viability (i.e. break-even) is met on a monthly basis beginning June 2017. As noted, the current budget assumes licensed care spending at the same level as the average of August – December which seems overly conservative given the current trends and results in continued projected deficits of $170k each month.

After the above adjustments, the current year operating deficit would be $1,903,138 in addition to the carry forward deficit. It is recommended that CBCCF-Seminole be approved for Risk Pool funding of $1,398,745 which is the remaining amount of funds available in the current fiscal year.

Risk Pool Peer Review Committee Report
St. Johns County Board of County Commissioners, Family Integrity Program
Fiscal Year 2016-2017

The St. Johns County Board of County Commissioners, Family Integrity Program submitted an application for risk pool funding on November 29, 2016. The application was subsequently reviewed by the Northeast Region and with the concurrence of the Regional Managing Director 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 November 18, 2016. For fiscal year 2016-2017, the Risk Pool application process was informed by lessons learned from the prior year reviews as well as the availability of extensive additional information from reports developed pursuant to proviso language included in the General Appropriations Act (Chapter 2016-66, L.O.F, Specific Appropriation 342) for fiscal year 2016-2017. In compliance with this proviso language, the department completed a comprehensive, multi-year review of the revenues, expenditures and financial position of all Community-Based Care lead agencies including a comprehensive system of care analysis. This submission also included a financial viability plan from lead agencies that had experienced a financial operating deficit.

The Risk Pool Protocol provided for priority consideration for any lead agency with increased removals that exceeded 50 percent based on a 12-month moving average from September 2013 to September 2016. This criterion was based on the experience from prior year reviews that found that significant increases in removals were a key indicator of financial vulnerability for a lead agency. Based on analysis of relevant data, the St. Johns County Family Integrity Program was in the top tier for priority consideration with a 56.99% increase in removals.

The Risk Pool Peer Review Committee for St. Johns County Family Integrity Program consisted of

Vicki Abrams, DCF Assistant Secretary for Operations
Alissa Cross, DCF Office of Child Welfare
Jackie Gonzalez, CEO, Our Kids of Miami-Dade/ Monroe Inc.
Lee Kaywork, CEO, Family Support Services of North Florida, Inc.
Kelly Messer, Director of Finance, Devereux Florida
Bob Miller, CFO, Family Support Services of North Florida, Inc.
Barney Ray, DCF Office of CBC/ME Financial Accountability
Don Winstead, Team Leader

The Risk Pool Peer Review Committee reviewed relevant contextual information regarding caseloads, financial history and performance prior to the site visit. The Peer Review Committee conducted the site visit on December 13, 2016.

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

1. Review, analyze, and discuss the application.
2. Verify the accuracy of the data being reported by the lead agency.
3. Conduct an on-site, fact-finding visit to confirm input from the applying lead agency (if a visit has not occurred in the last 12 months).
4. Assess need for immediate technical assistance regarding budget development/management, and determine if continued on-site technical assistance is appropriate. In these cases, the Peer Review Committee will serve as the coordinating entity for the provision of technical assistance.
5. Make a final recommendation to the Secretary upon the completion of all required site visits, regarding approval or disapproval of the application. Recommendations for approval will include:
    a. Amount of funding and mix of funds to be made available.
    b. Limitations or requirements on use of additional funding that are linked to correction of factors that caused the shortfall.
    c. Any follow-up actions or additional documentation needed from the Lead Agency or Region.
    d. Report on technical assistance activities completed and remaining, and/or recommendations for future technical assistance.
    e. Access to the risk pool.

The work of the Peer Review Committee was organized in 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?

The St. Johns County Family Integrity Program is the only lead agency that is operated by a county government. The lead agency is collocated with other county health and social services entities which provides a highly-integrated service delivery system.

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.

St. Johns county had the lowest child poverty rate in the state at 10.1% in 2015[1] compared to the statewide rate of 23.4%. The county is known to have an excellent school system and the review team heard that it is not uncommon for families to pay a large portion of their income on housing so that their children can attend St. Johns County schools. In both SFY 2014/15 and SFY 2015/16, the child protective investigation intakes were second lowest in the state when measured as the rate of intakes per 1,000 children[2]. This low rate has continued in in SFY 2016/17 with a rate of 3.0 reports per 1,000 children compared to the statewide rate of 3.9 reports per 1,000 children[3].

An important contextual issue in St. Johns County is population growth. The Risk Pool Application notes that the population has increased significantly and this was noted as a factor in the increased number of children coming into care. The latest county statistical profiles compiled by the Office of Economic and Demographic Research (EDR) indicates that the population growth in St. Johns County from 2010 to 2016 was 15.9% which is over twice the 7.2% rate for the state.

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.

The Family Integrity Program is a division of the St. Johns county Department of Health and Social Services. Other divisions in the department include Social Services, Housing and Community Development and Veteran's Services. The program is in a collocated center that includes a wide variety of health and human services including services from the St. Johns Health Department, other social services providers and DCF.

This arrangement permits the lead agency to leverage available services and creates a strong partnership for service delivery.

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[1] County Profile 2015, Florida Office of Economic and Demographic Research
[2] Comprehensive, Multi-Year Review of October 1, 2016, Chart 8 and Chart 9, Page 11
[3] Office of Child Welfare Spinner Report, Child Welfare Trends

The Family Integrity Program staff indicated that the damage from Hurricane Matthew has also impacted families and the capacity of local agencies to respond to these needs.

The county has also experienced a significant problem with substance use, particularly increased use of heroin. The local hospital has established a task force related to opiate-addicted newborns and is struggling with capacity issues as a result of this issue.

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?

As indicated above, the Family Integrity Program had an increase in removals exceeding 50%, based on a 12-month moving average, from September 2013 to September 2016. The September 2013 average was 7.75 removals per month and the September 2016 rate was 12.17. Removals vary considerably from month to month, but while November 2016 removals were down, the 12-month average remains above 50%.

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

In the DCF section of the Financial Viability Plan, there are goals related to reduction in the number of children in out-of-home care, increasing safety services capacity and stabilizing turnover. Action steps include having 100% of investigations moving toward a shelter of the children having a Decision Support Team and/or a Multidisciplinary Staffing and to continue to work with FIP to grow the safety management services capacity.

In addition, FIP reported that they have contracted with ACTION for Child Protection to enhance their staffs' understanding and use of safety management services.

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

The department's report on expenditures found that FIP spent about 5% of core services funds on prevention, family support or family preservation services in FY 2014/15 and this grew slightly to 5.4% in FY 2015/16[4]. Services funded by the lead agency are significantly supplemented by services provided by collocated or nearby service providers including WIC, behavioral health services, domestic violence services, etc.

[4] Comprehensive, Multi-Year Review of October 1, 2016, Lead Agency Profile.

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?

Prevention and diversion services appeared to be appropriate, however, the actions being undertaken to ensure that Decision Support Teams or Multidisciplinary Staffing occurs on each potential removal should reduce the likelihood that children are removed when safety management services could have resulted in the child remaining at home.

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

These services are well integrated and the review team did not note any case transfer issues affecting performance.

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.

St. John's is a small county with the lowest poverty rate in Florida. There are not any significant issues around the placement cohorts; but because of their size they are disproportionately impacted by high cost placements. While this is currently not an issue, it is an area of potential risk.

Through November, St. Johns has the lowest utilization of facility-based licensed care in the state with 4% of children in this type of setting compared to the state average of 10%. They have the highest percentage of children in relative care with 53% of children compared with the state average of 44%. Their use of non-relatives with an established relationship with the child is at 16% of children in out-of-home care compared with 11% statewide.

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?

In general, the rates for facility based care are relatively consistent and not considered outside statewide norms. In FY14/15, St Johns was allocated $15,306 of funding for services to victims of sexual exploitation. During that year, they had expenditures of $146,094. In FY15/16, they reported another $115,370 on four (4) different clients. The daily rate for each of the four clients was $122/day, $250/day and two were at $290/day. For FY16-17 as of 10/31/2016, St Johns has only reported $2,196 in expenditures for these services to one client who is no longer in care. However, they are expecting a new client requiring these services beginning in December.

Other facility based rates ranged from $55/day to $135/day. The mean daily rate was $127/day.

There are no issues with respect to the cost of the various place cohorts. They have sufficient foster homes to manage their needs.

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?

They do case management in-house so their costs are in-line 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).

St Johns did not appear to have any significant expenditures that would appear to qualify for funding from other funders.

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

They have reorganized in the past year to more effectively manage the key aspect of both their upfront services and the delivery of case management serve.

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?

Three key permanency indicators relate to the percent of children in care who achieve permanency within 12 months, the percent in care for 12 to 23 months who achieve permanency within an additional 12 months and the percent in care for 24 or more months who achieve permanency within an additional 12 months. The chart below shows the percentage for each measure.

Measure	National Standard	St. Johns FIP	Statewide
Children Achieving Permanency within 12 months of removal (children removed in July through September 2015 and followed for 12 months).	40.5%	29.7%	41.5%
Children in Care 12-23 Months on October 1, 2015 Who Achieved Permanency within an Additional 12 Months.	43.6%	51.1%	53.9%
Children in Care 24 or More Months on October 1, 2015 Who Achieved Permanency within an Additional 12 Months.	30.3%	50.0%	40.9%

While performance exceeds the national standards for children in care for more than 12 months, the percentage reunified within 12 months is below both the national standard and the statewide percentage.

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 is an experienced judge in the circuit for St. Johns County. While interactions are not reported to be contentious, the judiciary does not have confidence in the safety methodology and will not accept in-home safety plans to help facilitate reunifications. It is difficult to get adequate court time which can affect time to permanency.

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?

As the number of entries into care have increased, the number of exits has not kept pace. While this is affecting the overall number of children in out-of-home care, the high percentage of children in the care of relatives or non-relatives with an established relationship to the child moderates the financial impact.

Management believes that the plans in place to review children in care and plans to provide Family Support Services upfront to reduce removals will reduce the number of children in out-of-home care. The most significant risk continues to be children who may enter care and need high cost congregate 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?

Based upon the comprehensive multiyear review required by proviso language for FY 16/17, core services funding for St Johns has remained relatively stable at approximately $3.9 million. Core services funding for FY15/16 was $4.017 million and for FY16/17 is $4.265 million.

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

In FY15/16, St Johns was allocated $110,815 for Title IV-E Training and earned $89,661 leaving $21,154 unearned. In FY16/17, their allocation increased to $170,736. They project to earn this allocation.

The FY16/17 projection identifies $44,000 in Promoting Safe and Stable Families (PSSF) funding that cannot be earned and $1,547 in Medicaid Administration that will not be earned.

The projection for Maintenance Adoption Subsidy (MAS) funding is a deficit of $59,297. This should be covered by allocation of additional MAS budget to the contract.

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

This is the only CBC that is a government agency. St Johns County government has a centralized cost allocation plan that is updated every two years. The allocation for these centralized support services is $260,760 per year. Compared to the total funding provided to St Johns in FY15-16, this represents 4.86% of their CBC contract costs and 4.56% in FY16-17 due to their increased in funding.

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

Current projection is for a $143,836 current year surplus but St Johns had a $91,506 carry forward deficit from FY15/16. This would net a $52,330 projected surplus even after considering payback of unearned funds. The projection includes an average monthly licensed facility based care expenditures that is $2,500 greater for each month January through June ($15,000 total).

In FY14/15, St Johns was allocated $15,306 from the $3 million appropriation for Victims of Sexual Exploitation in FY14-15. St Johns expenditures for this population for FY14/15 $146,094, for FY15/16 $115,370 and FY16/17 $2,196 ($64,196 projected for the fiscal year). The projection includes estimated $10,000 per month for this purpose from January through June 2017.

Safety Management Services allocation of non-recurring budget is $62,462 which funds one FTE. Straight line projection is $72,498 so that is a deficit of approximately $10,000.

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

Based on current projections, St. Johns FIP does not project a deficit, but they remain vulnerable to any high cost placements. If these occur, there are no other options available.

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?

Since St Johns is currently projecting a surplus, their major concern is getting a victim of sexual exploitation or other high cost child. They do believe their foster home capacity is sufficient to meet the need for sibling groups.

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?

No.

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?

There is effective communication between the Region and the Lead Agency. There is a high degree of integration with key community partners.

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

The lead agency uses Mindshare for performance tracking. Given the relatively small size of the agency, management is very familiar with performance issues, often at the child or family level.

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 actions in the financial viability plan are focused on increased use of decision support teams and improved safety services by CPIs and increased staff stability for both CPIs and case managers. The Lead Agency is contracting with ACTION for Child Protection to enhance their staffs' understanding and use of safety management services. Other actions in their plan are focused on review of children in care longer than 15 months and review of high cost placements.

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?

Both the Region and Lead Agency indicates receptivity to recommendations and a strong commitment to follow through.

7. Other Findings and Considerations – Financial Viability Plan

The Financial Viability Plan submitted by the Northeast Region and the St. Johns Family Integrity Program includes 3 objectives for the DCF Region with 4 action steps associated with these objectives. The lead agencies portion of the plan includes 4 objectives with 7 action steps. These are summarized below:

DCF Northeast Region Objectives and Action Steps

1. Reduce the number of children in OHC over 15 months by 6% each quarter, a total reduction of 24% by June 30, 2017.

    1.1. 100% of investigations moving towards a shelter of the children will have a Decision Support Team Staffing and/or a Multidisciplinary Staffing

    1.2. Analyze the effectiveness of Local Review Team Procedures to reduce the number of teen community kids coming into care.

2. Increase Safety Services capacity by at least 35%

    2.1. Continue to work with FIP to grow their safety management services and availability/capacity to meet County's needs.

3. Stabilize staff turnover

    3.1. Maintain at least 75% of the CPI staff for the FY (for 14 total career service positions = no more than 10 separations for FY16/17).

St. Johns Family Integrity Program Objectives and Action Steps

1. FIP will stabilize turnover by establishing case management retention that results in reasonable caseload distribution

    1.1. Analyze Case Manager turnover (January 2015 to current), implement viable recruitment and retention plan and monitor progress.

    1.2. Case Management will achieve a 16:1 ratio of Assigned Primary Children to Care Manager.

2. FIP will reduce the number of children in Out of Home Care (OHC)

    2.1. Conduct formal review of children in OHC over 15 months to determine

    2.2. Work with DCF to enhance and expand Safety Services process and capacity

    2.3. Establish Barrier Breakers team in St Johns County

3. FIP will continue to increase the number of licensed foster homes including Commercial Sexual Exploitation of a Child (CSEC) family foster homes)
   3.1. Recruit, train and license 19 new Foster Homes including 6 teen homes with specific emphasis on recruitment activities for CSEC victims
4. FIP will implement an ongoing process to review high cost placements and step down activities
   4.1. Implement Monthly High Cost Placement Staffings and identify step down activities.

Summary of Findings and Conclusions

- St. Johns Family Integrity Program has experienced a significant increase in removals resulting in an increase in out-of-home care.
- While they ended the past fiscal year with a deficit, current expenditure trends indicate that they may end the current year with a small surplus.
- They remain vulnerable to high cost placements and any unanticipated entries needing this level of care could result in a deficit.

Recommendations

1. The Peer Review Committee finds that St. Johns County Family Integrity Program is not currently projecting a deficit. Therefore, Risk Pool funding is not recommended.
2. It is further recommended that the Region and Lead Agency continue with the activities detailed in the Financial Viability Plan.

FY 2016-2017 Risk Pool Requests and Recommendations				
DCF Region	**Risk Pool Tier**	**Lead Agency (CBC)**	**FY16-17 Risk Pool Request**	**Risk Pool Peer Review Committee Recommendation**
Suncoast	1	Sarasota Family YMCA	$2,100,000	$1,785,000
Northeast	1	Community Partnership for Children	$2,136,770	$1,816,255
Central	1	CBC of Central Florida - Seminole County	$3,678,980	$1,398,745
Northeast	1	Saint Johns County Family Integrity Program	$150,000	See note
Central	2	Kids Central, Inc.	$1,523,118	
Suncoast	2	Eckerd Comm Alternatives (Hillsborough)	$2,100,000	
Suncoast	3	Eckerd Comm Alternatives (Pasco-Pinellas)	$1,200,000	
Southeast	4	ChildNet (Broward)	$1,700,000	
Southeast	4	Childnet (Palm Beach)	$1,400,000	
		Total	**$15,988,868**	**$5,000,000**

Note: St. Johns County Family Integrity Program qualified for Risk Pool funding, but does not currently project a deficit.