Risk Pool Peer Review Committee Report
Children' Network of Southwest Florida – Circuit 20 (Charlotte, Collier, Glades, Hendry, Lee)
Fiscal Year 2017/2018

Children's Network of Southwest Florida (CNSWF) submitted an application for risk pool funding on September 5, 2017. 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 August 30, 2017. For fiscal year 2017-2018, 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 342) for state fiscal year 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 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 lead agency with increased removals based on a 12-month moving average from July 2014 to June 2017. 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 11% or more; CNSWF was in Tier One for priority consideration with a 34% increase in removals.

The Risk Pool Peer Review Committee for FFN consisted of

> Traci Leavine, DCF Director of Child Welfare Practice
> Patricia Medlock, DCF Regional Managing Director, Northeast Region
> Carol Deloach, CEO, Devereux CBC
> Lee Kaywork, CEO, Family Support Services of North Florida
> Kelly Messer, Director of Finance, Devereux Advanced Behavioral Health Florida
> Barney Ray, DCF Office of CBC/ME Financial Accountability
> Marci Kirkland, DCF Office of CBC/ME Financial Accountability
> Melissa Jaacks, Team Leader

The Risk Pool Peer Review Committee reviewed relevant contextual information regarding caseloads, financial history and performance prior to the site visit. The Peer Review Committee conducted the site visit on November 6th and 7th, 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?

   CNSWF is in Circuit 20 which serves Charlotte, Collier, Glades, Hendry and Lee counties. The Child Protection Investigation function and Children's Legal Services functions are performed by DCF. CNSWF has been the Lead Agency since 2004.

   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.

   Child poverty is higher than the state percentage in 3 of the 5 counties.

	Under age 18 in poverty
County	Percentage from EDR Oct 2017 profiles
Charlotte	23.3%
Collier	22.9%
Glades	33.1%
Hendry	36.4%
Lee	25.2%
State	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.
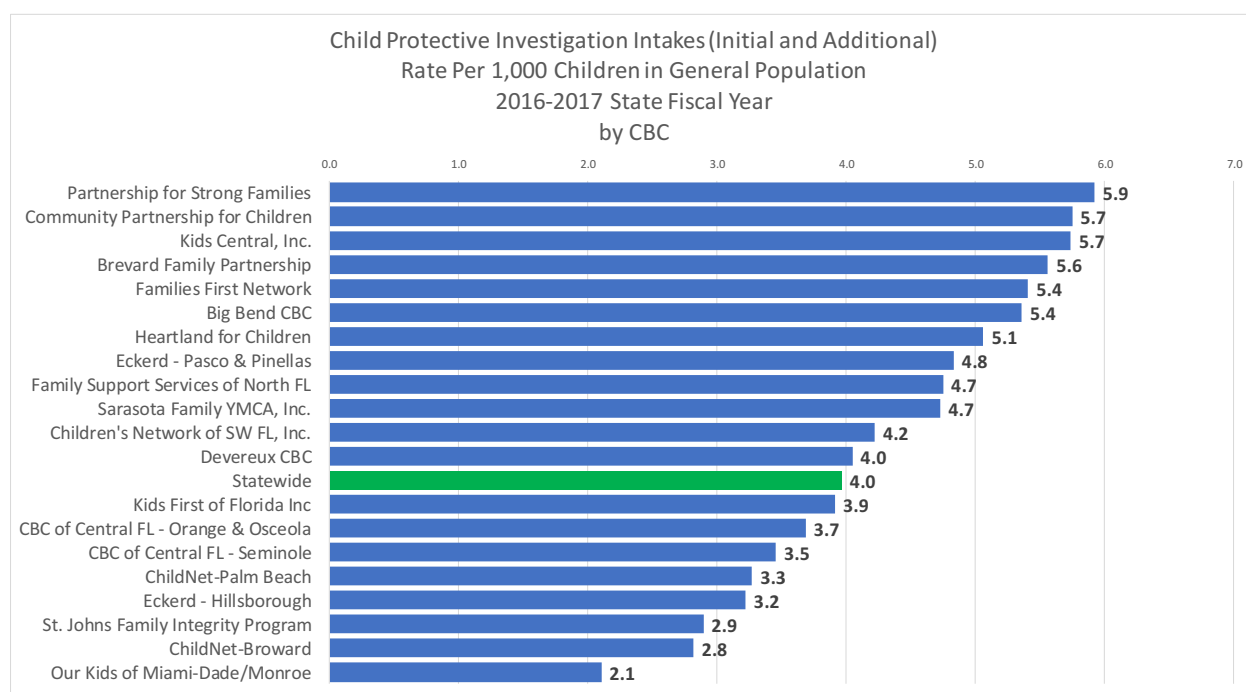
2. **Findings related to protective services including removals, referrals for post-investigative services, activities to protect children without removal and use of resources focused on prevention and diversion.**

   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?

   The average monthly number of investigations increased in both SFY 2016 and SFY 2017 and current year trends may be showing a decrease, though this may be seasonal:

County	Investigations Received - Monthly Averages			
	Thru Aug 2017	SFY 2017	SFY 2016	SFY 2015
Charlotte	124	130	127	124
Collier	180	200	188	184
Glades	10	12	9	10
Hendry	41	40	36	35
Lee	546	594	548	511
CBC	*900*	*976*	*907*	*864*
Change	*-7.8%*	*7.6%*	*5.0%*	
State	*15,147*	*16,395*	*15,935*	*15,542*
Change	*-7.6%*	*2.9%*	*2.5%*	

As shown in the chart below, the SFY 2017 rate of intakes per 1,000 children in the child population was slightly above the statewide level.

Child Protective Investigation Intakes (Initial and Additional)
Rate Per 1,000 Children in General Population
2016-2017 State Fiscal Year
by CBC

Partnership for Strong Families	5.9
Community Partnership for Children	5.7
Kids Central, Inc.	5.7
Brevard Family Partnership	5.6
Families First Network	5.4
Big Bend CBC	5.4
Heartland for Children	5.1
Eckerd - Pasco & Pinellas	4.8
Family Support Services of North FL	4.7
Sarasota Family YMCA, Inc.	4.7
Children's Network of SW FL, Inc.	4.2
Devereux CBC	4.0
Statewide	4.0
Kids First of Florida Inc	3.9
CBC of Central FL - Orange & Osceola	3.7
CBC of Central FL - Seminole	3.5
ChildNet-Palm Beach	3.3
Eckerd - Hillsborough	3.2
St. Johns Family Integrity Program	2.9
ChildNet-Broward	2.8
Our Kids of Miami-Dade/Monroe	2.1

A review of average monthly removals for CNSWF by county shows significant increases from SFY 2015 to SFY 2016 and from SFY 2016 to SFY 2017. This fiscal year, there has been a decrease back to historic levels.

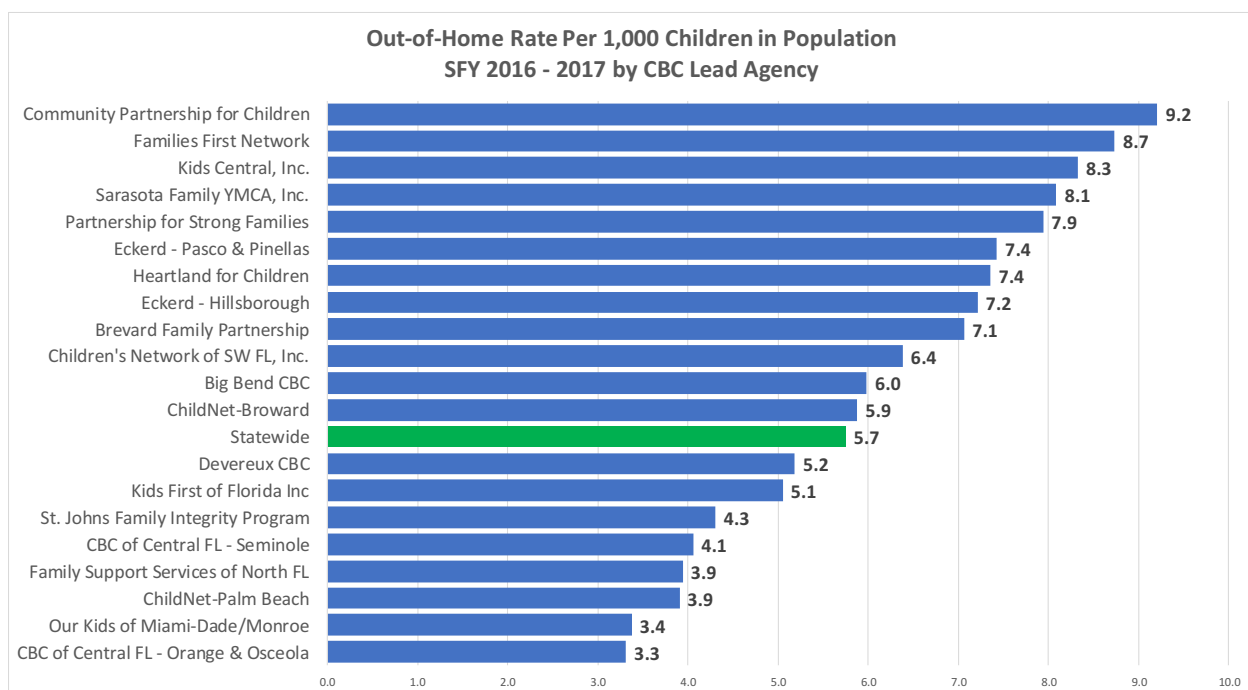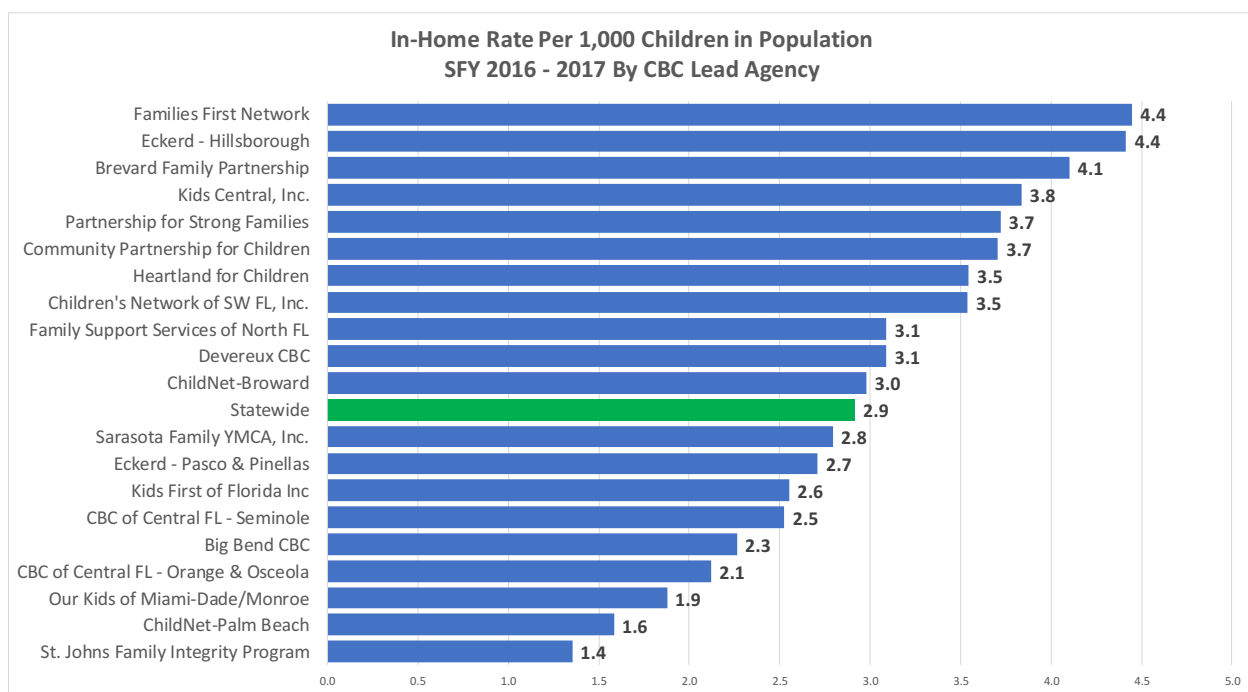|	Removals - Monthly Averages			
County	Thru Sep 2017	SFY 2017	SFY 2016	SFY 2015
Charlotte	19	19	21	16
Collier	16	15	13	11
Glades	1	1	1	0
Hendry	5	6	2	3
Lee	36	62	47	43
CBC	76	103	84	74
Change	-26.3%	23.1%	13.8%	
State	1,333	1,422	1,428	1,416
Change	-6.3%	-0.4%	0.9%	

The removal rates during those same years show that in SFY 2016, CNSWF moved above the statewide average which continued in SFY 2017 but has been below for the 1st quarter of SFY 2018.

	Removal Rates - per 100 Alleged Victims			
	Thru Sep 2017	SFY 2017	SFY 2016	SFY 2015
CNSWFL	6.54	8.17	7.33	6.77
State	6.74	6.66	7.09	7.13

A review of ending out-of-home care (OOHC) census shows annual increases that appear to have slowed in the current FY. The In-Home census had been steadily increasing since SFY 2015.

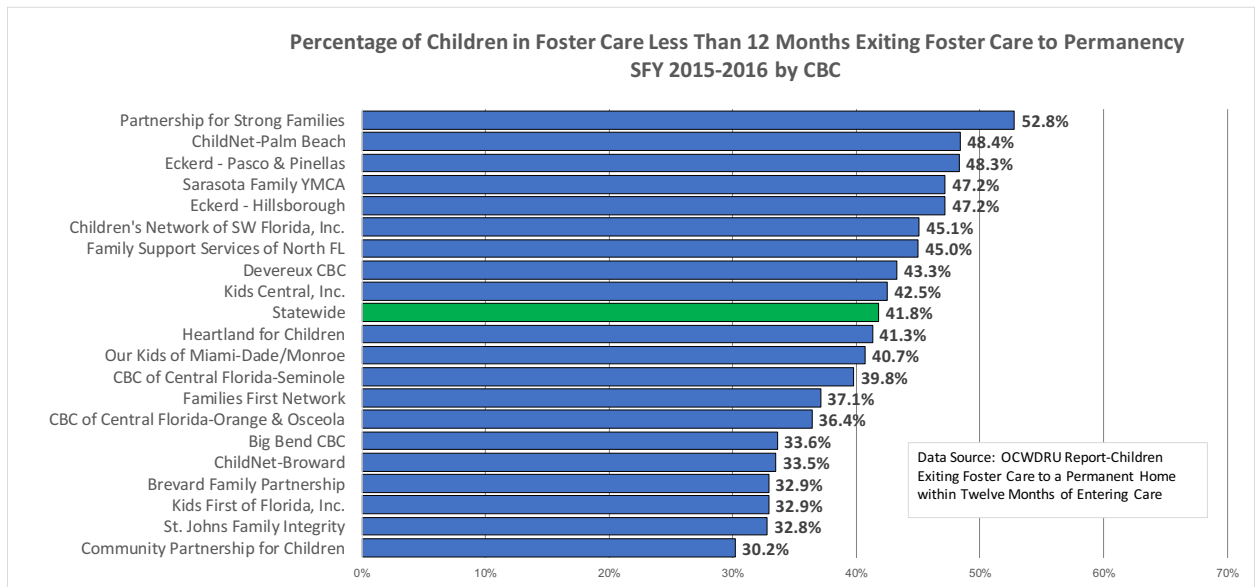|	Ending Census			
CNSWFL	9/30/17	6/30/17	6/30/16	6/30/15
In Home	808	860	700	621
RCG	672	677	574	488
nRCG	181	164	136	136
FFH	583	539	480	489
RGC	102	101	108	88
Other	49	54	49	31
Total OOHC	1,587	1,535	1,347	1,232
OOHC Change	3.4%	14.0%	9.3%	

For context, the 2 charts below show the In-Home and Out-of-home rates per 1,000 children in the population relative to other CBC's.

In-Home Rate Per 1,000 Children in Population
SFY 2016 - 2017 By CBC Lead Agency

Agency	Rate
Families First Network	4.4
Eckerd - Hillsborough	4.4
Brevard Family Partnership	4.1
Kids Central, Inc.	3.8
Partnership for Strong Families	3.7
Community Partnership for Children	3.7
Heartland for Children	3.5
Children's Network of SW FL, Inc.	3.5
Family Support Services of North FL	3.1
Devereux CBC	3.1
ChildNet-Broward	3.0
Statewide	2.9
Sarasota Family YMCA, Inc.	2.8
Eckerd - Pasco & Pinellas	2.7
Kids First of Florida Inc	2.6
CBC of Central FL - Seminole	2.5
Big Bend CBC	2.3
CBC of Central FL - Orange & Osceola	2.1
Our Kids of Miami-Dade/Monroe	1.9
ChildNet-Palm Beach	1.6
St. Johns Family Integrity Program	1.4

Out-of-Home Rate Per 1,000 Children in Population
SFY 2016 - 2017 by CBC Lead Agency

Agency	Rate
Community Partnership for Children	9.2
Families First Network	8.7
Kids Central, Inc.	8.3
Sarasota Family YMCA, Inc.	8.1
Partnership for Strong Families	7.9
Eckerd - Pasco & Pinellas	7.4
Heartland for Children	7.4
Eckerd - Hillsborough	7.2
Brevard Family Partnership	7.1
Children's Network of SW FL, Inc.	6.4
Big Bend CBC	6.0
ChildNet-Broward	5.9
Statewide	5.7
Devereux CBC	5.2
Kids First of Florida Inc	5.1
St. Johns Family Integrity Program	4.3
CBC of Central FL - Seminole	4.1
Family Support Services of North FL	3.9
ChildNet-Palm Beach	3.9
Our Kids of Miami-Dade/Monroe	3.4
CBC of Central FL - Orange & Osceola	3.3

Average monthly discharges had been steadily increasing since SFY 2015 but have decreased significantly the first quarter of SFY 2018.

	Average Monthly Discharges			
	Thru Sep 2017	SFY 2017	SFY 2016	SFY 2015
CNSWFL	56	85	75	62

For context, the chart below shows the percentage of children exiting foster care in less than 12 months for SFY 2016.

Percentage of Children in Foster Care Less Than 12 Months Exiting Foster Care to Permanency SFY 2015-2016 by CBC

CBC	Percentage
Partnership for Strong Families	52.8%
ChildNet-Palm Beach	48.4%
Eckerd - Pasco & Pinellas	48.3%
Sarasota Family YMCA	47.2%
Eckerd - Hillsborough	47.2%
Children's Network of SW Florida, Inc.	45.1%
Family Support Services of North FL	45.0%
Devereux CBC	43.3%
Kids Central, Inc.	42.5%
Statewide	41.8%
Heartland for Children	41.3%
Our Kids of Miami-Dade/Monroe	40.7%
CBC of Central Florida-Seminole	39.8%
Families First Network	37.1%
CBC of Central Florida-Orange & Osceola	36.4%
Big Bend CBC	33.6%
ChildNet-Broward	33.5%
Brevard Family Partnership	32.9%
Kids First of Florida, Inc.	32.9%
St. Johns Family Integrity	32.8%
Community Partnership for Children	30.2%

Data Source: OCWDRU Report-Children Exiting Foster Care to a Permanent Home within Twelve Months of Entering Care

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

CPI's have access to two safety management programs, one through Pathways and one through Lutheran Services. Both programs offer safety management services and monitoring for children who remain in home but who been determined to be unsafe at either present or impending danger.

The Pathways model utilizes a team of 4 that includes both master's level and bachelor's level clinicians along with a Family Support Worker who are available 24/7 and able to respond immediately upon request. The team is able to serve 8 families per clinician who typically stay involved for 4-8 weeks and make contact with the family at least 2 times a week depending on the level of need. Their role involves ensuring the safety plan developed by the CPI is being followed and offering assistance with development of the safety plan if needed. Workers attend the Intake, Triage and Referral (ITR) staffings (commonly referred to as case transfer staffings) and meet weekly with CPIs to discuss issues and barriers. Reportedly, there are no wait lists.

CPIs reported receiving good assessments from Pathways, but said they continue to use informal supports to manage safety plans. There was a reported need for a Spanish speaking worker for Hendry, Glades and Collier counties which Pathways is in the process of hiring. There did not appear to be a good understanding on the part of the CPIs as to what Pathways is able to provide, but both Pathways and CPIs are committed to continuing to educate each other as to what specifically is needed and what specifically can be provided. The communication and relationship with Pathways and CPIs reportedly is very good and they both reported being open to ongoing discussions and development of this program.

Lutheran Services utilizes a similar model and has the ability to respond immediately upon request. The program currently employs a total of 8 staff (1 Director, 2 Master's level Clinicians, 2 Bachelor's level clinicians, and 3 Family Support Workers). They have both Spanish speaking and Creole speaking staff. The program is able to serve 8 families at a time and currently has no wait list. When cases are transferred to ongoing case management services, CNSWF decides how long Lutheran Services can stay involved.

Communication between Lutheran Services and CPIs was reported as being good and was attributed to weekly calls with DCF program administrators. Lutheran Services is also working with the Region's training manager to develop a joint training for CPIs.

A third program, Behavior Analysis and Therapy is available to serve safe children with varying risk levels. The program serves all 5 counties, offers support to caregivers and typically lasts 8 weeks in duration. The program is also available to foster parents who have children with challenging behaviors placed in their homes.

Overall the programs that are available to the CPI staff are strong safety services with a safety management component that needs to be further developed and roles clarified. The CPI expectations of the agencies regarding safety management was different than the agency's understanding of their role. With the addition of the new in home model it will be critical to collaborate with all agencies to ensure clear roles and responsibilities moving forward.

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

As mentioned above, CNSWF has contracted with providers in each county to deliver an array of services that include both prevention and safety management services.

Staff (including CPIs) have access to a Resource Specialist through CNSWF who can link families to community services or flex funds for payment of rent, utilities, cribs or other needs that help prevent removal or further involvement with the child welfare system. The Resource Specialist spends two afternoons a week meeting with CPIs, presents during preservice classes and participates in services fairs.

CNSWF has a contract for prevention/diversion services through Camelot utilizing the Boy's Town model. Currently the program employs 10 staff that include 3 care coordinators, 4 consultants, 1 Supervisor, 1 Director and 1 Administrative Assistant. The program covers all 5 counties and is able to serve 8-10 families where children have been deemed safe but high or very high risk. Involvement typically lasts 6-8 weeks and includes visits 2 times a week to provide in home family services that focus on life skills, parenting, budgeting, coping skills and coaching. The care coordination component is able to serve 10-15 families for a period of 3, 9 or 12 months and includes a weekly visit for 1-2 hours as well as linkage to community resources. Reportedly there is no wait list but the program is usually at capacity. Cases are recorded in FSFN using the Family Support Services Module. The program outcome is currently at a 98% rate of no abuse 6 months after services.

Currently, the services appear to be underutilized by CPIs which may be attributed to the lack of understanding on both sides as to what is needed and what can be provided.

Regular ongoing meetings between CPIs and providers are encouraged to promote confidence in available services as well as additional joint trainings specifically around safety planning. Additionally, providers should be offered and encouraged to attend or applicable preservice class room training days to gain a better understanding of the new practice model.

In an effort to serve children in their own homes, DCF should continue efforts to ensure that CPIs use the existing safety management and diversion programs, as well as have a good understanding around expectations of the safety management and services providers. In addition, FFN may need to provide additional training to their safety management providers to understand their scope. Staff reported the practice of holding DSTs and including the safety management service providers on DST calls as a helpful addition in relation to effective safety planning and decision making. Joint trainings are planned and encouraged to build relationships, trust and common understanding of the practice.

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?

CNSWF has recently implemented several new initiatives that have promising results, but it is too early to draw any conclusions.

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

Staff interviewed again reported that the agencies providing diversion services are open to discussion and collaboration and all reported readiness to develop the programs. Recent changes and additions to processes are promising, such as holding barrier breaker

meetings to promote collaboration and support of front line processes by leadership removing barriers to serving children timely. The group is making tweaks to membership to ensure it can be productive. There is no co-location which does pose a challenge with integration so regular opportunities for staff to experience the same training, collaboration, and resolving challenges are critical to the success around building confidence in services and in each other to serve children safely in their homes.

Staff interviewed reported the case transfer process has improved but there are still issues that need continued focus. Specifically, concerns were raised around the rejection case transfer "packets" submitted for non-child safety related issues, review of the packet in advance of the staffing by the person receiving the case and communication of expectations negotiated with foster parents that the CPI will be responsible for are all areas for improvement. Having a consistent process that supports timely transfer and engagement with a child focus; and leadership decisions around resolving the barriers may relieve some of the transfer barriers.

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.

   While CNSWF has increased the percentage of children placed with relatives and non-relatives, they are still slightly below the statewide averages. They are higher than the statewide average for family foster homes and have remained below the state percentages for residential group care (RGC) and other placement types.

CNSWFL	% by Placement Type			
	9/30/17	6/30/17	6/30/16	6/30/15
RCG	42.3%	44.1%	42.6%	39.6%
nRCG	11.4%	10.7%	10.1%	11.0%
FFH	36.7%	35.1%	35.6%	39.7%
RGC	6.4%	6.6%	8.0%	7.1%
Other	3.1%	3.5%	3.6%	2.5%
State				
RCG	44.6%	45.1%	45.0%	44.6%
nRCG	12.1%	11.9%	11.2%	10.7%
FFH	29.7%	29.1%	29.3%	30.5%
RGC	9.0%	9.2%	10.0%	10.1%
Other	4.7%	4.7%	4.4%	4.1%

   CNSWF places 10.6% of children out of the circuit, compared to the statewide average of 18.4%. (as of 9/30/2017)

Of children in licensed care settings on June 30, 2017, CNSWF has percentages of children in group care settings that are less than the state average for all age cohorts.

Age Cohort	CNSWF	State
0 to 5	.9%	3.4%
6 to 12	19.6%	25.7%
13 – 17	50.6%	62.9%

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?

For the most part, the residential facility rates have remained consistent since SFY15/16 with daily rates that range from $100 to $200 for various group homes used by CNSWF.

When a child is placed in a licensed foster home by CNSWF, the rate is determined by CNSWF's Placement staff based on the child's age and level of need. For those children being placed who only require the standard level of supervision and need, the room and board rates are higher than amounts as prescribed in s. 409.145(4), Florida Statutes. These CNSWF "standard" room and board rates have been the rate since SFY15/16. Foster parent rates have increased with the annual cost of living adjustment that is published by DCF; however, CNSWF had not had to increase their rates due to the COLA increase since they already pay over the Florida Statutes published room and board rates. Please see chart below.

Age Range	Monthly Room & Board Rate s. 409.145(4), Florida Statutes (with COLA increase effective January 1, 2017)	Monthly Room & Board Rate
Zero to Five (0 – 5)	$448.53	$450.00
Six to Twelve (6 – 12)	$460.02	$462.00
Thirteen to Seventeen (13 – 17)	$538.43	$615.00

In addition to the above monthly room and board rates, foster parents also receive reimbursement for travel, and for those foster parents with babies, a diaper allowance of $30/month.

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?

For SFY 16/17, CNSWF had two (2) Case Management Organizations (CMOs) which were (amounts based on the SFY16/17 subcontract list provided by CNSWF):

Lutheran Services of Florida -	$ 6,643,275
Pathways -	$ 3,102,396
	$ 9,745,671

CNSWF contracted with Camelot to transfer approximately 373 children in Charlotte County from Lutheran Services of Florida to realign workload. For this state fiscal year, CNSWF has three (3) contracted CMOs and has now also brought some of the case management activities in-house. The amount for the 3 contracted CMOs and CNSWF for case management activities are (amounts based on spending plan provided by CNSWF on 11/6/17):

Camelot -	$ 1,777,548
Lutheran Services of Florida -	$ 5,452,098
Pathways -	$ 3,211,814
CNSWF -	$ 3,620,982
	$14,062,442

In addition to the contracted CMOs amounts above, CNSWF also pays for the CMOs collocated expenditures outside of the CMO contract, here are the collocated costs budgeted amounts by CMO expected to be paid for by CNSWF:

Camelot -	N/A
Lutheran Services of Florida -	$ 1,309,451
Pathways -	$ 847,526
	$ 2,156,977

CNSWF increased the starting salary for a Case Manager from $34,400 to $38,000 and a supervisor from $43,656 to $47,000 per year beginning October 2015. Then, in April 2016, CNSWF increased these salary amounts again for a Case Manager to $40,000 and a Supervisor to $55,000 indicating they needed to be competitive in the current market and retain experienced staff.

CMOs, such as Lutheran Services Florida (LSF) and Camelot, as well as CNSWF internally recruit foster homes. Pathways, the CMO for Collier, Glades and Hendry

counties does not recruit foster homes. Florida Baptist Children's Home (FBCH) does recruitment for the entire circuit (all counties). CMOs also make placement decisions unless the placement rate is greater than a traditional rate and then CNSWF has to approve any placements greater than the traditional rate.

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).

CNSWF is reporting CBHA's to DCF contract that might be eligible for Medicaid, this amount accounts for approximately $26k reported in SFY16/17.

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

CNSWF has experienced very high caseloads over the past couple of years. They were placed under corrective action in January 2017 due to the caseload size and required to get to caseloads of 1:25. To address the caseload issue, they undertook a number of actions including splitting Lee County into two providers with CNSWF bringing case management in-house to accommodate the demand. They also contracted with their parent company, Camelot, to provide case management in Charlotte County. Since 2014-15 they have increased their case carrying CWCMs by 53% (47 additional staff); they increased supervisors by 37% (an additional 7 staff); and they have increased support staff, FSW and clerical support by 63% (an additional 16 staff). They have also added a number of support functions to assist the case management organizations, including; Psychotropic Medication Technician, two reunification units, a child benefit coordinator, a nurse care coordinator unit, a family mentor coordinator, health care coordinators, an adoption search specialist, an Early Childhood Case management unit and training field coaches.

CNSWF does not have a centralized placement process. Each agency does its own placement but coordinates with the CNSWF placement specialist to ensure that all the organizations are aware of the placement need. The CMO's report that they do not compete with each other for foster homes. CNSWF places all 0-5 placements as well as children with specialized needs. CNSWF has a very robust foster care recruit/retention program and is able to maintain a steady supply of homes.

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.[1]

Measure	National Standard	CNSWF	Statewide
Children Achieving Permanency within 12 months of removal (children removed in July through September 2016)	40.5%	39.9%	39.1%
Children in Care 12-23 Months Who Achieved Permanency within an Additional 12 Months.	43.6%	59%	53%
Children in Care 24 or More Months Who Achieved Permanency within an Additional 12 Months.	30.3%	38.8%	36.9%

4.2. What contextual factors (such as Children's Legal services, dependency court dynamics, etc.) influence time to permanence for children served by the Lead Agency?

There are three key standards for timeliness of judicial handling that are tracked monthly[2]. For children with a disposition during SFY 2017, the median number of days from shelter to disposition in Circuit 20 was 82.5 days compared to the statewide median of 60 days. Median days from Termination of Parental Rights (TPR) to Entry of Final Order was 265 days compared to the statewide median of 154 days. On the measure of the percentage of children with a goal of reunification extended past 15 months and no TPR activity, Circuit 3 and 8's percentage of 6.4% was slightly lower than the statewide average of 6.9%.

The above data indicates significant judicial delays. Their median days from shelter to disposition is the worst in the state as is their median days from TPR to order issued. With four different counties each jurisdiction has unique issues. CLS's impression from our interviews is that this situation is improving. However, in our discussions with the CMO's, there are still many challenges in all 4 counties: lack of court time, an abundance of continuances, parents not being served timely, judges who won't change the permanency goal until the 12 months has been reached. In Collier County, they are challenged by the lack of a magistrate and court only 1 day a month with a community review panel for all JR's as well as the court's refusal to hold emergency hearings. In Lee County mediation is ordered on all cases talking up court time which drags cases out

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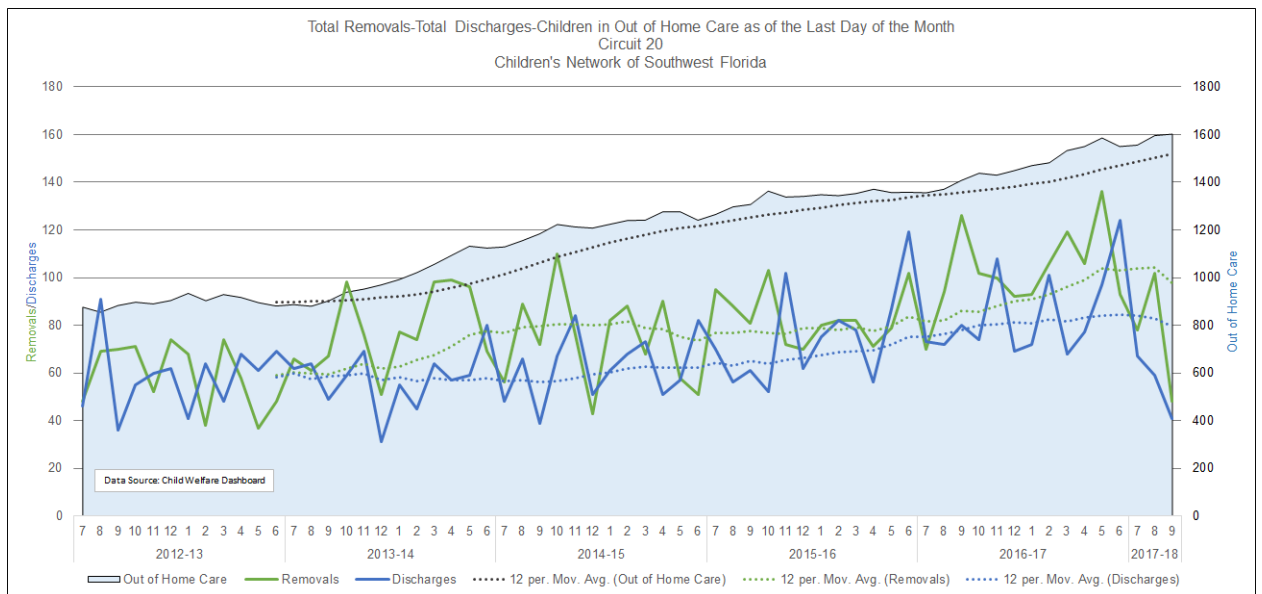[1] Child Welfare Key Indicators Monthly Report, October 2017
[2] Child Welfare Key Indicators Monthly Report, October 2017

since mediation may be 2-4 months after shelter and services may not have begun until mediation or court if there is not agreement.

CLS reports that a steering committee has been created to include the GAL and Judiciary to address issues. They have shared their data with the judges and are beginning to see improvement. CLS has also made a number of process improvements to help facilitate more timely actions. These include cases being stacked rather than scheduling individual days, JR's being prepared a week prior to court hearing, cases being staffed prior to court (though this is not happening in all counties), and CLS attorneys visiting the CMO to staff the cases. There are still issues around delays in court orders.

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?

A visual display of the relationship between removals, discharges and out-of-home care levels shows increasing removals, but flattening discharges resulting in the OOHC increase.

Total Removals-Total Discharges-Children in Out of Home Care as of the Last Day of the Month
Circuit 20
Children's Network of Southwest Florida

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?

Total Funding

DCF Contract Funds Available (by Fiscal Year)	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18
Core Services Funding	$22,936,542	$23,739,204	$24,616,130	$29,437,016	$31,234,509	$33,969,362
Risk Pool Funding	$0	$0	$0	$0	$0	$0
CBC Operations "Back of the Bill" Funding	$0	$0	$0	$748,936	$0	$0
Other Amendments to Initial Allocations	$43,846	$112,229	$77,459	-$122	$41,571	$0
Amended Core Services Funding	**$22,980,388**	**$23,851,433**	**$24,693,589**	**$30,185,830**	**$31,276,080**	**$33,969,362**
Funding not defined as core servcies funding						
Independent Living (IL and Extended Foster Care)	$839,371	$839,371	$839,371	$839,371	$839,371	$1,499,645
Children's Mental Health Services (Cat 100800/100806)	$424,428	$424,428	$424,428	$424,428	$424,428	$424,428
PI Training, Casey Foundation or other non-core svcs	$172,030	$172,030	$950,000	$0	$0	$0
Safety Management Services (Nonrecurring)	$0	$0	$0	$0	$504,610	$0
Total at Year End	**$24,416,217**	**$25,287,262**	**$26,907,388**	**$31,449,629**	**$33,044,489**	**$35,893,435**
Maintenance Adoption Subsidy (MAS)	$4,991,756	$5,499,704	$6,408,811	$6,561,691	$7,285,786	$7,439,235
MAS Prior Year Deficit	$0	$0	$0	-$748,936	$0	$0
Carry Forward Balance from Previous Years	$3,849,130	$3,376,711	$1,481,154	$149,690	$1,945,234	$2,652,269
Total Funds Available	**$33,257,103**	**$34,163,677**	**$34,797,353**	**$37,412,074**	**$42,275,509**	**$45,984,939**

CNSWF has received the largest increase in core services funding both in terms of total dollars and percentage since State Fiscal Year (SFY) 14/15. Core services funding for CNSWF increased from $24.6M in SFY14/15 to $34.0M in SFY17/18 or 38%. CNSWF began SFY 17/18 with a Carry Forward balance of $2,652,269 which is 1.2% of their SFY 16/17 contract amount reflecting the 3rd highest in the state for the percentage of Carry Forward to DCF Contract Amount.

DCF also did a reallocation of the Independent Living (IL) funding statewide in SFY 17/18 which provided CNSWF with an additional $660,000 in funding for IL thereby reducing their IL deficit which was $900,000 in FY16-17. The addition of more IL funding means less core services funding is needed to supplement the IL program and more available for core services.

CNSWF created an adoption overlay unit (overlay, recruitment, post adoption) internally with seven (7) positions to transfer primary case management of 100 children from Lutheran Services Florida. They also added six (6) units of case management internally in an effort to stabilize existing workload and to cover new children coming into care.

CNSWF contracted with Camelot to transfer approximately 373 children in Charlotte County from Lutheran Services of Florida to realign workload by adding one (1) additional case management unit within Camelot.

CNSWF did not indicate any reductions or terminations in their array of services in SFY17/18, but they did provide a list of the new items that have begun in SFY17/18. As mentioned above, there was the increase to the case management staff, as well as:
- Increased services for safety management.
- Created a specialized unit (FAST – Family Assessment Support Team).
- Revised Nurturing parent by incorporating trauma supported treatment.
- Leased two additional locations to house additional case management and support staff.

- Added infrastructure resources in IT for laptops, monitors, cell phones, web redesign, upgrade Ethernet circuits, printers/copiers, site video security and maintenance specialist position.
- Improved case manager communications by converting phone system from analog to Voice Over Internet Protocol (VOIP).
- Implemented Mindshare data analytics.
- Added contract resources for additional Therapeutic bed capacity.

5.2 How have any changes to core services funding contributed to any projected deficits for SFY 2017-2018?

Expenditures on Core Services and Administration

Reported Expenditures by Fiscal Year	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17
Administrative Costs	$1,058,597	$997,313	$750,739	$900,523	$998,549
Admin Cost Rate (Exp as % of Total Allocations)	3.6%	3.2%	2.3%	2.4%	2.5%
Core Services Expenditures					
Dependency Case Management	$13,144,421	$13,718,952	$14,312,066	$14,330,995	$16,470,943
Adoption Services Promotion & Support	$230,781	$245,975	$169,497	$173,462	$175,749
Prevention/Family Support/Family Preservation	$1,883,237	$2,412,586	$1,517,044	$1,385,284	$1,404,855
Client Services	$1,226,312	$1,232,388	$1,365,766	$996,837	$1,032,299
Training - Staff and Adoptive/Foster Parent	$566,047	$657,827	$632,181	$1,212,227	$1,315,455
Licensed Family Foster Home Care	$2,156,859	$2,529,405	$2,948,266	$3,008,816	$3,295,473
Licensed Facility Based Care	$2,729,157	$3,392,095	$4,443,678	$4,827,916	$5,209,080
Other	$467,480	$379,168	$572,779	$632,543	$1,099,358
Core Services Expenditures	$22,404,295	$24,568,397	$25,961,276	$26,568,081	$30,003,213

Per the Financial Peer Review Team, based on the projections provided by CNSWF there is not expected to be a deficit for SFY17/18 year-end. Please see 5.4 below.

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

No unique or atypical funding identified.

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

When reviewed by the Peer Review Team, it was determined that CNSWF, based on their projections provided to the team on 11/6/2017, will end SFY17/18 with a $95,000 surplus.

This surplus was determined by: The most recent projection from CNSWF was for a ~ $900,000 deficit which included using of all available carry forward funds from prior year. However, these projections included a projected Maintenance Adoption Subsidy (MAS) deficit of $569,936 and CNSWF under-reported the total revenue from DCF by $353,283. Each year, DCF reviews all MAS projections and reallocates MAS funding by CBC in order to cover projected MAS deficits. CNSWF is also eligible to receive

$71,145 in federal excess earnings from the prior fiscal year, and CNSWF under-projected this amount by $15,000. When adjusting for these factors, the projection is for a $95,000 core services surplus

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

As mentioned above, CNSWF is not expected to end SFY 17/18 with a deficit but rather a small surplus. However, CNSWF would have to re-evaluate their budget for SFY18/19 depending upon their core services funding and if the number of children in out-of-home care served cannot be safely reduced.

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?

CNSWF indicated that if they were not able to obtain risk pool funding, then their options to consider would be:

- Develop additional funding streams to supplement annual revenue.
- Leverage collaborations with community partners.
- Reduce or eliminate the prevention contracts.
- Freeze vacancies and reduce payroll through attrition.
- Reduce Case Management contracts including case managers and support positions – Based on caseload reduction.
- Reduce recruitment advertising and billboards

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

Reporting Comprehensive Behavioral Health Assessments (CBHAs) to the DCF contract that might be eligible for Medicaid could decrease the SFY17/18 projected amount. For SFY16/17, CNSWF billed approximately $26k to the DCF contract.

Currently, each CMO does its own placements of children in care; however, a more centralized placement function might be a more efficient and cost-effective way of handling this process.

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

CNSWF is a wholly owned subsidiary of Camelot Community Care, Inc. and is included in the consolidated financial statements of Camelot. There were no findings indicated in the most recent CPA audit dated June 30, 2016.

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?

During interviews with field staff, it was identified that communication between lead agency, partners and Region and with the field staff was lacking. This is an area currently being addressed through creation of the monthly Barrier Breaker/Partnership Meetings. Communication issues were also identified with CLS as well as a need for all to be at table to resolve challenges and to move practice along with same understanding.

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

In the past, CNSWF has generally tracked performance based on the contract measures but lacked more robust analysis. Their style has been more reactive than proactive, exacerbated by the high caseloads. With the significant number of new initiatives, CNSWF will need to become more data-driven so that they can quickly determine what is working and what may need to be adjusted.

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?

This was not addressed as it was discovered during the site visit that a deficit is not expected.

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?

The Lead Agency and Region are committed to improve the system of care as evidenced by actions already undertaken. That commitment exists for any additional recommendations as well.

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

The Financial Viability Plan submitted by the CNSWF describes the increase in removals, and resulting OOHC increase as drivers of increased costs. They also noted the extremely high caseloads (for which they were placed under corrective action) that had to be addressed. Their Action Plan included the following:

1. Reduce caseload to 1:25
2. Reduce length of stay for children in care while improving quality
3. Stabilize placements and increase timely permanency by improving placement capacity and providing safe environment for children
4. Increase Safety Management Services to allow children to be served safely in their home

Summary of Findings and Conclusions

- CNSWF experienced removal increases in both SFY 2016 and SFY 2017, but removals for SFY 2018 appear to have stabilized at historic levels.

- CNSWF OOHC levels increased at generally the same levels of the removal increases, however, when removals began decreasing in the current SFY, OOHC continued to increase indicating an issue with the back-end of services.

- CNSWF is not currently projected to have a deficit for SFY 2018 (see section 5.4).

- CNSWF increased case manager resources after being placed on corrective action in January of 2017. This is despite the fact that they had significant funding increases available to them.

- CNSWF has recently implemented a significant number of new initiatives that should have a positive impact on the system of care. While this is a good thing, prior to these changes CNSWF has been slow to react to system issues.

Recommendations

Because CNSWF does not actually project a deficit, the Peer Review Committee does not recommend risk pool funding. In addition, the team recognizes the significant number of initiatives recently implemented so does not want to make additional recommendations. However, the team wishes to stress the following:

1. CNSWF and the Region should continue to work together to address the judiciary challenges. If not already occurring, there should be monthly meetings to include CNSWF CEO and leadership, the RMD, the CLS managing and supervising attorneys, the GAL director and the CMO Leadership.
2. CNSWF should consider a centralized placement process.
3. CNSWF and the Region should closely evaluate the new initiatives and adjust as necessary to needed changes more quickly than they have in the past.
4. CNSWF and the Region should continue to work on communication issues.