

Risk Pool Peer Review Committee Report
Community Partnership for Children – Circuit 7
(Flagler, Putnam and Volusia Counties)
Fiscal Year 2018-2019
Round 2 – April 2019

Executive Summary:

Community Partnership for Children (CPC) submitted an application for risk pool funding on August 15, 2018. The application was subsequently reviewed by the Northeast Region and with the concurrence of the Regional Managing Director was submitted to the Office of the Deputy Secretary. Based on the analysis of the CPC budget and the information provided, a determination could not be made as to whether not they meet the criteria for consideration of risk pool funding at the time of the review. CPC's budget projections did not indicate a current need. A determination on their qualification was deferred until a later date.

At the time of the Round 1 reviews, risk pool applicants who were not funded or who were given a partial distribution in the initial phase were advised they would be contacted after the start of the year to see if they were interested in being reconsidered for Round 2. CPC responded in the affirmative and provided revised projections and additional information to support the anticipated need for risk pool funds.

The department established a Risk Pool Peer Review Committee pursuant to section 409.990(7), Florida Statutes, for state fiscal year (FY) 2018-2019. 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 (Specific Appropriation 322) for FY 2017-2018. 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 (CBCs) including a comprehensive system of care analysis. This submission also included a financial viability plan from all lead agencies.

The Risk Pool Protocol provided for priority consideration for any CBC with increased removals based on a 12-month moving average from May 2016 to May 2018. 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 10 percent or more. CPC was in Tier three for priority consideration with a 29.53 percent decrease in removals.

Due to the early application process this fiscal year, the Risk Pool Peer Review team conducted a preliminary review with relevant information available from multiple sources to make recommendations. The documents reviewed are below:

- Risk Pool Funding Application FY 2018-2019
- Financial Viability Plan (FY 2018-2019)
- Budget Projections provided by the CBC
- CBC Financial Viability Integrated Data Report
- [The Child Welfare Dashboard](#)
- [CBC Contract Monitoring Reports](#)

- CBC Contract Monitoring Survey Data
- CBC Contract Monitoring Data Packets
- [The Child Welfare Key Indicators Monthly Report](#)
- Florida Safe Families Network (FSFN) Aggregate Payment Data
- CPC FY 2016-2017 Risk Pool Report
- CPC Status Update on CBC Contract Oversight Unit (COU) monitoring

As a part of the preliminary review, the team evaluated all available information from previous on-site visits, current data and monitoring reports to make a recommendation without an additional on-site visit by this team. To resolve any outstanding questions, additional information was requested by the team from the CBC.

The Risk Pool Peer Review Committee for CPC consisted of:

Lee Kaywork, Team Leader
 Teri Saunders, CEO, Heartland for Children
 Naomi Jackson, CFO, Family Support Services of North Florida
 Catherine Macina, CFO, Community Based Care of Central Florida
 JoShonda Guerrier, Assistant Secretary for Child Welfare
 Barney Ray, Office of CBC/ME Financial Accountability
 Patricia Medlock, Northeast Regional Managing Director
 April May, Suncoast Region Community Development Director
 Alissa Cross, CBC Contract Monitoring Team

While the specific areas of review and analysis varied based on the unique needs and circumstances of each region, circuit and CBC, the following framework provided an outline for organizing the work of the Risk Pool Peer Review Committee.

Application Summary:

CPC's application for risk pool funding in August 2018 requested \$815,211. This projection did not include a Maintenance Adoption Subsidy (MAS) deficit. A revised application received in February 2019 requested \$779,141 and did not include a MAS deficit.

CPC stated that the funds would be used to address an increase in children and teens with a combination of behavioral health issues and Department of Juvenile Justice (DJJ) or Agency for Persons with Disabilities (APD) involvement that needed to be in a higher cost residential setting with additional one-on-one supervision. The funds would also be used to hire additional case managers to keep up with an increase in caseload which was at 25 children to one case manager ratio in February 2019. The application specifically identified Putnam County Service Center as having 100-150 more children than what it was budgeted to accommodate. CPC stated that they added one entire unit at a cost of \$250-\$300k to keep up with the higher demand.

Findings:

After review of the information provided, the Risk Pool Peer Review Committee was able to reach the following findings:

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

- Sources: ([The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), [CBC Contract Monitoring Reports](#))
- Summary below; see CBC Contract Monitoring Report, sections 2, 11, and 12 for more details

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

According to the Contract Monitoring Report:

Child Protective Investigations and Children's Legal Services (CLS) are provided by the department. Case Management and Adoptions operations are provided by CPC and one subcontractor, Neighbor to Family. Neighbor to Family provides case management for large sibling groups identified by CPC. CPC operates out of four locations, two in Volusia County, one in Flagler County, and one in Putnam County. CPC has a dedicated unit for courtesy cases. CPC subcontracts with community providers such as Children's Home Society, Devereux, Neighbor to Family, and The House Next Door for Safety Management and Family Support Services. CPC subcontracts with Children's Home Society, Devereux, Florida United Methodist Children's Home, and Neighbor to Family for foster care management services. Subcontracts for group care are in place with Children's Home Society, Choices, Abundant Life, Rosa's Academy, For Kid's Sake, Unity House, Florida United Methodist Children's Home, and Vision Ministries Outreach. Additionally, CPC subcontracts with Neighbor to Family for a specialized sibling placement unit. This unit focuses on placement for sibling groups with three or more children.

According to the US Census Facts, Putnam County has a significantly higher poverty rate than the surrounding counties and the statewide rate of 14.7%. In contrast, Volusia and Flagler counties are below the statewide poverty rate. Putnam County also has significantly lower median household incomes and lower percentages of individuals with high school diplomas and college degrees. The following chart provides a side-by-side comparison of these elements by county and for the state:

US Census Facts	Flagler	Putnam	Volusia	Florida
Median Household Income	\$48,898	\$33,003	\$42,240	\$48,900
Percent of population living in poverty	11.2%	21.5%	14.2%	14.7%
Percent of population over 25 years old with high school diploma	91.1%	78.4%	89.3%	87.2%
Percent of population over 25 years old with a college degree	23.3%	12.7%	22.4%	27.9%

<https://www.census.gov/quickfacts/> (2012-2016)

Table 1

The number of reports accepted for investigation has fluctuated. The number of children entering out-of-home care, the number of children receiving in-home services, the number of young adults receiving services, and the number of children receiving family support services have all decreased while the number of children receiving out-of-home services has increased. The following chart illustrates the changes over the past three fiscal years:

Service Area Data				
		FY 2015-2016	FY 2016-2017	FY 2017-2018
Child Protective Investigations and Child Removals (Flagler, Putnam, and Volusia Counties)	Reports accepted for Investigation by DCF (Initial & Additional Reports)	8,747	9,084	8,986
	Children Entering Out-of-Home Care	882	648	624
Children Served by Community Partnership for Children	Children Receiving In-Home Services	1,551	1,363	1,357
	Children Receiving Out-of-Home Care	1,746	1,786	1,792
	Young Adults Receiving Services	157	144	124
	Children Receiving Family Support Services	1,375	1,345	1,230

Table 2. Data Sources: Child Protective Investigations Trend Report, Child Welfare Dashboard, FSFN OCWDRU Report 1006

There are no local Children's Services Councils in CPC's coverage area.

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.

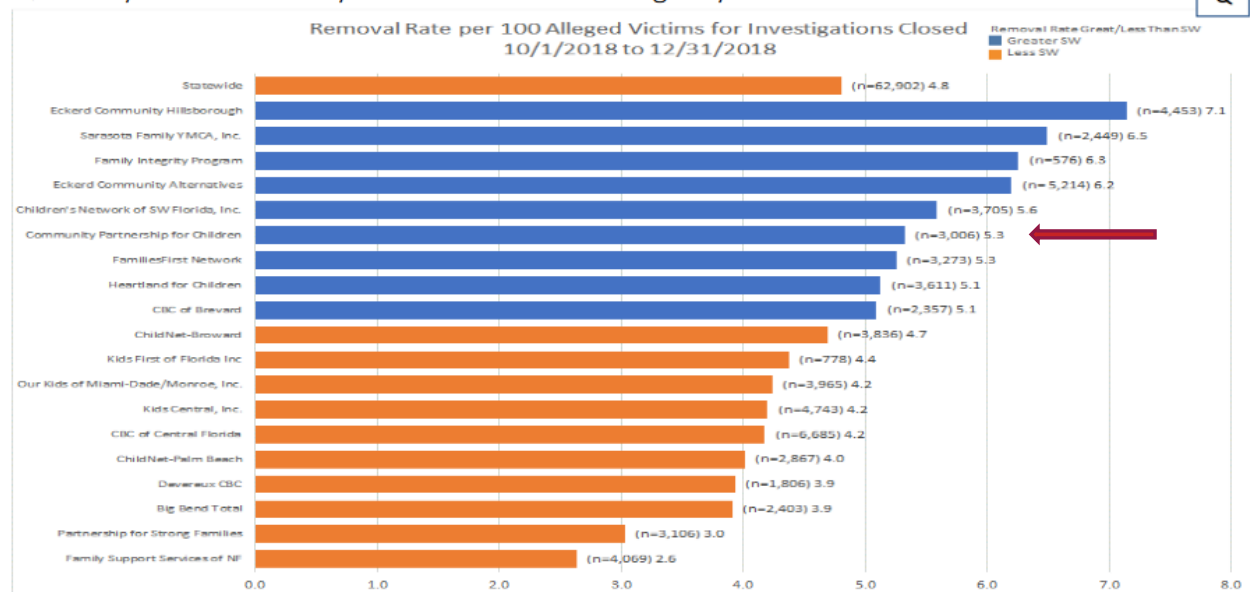
1. Sources: ([The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), [CBC Contract Monitoring Report](#))
2. Summary below; see CBC Contract Monitoring Report, sections 5, 9, and 11 for more details

- 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?**
- 2.2. **What activities are in place to provide support to protective investigators and families to permit children to remain safely in their homes? What services are provided with funds used for prevention and intervention?**
- 2.3. **How well integrated are the child protective investigations (CPI), safety management, and intervention services components? Are there case transfer issues that affect performance?**

CPC maintains a higher rate of removal per 100 alleged victims than the statewide average.

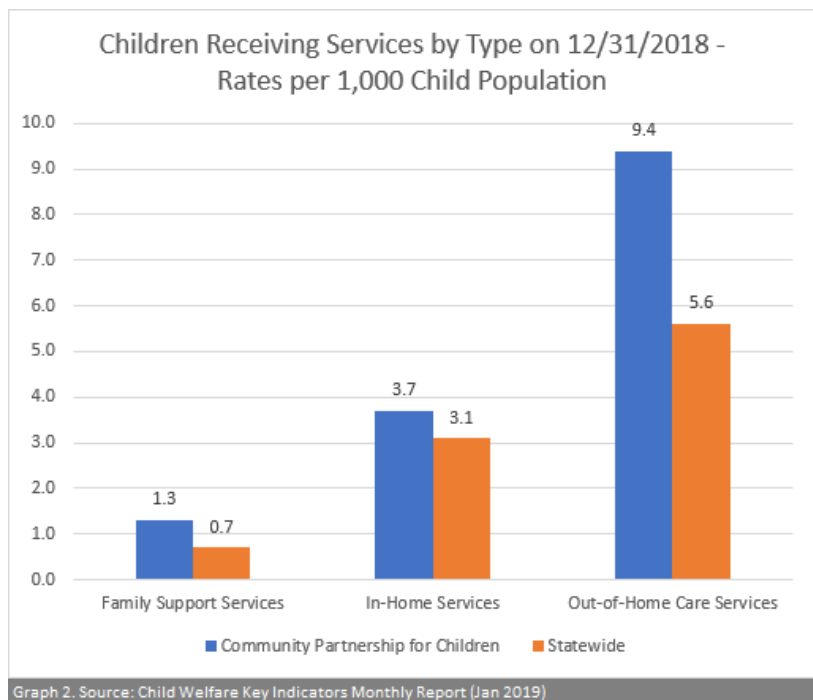
Quarterly Stratification by Circuit and CBC Lead Agency

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Source: Child Welfare Key Indicators Monthly Report January 2019

This graph depicts the rate of children, served by CPC, receiving in-home, out-of-home and family support services compared to the statewide average. In each category, CPC's rate is higher than the statewide average with the most substantial difference being in the number of children receiving out-of-home services.



Turnover of front-line staff has a negative impact on service delivery. CPC's

reporting per section 409.988, Florida Statutes, as of January 2019 shows a 14.1% turnover rate for case managers; one of the lowest in the state.

In July 2016, the Office of Child Welfare initiated a Service Array Assessment with each CBC across the state. The assessment focuses on evaluating the availability, access, and application of services for families involved with the child welfare system.

Per the contract monitoring report:

CPC has submitted information to the Office of Child Welfare about their safety management and family support programs. This information was evaluated as a part of the service array assessment. Based on the information, CPC received a rating of "2", for their family support services programs and a rating of "1" for the safety management services program. A "2" indicates that the CBC has services in this domain in accordance with the service array framework definitions; a "1" indicates that the CBC has defined services in this domain, however they are not fully aligned with service array framework definitions.

CPC has contracts with two different providers to serve families whose children are safe but are at high or very high risk of future maltreatment. Family Support Services are delivered to all DCF referred Safe/ High or Very High-risk cases. Services are delivered by The House Next Door, Inc. for Volusia and Flagler counties and Children's Home Society for Putnam County. The caseloads average between 12-15 families per worker.

CPC contracts with Devereux and Neighbor to Family for Safety Management Services. Safety Management Services are available for investigations only and cover all 5 safety service categories. Devereux Florida manages Family Builders, which covers Volusia and Flagler counties. The caseload is 6-8 families per team, with three teams total. Putnam County has a full FTE Family Advocate that is employed by Neighbor to Family that can deliver all 5 safety service categories and can manage up to 12 families at a time. Both SMS programs are co-located with the CPI's. When looking at the children served by case type, CPC's out-of-home care rate is almost double the rate of children served in home through family support services or in-home case management. Although the service area saw an increase in removals during last fiscal year, removals are decreasing and beginning to stabilize. To work on safely decreasing the number of children in out-of-home care, CPC would benefit from a focus on developing safety management services at reunification and an effort to identify when it is safe to reunify children with those services in place.

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

- Sources: ([The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), [CBC Contract Monitoring Report](#), CBC Financial Viability Report, CBC Financial Viability Integrated Data Report, CBC Budget Projections, and Florida Safe Families Network (FSFN) Aggregate Payment Data)
- Summary below; see CBC Financial Viability Integrated Data Report, CBC Budget Projections, CBC Financial Viability Report, and [CBC Contract Monitoring Report](#) for additional details.

- 3.1. ***What is the composition of the children in care including age cohorts, placement types, use of specialized higher cost settings, use of congregate care, etc.***
- 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) and congregate care consistent with statewide norms (considering community context)? Have these rates remained relatively consistent over the past few fiscal years?***
- 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?***
- 3.4. ***To what extent is the CBC appropriately utilizing non-child welfare funding for services (such as DCF SAMH Funds, Medicaid, and other non-DCF funding sources).***
- 3.5. ***What evidence exists that case management services are well-managed by the CBC? (see overall management section for response)***

CPC has seen a decrease in children served in-home from 33% in December 2017 to 26% as of December 2018; this downward trend contrasts with the statewide average that has remained relatively flat at 32% for the same time period. Children in out-of-home care placed with relatives/non-relatives has remained relatively flat in the 55%-

58% range through December 2018, close to the statewide average of 56%-58% for the same time period.

Source: FSN Payments via Tableau software (OCA Disposition Dates through 2/28/2019)

Community Partnership for Children (Contract # NJ205) Total \$ of FSN Payments to Licensed Residential Group Care (OCA LCRGE)						
Ages	FY2016-2017	% of Total \$ FY2016-2017	FY2017-2018	% of Total \$ FY2017-2018	FY2018-2019	% of Total \$ FY2018-2019
0-5	\$1,659	0%	\$0	0%	\$0	0%
6-12	\$960,968	21%	\$1,071,832	23%	\$999,158	31%
13-17	\$3,512,903	79%	\$3,580,897	77%	\$2,225,531	69%

For children ages 0-5, CPC has not paid for licensed residential group care since FY 2016-2017.

For children ages 6-12, CPC is currently on a pace to spend more than \$1.7M this year which is a significant increase in the total amount paid last year of \$1.07M on this age group. For FY 2018-2019, thirty-one percent (31%) of their total payments for licensed residential group care is for this age group. This is an increase in the percentage of all licensed residential group care paid in the last two fiscal years for this age group (21% and 23%). CPC has paid for eighteen (18) children age 6-12 every month this fiscal year.

For children ages 13-17, CPC has paid about \$3.5M each of the last two years and is on a pace to spend \$3.8M this year. For FY 2018-2019, sixty-nine percent (69%) of their total licensed residential group care is for this age group. CPC has paid for forty-three (43) children every month this fiscal year.

Community Partnership for Children (Contract # NJ205) Total Number of Unique Clients in Licensed Residential Group Care (OCA LCRGE)						
Ages	FY2016-2017	% of Total # FY2016-2017	FY2017-2018	% of Total # FY2017-2018	FY2018-2019	% of Total # FY2018-2019
0-5	23	9%	0	0	0	0%
6-12	69	28%	69	32%	67	38%
13-17	157	63%	144	68%	111	62%

The percent of children ages 6-12 in licensed residential facility-based care has increased in the current fiscal year from 32% last year to 38%.

Community Partnership for Children (Contract # NJ205) Median Daily Rate \$ in Licensed Residential Group Care (OCA LCRGE)			
Ages	FY2016-2017	FY2017-2018	FY2018-2019
0-5	\$75.00	N/A	N/A
6-12	\$108.00	\$108.00	\$108.00
13-17	\$108.00	\$108.00	\$108.00

The Median daily rates paid for all age groups in licensed group care have remained the same since FY 2016-2017.

Community Partnership for Children (Contract # NJ205) Total \$ of Payments by FSFN Service Type in Licensed Residential Group Care (OCA LCRGE)			
FSFN Service Type	FY2016-2017	FY2017-2018	FY2018-2019
Group Home	\$3,421,400	\$3,442,319	\$2,325,798
Residential Treatment-CBC Funded	\$481,593	\$668,162	\$564,567
Shelter Facility (Res)	\$233,260	\$241,980	\$156,762
Licensed Care-Other	\$119,781	\$164,831	\$113,450
APD Group Home	\$148,876	\$56,049	\$0

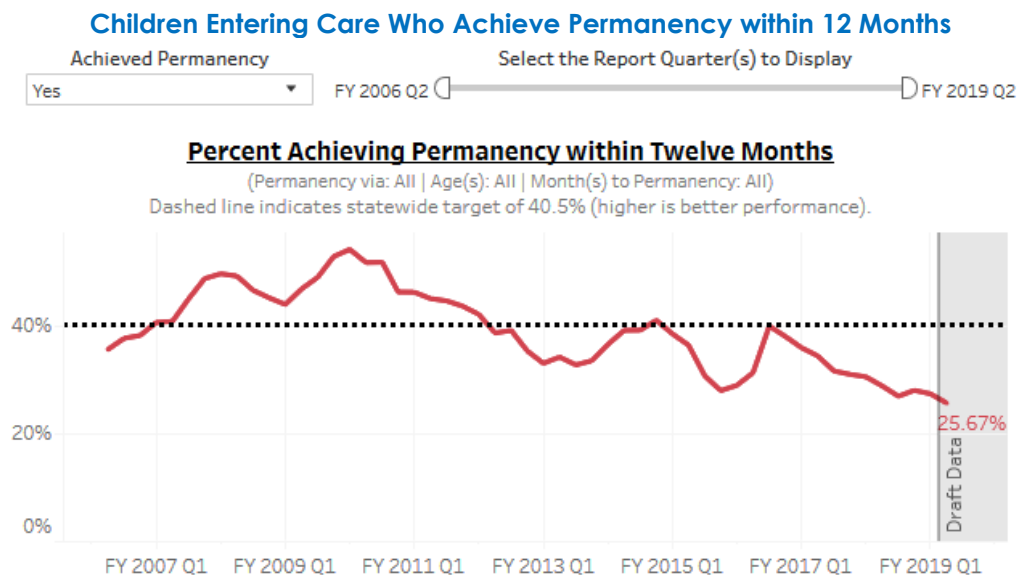
The trend in spending for residential treatment facilities is increasing. CPC is spending a substantial total for residential treatment facilities. Some of the providers identified by these payments include substance abuse and mental health providers such as Aspire Health Partners, Stewart Marchman Center and The Grove Counseling Center. Hospitals were also identified in a few cases. Other federal/state programs such as Medicaid or Managing Entities could be paying for these services.

Community Partnership for Children (Contract # NJ205) FY2018-2019 (thru Jan 2019) Licensed Residential Group Care (OCA LCRGE) Top 6 Total \$ by Provider (50% of Total Paid in LCRGE)				
Provider	Age Groups Placed	Number of Clients per Month	Daily Rates Paid	Total Paid
Children's Home Society	13-17 6-12	15-18 8-9	\$108.00 \$125.00 \$175.00	\$575,195
Florida United Methodist Children's Home	13-17 6-12	5-11	\$108.00 \$110.00 \$120.00 \$175.00	\$538,460
Unity House	13-17 6-12	(Age 5) 0-1 (Age 6-12) 6-9 (Age 13-17) 3-4	\$102.00 \$204.00	\$311,259
Devereux	13-17 6-12		\$100.00 \$275.00 \$444.81	\$227,659
Choices House, Inc	13-17 6-12	(Age 6-12) 1-2 (Age 13-17) 3	\$190.00 \$218.00 \$270.00	\$206,520
Total				\$1,666,220

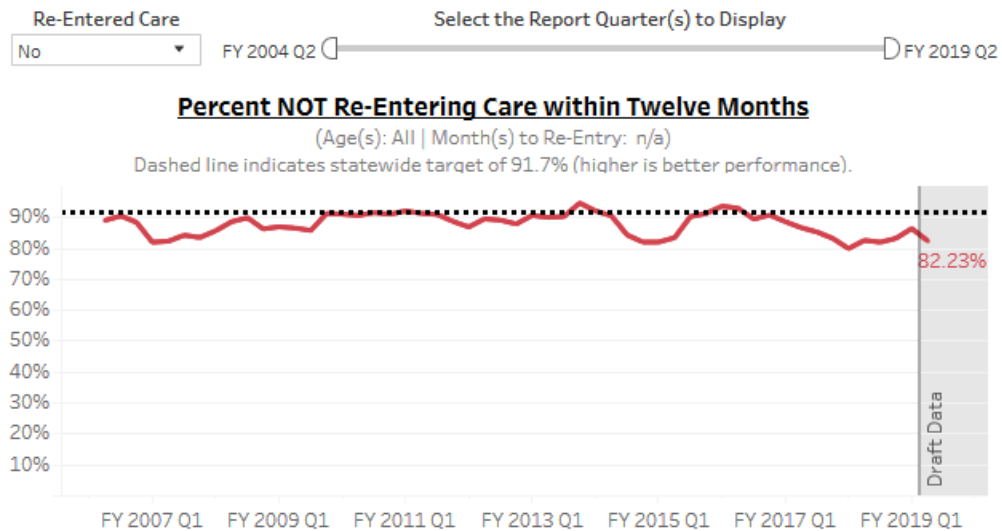
4. Findings related to exits from care including exits to permanence.

- Sources: ([The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), [CBC Contract Monitoring Report](#), Financial Viability Integrated Data Report)
- Summary below; see [The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), Financial Viability Integrated Data Report, [CBC Contract Monitoring Report](#) – sections 4 and 11, for more details.

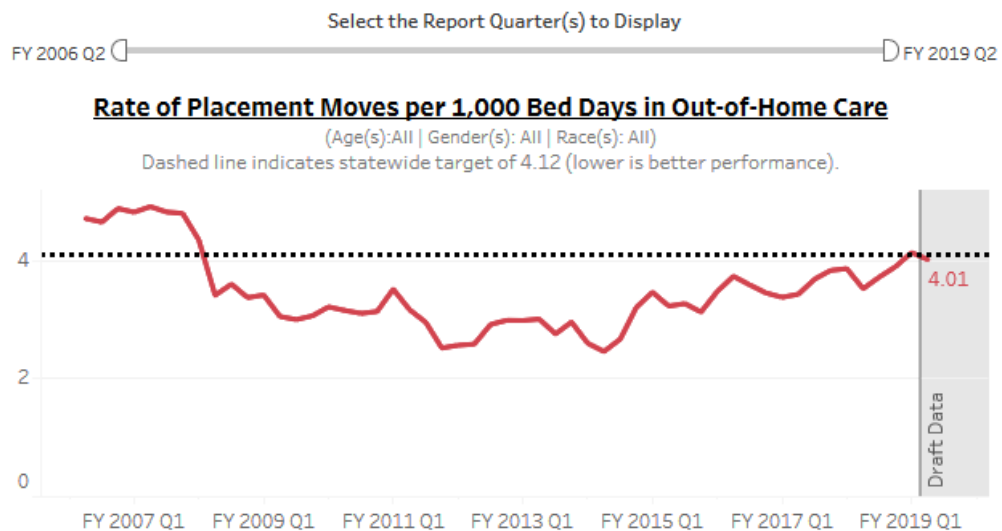
- 4.1. **What is the performance of the CBC in the recognized measures of children achieving permanence? Do these findings indicate that children are not remaining in care for longer than necessary? Are these permanency achievement rates consistent across placement settings?**
- 4.2. **What contextual factors (such as Children's Legal Services, dependency court dynamics, etc.) influence time to permanence for children served by the CBC?**
- 4.3. **Has there been a change in the number of exits or time to exit that is materially influencing the cost of out-of-home care?**



CPC has seen a fairly steady decline in children achieving permanency within 12 months from a high of 54.23% in FY 2009-2010 Q1 to the current rate of 25.67% in FY 2018-2019 Q1.

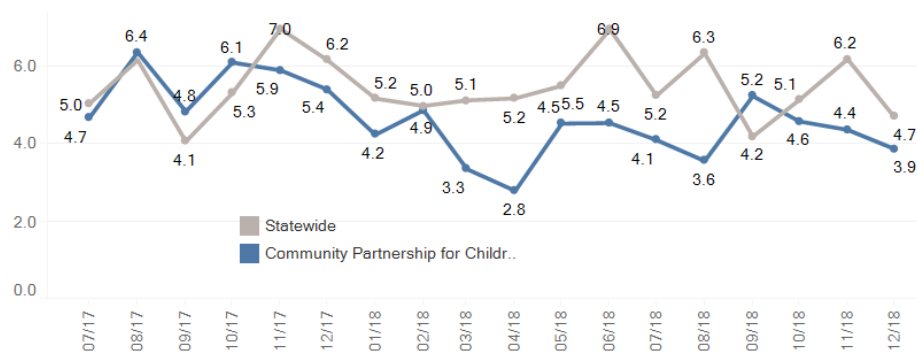


CPC has struggled with children achieving permanency and not re-entering care within 12 months. CPC has only met or exceeded the statewide target for five quarters, FY 2010-2011 Q1, FY 2012-2013 Q4, FY 2013-2014 Q1, FY 2015-2016 Q1 and Q4, and has mostly been trending down since.



CPC had been performing very well on the number of placement moves, but has been trending upward.

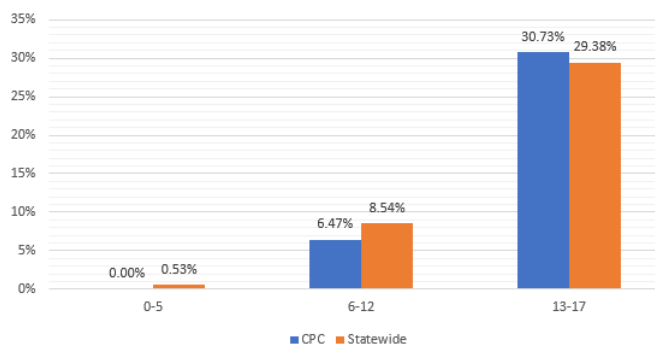
Discharge Rate per 100 in out-of-home care
Statewide & Community Partnership for Children



A higher discharge rate is good if the % not neglected or abused after services remains high (standard is 95% or higher)

CPC has been below the statewide discharge rate for 13 of 14 months November 2017 through December 2018 and is trending in the wrong direction.

Percent of Children in Group Care



Source: FSFN OCWDRU Report #1005

As of February 28, 2019, CPC exceed the statewide average percentage of children ages 12-17 in group care with CPC having 30.73% in group care and a statewide percentage of 29.38% for the same age group.

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

- Sources: ([The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), CBC Financial Viability Report, CBC Financial Viability Integrated Data Report and CBC Budget Projections)
- Summary below; see CBC Financial Viability Integrated Data Report, CBC Budget Projections and CBC Financial Viability Report for additional details.

5.1. How has core services funding changed over time? (Financial) How has the CBC managed these changes? What adjustments to the available array of services have been made? (For service array response see section1)

5.2. How has any changes to core services funding contributed to any projected deficits for FY 2018-2019?

- 5.3. *In what ways are funding dynamics in the CBC unique or atypical of funding in other CBCs?*
- 5.4. *What is the amount of the anticipated deficit for the current year? How reliable and valid are these projections?*
- 5.5. *Are their options other than Risk Pool funding available to reduce the deficit?*
- 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?*
- 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?*

Total Funding

DCF Contract Funds Available at Year End (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18	FY18-19
Core Services Funding	\$21,660,235	\$21,804,164	\$22,132,920	\$23,940,316	\$25,545,017	\$25,575,246
Risk Pool Funding	\$0	\$0	\$0	\$1,816,255	\$0	\$0
CBC Operations "Back of the Bill" Funding	\$0	\$0	\$0	\$0	\$705,423	\$0
Other Amendments to Initial Allocations	-\$8,910	\$26,248	\$233,031	\$12,997	\$38,661	\$0
Amended Core Services Funding	\$21,651,325	\$21,830,412	\$22,365,951	\$25,769,568	\$26,289,101	\$25,575,246
Funding not defined as Core Services Funding						
Independent Living (IL and Extended Foster Care)	\$844,932	\$844,932	\$844,932	\$844,932	\$1,066,511	\$1,340,462
Children's Mental Health Services (Cat 100800/100806)	\$299,699	\$299,699	\$299,699	\$299,699	\$299,699	\$299,699
PI Training, Casey Foundation or other non-core svcs	\$0	\$0	\$0	\$0	\$0	\$0
Safety Management Services (Nonrecurring)	\$0	\$0	\$0	\$559,694	\$0	\$559,694
Total at Year End	\$22,795,956	\$22,975,043	\$23,510,582	\$27,473,893	\$27,655,311	\$27,775,101
Maintenance Adoption Subsidy (MAS)	\$7,849,867	\$7,886,715	\$8,444,329	\$8,980,826	\$9,731,739	\$9,684,744
MAS Prior Year Deficit			-\$198,828			
Carry Forward Balance from Previous Years	\$391,581	\$1,348,782	\$1,294,029	-\$346,770	-\$120,887	-\$3,611
Total Funds Available	\$31,037,404	\$32,210,540	\$33,050,112	\$36,107,949	\$37,266,163	\$37,456,234

CPC applied for Risk Pool Funding in FY 2016-2017 and did receive an allocation of \$1.8 million in funds. CPC also received "back of the bill" funding for operating deficits related to FY 2017-2018 deficits. As shown in the chart above, Core Services funding has increased by approximately \$4.0 million (or 18%) since FY 2013-2014. CPC did receive \$559,694 in non-recurring funding for Safety Management Services in order to provide them with additional financial resources.

Their allocation for Independent Living (IL) services increased by 495,530 or 59% since FY 2016-2017 from \$889,196 to \$1,822,671 over the past two years. CPC had a history of significant IL deficits in the range of \$600,000 to \$700,000 between FY 2014-2015 to FY 2016-2017, however their allocation for FY 2018-2019 should cover the projected costs for this program or at least come very close to doing so.

Projected Deficit

The due date for risk pool applications for FY 2018-2019 from CBCs to the department was mid-August which was before the final FY 2017-2018 expenditures were completed by CBCs and submitted to the department. Therefore, applicant

CBCs had to make some assumptions about their FY 2017-2018 carry forward surplus or deficit and any excess federal earnings as part of their revenue projections.

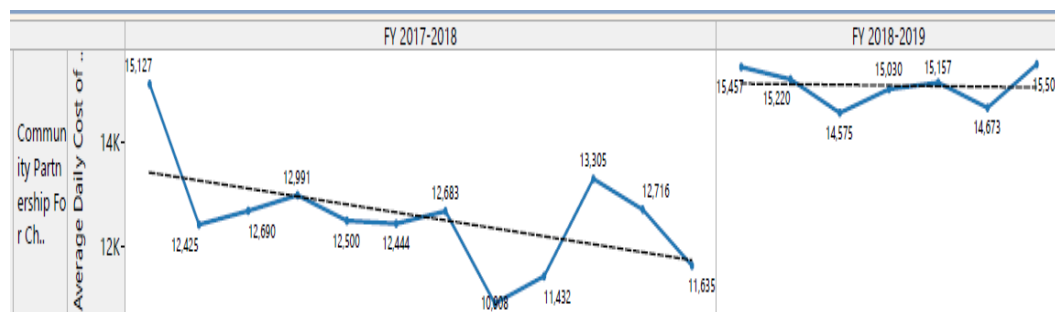
In their original risk pool application submitted in August 2018, CPC requested \$815,211. CPC submitted a revised request in February 2019 for \$779,141. This amount was identified from their projections received in January 2019 and does not include a Maintenance Adoption Subsidy (MAS) deficit which will be funded outside of the risk pool process.

CPC stated that the funds would be used to address an increase in children and teens with a combination of behavioral health issues and DJJ or APD involvement that needed to be in higher cost residential settings with additional one-on-one supervision. The funds would also be used to hire additional case managers to keep up with an increase in caseload which was at twenty-five (25) children to one (1) case manager in February. The application specifically identified Putnam County Service Center as having 100-150 more children than what it was budgeted to receive. CPC stated that they added one entire unit at a cost of \$250-\$300k to keep up with the higher demand.

The projection includes the following assumptions:

1. The out-of-home care room and board (group and foster homes) expenditures stay about the same as the actual expenditures reported through December.
2. Salaries and benefits will increase by 4.5% or \$34,727 due to adding additional licensing positions in the last quarter for the Guardianship Assistance Program (GAP) implementation for next fiscal year. Additional funding was provided to all CBCs for the fourth quarter for this purpose (GAP implementation); this funding was considered in the Risk Pool Peer Review Committee's evaluation of the projected deficit.

The chart below shows the trend in average daily residential group care expenditures since July 2017. The averages for FY 2018-2019 are generally \$2,000 to \$3,000 per day greater than last fiscal year and are staying in the \$14,500 to \$15,500 per day range. This is about a 20 to 25 percent increase to the daily average.



SFY 2018-19 Financial Viability Plan

In the design and instruction for the Financial Viability Plan (FVP) templates, the department requested that CBCs identify their actions to address three primary cost drivers:

1. Factors related to entries into care
2. Factors related to the cost of children while in care
3. Factors related to exits from care

CPC's FVP does contain actions to address the three primary cost drivers affecting their financial position. The actions include:

Factors related to entries into care

- Continue to provide and assess efficacy of Safety Management Services for CPIs to help reduce removals in all three counties. Success measured by decreasing the number of children sheltered each month from an average of 52 per month in FY 2017-2018 to 47 by the fourth quarter. Current average is 56 per month. The measure is not on track.
- Review Neighbor to Family non-judicial program and develop enhancements and/or make programmatic adjustments to identify areas needing improvement. No separate data identified in the plan to measure success.

No projected cost savings were identified for these actions.

Factors related to the cost of children while in care

- Address high-cost group home placements by reducing the number of children placed in residential settings. Success measured by decreasing the number of children placed in residential group care from 105 to 79 (25%) by June 2019. Current number is 102. The estimated cost savings was \$352,000. The measure is not on track.
- Continue to efficiently license quality foster home. Success measured by licensing 80 new foster homes. Current number of 29 however this is offset by loss of 105 beds. The measure is behind progress toward the target. The plan does not address retaining existing foster homes in order to determine if there is a net increase of foster homes. No estimated cost savings identified in the plan though increasing placements in foster home and decreasing placements in group homes would decrease costs overall.

Factors related to exits from care

- Continue use of Supervisory Review process to include Quality Assurance second party review to access Conditions for Return, barriers to permanency

to increase exits from out of home care. Success measured by decreasing the number of children in out of home care from 1,170 on July 1st to 995 by June 30th. Estimated cost savings in plan of \$493,050. Current number is 1,219 which is greater than beginning of the year. The measure is not on track.

The actions in the FVP contain specific measurable performance numbers for the actions however none of the measures are on track to meet their targets.

No findings, questioned costs or unusual transaction were identified in the most recent CPA audit of June 30, 2018. As with most CBCs, the notes to the financial statements identified that the DCF contract is a significant funding source accounting for 98% of their total funding. Also common is the note that their June 30, 2018 cash balance of \$2,310,166 is in excess of the \$250,000 per institution limit of insurance from the Federal Deposit Insurance Corporation. The notes also disclosed that they have a line of credit up to \$1 million but as of June 30, 2018 no balance was outstanding on the line of credit.

6. Findings related to overall management.

- Sources: ([CBC Contract Monitoring Report](#), Financial Viability Plan)
- Summary below; see [CBC Contract Monitoring Report](#) – Sections 4 and 11, and the Financial Viability Plan for more details.

- 6.1. To what extent is there clear and effective communication between and among the Region, the CBC, the Sheriff (if applicable), case management organizations, and other key community partners?**
- 6.2. How actively and effectively does the CBC management track programmatic performance and fiscal performance?**
- 6.3. What actions have been taken by the Region and/or the CBC to resolve the fiscal issues without accessing the Risk Pool? What further actions are planned?**

Based on information analyzed during the CPC desk review issued January 2019, CPC has seen a decrease in performance in Safety, Permanency, and Well-Being measures and continued to address performance through formal corrective action plans. The agency has implemented new practices and data analysis projects to improve successful outcomes for the children and families served by their agency. Continued efforts are needed to address communication, collaboration and transparency with partners. Specifically, the case transfer process needs to be evaluated and streamlined to encourage greater harmony between case management and investigators.

CPC has maintained oversight of performance and quality practices through already available or required reporting venues. These venues provide quantitative data on performance measures and can provide trend analysis, however there are limitations to these tools that would require further root cause analysis by QA staff which is not

currently practiced. Other strengths include the use of quarterly fidelity reviews, subcontract oversight, and revenue maximization practices. While the management team has a clear understanding of data and performance measures, there is a clear lack of understanding by the frontline staff. When conveying this information, it is often impeded by the numerous staff interpretations and the various levels of staff responsible for delivering the message.

In FY 2016-2017, CPC applied for and was provided with Risk Pool funding in the amount of \$1,816,255.

The CBC monitoring conducted January 2019 identified the following items; the response/update from CPC is in the column on the right-hand side:

COU Areas Needing Action	CPC Update 2/21/2019
1. Conduct analysis of the following performance measures to determine potential root causes and develop countermeasures to positively impact performance:	Formal Corrective Action Plan (CAP) for M05, M07, M10. Remaining measures are tracked informally with an Informal Plan.
a. M01. Rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days) – CPC has failed to meet the national target in the past five quarters.	Tracked informally with an Informal Plan.
b. M05. Percentage of children exiting foster care to a permanent home within twelve months of entering care – CPC has failed to meet the performance expectation of ensuring children reach permanency within twelve months of entering care in the past five quarters. Quality case reviews show that efforts to achieve reunification have not met or exceeded both statewide average and national average warranting further analysis to address cause.	Formal Corrective Action Plan (CAP) for M05.
c. M07. Percentage of children who do not re-enter care within 12 months of moving to a permanent home – CPC has failed to meet the national target in the past five quarters and is trending negatively. Again, CQI data shows that the agency is not meeting the statewide, federal, or PIP performance expectation of ensuring that concerted efforts are made to provide services to prevent children's re-entry into foster care or re-entry after reunification,	Formal Corrective Action Plan (CAP) for M07.

COU Areas Needing Action	CPC Update 2/21/2019
warranting further analysis for root cause.	
d. M12. Percentage of sibling groups where all siblings are placed together – CPC has failed to meet the performance target in this area for the past five quarters. Quality case reviews show that CPC is making concerted efforts to ensure siblings are placed together, warranting further analysis. CPC's current performance has met or exceeded the state average, but has fallen short of the federal performance expectation.	Tracked informally with an Informal Plan.
e. M09. Percentage of children in foster care who received medical care in the previous 12 months - CPC has failed to meet the target in four of the past five quarters. Further, quality case reviews show that improved efforts are needed to ensure children in foster care are receiving medical care within 12 months.	Tracked informally with an Informal Plan.
f. M10. Percentage of children in foster care who received a dental service in the last 7 months - CPC has failed to meet the target in the past five quarters. Further, quality case reviews show that improved efforts are needed to ensure children in foster care are receiving a dental service within 7 months.	Formal Corrective Action Plan (CAP) for M10.
g. M11. Percentage of young adults who have aged out of foster care at age 18 and completed or are enrolled in secondary education, vocational training, or adult education - CPC has failed to meet this target in four of the past five quarters. Quality case reviews show CPC's current performance has met or exceeded the state average, but has fallen short of the federal expectation.	Tracked informally with an Informal Plan.
2. Evaluate placement policy to ensure that all child placing agencies notify CPC immediately of any child moves.	This item has been addressed by the Contract Manager with direct follow up. Specific action steps and timelines

COU Areas Needing Action	CPC Update 2/21/2019
	were provided to CPC for this identified area.
3. Ensure Child Placement Agreements are developed immediately upon notification of any safety concern and adhere to CFOP 170-11.	Formal Corrective Action Plan (CAP) for this item. CPC reviewed and updated Child Placement Agreement policies and protocols in order to ensure compliance with CFOP 170-11. CPC implemented the protocols and process through training provided to all Placement, Case Management, and Child Placing Agency licensing staff. CPC developed a comprehensive tracking report utilizing FSFN data that includes all of the required elements of CFOP 170-11 and CPC processes related to Child Placement Agreements. CPC provides monthly progress report to DCF Contract Management.
4. Improvement is needed to increase the implementation of the Practice Model.	CPC's Director of Case Management sends out FSFN reports bi-weekly to Management Staff that identifies cases that need review, consult or approvals in FSFN.

Opportunities for Improvement	CPC Update 2/21/2019
1. Leadership – By developing further outreach and strategic partnership building efforts in Putnam County, CPC would maximize community ownership and involvement.	Community ownership and involvement has been significantly improved by the development and implementation by CPC of a community-wide shared services workgroup called the Putnam SafetyNet Alliance. The focus of the Putnam SafetyNet Alliance is to connect, communicate and collaborate among social service entities to ensure the citizens of Putnam County have access to services and avoid duplication. This initiative is ongoing, and we are working to try get more governmental and faith-based members to participate to expand our scope and impact in the community.
2. Workforce - Further analysis, to include high caseloads and work demand on senior level staff and the length of time staff are on protected caseload status, may inform future retention strategies. Additionally, Leadership should evaluate the	Monthly caseload assessments are completed by Director of Case Management for equity in case assignment, to help alleviate the need for upper level staff to carry cases and to manage protected caseloads appropriately. Level IV Case Managers

Opportunities for Improvement	CPC Update 2/21/2019
impact case carrying senior and upper level staff may have on quality oversight and service delivery. CPC does not have a formalized supervisor development plan.	are included in all Monthly Senior Management Team Meetings and attend CPC's Supervisor Trainings to help ensure preparedness for succession planning into vacant supervisor positions.
3. Quality Assurance - While the management team has a clear understanding of data and performance measures, there is a clear lack of understanding by the frontline staff. When conveying this information, it is often impeded by numerous staff interpretations and the various levels of staff responsible for delivering the message.	Executive Management attends bi-weekly Program Operations Meetings to review and discuss the agency's progress on performance indicators from across our system of care. Monthly Senior Management Team meetings are held with all Supervisory and Level IV staff to review agency data and performance such as Contract Performance Measures, QA Case Review Findings, CBC Report Card information and Unit Level Case Management Data. Each item is presented to ensure that staff understand the information and how it correlates to daily case work activities. Unit Supervisors meet with their staff on a monthly basis to review, explain and emphasize data and performance measures in order to help with gaining a better understanding of how daily activities impact the safety, permanency and well-being of the children we serve and our overall system of care.
4. Placement Resources and Process - The recruitment process lacks specific steps and outcomes. While there is a target, there is a lack of a formal action plan supported by data indicating the types of homes needed or individual recruitment targets for each CPA.	All three Child Placing Agency contracts were extended for six months in FY 2018-2019 to review terms and negotiate revised outcome measures. Each contract was amended to include mandatory reporting requirements for weekly recruitment activities, status of families in pre-service classes and required monthly contact with each licensed foster parent for retention purposes. Data reports regarding each contract performance outcome measures are completed quarterly and sent to the Executive Management of each Child Placing Agency for oversight and improvement response, as needed.
5. Partner Communications and Relationships - Continued efforts are	The Case Transfer process was revised in early 2018 to include CPC Secondary

Opportunities for Improvement	CPC Update 2/21/2019
needed to address communication, collaboration and transparency with partners. Specifically, the case transfer process may be impeding the ability to create harmony between case management and investigators.	Worker assignment and scheduling of Case Transfer Conferences at Shelter Hearings. This process has significantly improved communication and collaboration between DCF and CPC and the overall timeliness of Case Transfer.

Summary of Findings:

Based on the information reviewed the Risk Pool Peer Review Committee was able to affirm the following:

- CPC has implemented new practices and data analysis projects to improve successful outcomes for the children and families served by their agency.
- CPC continues to underperform in a number of Key Metrics and is under Formal Corrective Action Plans with the DCF regional office. The updates provided by Management were insufficient to determine if there has been any significant progress toward improvement.
- Putnam County has challenges in service provision due to serving a higher population than that for which the area was budgeted.

Recommendations:

Based on the analysis of the CPC budget and the information provided, the Risk Pool Peer Review Committee recommends a full distribution of \$779,141. CPC is in the process of hiring a new Chief Executive Officer and this report should provide insights to the board of directors and new leadership for potential changes for the agency to become financially viable. A distribution of risk pool funds would assist CPC with a financial bridge as solutions are identified and implemented to become financially viable next fiscal year. In addition, the following five recommendations are made:

1. Risk Pool funding provides a stopgap (non-recurring) resource intended to mitigate unanticipated changes in the number of clients and/or services needed for clients; it is not designed to annualize expenses. With this being CPC's second risk pool application, the agency should develop a plan to meet existing and trending client needs while reducing costs more in-line with their recurring core services funding allocation in anticipation of being financially viable next fiscal year.
2. As previously recommended, CPC should explore hiring a Chief Financial Officer. The agency appears to be overly "lean" and may benefit from restructuring its staffing model.
3. CPC should explore programs to increase permanency and decrease re-entry into out-of-home care.

4. CPC should explore supports for retention of foster homes and relative/non-relative caregivers.
5. CPC should continue to meet the requirements of the COU Contract Monitoring Report and Formal Corrective Action Plans to improve overall agency performance.