

## Risk Pool Application SFY 2016-17

*Please complete all items and submit electronically to the Regional Managing Director. Upon review and concurrence of the Risk Pool Request, the Regional Managing Director will submit the application to the Deputy Secretary for the Department.*

Lead Agency Name: St. Johns County Board of County Commissioners Family Integrity Program

Region: Northeast

Contract No.: NJ206

Address: 200 San Sebastian View, Suite 2300, St. Augustine, FL 32084

Lead Agency Contact: Shawna Novak

Phone No.: 904.209.6089

Contract Manager: Angela Perez

Phone No.: 904.485.9727

This request is being submitted in response to an anticipated current year deficit in excess of available carry forward funds.

### Financials:

- 1) Confirm the dollar amount being requested: \$ **150,000.00**
- 2) Confirm that funds will be expended by the end of the current fiscal year: ☒ Yes ☐ No
- 3) How do you propose to use these funds to address or correct the underlying cause of the shortfall?

These funds will be used to support our Core funding expenditures while we continue to work under a CBC Financial Viability Plan and approved Action Plan. St Johns County met their budgeted spending plan in the first quarter and have managed to decrease the number of children in high cost placements/group care. St Johns County's main area of concern is an increase in removals into out of home care. Increase in removals not only increase our licensed care cost but all ancillary support costs as well (such as visitation, drug screening, court ordered evaluations, therapy and testing that are not Medicaid covered). The population in St Johns County has increased significantly, and as a result more children come into care. The population in SJC has increased 59% from 2003 to 2015 and is continuing to grow. Additionally, several unfunded mandates, such as IL and CSEC, have also contributed to our deficits as well. Additionally, several unfunded mandates, such as the requirements for Independent Living (IL) and Sexually Exploited Children (SEC), have significantly contributed to our deficit. For example, St Johns County is allocated \$147,606 annually for IL but expended \$246,996 in FY2015-2016 alone. Likewise, the agency was allotted \$15,306 for SEC in FY2015-2016 but expended \$146,094. The 2014 increase in foster care board rates has also played a role in the increase in our overall licensed care costs.

As costs, expenditures and population have increased, St Johns County has historically not had any significant increase to Core Funding from DCF. Core Service Funding in FY 08 was \$4,068,985 and in FY 16 was \$4,017,481.

St Johns County is increasing foster home recruitment efforts and will only place in licensed care when all other options have been exhausted. This is evidenced by data from the first four months of this fiscal year reflecting 81% of children coming into out of home care in St Johns County were placed in either relative or non-relative care (data obtained from CPI Shelter Log).

St Johns County Case Management Staff and Supervisors will be receiving mandatory intensive training from ACTION over a series of the next six month to enhance skill level in Safety Methodology. The expectation is that the additional training will result in appropriately assessing conditions for return in attempts to decrease the children in out of home care when it is safe to do so and behavioral change in the parent/caregiver have been observed.

St Johns County will also continue to partner closely with DCF to enhance Safety Management and Safety Services in efforts to maintain children in their homes and with their families and to prevent judicial intervention whenever possible.

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Shawna A. Novak	<u>Shawna A. Novak</u>	<u>11/29/2016</u>
Lead Agency CEO/ED Name and Signature		Date
<u>Angela Perez</u>	<u>APs</u>	<u>11/30/16</u>
CBC Contract Manager Name and Signature		Date

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Regional Managing Director Name:

**Please confirm the following:**

The Lead Agency submitted a Financial Viability Plan. ☒ Yes ☐ No

The Lead Agency is actively working its Financial Viability Plan. ☒ Yes ☐ No

Please check the applicable box to indicate your level of support of this application:

☒ Concur

☐ \*Do Not Concur

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<u>Patten Medin</u>	<u>11/30/16</u>
Regional Managing Director Signature	Date

**\*Rationale:**

**(This item must be completed if "Do Not Concur" is checked.)**