

Risk Pool Peer Review Committee Report
Sarasota Family YMCA – Safe Children Coalition
March 28, 2016

The Sarasota Family YMCA, submitted a Notice of Intent to apply for Risk Pool Funding on November 19, 2015. The notice was reviewed by the DCF Suncoast Region and was determined to meet the criteria to complete an application. Sarasota Family YMCA subsequently submitted an application for risk pool funding. The Region Contract Manager and Regional Managing Director concurred in the application on December 29, 2015 and the application 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 September 2, 2015.

The Risk Pool Peer Review Committee for the Sarasota Family YMCA consisted of

John Aitken, CFO, Kids Central, Inc.
Linda Compton, CPI Operations Manager, Duval and Nassau Counties
John Cooper, CEO, Kids Central, Inc.
Bill D'Aiuto, DCF Regional Managing Director, Central Region
JoShonda Guerrier, DCF Office of Child Welfare
Lee Kaywork, CEO, Family Support Services of North Florida, Inc.
Pam Menendez, USF Center for Child Welfare
Bob Miller, CFO, Family Support Services of North Florida, Inc.
Barney Ray, DCF Office of CBC/ME Financial Accountability
Jim Walker, Child Protective Services, Broward County Sheriff
Don Winstead, Team Leader

The Risk Pool Peer Review Committee reviewed the Notice of Intent and Application and assembled contextual information regarding caseloads, financial history and performance prior to the site visit. The Peer Review Committee conducted the site visit on February 24 and February 25, 2016.

The Peer Review Committee's work was designed to meet the direction of the statute and departmental protocol in order to:

1. Verify that the applicant meets the statutory criteria for eligibility which includes validation that the applicant's financial need was caused by circumstances beyond the control of the Lead Agency's management.
2. Determine if continued on-site technical assistance is appropriate.
3. Make a final recommendation to the Secretary regarding approval or disapproval of the application which may include access to the risk pool or other funding shifts to resolve the shortfall.
4. Determine the amount of funding and mix of funds to be made available.
5. Recommend specific limitations or requirements on the use of additional funds that are linked to correction of factors that caused the funding shortfall.
6. Identify any follow-up actions or additional documentation needed from the Lead Agency or Region, and
7. Report on any technical assistance activities completed and remaining and/or recommendations for future technical assistance.

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?

The Sarasota Family YMCA is the Lead Agency for Desoto, Manatee and Sarasota Counties which together comprise Judicial Circuit 12. In Manatee County, the Child Protective Investigations function is performed by the Manatee County Sheriff's Office (MSO) while DCF performs protective investigations in the Desoto and Sarasota counties. DCF provides the Children's Legal Services function in all of the counties.

The Sarasota Family YMCA was the first Community-Based Care lead agency in the state and has been a leader in the establishment of Community-Based Care in Florida. There is a high level of community involvement in all counties with active Family Safety Alliances in each area.

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 three counties in Circuit 12 are varied demographically. Sarasota County is a relatively affluent county with a child poverty rate of 19.1% in 2014. The child poverty rate in Manatee County was 22.5% in 2014. Both of these counties were below the state child poverty level of 24.2%. In contrast, Desoto county is a less affluent, rural county with one of the highest child poverty rates in the state at 41.4%.¹

Average monthly reports received have risen over the past several years although the rate of increase appears to be slowing. From SFY 12/13 to SFY 13/14 reports increased by 6.7%. From SFY 13/14 to SFY 14/15, the increase was 4.2%. From SFY 14/15 to SFY 15/16 (through January) the increase was 2%. As will be discussed below, the rate of increase in reports is substantially below the increase in removals.

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.

There are a significant number of community resources, particularly in Sarasota and Manatee Counties, although the stress of increased demands for services is affecting the availability of services, particularly in Manatee County. The lead agency, provider agencies and key partners provide services under the banner of the Safe Children Coalition.

¹ Child poverty rates from the County Profiles compiled by the Florida Office of Economic and Demographic Research.

The lead agency presented information during the site visit showing a significant increase in use of heroin and Fentanyl in the past one to two years as indicated by deaths from overdoses. In 2014, Manatee had the highest number of heroin-related deaths and the highest number of Fentanyl-related deaths in the state. Historically, Manatee has experienced a high level of opioid abuse and the extent to which the increases are shifts due to the crackdown on “pill mills” or increase substance abuse. It was reported that substance abuse treatment programs were at capacity and not accepting new referrals.

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?

Removals are a significant driver of the increase in out-of-home care. The rate of removals in Desoto County has historically been high relative to the number of children in investigations, but the number of removals has been small due to the relatively small population in the county. In SFY 13/14 there were an average of 6 removals per month. This declined to an average of 4 removals per month in SFY 14/15 and through January, removals in SFY 15/16 are averaging 7 per month.²

In this period, removals in Sarasota County averaged 15, 16 and 21 monthly. In Manatee County, for these three fiscal years, the average monthly removals were 20, 35 and 56. Where Manatee County accounted for slightly less than half of the removals in Circuit 12 in SFY 13/14, this fiscal year (through January) Manatee County accounts for two-thirds of the removals in the Circuit.

For the period of July through September 2015, Manatee County had the highest removal rate per 100 children investigated of any CPI entity in the state.³

The dramatic increases in removals are resulting in a widening gap between removals and discharges resulting in an increase in the number of children in out-of-home 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?

There is an Emergency Response and Assessment Team (ERAT) to provide intensive up-front services when there is present danger. This is the primary up-front service funded by the lead agency. Lead agency staff cited the utilization of a robust resource guide that contains all community resources, programs and potential referral sources, by county,

² DCF Child Welfare Spinner Reports

³ Child Welfare Key Indicators Monthly Report, January 2016

throughout the circuit as an available resource. Additionally, this resource guide is used during the Integrated Decision Support calls that are currently being piloted with Sarasota county investigations.

MSO staff reported that they receive great resources and support from the Sarasota YMCA. This was described as a “great partnership within their system of care”. Whenever Manatee Sheriff Office calls and says they need something specific for a family, the Y responds and provides or purchases the service to keep the child safe.

There is a strong perception that the number of removals are appropriate to the situations encountered. Both in Manatee County and Sarasota/Desoto Counties protective investigation staff indicate that they do not believe the implementation of the new practice model is driving removals, but rather improving their ability to better understand the situations and the family dynamics. They believe that the right children are being removed for the right reasons.

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

The primary service provided with prevention and diversion funds is the Early Response Assessment Team (ERAT). The Peer Review Committee found Sarasota YMCA does not have an effective diversion program to prevent removals.

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 Peer Review Committee did not identify any empirical evidence that prevention or diversion funds are resulting in reductions of entries into out-of-home care. However, the perception of key informants regarding the support provided was positive.

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

There are early efforts to provide decision support services based on approaches being used in the Northwest Region. The Peer Review Committee found resources committed to upfront services to prevent or divert removals as being an area where significant improvement is possible.

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?

Sarasota YMCA has done a good job of placing children in the least restrictive placements: Currently, 59% of children are in kinship settings, 28% in family-based Foster Care and 11% in RGC.

They have reached a point where they have exhausted their least-restrictive placements. The marginal cost for the next placement is high since they are now using RGC outside their Circuit. Due to saturation of licensed family homes, children are being placed in high cost group care. This is particularly evident in the placement of sibling groups. Sarasota YMCA has the best performance in the state in keeping sibling groups together with 75.5% kept together compared to the state average of 64%. However, this comes at the expense of increasing use of group care including increased use of placements outside of the circuit.

- 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?

Use of congregate care and costs associated with congregate care are increasing because lower cost options have been exhausted. As reported in the fiscal section of this report, projections for the remaining months in the fiscal year include \$25,000 per month in increased costs associated with residential care.

- 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?

Sarasota YMCA spends 59% of core service expenditures on case management. This is in line with state norms. The Peer Review Committee did not note any issues with case management costs.

- 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).

Sarasota YMCA has \$1.5 million in costs related to high-risk situations where funding from either the Agency for Persons with Disabilities (APD) or Medicaid may be possible. This is a significant increase over last year and is an area for further exploration.

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

The Peer Review Committee did not note any problems in this area. Case management services appear well-managed, although there is increasing stress on the system due to high removals which is likely to adversely affect future performance.

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?

Performance on measures related to achieving permanency is a strength of Sarasota YMCA. Percentage achieving permanency within 12 months, permanency within 12 to 23 months and permanency in 24 or more months all exceed statewide performance and also exceed national standards.

However, the impact of increased removals, particularly in Manatee County is very likely to affect these measures in the future. The Peer Review Committee heard of increasing difficulty in getting access to time on the court docket which will adversely affect exits to permanency.

- 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?

The primary factor that is likely to influence time to permanence is the high rate of removals, particularly in Manatee County. Although there has been some turnover in CLS, this was not seen as a significant factor.

- 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?

Exits have remained relatively steady over the past several years with a slight increase in monthly discharges from 42 per month in SFY 14//15 to 45 per month in SFY 15/16 through January. As indicated above, the gap between removals and discharges is widening with the result that the number of children in out-of-home care is increasing significantly. From January 2015 to January 2016, the number of children in out-of-home care increased from 727 to 1,049, a 44% increase.⁴

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?

The core services funding history has been relatively stable with no significant decreases or increases. The Sarasota YMCA has a history of carry forward balances from one year to the next. The carry forward balance on July 1, 2015 was equal to 6% of the SFY 15/16 total core services funding.

⁴ Child Welfare Spinner Reports

Circuit 12 Core Funding History – Recurring and Non-Recurring Budget				
Column->	A	B	C	D
State Fiscal Year	Recurring Core Services Funding	Non-Recurring Core Services Funding	Total Core Services Funding (Total of Columns A + B)	Carry Forward Balance Available
2010-2011	\$18,611,595	\$0	\$18,611,595	
2011-2012	\$19,038,562	\$0	\$19,038,562	\$1,064,939
2012-2013	\$18,904,975	\$0	\$18,904,975	\$775,472
2013-2014	\$18,949,828	\$189,410	\$19,128,569	\$846,092
2014-2015	\$19,313,536	\$0	\$19,313,536	\$1,520,019
2015-2016	\$19,826,917	\$0	\$19,826,917	\$1,195,670
Footnotes or Comments				

5.2. How have any changes to core services funding contributed to any projected deficits for SFY 2015-2016?

There have been no major reductions or increases to core services funding, however the total core amount of core service funding has increased slightly in each of the past two fiscal years.

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?

Two projections were provided. One assumes no increases in residential group care expenditures greater than the daily average expended in January 2016 for a final deficit projection of \$1.2 million. The other projection assumes an average \$25,000 monthly increase in residential group care expenditures for the remaining five months based upon the average increase experienced in the first seven months for a final deficit projection of \$2.0 million deficit. Given the observed increase in removals and the lack of additional capacity in family-based foster care, the larger projection is more realistic.

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

The CBC needs to reduce the number of high-cost placements and reduce the number of children in residential group care. Their current projection is to spend \$2 million more on licensed residential group care than the previous fiscal year. They need to work with DCF and CBC peers to identify strategies for identifying barriers to and connecting clients to other programs, placements and funding. This is likely to be a longer term

effort and is unlikely to resolve the current year projected deficit. The following table summarizes recent increases in the cost of residential group care.

State Fiscal Year	Residential Group Care Expenditures
2013-2014	\$3,024,331
2014-2015	\$3,602,246
2015-2016 (projected)	\$5,582,430

- 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?

Cash flow projections forecast running out of cash in the month of June before the two-month advance is paid for the next fiscal year. If the future residential group care expenditures are less than what is projected in the \$2 million deficit, then cash flow might be sufficient, but this is unlikely. It is likely that the Sarasota YMCA will need Risk Pool funding this fiscal year to avoid disruption in services.

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

None were identified.

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

No findings or deficiencies identified in the June 30, 2015 CPA Audit.

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?

Communication and relationships are strong and effective between the Region DCF and CBC Lead Agency. The CBC is open and willing to accept input and implement change. There is strong and stable leadership across system. There are weekly CQI meetings to review all data as well as overall system of care performance. The CBC, DCF, CMO, and other leadership participate.

While there is good communication and coordination among front-line staff in the CBC and the Sheriff's Office in Manatee County. However, it was noted that last year, the MSO child protective services office moved from a location adjacent to the CBC and CMO to a location that is over a mile away. Physical proximity often facilitates informal in-person communication among staff and the quality of staff to staff interaction should be assessed to determine if there are mechanisms that will keep the level of coordination high.

It will be necessary for further engagement by senior leadership in the Region, the CBC and MSO to develop a unified approach to improving the impact of safety management services and decision supports.

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

Both the Region and the Lead Agency actively track programmatic and fiscal performance. The Sarasota YMCA Board of Directors also monitors performance.

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?

The Lead Agency has shifted case management resources among their case management organizations to relieve the stress on Manatee County. The Region is piloting a decision support practice developed in the Northwest Region to improve prevention and diversion without compromising safety.

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?

Both the Region and the Lead Agency indicated a strong commitment to follow through on any recommendations from the Peer Review Committee.

Summary of Findings and Conclusions:

- The key factor in increased costs is the dramatic increase in removals – particularly in Manatee County. While removals have increased in each of the counties in the Circuit 12 the increase in Manatee County has been the most significant – more than doubling since SFY 13/14.
- Sarasota YMCA has done a good job of placing children in the least restrictive placements. Currently, 59% of children are in kinship settings, 28% in family-based Foster Care and 11% in RGC. However, they have reached a point where they have exhausted their least-restrictive placements. Due to saturation of licensed family homes, children are being placed in high cost group care. This is particularly evident in the placement of sibling groups. Sarasota YMCA has the best performance in the state in keeping sibling groups together with 75.5% kept together compared to the state average of 64%. However, this comes at the expense of increasing use of group care including increased use of placements outside of the circuit. The marginal cost for the next placement is high.
- The increased number of children entering care threatens the efficiency of the overall child welfare system. Court time is increasingly unavailable and caseloads are increasing. Historically, Sarasota YMCA's performance on exits to permanency has

been among the best in the state. Without reduction in the number of removals, this cannot be expected to continue.

- The Peer Review Committee found that there is a strong perception that the number of removals are appropriate to the situations encountered. Both in Manatee County and Sarasota/Desoto Counties protective investigation staff indicate that they do not believe the implementation of the new practice model is driving removals, but rather improving their ability to better understand the situations and the family dynamics. They believe that the right children are being removed for the right reasons.
- While there are factors that justify high removal rates including the incidence of substance abuse including heroin and fentanyl addiction, high rates of addiction are not new to this area of the state. The Peer Review Committee believes that there are decision support tools and safety management practices that could mitigate the high rate of removals. There are early efforts to provide decision support services based on approaches being used in the Northwest Region. The Peer Review Committee found resources committed to upfront services to prevent or divert removals as being an area where significant improvement is possible. The Peer Review Committee found that the Sarasota YMCA does not have an effective diversion program to prevent removals.

Recommendations

The Peer Review Committee recommends that the Sarasota YMCA receive Risk Pool funding contingent on the agreement of the Region and the Lead Agency to implement the following recommendations:

1. The Peer Review Committee recommends that the Region and the Sarasota YMCA visit Kids Central and Family Support Services of North Florida to observe practices that these CBC lead agencies have used to successfully divert children from entry into out-of-home care in addition to expanding the use of decision support practices that have already begun in Sarasota County.
2. It is further recommended that key leadership in the Region and the Sarasota YMCA engage the leadership of the Manatee Sheriff's Office to determine ways to enhance child safety through more effective in-home support and decision support. This could include technical assistance from another Sheriff's office that performs Child Protective Investigations.

Additional recommendations include:

3. Review of the efficiency of foster care licensing and recruitment to expand the license capacity of family foster homes. Particular emphasis should be placed on recruiting and licensing homes that will take siblings so the sibling groups do not have to go into residential placements.

4. Review of all high cost children for whom access to funding from other sources, particularly Medicaid to determine if alternative funding is available.
5. Identification of the longest staying children in the system and review through actions to achieve permanency for these children.