

**Risk Pool Peer Review Committee Report**  
**Sarasota Family YMCA, Inc. – Circuit 12 (Manatee, Sarasota, DeSoto counties)**  
**Fiscal Year 2017/2018**

Sarasota Family YMCA (SYMCA) submitted an application for risk pool funding on September 21, 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 State 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 322) 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 2015 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. SYMCA was in tier 1 for priority consideration with a 21% increase in removals.

The Risk Pool Peer Review Committee for SYMCA consisted of

Traci Leavine, DCF Director of Child Welfare Practice  
Billy Kent, Northeast Region Family and Community Services Director  
Teri Saunders, CEO, Heartland for Children  
Mike Watkins, CEO, Big Bend Community Based Care  
Mohamed Ghalayini, CFO, Our Kids  
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 October 31, 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?

SYMCA is in Circuits 12 which serves Manatee, Sarasota and DeSoto counties. The Child Protection Investigation function is performed by the Sheriff's office in Manatee county and by DCF in Sarasota and DeSoto counties. Children's Legal Services functions are performed by DCF. SYMCA has been the Lead Agency since 1999.

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 varies significantly amongst the counties:

	Under age 18 in poverty
County	Percentage from EDR Oct 2017 profiles
Manatee	24.2%
Sarasota	17.6%
DeSoto	41.3%
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.

The child welfare system of care is receiving significant financial support from the Manatee Children's Services Council, Manatee County Government, Sarasota County Government, and the Barancick Foundation. Funding is used to enhance the system with critical functions such as diversion services and positions to support an early childhood court.

**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 slightly both from SFY 2015 to SFY 2016 and from SFY 2016 to SFY 2017; current year trends show a decrease, though this may be seasonal:

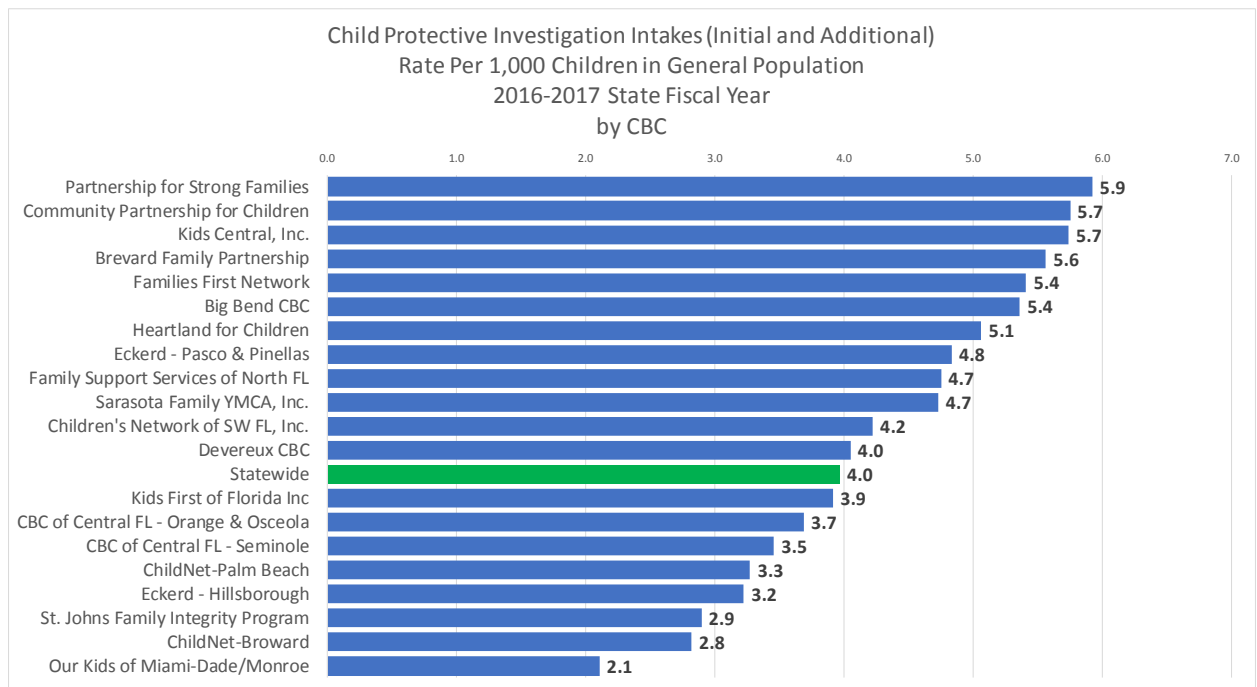
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Investigations Received - Monthly Averages				
County	Thru Aug 2017	SFY 2017	SFY 2016	SFY 2015
Manatee	291	342	355	341
Sarasota	210	264	247	238
DeSoto	37	41	36	36
<b>CBC</b>	<b>538</b>	<b>647</b>	<b>639</b>	<b>614</b>
<b>Change</b>	-16.9%	1.3%	3.9%	
State	15,147	16,395	15,935	15,542
<b>Change</b>	-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 higher than the statewide average.



	Removals - Monthly Averages			
County	Thru Sep 2017	SFY 2017	SFY 2016	SFY 2015
Manatee	40	38	49	35
Sarasota	31	22	18	17
DeSoto	5	11	8	5
<b>CBC</b>	<b>76</b>	<b>71</b>	<b>75</b>	<b>56</b>
<b>Change</b>	7.8%	-6.4%	34.1%	
State	<b>1,333</b>	<b>1,422</b>	<b>1,428</b>	<b>1,416</b>
<b>Change</b>	-6.3%	-0.4%	0.9%	

Prior to 2014, circuit 12's removal rate was consistent with the rest of the state, but since that time has continued to increase each year. Reportedly, the majority of removals involve children age 0-1 who are born substance exposed due to the opioid epidemic which has moved from Manatee County into Sarasota County. In addition, the increase in removal rates correlates with the roll out of the safety methodology and about 8 months into this rollout for Manatee County the area experienced a particularly tragic and high media coverage death case. Additionally, the area has seen significant changes in local leadership with the CPI teams (one area reported four OPAs in the last four years.). All of which may be contributing to high removal rates in the area.

	Removal Rates - per 100 Alleged Victims			
	Thru Sep 2017	SFY 2017	SFY 2016	SFY 2015
<b>SYMCA</b>	10.21	8.42	9.73	7.31
<b>State</b>	6.74	6.66	7.09	7.13

A review of ending out-of-home care (OOHC) census shows a significant increase from SFY 2015 to SFY 2016, then continued, though lower, increases each year after that and continuing into this fiscal year. The In-Home census has been steadily increasing since SFY 2015.

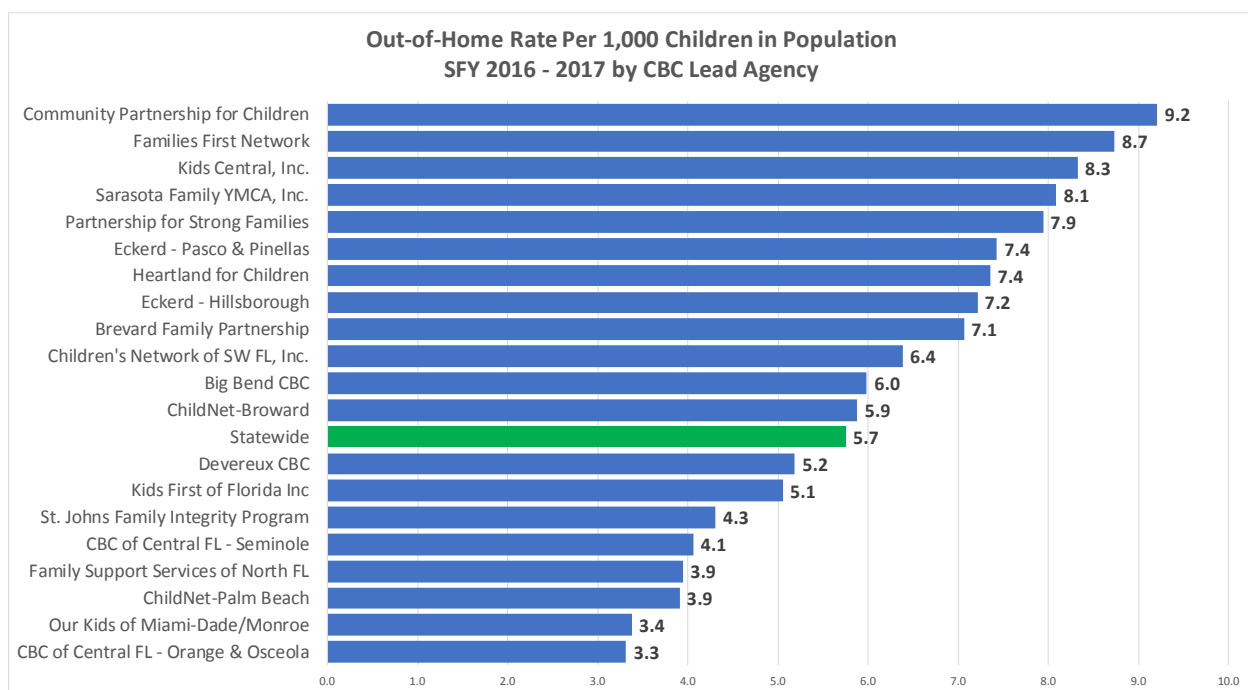
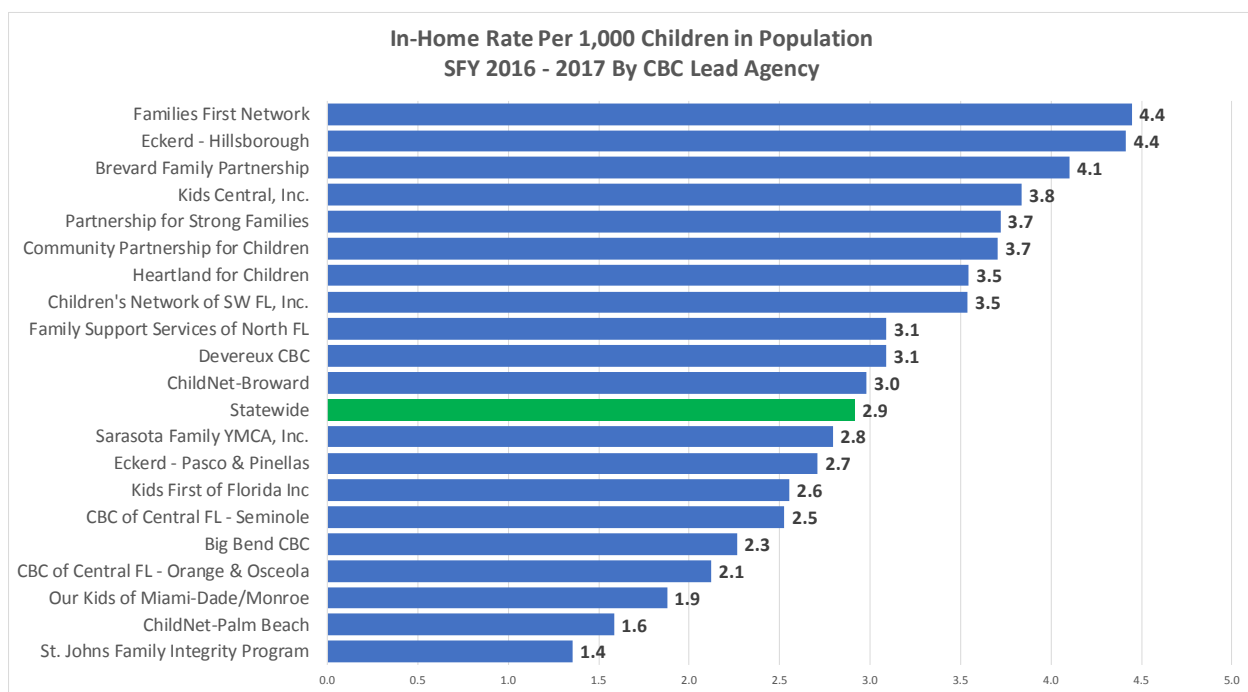
	Ending Census			
	9/30/17	6/30/17	6/30/16	6/30/15
<b>SYMCA</b>				
<b>In Home</b>	411	399	349	325
<b>RCG</b>	552	530	442	342
<b>nRCG</b>	176	164	151	99
<b>FFH</b>	303	276	215	237
<b>RGC</b>	110	112	145	75
<b>Other</b>	48	39	45	28
<b>Total OOHC</b>	1,189	1,121	998	781
<b>OOHC Change</b>	6.1%	12.3%	27.8%	

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.

## Risk Pool Peer Review Committee Report

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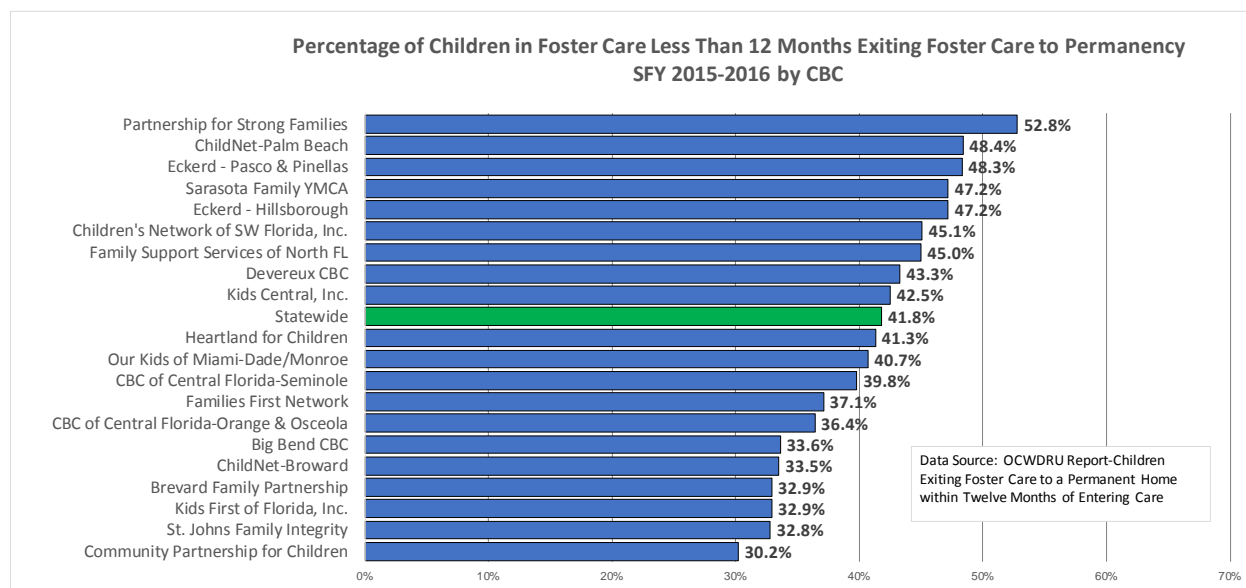
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Average monthly discharges are shown below.

	Average Monthly Discharges			
	Thru Sep 2017	SFY 2017	SFY 2016	SFY 2015
<b>SYMCA</b>	56	60	57	46

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



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

Staff interviewed reported a heavy reliance on informal supports that tend to break down quickly due to generational issues. It was also reported that much of the population is transient and without support systems making it difficult to implement in home safety plans. The severity of the cases many of which involve opioid addicted parents make it difficult to safely serve children in their homes.

SYMCA has had success in partnering with their managing entity to serve children who are involved with both the Department of Juvenile Justice (DJJ) and the child welfare system.

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

Manatee County has the Family Intervention Team (FIT) program who currently serve approximately 75% of the families in home who have substance abuse issues. Staff interviewed reported more families could be served in home if the program had additional capacity.

Safety management services are available through several providers. The Emergency Response and Triage (ERAT) program is able to conduct assessments to assist in determining protective capacities. The program was modeled after a similar program in the Northeast Region and is available in both Sarasota and Manatee County. Staff are able to respond immediately and are able to work with families for 9 months or longer if needed. The program employs a staff of 12 who are capable of serving 10-14 families at any given time and reportedly has no wait list.

A shortage of mental health services was reported to be an issue in both Sarasota and Manatee Counties. Families often wait 2 months or longer to receive assessments and services. One such specific shortage reported was resources and programs to provide in-home services or other structured placements for substance exposed newborns and parents.

- 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?

The existing programs are effective, but currently are unable to keep pace with removals. A need for additional in-home programs that have a multi services approach, such as the FIT program was reported. Parents as Teachers was reported as being a great program, but always has a wait list. The Early Childhood Court Program (ECC) began in October and is showing promising results. Centerstone recently received a grant for a diversion program, but it has not yet started.

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

Staff interviewed stated all parties are committed to creating a better case transfer process. In Manatee County, packets are reviewed prior to the staffing and the majority of cases are transferred within a week. In Sarasota County packets are reviewed and cases are assigned to case managers within 5 days, but until then the CPI is responsible for all activities including completion of the home study and shelter visits.

Several initiatives have begun that have promising results, including having a case manager attend shelter hearings, (80% of which occur at present danger) to talk to families, assist in locating relatives and nonrelatives and complete home studies. The program, known as Family Finders has three certified child welfare professionals who attend shelter hearings in both Sarasota and Manatee Counties and has the buy in of parent attorneys.



Mental health consultants as well as the opioid grant funded position are co-located in Sarasota. The Region also benefits from having a Harvard fellow who is currently working with the SAMH Regional office to map the Region's service array.

Staff reported that Diversion Specialists are colocated with investigators. However, no formal safety management providers or other in-home providers are colocated.

### 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.

SYMCA has generally been right around the statewide percentages for placement with relatives, and higher for placements with non-relatives. The percentage placed in family foster homes has declined and is now below the statewide average. After an increase in SFY 2016, they have remained very close to the statewide average for residential group care (RGC) and other placement types.

SYMCA has 3 FTE's dedicated to family finding. They attend shelter hearings and when a child is ordered into licensed care the Judge explains to the parent(s) that the family finding process is occurring. All family finding staff hold child welfare certifications. This allows them to complete relative caregiver home studies once family is identified. One family finding FTE is dedicated to youth in high cost placements.

SYMCA increased their number of foster homes from 149 in June of 2016 to 181 in June of 2017. Their network growth continues in SFY 17/18, with 192 licensed homes as of 10/9/17.

	% by Placement Type			
<u>SYMCA</u>	9/30/17	6/30/17	6/30/16	6/30/15
<b>RCG</b>	46.4%	47.3%	44.3%	43.8%
<b>nRCG</b>	14.8%	14.6%	15.1%	12.7%
<b>FFH</b>	25.5%	24.6%	21.5%	30.3%
<b>RGC</b>	9.3%	10.0%	14.5%	9.6%
<b>Other</b>	4.0%	3.5%	4.5%	3.6%
<u>State</u>				
<b>RCG</b>	44.6%	45.1%	45.0%	44.6%
<b>nRCG</b>	12.1%	11.9%	11.2%	10.7%
<b>FFH</b>	29.7%	29.1%	29.3%	30.5%
<b>RGC</b>	9.0%	9.2%	10.0%	10.1%
<b>Other</b>	4.7%	4.7%	4.4%	4.1%

SYMCA places 20.3% of children out of the circuit, compared to the statewide average of 18.4%. (as of 9/30/2017)

When compared to statewide totals of children placed in a Group Care setting on 9/30/2017, SYMCA's percentages are greater than the state average for the 6 – 12 age cohort and less than the state average for the 0 – 5 and 13 – 17 age cohorts:

Age Cohort	SYMCA	State
0 – 5	3.6%	4.8%
6 – 12	42.7%	32.5%
13 – 17	53.6%	62.7%

Source: Child Welfare Dashboard – Children in Out-of-Home Care – Data Table; 11/10/2017  
<http://www.dcf.state.fl.us/programs/childwelfare/dashboard/>

- 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?

When a child is placed in a licensed foster home by SYMCA, the rate is determined by SYMCA'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 the same amounts as prescribed in s. 409.145(4), Florida Statutes. 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 Sarasota YMCA
Zero to Five (0 – 5)	\$448.53	\$448.53
Six to Twelve (6 – 12)	\$460.02	\$460.02
Thirteen to Seventeen (13 – 17)	\$538.43	\$538.43

Source: Payments & Client Count obtained using the FSFN OCA Summary & Detail Report via Tableau (Payments processed through 9/30/2017): Payment Service Dates 7/1/2016 – 9/30/2017.

For those children who require a higher level of need, the monthly room and board rate is modified to address these identified needs.

	SFY 16/17	SFY 17/18 (thru Sept)
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Age Range / Standard and Enhanced Traditional Room & Board Levels		Monthly Room & Board Rate	Number of Children Served	Monthly Room & Board Rate	Number of Children Served
Zero to Five (0 – 5)	Standard Rate	\$439.30*	286	\$456.00	188
		\$487.25	21	\$487.25	0
	Enhanced Rate	\$912.50	19	\$912.50	3
		\$1,550.00	2	\$1,550.00	3
	Therapeutic Rate	\$439.30	6	\$456.00	1
	Medical Rate	\$494.50	21	\$545.90	11
Six to Twelve (6 – 12)	Standard Rate	\$450.56*	73	\$460.02	35
		\$500.00	7	\$500.00	0
	Enhanced Rate	\$912.50	16	\$912.50	6
		\$1,550.00	4	\$1,550.00	2
		\$3,000.00	2	\$3,000.00	1
	Therapeutic Rate	\$442.08	27	\$451.36	20
		\$1,000.00	4	\$1,000.00	0
	Medical Rate	\$494.50	2	\$545.90	2
Thirteen to Seventeen (13 – 17)	Standard Rate	\$527.36*	13	\$538.43	12
	Enhanced Rate	\$545.91	3	\$545.91	0
		\$912.50	5	\$912.50	9
		\$1,550.00	2	\$3,100.00	1
	Therapeutic Rate	\$523.95	11	\$528.30	11
		\$584.91	1	\$584.91	0
	Medical Rate	\$545.92	1	\$545.92	0
	Medical Enhanced Rate	\$2,281.25	1	\$2,281.25	1

\*This Room & Board Rate was the specific payment amount for each age group prescribed in s. 409.145(4), F.S., for 7/1/2016 – 12/31/2016 and 1/1/2017 – 6/30/2017.

Source: Payments & Client Count obtained using the FSFN OCA Summary & Detail Report via Tableau (Payments processed through 9/30/2017): Payment Service Dates 7/1/2016 – 9/30/2017.

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?

In SFY 16/17, SYMCA had three (3) Case Management Organizations (CMOs) with an annual contract amount of:

Centerstone Florida - \$1,838,806

Pathways Human Services - \$2,032,822

Youth and Family Alternatives - \$3,057,959

Total \$6,929,587

As of SFY 17/18, Centerstone Florida no longer provides case management services to SYMCA, as they have decided to focus on more direct client services; therefore there are now two CMOs with an annual contract amount of:

Pathways Human Services - \$2,821,492

Youth and Family Alternatives - \$3,995,205

Total \$6,816,697

SYMCA would like to be able to increase the funding for their CMO contracts to a level that would bring the caseload ratio to 20:1.

- 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).

SYMCA reports no issues with other funders paying for in-patient Substance Abuse services. However, currently the costs associated with the Purchase of Residential Treatment Services (PRTS) for Child Welfare children are not being paid for by the Suncoast Region's Managing Entity for Substance Abuse and Mental Health.

In addition, SYMCA does have five (5) children who are APD eligible and are currently on APD's waitlist for services. The annual amount being absorbed by SYMCA for these "APD eligible" services is approximately \$330,000 annually.

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

During the last state fiscal year, the SYMCA was working with their contracted case management provider in Manatee County regarding that organization's need for performance improvements. In May, the organization gave SYMCA a 30 day notice of contract termination. Youth and Family Alternatives was brought in as the new provider of case management services for Manatee County. This transition occurred suddenly and at a time of high caseloads, contributing to the challenges in the system of care. Due to the sudden organizational change in Manatee County, there has been very high turnover in Manatee County and Youth and Family Alternatives is still working to stabilize the case management workforce and fill available positions.

*Note – On December 6, after the site visit, we learned that Pathways has made a decision to terminate all Florida contracts effective February 15<sup>th</sup>. SYMCA plans on bringing those services in-house for the near future.*

The actual average caseload for primary case management for the entire system of care is at 21.4 children per case manager. This includes a low caseload of only 1 child to a high of 54 children. Approximately 40% of the case managers had a primary caseload of 25 or more children. Manatee County had 19 case managers, with a primary caseload of 25 or more children, Sarasota County had 9, and DeSoto County had 2.

SYMCA utilizes a variety of approaches to monitor performance and drive case management services and ensure that they are well-managed. Lead agency staff are co-located with case management staff and both utilized Mindshare and FSN reports for monitoring performance. Monthly performance reports are distributed to CMO Directors and QA staff and the CQIC meets every other month to review contract performances, CFSR and other trends. Additionally, there are monthly reviews of the cases with high cost placements. There appear to be strong working relationships between the CMOs and the Lead Agency staff and Lead Agency staff will assist with tasks/ functions to support case management.

#### **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 from the FY 2016-2017 Risk Pool Peer Review Committee Report.

<b>Measure</b>	<b>National Standard</b>	<b>SYMCA</b>	<b>Statewide</b>
Children Achieving Permanency within 12 months of removal (children removed in July through September 2016)	40.5%	41.8%	41.5%
Children in Care 12-23 Months Who Achieved Permanency within an Additional 12 Months.	43.6%	57.1%	53.9%
Children in Care 24 or More Months Who Achieved Permanency within an Additional 12 Months.	30.3%	48.1%	40.9%

Over the last 3-4 years, SYMCA has consistently exceeded the state average and national standard on all three permanency measures. However, in the recent key indicators report, SYMCA fell below the Statewide average on all three.<sup>1</sup>

<b>Measure</b>	<b>National Standard</b>	<b>SYMCA</b>	<b>Statewide</b>
Children Achieving Permanency within 12 months of removal	40.5%	35.2%	39.1%
Children in Care 12-23 Months Who Achieved Permanency within an Additional 12 Months.	43.6%	44.4%	53%
Children in Care 24 or More Months Who Achieved Permanency within an Additional 12 Months.	30.3%	34.2%	36.9%

In February of 2017 SYMCA received a grant funded position that is focused on Conditions for Return. Reportedly, 40 children have been returned since the position's inception.

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<sup>2</sup>. For children with a disposition during SFY 2017, the median number of days from shelter to disposition in Circuit 12 was 39 days compared to the statewide median of 60 days. Median days from Termination of Parental Rights (TPR) to Entry of Final Order was 169 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 12's percentage of 2.7% was much lower than the statewide average of 6.9%.

The court system in Manatee County had a backlog on the docket earlier in the year. The docket is still heavy, but they have recently started utilizing a General Magistrate (GM) and this seems to be relieving the backlog some. There is a newer Judge in Sarasota County and there may be a shift towards reunification as a result. The relationship with the GAL office in Sarasota is strong and in general, there is good alignment with case direction and philosophy. This is reported to be less so in Manatee County where a more contentious relationship with the Guardian Ad Litem (GAL) attorneys was identified.

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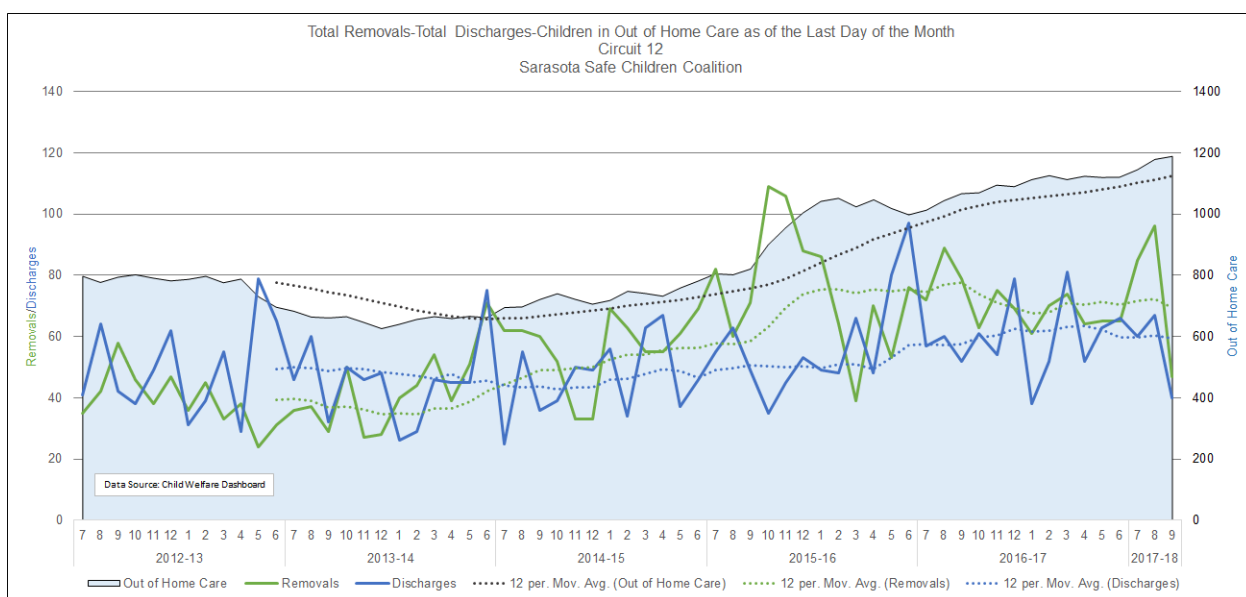
<sup>1</sup> Child Welfare Key Indicators Monthly Report, October 2017

<sup>2</sup> Child Welfare Key Indicators Monthly Report, October 2017

Additionally, the sheer volume of cases being transferred from DCF over the last few years is likely a factor that may be impacting the permanency measures.

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 that when while removals have stabilized, they are at a much higher level than historically. While discharges have increased, they have not kept pace with removals resulting in the significant increase in OOHc.



The Discharge rates from out of home care per 100 children in out of home care for SYMCA consistently exceeded the state average from mid FY13-14 to mid FY15-16. These rates have tended to be fairly close to the state average since mid FY15-16.

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	\$18,904,975	\$19,139,238	\$19,313,536	\$19,826,917	\$20,677,650	\$22,294,024
Risk Pool Funding	\$0	\$0	\$0	\$1,891,577	\$1,785,000	\$0
CBC Operations "Back of the Bill" Funding	\$0	\$0	\$0	\$0	\$709,002	\$0
Other Amendments to Initial Allocations	\$15,836	\$11,578	\$21,533	\$192,572	\$56,549	\$0
<b>Amended Core Services Funding</b>	<b>\$18,920,811</b>	<b>\$19,150,816</b>	<b>\$19,335,069</b>	<b>\$21,911,066</b>	<b>\$23,228,201</b>	<b>\$22,294,024</b>
<b>Funding not defined as core services funding</b>						
Independent Living (IL and Extended Foster Care)	\$564,234	\$564,234	\$564,234	\$564,234	\$564,234	\$664,114
Children's Mental Health Services (Cat 100800/100806)	\$300,158	\$300,158	\$300,158	\$300,158	\$300,158	\$300,158
PI Training, Casey Foundation or other non-core svcs	\$0	\$0	\$0	\$0	\$0	\$0
Safety Management Services (Nonrecurring)	\$0	\$0	\$0	\$0	\$329,521	\$0
<b>Total at Year End</b>	<b>\$19,785,203</b>	<b>\$20,015,208</b>	<b>\$20,199,461</b>	<b>\$22,775,458</b>	<b>\$24,422,114</b>	<b>\$23,258,296</b>
Maintenance Adoption Subsidy (MAS)	\$5,396,396	\$6,014,855	\$6,410,212	\$7,035,052	\$7,277,070	\$7,430,335
MAS Prior Year Deficit	\$0	\$0	\$0	-\$157,689	\$0	\$0
Carry Forward Balance from Previous Years	\$775,472	\$846,092	\$1,520,019	\$1,195,670	\$420,271	\$12,288
<b>Total Funds Available</b>	<b>\$25,957,071</b>	<b>\$26,876,155</b>	<b>\$28,129,692</b>	<b>\$30,848,491</b>	<b>\$32,119,455</b>	<b>\$30,700,919</b>

Increases to core services funding have been very modest from FY12-13 to FY14-15 with annual increases in the \$175,000 to \$235,000 range. FY15-16 increased by approximately \$551,000, FY16-17 increased \$851,000 and FY17-18 increased \$616,000. So core services funding has increased a total of approximately \$3,389,000 or about 18% since FY12-13.

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

### Expenditures on Core Services and Administration

Reported Expenditures by Fiscal Year	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17
Administrative Costs	\$1,234,757	\$1,007,967	\$1,029,912	\$1,076,778	\$1,097,410
Admin Cost Rate (Exp as % of Total Allocations)	4.9%	3.9%	3.9%	3.6%	3.5%
<b>Core Services Expenditures</b>					
Dependency Case Management	\$11,650,264	\$11,848,103	\$12,485,823	\$12,317,613	\$11,589,176
Adoption Services Promotion & Support	\$166,717	\$177,597	\$157,762	\$231,247	\$243,621
Prevention/Family Support/Family Preservation	\$691,048	\$705,354	\$702,582	\$971,505	\$379,031
Client Services	\$578,294	\$602,953	\$665,084	\$1,018,058	\$1,241,505
Training - Staff and Adoptive/Foster Parent	\$162,315	\$135,252	\$92,532	\$519,418	\$1,270,347
Licensed Family Foster Home Care	\$1,292,408	\$1,270,356	\$1,327,790	\$1,447,678	\$1,663,625
Licensed Facility Based Care	\$3,530,602	\$3,024,331	\$3,473,779	\$5,239,995	\$5,957,165
Other	\$297,279	\$344,959	\$436,393	\$498,219	\$1,421,885
<b>Core Services Expenditures</b>	<b>\$18,368,926</b>	<b>\$18,108,907</b>	<b>\$19,341,745</b>	<b>\$22,243,733</b>	<b>\$23,766,356</b>

SYMCA has received increases in core services funding every year since FY12-13 with more significant increases in the past two fiscal years. However, the funding has not kept up with the increase in licensed care and client services expenditures during the same period of time. Licensed Facility Based Care (Group Care) increased by approximately \$1.766M from FY14-15 to FY15-16. It increased about another \$717,000 in FY16-17. SYMCA is projecting that they will spend just over \$8M in FY17-18 which is almost \$2M (or 33%) more than spent in FY16-17.

Licensed Foster Home Care expenditures have increased but not nearly as much as



Group Care. The Client Services expenditures more than doubled from FY15-16 to FY16-17 from \$519k to \$1.270M and Prevention Services decreased from \$971K to \$379k for the same period of time.

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

One of the prior CMO providers of SYMCA, Centerstone Florida, was just awarded a grant from the Manatee County Government to create a new Diversion team in Manatee County in an effort to provide assistance to the increase in the number of removals the area has experienced over the past several years.

Below are some other grants SYMCA has received for this state fiscal year:

Casey Family Programs - \$50,000 for a Reunification Specialist;  
Manatee Community Foundation - \$100,000 for 1.5 FTE Community Coordinator for Early Childhood Court Initiative;  
Sarasota County Government - \$30,199 for .5 FTE Community Coordinator for Early Childhood Court Initiative; and  
Manatee County Government - \$329,287 for Early Childhood Court.

In addition, SYMCA receives about \$160,000 in provider/vendor donations used for specific activities held for the CBC.

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

The initial Risk Pool Application requested \$2.5M in funding. The most recent projection based upon October 2017 actuals was for an approximate \$3.9M deficit. The SYMCA is adding additional funding to both case management contracts which will increase their total by \$400,000 for the rest of this state fiscal year. This is after receiving new core services funding of \$1.3M for SFY 17/18. The projection includes the assumption that the average daily costs for Group Care in future months will increase an average of 9.4% per day over the average of the first four months of this fiscal year.

Note that SYMCA did not include additional case managers in their original risk pool application, however, the risk pool team recommended that they add case managers to manage the increased caseload. After 2+ years of sustained increases, it would be extremely difficult to manage the system without some additional case management resources.

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

Without receiving any risk pool funds, SYMCA will have to use a combination of delaying payments to providers, accessing a line of credit, and requesting expedited payment of monthly invoices from the State; however, based upon the projected deficit,

even these strategies will not be enough to make it through the end of the fiscal year without affecting cash flow. Safely decreasing the number of children in licensed facility based (residential group) care, as well as the number in out-of-home care in general would also help, but it is not anticipated that this will occur in time for SYMCA to end the fiscal year without a 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?

The \$5M in Risk Pool Funding is not sufficient to meet the projected deficits of all CBC applicants therefore prioritization on allocating based upon meeting minimum cash flow needs through the end of April is necessary. Obtaining additional funding from the Legislature during the 2018 Session in order to meet projected deficits or at a minimum provide additional funding to allow CBCs to meet cash needs until receiving their two month advance in July 2018 will be necessary.

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

While SYMCA has focused on reducing reliance on the most expensive types of placement and services, they should also look at those placements and services that are not necessarily the highest, but above the mean for potential savings.

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

CPA Audit had one finding but it was not related to the DCF contract funding.

## **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?

Those interviewed during the risk pool process consistently reported tight communication among the providers, lead agency, PIs, CLS and other stakeholders. There appears to be a strong community spirit that unites the stakeholders and a common desire for positive outcomes for children and families appears to be a strong motivator for many individuals working in the system.

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

The lead agency regularly monitors programmatic performance of their contracted providers.

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?

There is continual collaboration between the Region and the Lead Agency to review all aspects of the system to try and safely reduce the number of removals, as well as to reduce the length of stay in the system. However, without a significant decrease in removals, there does not appear to be any way to avoid deficit.

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?

SYMCA is open to technical assistance recommended by the Peer Review Team

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

The Financial Viability Plan submitted by SYMCA describes the continued high rate of removals, increased lock-outs, large numbers of sibling groups, high cost placements (specifically for CSEC, DJJ, APD children), and GAL challenges to reunification as cost drivers. Their Action Plan is lengthy and includes the following areas:

1. Enhance and expand front-end services to prevent removals
2. Continued focus on step-down from high end placements
3. Increase foster homes, especially those serving teens and large sibling groups
4. Reduce the number of children in OOHC

## **Summary of Findings and Conclusions**

- Removals continue to be at historically high levels and above the statewide average.
- During the first 2 years of increased removals, SYMCA maintained strong performance in permanency indicators, however, recent data shows that performance is declining.
- High caseloads and turnover appear to be impacting the system negatively more than they have in the past. This will likely be compounded by the fact that one of their case management providers has decided to terminate all Florida contracts in February.
- An increased investment in prevention / intervention services (should funds become available) would almost certainly make an impact (i.e. reduce) on the number of children in out-of-home care as current services are reported to be successful but at capacity.
- SYMCA is funding services that could (and likely should) be funded by other system partners such as APD and the managing entity.

- SYMCA continues to maintain extremely positive and collaborative relationships with all stakeholders and providers. This is a significant strength of their system.

## **Recommendations**

The Peer Review Committee recommends that SYMCA receive risk pool funding to cover their deficit (to the extent that funds are available) contingent upon the agreement of the Region and the Lead Agency to implement the following:

1. It is recommended the Region and SYMCA explore engaging the managing entity in obtaining the needed services.
2. It is recommended that SYMCA continue their focus on Conditions for Return.
3. It is recommended that the Region perform an in-depth review of removals, as it appears removals have decreased and stabilized in Manatee but increased significantly in other areas of the Circuit managed by DCF.
4. It is recommended that SYMCA continue work on strengthening safety management services.
5. It is recommended that SYMCA review placements above the mean, but not the highest cost placements, to determine what the child's true need is and if a step-down placement is more appropriate.

In addition to these recommendations, the Peer Review Team noted:

1. Licensed care projections are made by looking at what has been spent historically and adjusting up by estimates of overall increases or decreases. The methodology does not really estimate a census, then project by placement level and cost. The current process could be improved by better linking to programmatic expectations.