

**Risk Pool Peer Review Committee Report
Eckerd Community Alternatives Circuit 13
Fiscal Year 2016/2017**

Eckerd Community Alternative Circuit 13 (ECA C13¹) submitted an application for risk pool funding on November 30, 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 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. Tier two was for lead agencies experiencing an increase of 20% to 50%. Based on analysis of relevant data, ECA C13 was in tier 2 for priority consideration with a 30.28% increase in removals.

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

Captain Mike Coscia, Seminole County Sheriff's Office
Kelly Faircloth, Office of Child Welfare
Jackie Gonzalez, CEO, Our Kids of Miami-Dade/ Monroe Inc.
JoShonda Guerrier, DCF Assistant Secretary for Child Welfare
Jay Halferty, CFO, Heartland for Children
Lee Kaywork, CEO, Family Support Services of North Florida, Inc.
Barney Ray, DCF Office of CBC/ME Financial Accountability
Don Winstead, Team Leader

¹ Reference in this report to Eckerd or Eckerd Community Alternatives is to the contract for Circuit 13 (Hillsborough County), not to the contract with Eckerd Community Alternatives in Circuit 6 (Pasco and Pinellas Counties).

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 April 4, 2017.

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?

In Hillsborough County, the Hillsborough County Sheriff is the entity responsible for child protective investigations. The Children's Legal Service function is performed by the Office of the Attorney General. Eckerd Community Alternative became the Community-Based Care Lead Agency effective July 1, 2012.

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.

The following table summarizes information related to investigations comparing Hillsborough County with the state. In general, investigation rates are below the state average. The percentage of children with a most serious finding of verified has trended above the state average in SFY 15/16 and so far this fiscal year.

Indicator	SFY 13/14	SFY 14/15	SFY 15/16	SFY 16/17 thru Dec
Investigations per 10,000 children in population				
Statewide	38	38	39	39
Hillsborough	31	32	32	32
Children in Investigations per 10,000 children in population				
Statewide	55	53	53	54
Hillsborough	48	47	46	46
Percentage of Children with Most Serious Finding of Verified				
Statewide	18%	18%	16%	15%
Hillsborough	18%	18%	20%	19%
Percentage of Children with Most Serious Finding Not Substantiated				
Statewide	34%	36%	36%	35%
Hillsborough	37%	35%	32%	33%
Percentage of Children with Most Serious Finding of No Indication				
Statewide	48%	47%	48%	50%
Hillsborough	45%	47%	48%	48%
<i>CPI spinner reports</i>				

In 2015, the child poverty rate in Hillsborough County was 21.4% compared to the state child poverty rate of 23.4%.

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 Children's Board of Hillsborough County was approved by voters in 1988 and serves as the Children's Services Council. In fiscal year 2015, investment was more than \$34

million and made in more than 90 local non-profit agencies. CSC-funded activities are largely outside of dependency services, although funding on prevention and family services may positively impact the need for child welfare services. The Children's Board does provide support for the Heart Gallery a jointly funded adoption campaign.

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?

Hillsborough County has seen a significant increase in removals in the last year. There is belief that a combination of causal factors included full implementation of Florida's safety practice model, a high-profile child death and an increase in investigations by 1,500 from the previous year. These created the "perfect storm" for the increase in removals.

DCF and HCSO staff have analyzed the removals and believe that the children being removed are correct and there were no other options to keep those children safe.

The removals are primarily in three zip codes within the county. These areas are high crime rate and poverty stricken areas. There are a high number of substance abuse and domestic violence maltreatments that result in removals.

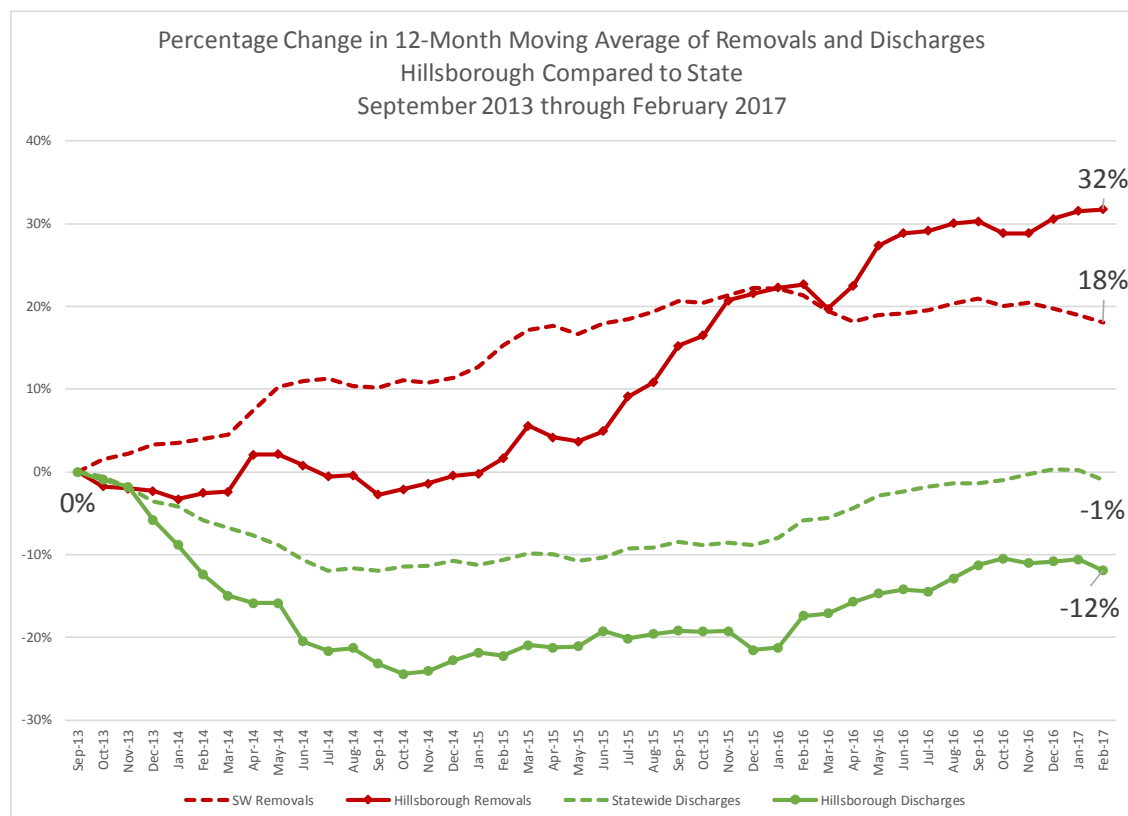
The following charts shows the average monthly removals, discharges and the average number of children in out-of-home care for the past several years.

ECA - Circuit 13	SFY 13/14	SFY 14/15	SFY 15/16	SFY 16/17 Thru Feb
Average Monthly Removals	109	114	139	138
Average Monthly Discharges	110	111	118	117
Average Out-of-Home Care Children	1,694	1,783	2,012	2,252

This chart shows the monthly information so far for SFY 16/17.

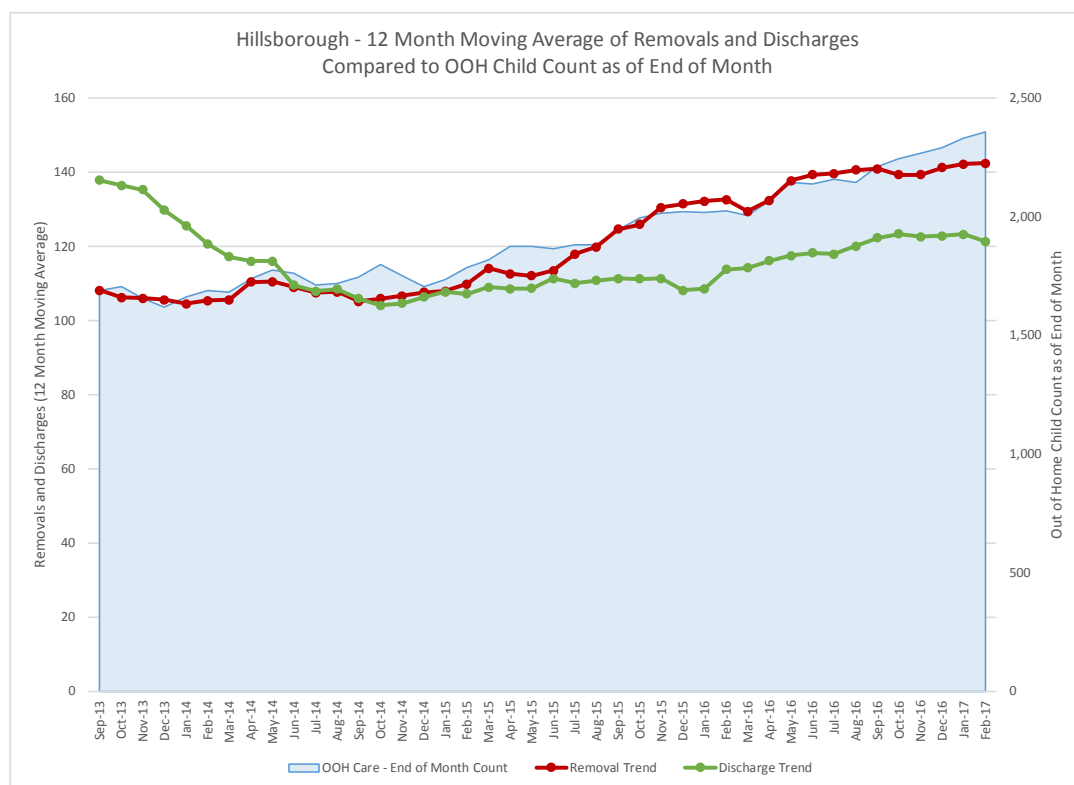
ECA - Circuit 13	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Removals	123	144	151	141	140	136	138	132
Discharges	94	154	111	116	122	120	101	117
Children in Out-of-Home Care	2,160	2,146	2,212	2,246	2,269	2,293	2,332	2,359

The graph below shows the percentage change in the 12-month moving average of removals and discharges for both Hillsborough County and the state since September 2013.



The graph below shows the 12-month moving average of removals and discharges for Hillsborough County along with the end-of-month count of children in out-of-home care.

All of these views of recent trends show an increase in removals over the course of FY 15/16 and FY16/17.



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

Eckerd provides six resource specialists that are co-located at the Hillsborough County Sheriff's Office (HCSO) with Child Protective Investigators (CPI). These resource specialists are accessible to go out with CPIs on cases to assist families in crisis.

HCSO requested the need to bring back "traditional" diversion/family support services in October 2016 and Eckerd did so through their sub-contracted providers. From October through February, these traditional diversion services have resulted in essentially no change in the rate of removal, yet serviced numerous families. There is no clear explanation for this phenomenon.

Since there were no changes in removal rates in March 2017, Eckerd re-evaluated and implemented a tool utilized to establish criteria for families that meet diversion/family support services. The selected tool was adopted from Our Kids and implemented by Eckerd on April 1, 2017. Eckerd does not utilize the Risk Assessment tool utilized in Florida's practice model. It is too soon in the implementation process to know what impacts the change in the Risk Assessment tool will make on the rate of removal.

Safety Management Services are available 24/7 with a two-hour response time during normal business hours and a three-hour response time off hours and on weekends. Each unit consists of a certified case worker and a licensed counselor. They provide in-home

safety management for two to four weeks depending on the needs of the CPI and family. If the case is referred to In-Home Non-Judicial or Family Support Services, then the same team stays with the family. However, if the case is transferred to In-Home Judicial or removal, it is then transferred to a case management agency.

The In-Home Non-Judicial services are provided by the two-team approach of a certified case worker and a licensed counselor. Wrap around services are provided for the family based upon the needs assessment. To ensure the safety of the children, the families are visited at least three times per week. This program works with the family for 4-6 months. Cases are not closed until the parents exhibit the behavioral changes necessary to ensure the safety of the children. Eckerd represented that they had a high success rate with this program. One of the issues discussed was whether the right clients are being serviced by the appropriate service. Are safe, high risk children being served by the In-Home Non-Judicial program when they could be served by the Family support Services program?

These programs have twenty teams, with a capacity of around 200 families or about 460 children. The capacity in these programs has not kept up with the demand, which has limited the programs' impact on preventing removals. Eckerd may want to consider adding additional capacity with an emphasis on the In-Home Non-Judicial clients, which would likely directly help with removals.

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

As indicated earlier in this report, Hillsborough County has a very active and involved Children's Board and Community Alliance partnering in providing solutions for the children in the community. Getting families to access these services has been somewhat of a challenge. In addition, it is believed the CPI's could be better acquainted with these services as they have been reliant on diversion and co-located Resource Specialists to provide them.

It should be noted that the spending on prevention and diversion services has been relatively flat over the past few years. Considering the increase in reports and removals, additional funding in this category would be effective in reducing removals and lower spending at the deep end.

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?

Both HCSO and Eckerd are committed to Florida's Practice Model as demonstrated in continuously being proactive in discussing ideas for making changes and trying new things to improve the system of care. HCSO implemented Florida's new safety practice model later than the rest of the state and were fully implemented in August 2016. They have been very open to feedback from DCF and providers and open to national experts to work with their staff to increase their competencies in Florida's practice model.

There is a culture of strong investment of contracted formal safety management services and diversion/family support services by Eckerd. There are two sub contracted providers who provide case management and safety management services by a certified case manager and a counselor, for the In-Home Non-Judicial cases:

- Gulf Coast “Safe at Home” which serves 109 families
- Family Net “Grace point” which services 91 families

Eckerd also sub-contracts with Success 4 Kids & Families, Inc. to provide wraparound services to potential “lockout” children to prevent them from ever entering the child welfare system as these children can be costly and have significant behavioral issues. This has been a very successful program.

The sub-contracted providers who do In-Home Non-Judicial cases and safety management are very successful. They often conduct a joint response with the CPI and/or are on-site within two hours of receiving the referral during the weekday and three hours during nights/weekends. As of July 1, 2016, only 12 cases engaged in this programming ultimately resulted in a removal to ensure safety.

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

Leadership recognizes the CPI and CM relationships could be better. High turnover for both CPI and CM has contributed to this relationship strain. Attempts are being made to foster better relationships; for example, a CPI/CM picnic was recently held to encourage interaction and relationship building as well as conducting joint in-service trainings together. In contrast, good working relationships and communication occur between DCF staff, Hillsborough Sheriff’s Office CPI staff and Eckerd staff at the leadership and supervisory levels.

For shelters, CPI’s complete their FFA assessments within two business days and then add their staffing request on a calendar for case transfer. Eckerd has a facilitator that facilitates the case transfer which includes the CPI, CPIS, CM, CMS and parents that all at the table. There were no reported issues with case transfer that are affecting performance. However, there is an escalation process between CPI and CM when there is disagreement on the direction of an investigation. This process is infrequently used.

Resource specialists attend all shelter hearings in an effort to engage relative/non-relative caregivers for placement. In addition to attending shelter hearings, resource specialists conduct ACCURINT searches on family connections when the parent(s) has not identified potential relatives/non-relatives. This has increased relative placements from 45% to 64% prior to case transfer.

In March 2016 Eckerd retooled their relative caregiver contract to shift from relative caregiver support to relative caregiver search. Eckerd seeks to transition 28 youth from residential group care to relative placement in one year.

It should be noted that the co-location of the resource specialist and In-take specialist are an effective way to help integration. One of the issues that is a continuous problem is the education of the CPI as to the availability and effectiveness of the diversion programs. The high turnover rate of CPIs requires a continuous education program. There is a perception that CPIs remove a child when they feel it removal is inevitable, but that some removals could be avoided if through use of diversion services. These programs can be very successful, but it is just not well known. Eckerd should make a concerted and continuous effort to educate the CPIs on the successes of the diversion program. Removals should be the last option of the CPIs, not the first.

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.

The following chart shows the distribution of children in out-of-home care by setting. The percentages in Hillsborough are similar to the statewide averages with Eckerd having a slightly higher percentage of children in relative care and and with fictive kin (non-relative care).

ECA-H OOH Care by Setting	SFY 13/14	SFY 14/15	SFY 15/16	SFY 16/17 thru Feb
Relative Care	42%	46%	45%	47%
Non-Relative Care	8%	9%	11%	12%
Family-Based Licensed Care	37%	32%	31%	29%
Facility-Based Licensed Care	11%	11%	11%	10%
All Other	2%	2%	2%	2%

The number of children in each setting is shown in the following chart.

ECA H - Number of Children in Out-of-Home Care by Setting					Change 14/15 to 16/17 to date
	SFY 13/14	SFY 14/15	SFY 15/16	SFY 16/17 thru Feb	
Relative Care	713	818	916	1,059	143
Non-Relative Care	129	159	225	266	42
Family-Based Licensed Care	622	580	616	661	45
Facility-Based Licensed Care	188	188	215	225	10
All Other	42	39	41	41	0
Total OOH Care	1,694	1,783	2,012	2,252	240

Note: SFY 16/17 is through Feb. 2017

Eckerd places 22.4% of children out of the circuit, compared to the statewide average of 19%. (as of 12/31/2016).

Of children in licensed care settings on 12/31/2016, Eckerd has percentages of children in group care settings that are higher than the state average.

Age Cohort	Hillsborough	State
0 to 5	5.0%	2.6%
6 to 12	25.0%	21.6%
13 – 17	63.0%	57.2%

Eckerd has a high number of children being served as In-Home Judicial. The intent of this cohort is that the judicial oversight will encourage the parents to become more responsive to the safety needs of their children. The reality is, however, that the system loses leverage, parents do not comply with their case plans, and imminent safety threats are mitigated so children cannot easily be removed. Eckerd has over 500 children in this status. This requires about 25-30 case workers to manage these cases that linger in the system and are very difficult to close. Eckerd should work with the CPIs and the OAG office to limit the use of In-Home Judicial as a placement option going forward. Instead, Eckerd should work to transition the remaining cases to In-Home Non-Judicial with the use of their diversion teams to work with these families in a more intensive manner.

One important note is that the CBC has successfully diverted a high percentage of “lockout” kids from entering care by having a dedicated position deal exclusively with that issue. Teenagers with significant mental health and DJJ history continue to pose a challenge.

- 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?

The rates paid are consistent with those paid statewide and are summarized below.

Family-based care

Average cost in foster home has increased from their prior year. Eckerd indicated that this would increase for two reasons. One is the annual cost of living increase to the board rate and another would be due to a proportional increase in teenagers in foster homes compared to younger ages. The daily rate for teens is greater.

Traditional Foster Home Board Rates		
Age 0-5	Age 6-12	Age 13-21
\$456.00/mo.	\$460.02/mo.	\$538.53/mo.

Transitions (not explained in text) Monthly Foster Home Board Rates		
	Age 0-12	Age 13-17
Transitional	\$456.00/mo.	\$527.36/mo.
Specialized Therapeutic	\$473.00/mo.	\$527.36/mo.
Developmental Delay	\$40/day	\$44/day

Eckerd contracts with seven (7) separate organizations to recruit, license, train and support foster homes. For these services, these Child Placing Agencies (CPAs) receive an administrative fee based upon a filled bed day for every client placed in one their foster homes.

Traditional Child Placing Agency Fee (based upon a Filled Bed Day Rate)	
Traditional Rate	Medical Rate
\$10.25/day	\$19.40/day

Eckerd uses “transitional” care for step down placement from therapeutic homes or if a child has behaviors/needs that can’t be managed in a traditional home. They offer additional services beyond a traditional home, but a not a specialized therapeutic home.

Transitions Administrative and Therapeutic Rates (based upon a Filled Bed Day Rate)		
	Age 0-12	Age 13-17
Transitional – Administrative Fee	\$11.75/day	\$27.25/day
Specialized Therapeutic	N/A	N/A
Developmental Delay	\$11.75/day	\$36.25/day

As of their February 2017 monthly expenditure report, Eckerd has reported \$1,492.777 to CPAs. The total room and board expenditures to foster parents for the same period of time is \$2,936,592,

A straight-line projection for the CPA administrative fees would equal approximately \$2,239,165 for the fiscal year.

Facility-based Care Rates (based upon a Filled Bed Day rate)		
Types of Clients Served	Low	High
Sibling Groups	\$90.00	\$115.00
Boys (Age 6-15) Girls (Age 6-17)	\$130.00	\$130.00
Boys (Age 13-17)	\$100.00	\$140.00
Girls (Age 13-17)	\$100.00	\$140.00
Girls with infants	\$190.00	\$190.00
Safe House	\$300.00	\$300.00
Out of Area Placements	\$37.89	\$220.00
Out of Area Substance Abuse (Behavioral) Residential	\$212.19	\$212.19

One facility-based care provider, A Family Place, received a rate increase from \$98 per day to \$115 per day effective with children placed after April 15, 2016. This is for sibling groups with a house parent and is licensed for sixty (60) beds.

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

The cost for case management is consistent with norms for this service and have remained consistent over the past several fiscal years.

Eckerd reduced the number of Case Management Organizations (CMOs) from six (6) when they took on the Circuit 13 contract in July 2012 to three (3) CMOs (Devereux, Gulf Coast Family & Community Services and Youth & Family Alternatives). Eckerd required a minimum salary for case managers of \$36,000 in their subcontract during FY14/15 when CBCs received additional funding for case management. Prior to FY16/17, no minimum salary was required in the subcontract. CMOs increased their salaries from ~\$35,000 to the \$36,000 minimum.

Effective September 1, 2016, Eckerd increased their subcontracts for the number of case managers from 191 to 213 for a net increase of 22 in order to manage the increase in caseload. CMO subcontracts were increased by \$1.365 million. Prior to FY16/17, any surplus was retained by CMOs for use in the next year to reinvest in the contracts. A total of \$360,000 in FY15/16 surpluses were identified from subcontracts and were required to be repaid to Eckerd. Eckerd used these repayments to offset current year expenditures.

During FY16/17, Eckerd identified some surpluses and reduced those subcontracts to reduce their deficits.

Budget for Positions in CMO subcontracts

Positions	Subcontract Minimum	Subcontract Funded
Program Director	None required	\$80,000
Assistant Program Director	None required	\$55,000
Case Manager Supervisors	None required	\$45,000
Quality Management	None required	\$41,909
Case Managers	\$36,000	\$37,500
Family Support Workers	None required	\$26,000
Administrative Positions	None required	\$24,960

New in FY16/17 is budgeting a vacancy rate for case manager positions of 7% for salaries and benefits only to encourage early hiring/over hiring of case managers for training.

The supervisor to case manager ratio funded is 1:6.

- 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).

The local community including the CBC Alliance and the Children's Board are very generous and contribute to the child welfare community. Typically, those funds are awarded directly to the wrap around providers and not the CBC.

Eckerd states that they currently have twenty (20) Agency for Persons with Disabilities (APD) eligible clients on the APD waitlist that they are paying for placements and services. They estimate the annual cost at \$1M total.

Eckerd indicated that Substance Abuse and Mental Health (SAMH) service coordination with the Managing Entity is working however they identified \$268k year to date in SAMH services that they have paid for through 3/10/2017. These services are typically court ordered services that are either with non-Medicaid eligible providers or non-Medicaid eligible services.

Department of Juvenile Justice (DJJ) communication exists but DJJ cannot serve clients until court adjudicates them for DJJ services. Since 12/1/2016, ten (10) lockout cases were staffed and two (2) of them came into care. Eckerd is looking to a new program from North Carolina called Project Bridge implement in their circuit. The program goal is to reunify and support lockouts in their home with their families.

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

Eckerd has a very prescriptive process for managing the CMOs. They have weekly data reports and meetings to review results. Eckerd uses multilevel meetings to address issues. Eckerd regularly holds scheduled meetings with directors, providers, DCF, OAG, the judiciary and other key providers. Eckerd also holds regularly scheduled permanency staffings to review case statuses and address barriers to closure. There are dedicated coordinators for each CMO. One of the issues Eckerd has struggled with over the past couple of years is the reduction from six to three CMOs. This resulted in the loss of expertise on the ground as case workers exited child welfare rather than transferring to another agency. This change was finally resolved, but it did affect performance. The high turnover in executive leadership at Eckerd has also created communication issues among all the constituents.

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.²

Measure	National Standard	ECA C13	Statewide
Children Achieving Permanency within 12 months of removal (children removed in October through December 2015 and followed for 12 months).	40.5%	49.0%	42.9%
Children in Care 12-23 Months on October 1, 2015 Who Achieved Permanency within an Additional 12 Months.	43.6%	51.0%	53.9%
Children in Care 24 or More Months on January 1, 2016 Who Achieved Permanency within an Additional 12 Months.	30.3%	43.0%	40.8%

- 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?

² Child Welfare Key Indicators Monthly Report, December 2016, pages 31 and 32.

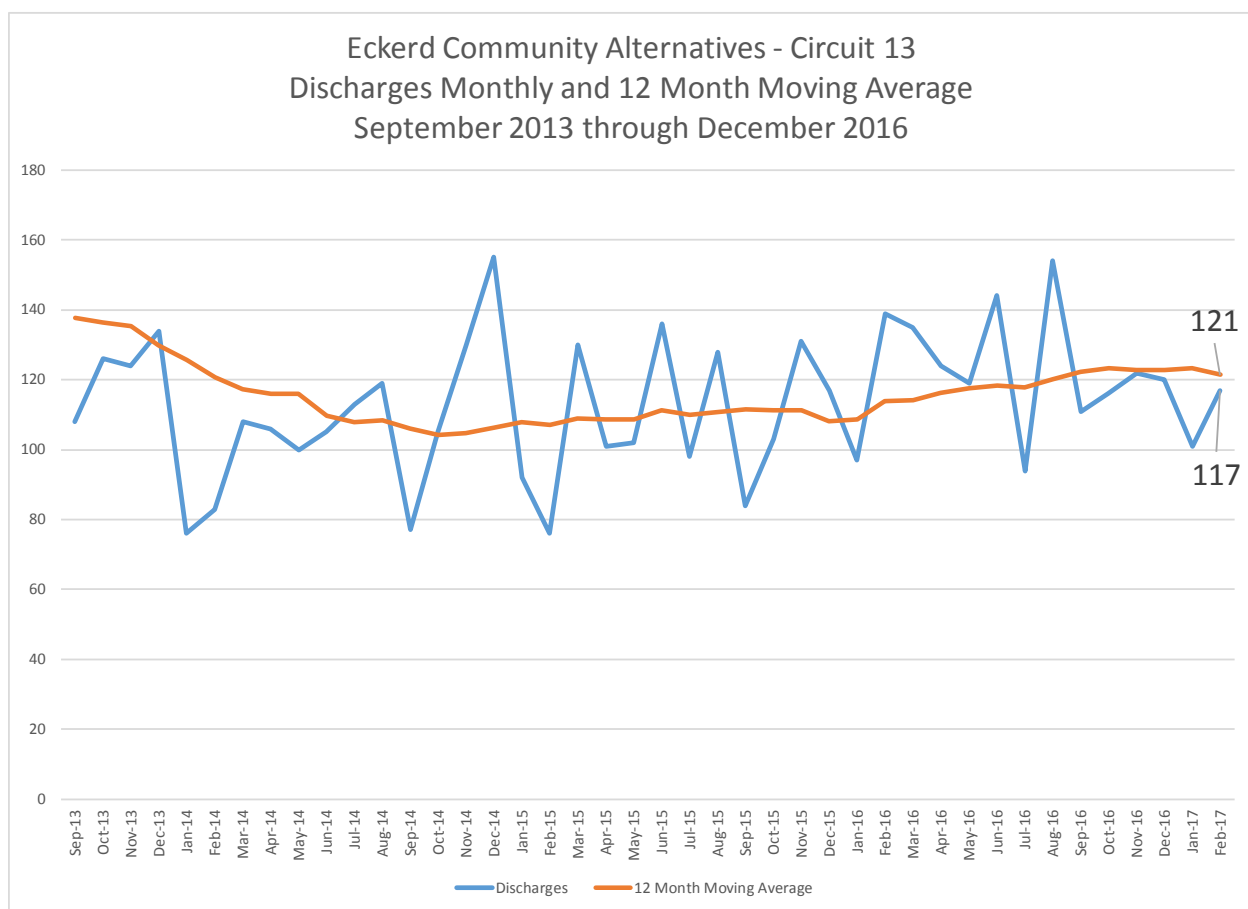
There are three key standards for timeliness of judicial handling that are tracked monthly³. For children with a disposition in the period July 1 through December 31, 2016, the median number of days from shelter to disposition in Circuit 13 was 53 days compared to the statewide median of 58 days. Median days from Termination of Parental Rights (TPR) to Entry of Final Order was 194 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 13's percentage of 10% compared to the statewide average of 7.8%.

Considering the significant increase in the removals over the past couple of years, the OAG and judiciary have done an exceptional job of keeping cases progressing through the system without any increase in resources. Particularly in light of the fact that Children's Legal Service (CLS) attorneys have the highest caseloads statewide. The Judiciary is cooperative and collaborative and this has greatly assisted in handling the increase in volume.

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?

There has not been a material change in exits or time to exit from the system. The discharges and 12-month moving average are shown below.

³ Child Welfare Key Indicators Monthly Report, December 2016, pages 34 and 35.



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 increased each fiscal year since FY13/14. Current funding is \$2.1 million greater than FY13/14. Circuit 13 has a history of carry forward balances between \$2.0 million to \$3.1 million the last three fiscal years.

DCF Contract Funds Available (by Fiscal Year)	FY11-12	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17
Core Services Funding	\$50,846,234	\$49,820,273	\$49,809,812	\$50,307,347	\$51,150,751	\$51,950,806
Subsequent Amendments to Initial Allocation						
Unfunded Core Funding Budget				-\$1,179	-\$211	
Prior Year Excess Federal Earnings	\$38,044		\$13,086	\$71,511	\$68,250	
Section 45 MAS from Back of the Bill					\$640,520	
Core Services Funding Adjusted	\$50,884,278	\$49,820,273	\$49,822,898	\$50,377,679	\$51,859,310	\$51,950,806
Funding not defined as Core Services Funding						
Independent Living (IL and Extended Foster Care)	\$1,848,532	\$1,848,532	\$1,848,532	\$1,848,532	\$1,848,532	\$1,848,532
Children's Mental Health Services (Cat 100800/100806)	\$728,973	\$728,973	\$728,973	\$728,973	\$728,973	\$728,973
PI Training, Casey Foundation or other non-core svcs			\$352,464			
Safety Management Services (Nonrecurring)						\$708,225
Total at Year End	\$53,461,783	\$52,397,778	\$52,752,867	\$52,955,184	\$54,436,815	\$55,236,536
Maintenance Adoption Subsidy (MAS)	\$13,044,301	\$14,060,722	\$15,177,141	\$15,445,010	\$17,450,786	\$18,169,169
MAS Prior Year Deficit					-\$640,520	
Carry Fwd Balance from Previous Years	\$2,648,487	\$501,082	\$939,744	\$3,102,287	\$2,806,968	
Total Funds Available	\$69,154,571	\$66,959,582	\$68,869,752	\$71,502,481	\$74,054,049	\$73,405,705

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

Since core services funding has increased the last three fiscal years, this has not contributed to their deficit.

On a statewide basis, Independent Living Funding for clients ages 18 to 22 that were formerly in foster care who are enrolled in the Post Education Services and Supports (PESS) or currently in extended foster care is historically less than the expenditures for the program. The total amount of funding for IL has not changed in the last several years.

Independent Living Funding and Expenditures for Circuit 13					
Fiscal Year	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17
Funding	\$1,848,532	\$1,848,532	\$1,848,532	\$1,848,532	\$1,848,532
Expenditures	\$2,951,271	\$2,926,117	\$2,793,131	\$2,355,506	*\$2,542,805
Surplus/(Deficit)	(\$1,103,039)	(\$1,077,585)	(\$944,599)	(\$506,974)	*(\$695,727)

While the IL deficit for FY15/16 in the Circuit was almost half of previous fiscal year totals, the *current year projections estimated almost a \$700k IL deficit which is included in the Eckerd Core Funding deficit projection. This is about \$200k more than was expended in FY15/16.

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

Though not a unique funding dynamic to Eckerd, they project to receive almost \$900,000 in additional revenues from sources other than the CBC contract with DCF. The revenues from their participation in the CBC Integrated Health (CBC-IH) program is projected to

provide them with a surplus of approximately \$320k which they expect help offset their CBC contract deficit.

The Children's Board of Hillsborough County funds services within the community that positively impact the system of care for such things as funding an Early Childhood Court coordinator, Child-Parent Psychotherapy trainings, etc.

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

Eckerd projects to receive almost \$900,000 in additional revenues from sources other than the CBC contract with DCF. The revenues from their participation in the CBC Integrated Health (CBCIH) program is projected to provide them with a surplus of approximately \$320,000 which they expect help offset their CBC contract deficit. The local Children's Services Council funds services within the community that positively impact the system of care for such things as an Early Childhood Court coordinator, Child-Parent Psychotherapy training, etc.

Eckerd anticipates earning all restricted funding in DCF contract.

Eckerd reported meeting their first goal for the Adoption Incentive Funding which would another \$69,000 of \$204,000 total. They anticipate meeting remaining goals in order to earn all \$204,000. The projected deficit includes using the anticipated \$69,000 but not the remaining amount. Meeting all adoption incentive goals would reduce their projected deficit further.

Other revenues received by Eckerd include Wendy's Wonderful Kids funds two (2) positions for adoption recruitment at \$140,000. Other community resources include The National Foundation for Youth (NFY) which has provided \$200,000 in grants to fund mentors from Big Brothers/Big Sisters and \$150,000 for coordination of education for kids in care.

One of actions in the Eckerd's Financial Viability Plan is to refocus their kinship services contract to identify children place in licensed facility based care to transition to relative or non-relative placements by June 30, 2017. They have identified twenty-eight (28) youth that could potentially be safely stepped down. One (1) youth has been stepped down and fourteen (14) more are projected by June 1, 2017. They estimate that this initiative could reduce expenditures by \$120,000. This amount is included as part of their projections.

In general, the projections provided by Eckerd were in great detail and their assumptions appear reasonable.

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

As mentioned previously, meeting all of their adoption incentive goals would help reduce their projected 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?

Eckerd will need to continue cash management of the funding received and expenditures paid. Eckerd has access to cash from other operations to help with cash flow.

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

While Eckerd acknowledged that Child Placing functions could be performed more efficiently in-house and potentially at a reduced cost, they are carefully considering and evaluating the community support for this possibility.

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

A material weakness in internal controls over major program(s) of Federal Awards and State Financial Assistance was identified. The two of the major programs of Federal Awards identified were Title IV-E Foster Care and Title IV-E Adoption Assistance. The two major programs of State Financial Assistance identified were Out of Home Supports and Sexually Exploited Children. The material weakness was related to eligibility. The audit stated that Eckerd does not have consistent documented review processes between their two DCF contracts. No questioned costs were identified by the auditors however they stated that eligibility determinations could be inaccurate. This finding was a repeat finding from their June 30, 2015 financial audit. These findings only applied to their operations in Circuit 13 and not in Circuit 6.

Eckerd is currently under a corrective action plan by DCF to address this finding.

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?

The partners meet on a scheduled basis and seem to have strong collaborative relationships. DCF Regional leadership and the Sherriff's Office seems to be very engaged. There are monthly Alliance meetings that are well attended by the community. In recent months, the Alliance has done a better job at providing meaningful feedback and in showing a willingness to discuss problem areas.

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

Eckerd has extensive data tracking processes. Eckerd also meets with the various organizations regularly to discuss and review performance. The tracking process results in a 44-page data packet reviewed on a weekly basis. Synthesizing of that packet may

lead to a more targeted, focused approach on problem areas. Over tracking can sometimes make it more difficult to discern what's important.

The corporate office receives performance data on a weekly basis in the form of an e-mail that highlights relevant performance indicators and other data. It appears this is an area where there are significant opportunities to streamline and synthesize available data in an effort to more readily focus on high risk areas.

Eckerd indicated that one of the lessons learned by the corporate office at the height of the crisis was the lack of real time visibility to some key business indicators. Although very data driven, the warning signs were missed and they had developed a system, that relied heavily on people rather than systems. Consequently, there were many missed opportunities that might have rendered some of the challenges that ensued. A number of action steps have now been implemented to prevent re-occurrence of that blind spot in the future. Additionally, in response to the crisis, their corporate structure was changed as well.

Eckerd intentionally decided to adjust their balanced budget to deficit budget of \$2.3 million in early FY16/17 to reduce caseloads. This was done in consultation with DCF. As mentioned above, their latest projection is for a \$915,000 deficit.

- 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?

As indicated in section 5 of this report, the Lead Agency, in consultation with the Region, has taken a number of actions to resolve the fiscal issues. In addition, they have taken some actions to decrease caseload sizes that increase the deficit in the short-term but provide a stronger basis for longer term fiscal viability.

- 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?

Leadership of the Region and the Lead Agency expressed a strong commitment to implement the recommendations of the Peer Review Team.

7. Other Findings and Considerations – Financial Viability Plan

The Lead Agency has completed a Financial Viability Plan with a comprehensive set of objectives. These include actions to review and reduce administrative expenses, reduce front-end entries into child welfare, reduce both the overall number of children in out-of-home care and the number of children in Residential Group Care, increase foster home capacity and increase retention of foster homes. Additional actions are underway to reduce CBC expenditures related to community youth and CBC expenses that may be eligible for payment by the Agency for Persons with Disability (APD).

Summary of Findings and Conclusions

- Overall, the Peer Review Committee found that the primary factor leading to the current fiscal deficit is a recent increase in removals. While actions to improve prevention, diversion and safety management services are indicated, the increase in removals appears to be largely outside of the control of the Lead Agency. The view of all of the partners in the child welfare system who informed the Risk Pool review process was the increased removals were justified and appropriate.
- The Lead Agency has undertaken a number of actions to reduce costs both in the short term and in the longer term. These actions should continue, however, it is not likely that the current year deficit will be resolved.
- The Risk Pool Peer Review Committee found that Eckerd Community Alternatives meets the criteria for Risk Pool Funding.

Recommendations

The Peer Review Committee recommends:

1. That Eckerd review the cost effectiveness of continuing to contract with Child Placing Agencies and consider performing this function as is done in Circuit 6.
2. That the Lead Agency expand prevention contracts to increase their capacity to meet the increased demand.
3. That the Lead Agency continue to improve and maintain communication with community resources to ensure appropriation utilization of resources available in the community.
4. That the Lead Agency and the Hillsborough County Sherriff's Office continue their efforts to facilitate improved communications between from line CPIs and child welfare staff.
5. That the Lead Agency continue the actions outlined in the Financial Viability Plan and that the Region continue to monitor and support those actions.
6. That the Lead Agency continue with the corrective actions underway to resolve issues identified in the CPA audit and that the Region continue to monitor this corrective action plan.
7. That if funds can be identified by the department, the Lead Agency be approved for Risk Pool funding sufficient to cover the current year deficit.