Risk Pool Peer Review Committee Report
Partnership for Strong Families – Circuits 3 and 8 (Columbia, Dixie, Hamilton, Lafayette, Madison, Suwanee, Taylor Alachua, Baker, Bradford, Gilchrist, Levy, Union)
Fiscal Year 2017/2018

Partnership for Strong Families (PfSF) submitted an application for risk pool funding on September 29, 2017. The application was subsequently reviewed by the Northeast 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. Tier Two was for lead agencies experiencing an increase of 0% to 10%. Based on analysis of relevant data, PfSF was in Tier One for priority consideration with an 18% increase in removals.

The Risk Pool Peer Review Committee for PfSF consisted of

Vicki Abrams, DCF Assistant Secretary for Operations
Alissa Cross, Chief of CBC Contract Monitoring
Carol Deloach, CEO, Devereux CBC
Lee Kaywork, CEO, Family Support Services of North Florida
Lori Gulledge, CFO, Big Bend Community Based Care
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 17, 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?

PfSF is in Circuits 3 and 8 which serves Columbia, Dixie, Hamilton, Lafayette, Madison, Suwanee, Taylor Alachua, Baker, Bradford, Gilchrist, Levy, and Union counties. The Child Protection Investigation function and Children's Legal Services functions are performed by DCF. PfSF 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 in both circuits is higher than the state average, with circuit 3 being significantly higher.

	Under age 18 in poverty
County	Percentage from EDR Oct 2017 profiles
Columbia	30.4%
Dixie	38.2%
Hamilton	44.6%
Lafayette	29.5%
Madison	36.9%
Suwanee	35.2%
Taylor	30.0%
Circuit 3 (est)	***33.7%***
Alachua	21.6%
Baker	24.2%
Bradford	31.0%
Gilchrist	29.5%
Levy	35.3%
Union	26.4%
Circuit 8 (est)	***24.7%***
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.

Unlike other CBC's, PfSF covers two circuits and therefore relies on two different Managing Entities (ME) to provide Substance Abuse (SA) and Mental Health (MH) services for parents. PfSF has been forced to pay for services themselves on a fee-for-service basis (which is always costlier) because of a lack of a robust system of providers by either ME. With the Florida Agency for Healthcare Administration (ACHA) putting

Managing Entity (ME) and Managed Medical Assistance (MMA) services out of bid, there is the opportunity for PfSF to meet with the ME's leadership to negotiate some improvements. The same holds true for meeting with the leadership of Sunshine Health as the network of providers for children needs to be expanded. PfSF has had to pay for services that should be able to be provided within the Sunshine Network and their contract is up for renewal as well.

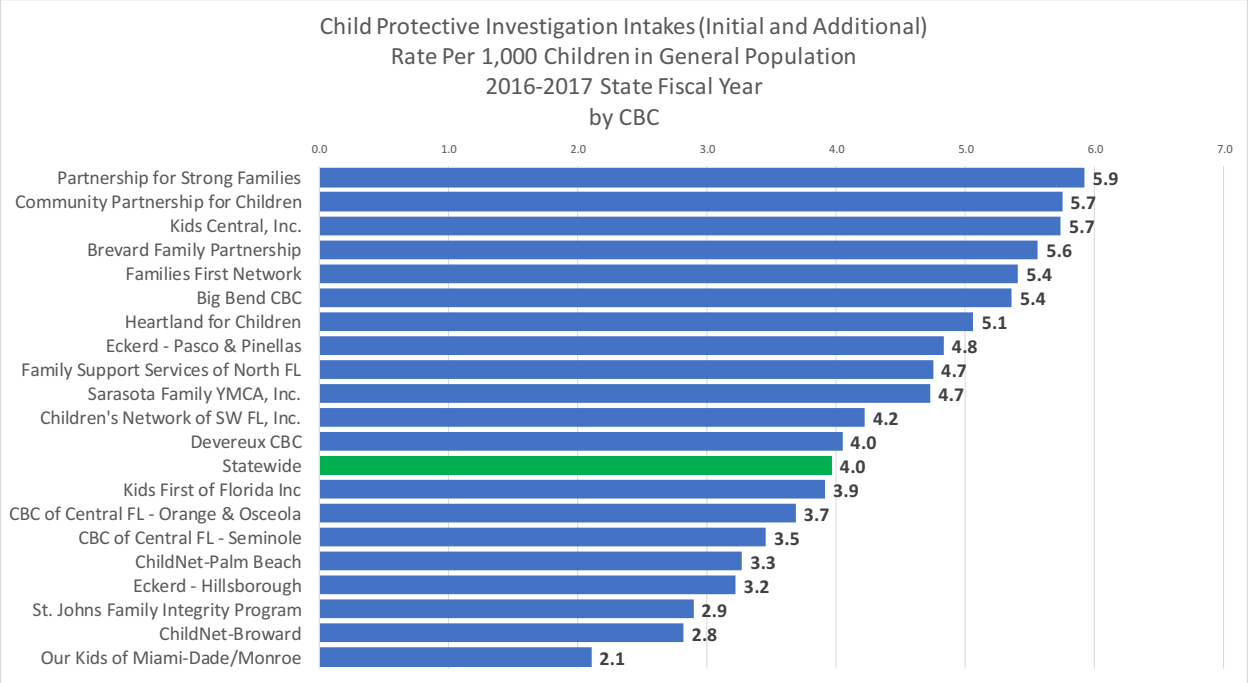
2. Findings related to protective services including removals, referrals for post-investigative services, activities to protect children without removal and use of resources focused on prevention and diversion.

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 from SFY 2015 to SFY 2016 at a rate higher than the state, but then at a lower rate of increase from SFY 2016 to SFY 2017 and current year trends may be showing a decrease, though this may be seasonal:

	Investigations Received - Monthly Averages			
County	Thru Aug 2017	SFY 2017	SFY 2016	SFY 2015
Columbia	94	98	102	97
Dixie	26	23	18	20
Hamilton	14	13	14	12
Lafayette	5	8	6	7
Madison	21	17	17	16
Suwanee	58	53	46	38
Taylor	36	34	37	28
Circuit 3	***252***	***246***	***241***	***219***
Alachua	236	269	281	263
Baker	33	32	30	30
Bradford	27	35	29	28
Gilchrist	13	21	20	19
Levy	47	49	43	44
Union	14	17	14	13
Circuit 8	***369***	***422***	***415***	***397***
CBC	***621***	***668***	***656***	***616***
Change	-7.1%	1.8%	6.6%	
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 the highest in the state.



A review of average monthly removals for PfSF by county shows a significant increase from SFY 2015 to SFY 2016, then a decrease in SFY 2017 that has continued thus far into SFY 2018 (through September).

	Removals - Monthly Averages			
County	Thru Sep 2017	SFY 2017	SFY 2016	SFY 2015
Columbia	10	12	12	12
Dixie	3	4	4	3
Hamilton	1	1	1	1
Lafayette	-	-	-	1
Madison	1	2	1	0
Suwanee	2	5	6	4
Taylor	4	3	3	3
Circuit 3	***22***	***27***	***27***	***24***
Alachua	14	24	27	25
Baker	2	3	3	2
Bradford	1	4	3	2
Gilchrist	3	2	3	2
Levy	7	4	5	3
Union	0	2	1	0
Circuit 8	***28***	***38***	***42***	***34***
CBC	***49***	***65***	***68***	***58***
Change	-23.7%	-4.9%	17.9%	
State	***1,333***	***1,422***	***1,428***	***1,416***
Change	-6.3%	-0.4%	0.9%	

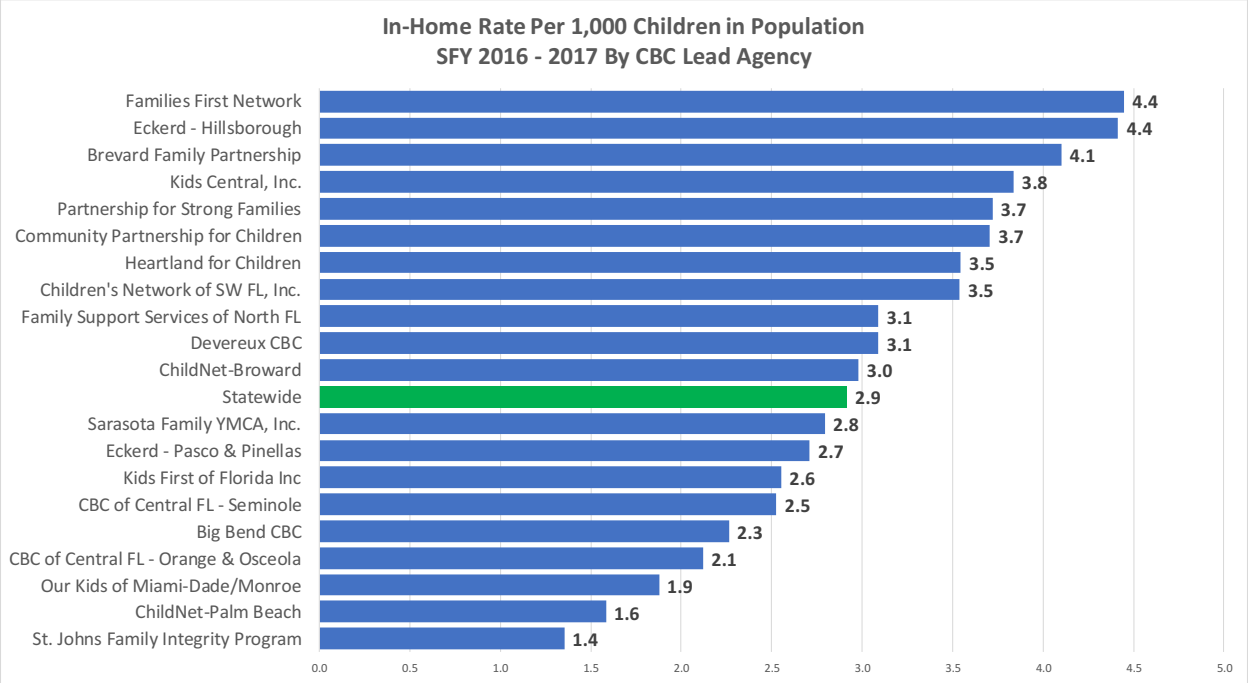
The removal rates during those same years show that in SFY 2016, PfSF moved well above the statewide average which continued in SFY 2017 but has been below for the 1st quarter of SFY 2018.

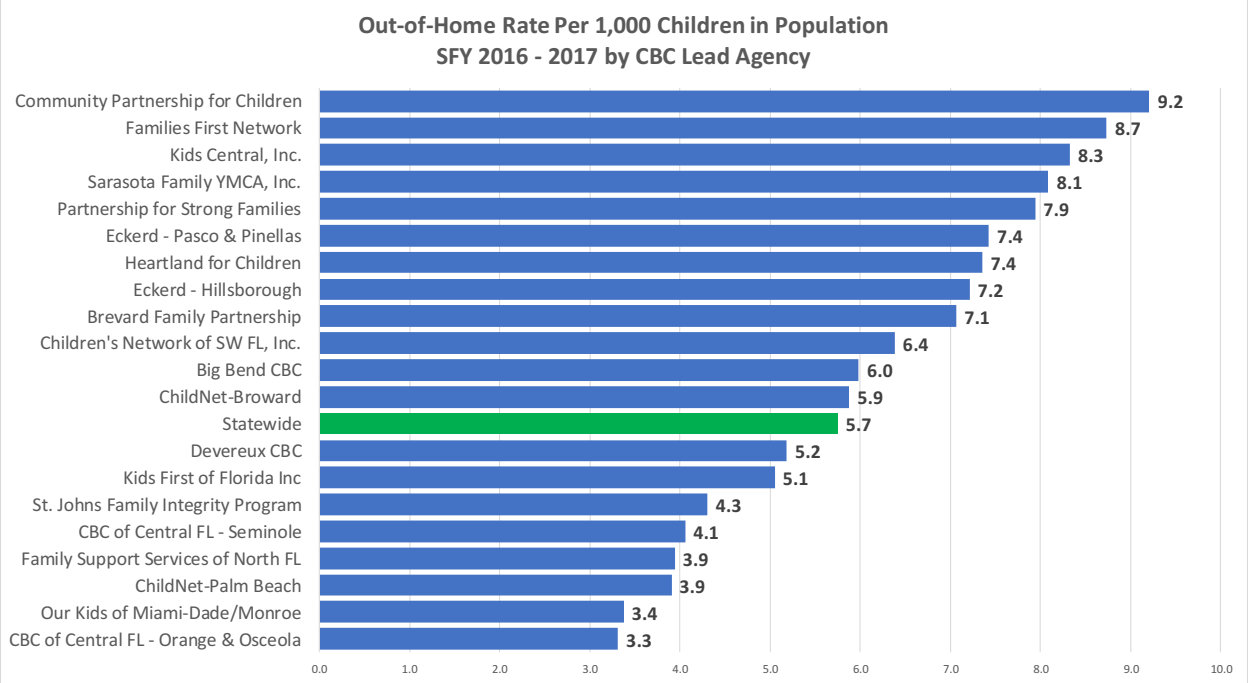
	Removal Rates - per 100 Alleged Victims			
	Thru Sep 2017	SFY 2017	SFY 2016	SFY 2015
Circuit 3	6.24	7.75	7.84	7.91
Circuit 8	5.09	6.62	7.92	6.85
PfSF	5.52	7.01	7.91	7.19
State	6.74	6.66	7.09	7.13

A review of ending out-of-home care (OOHC) census shows a significant increase from SFY 2015 to SFY 2016, then a small increase to SFY 2017 and no change since then. The In-Home census had been steadily decreasing since SFY 2015 but has just begin to increase this fiscal year.

	Ending Census			
PfSF	9/30/17	6/30/17	6/30/16	6/30/15
In Home	425	418	484	504
RCG	445	438	425	357
nRCG	143	140	148	115
FFH	203	197	188	192
RGC	52	50	62	58
Other	33	51	33	20
Total OOHC	876	876	856	742
OOHC Chang	*0.0%*	*2.3%*	*15.4%*	

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.

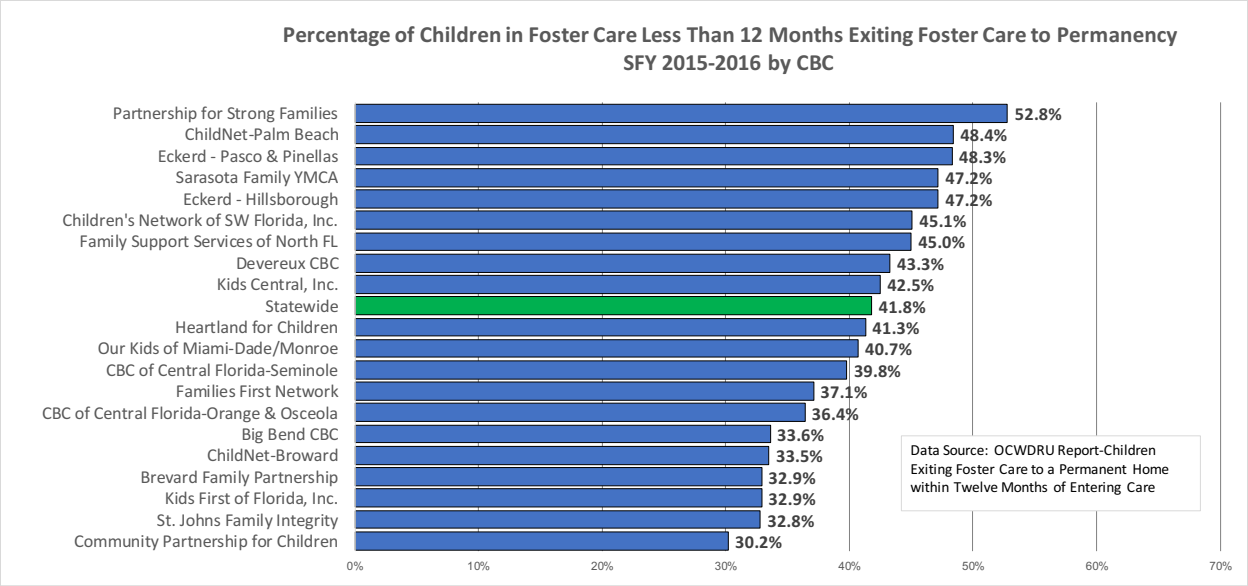




Average monthly discharges had been steadily increasing since SFY 2015 but have decreased slightly the first quarter of SFY 2018.

	Average Monthly Discharges			
	Thru Sep 2017	SFY 2017	SFY 2016	SFY 2015
PfSF	51	61	56	47

For context, the chart below shows the percentage of children exiting foster care in less than 12 months for SFY 2016 – PfSF had the strongest performance in the state



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

The primary tools to prevent a removal are: Rapid Response Services, Family Connections Program and the Resource Centers. The Rapid Response teams are designed to provide immediate resources for a family in crisis to prevent a removal. These teams are available 24 hours per day and operate in all thirteen counties.

The Family Connections program is an evidence based program that provides service for Safe but High Risk children. PSF reports they have a 93% success rate after 6 months. Unsafe children are referred to community resources for in-home services from a dedicated Family Service Facilitator (FSF). Each county has a FSF.

The Resource Centers are a nationally acclaimed program that provides a variety of community based services. Based on the hot spot charts provided by PSF they have had a significant impact on calls to the hotline in the communities they serve.

The current programs offered by PSF have limitations as to their effectiveness in reducing removals. The Family Connections program is evidenced based which limits its

scalability due to the need for MSC level workers and the expense of the program. It is also difficult to expand into the more rural communities served by PSF.

The lack of a formal In-home program for unsafe children limits the ability to reduce removals. Certified child welfare experts (case managers) are being assigned as secondary for the purposes of safety management services during open investigations. While secondary assignment is working in some smaller counties, it is not successful in the CBC's whole service area. This concept is successful in other areas of the state, the current application and implementation for PSF is unsuccessful. As the case managers that are assigned have full caseloads, they are unable to truly apply the concepts of safety management services to the cases they are assigned. Specifically, they are struggling with the following:

- Rapidly engaging families involved in investigations to which they are assigned.
- Supporting investigations with the intensity of safety management needed, by only conducting limited visits to the home and not the number that is needed to effectively manage the plan.

Additionally, Investigations staff reports challenges with getting timely assessment to help inform their family functioning assessment. The Rapid Response program was originally designed to quickly conduct a screening to determine what in depth assessments a family would benefit from, then to connect them to those assessments. However, the program is conducting the screening, then giving the CPI the information to refer to the assessments. This is inefficient and is delaying investigations getting needed information. Another issue with access to information is that a secondary system, Image Now, is used by PfSF as a data storage system. There are some assessments and documents that are housed in Image Now that are not available in FSFN which is limiting a CPIs access to information available to the entire system of care.

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

Prevention

PSF has a strong, evidenced based family support services program that is extremely successful with the families it serves. However, the program has significant capacity issues and is not able serve most the families required to be served by policy (safe, high/very high). Those families outside of the program's specified population, are not receiving intensive prevention services aimed at enhancing the family's protective factors.

Intervention

Front line interviews indicate that case management provides "push back" on working with families non-judicially. PfSF does not have a specialized non-judicial case management program that will focus on strong engagement practice, safety management and intensive intervention.

With the lack of intensive "up-front" services, both family support and safety management, to address risk and safety issues early on, children who are entering out of home care often have had prior history and opportunities to improve family conditions before they reach the point of removal. As described during the interviews, the older children coming into care have had multiple prior reports and are often considered high risk. Prevention or Intervention services early potentially could limit the number of children coming into care.

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 evidence based family support program in place has been very successful with enhancing protective factors and preventing children from encountering the Department again. However, the program has very limited space and exclusionary criteria that limits the number of families served.

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

There are typical struggles with case transfer, including disagreements on the quality of assessments and struggles with document completion. The largest area of contention appears around the quality of assessments and a perception that case management is "nit-picking" the investigator's family functioning assessment. Also, except for Columbia county, the perception was that case managers do not want to accept non-judicial cases and that they want to escalate them to removals.

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.

PfSF has generally stayed above the statewide percentages for placement with relatives and non-relatives, and in family foster homes. They have remained well below the state percentages for residential group care (RGC) and other placement types.

	% by Placement Type			
	9/30/17	6/30/17	6/30/16	6/30/15
PfSF				
RCG	50.8%	50.0%	49.6%	48.1%
nRCG	16.3%	16.0%	17.3%	15.5%
FFH	23.2%	22.5%	22.0%	25.9%
RGC	5.9%	5.7%	7.2%	7.8%
Other	3.8%	5.8%	3.9%	2.7%
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%

PfSF places 62% 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, PfSF has percentages of children in group care settings that are less than the state average for the 0-5 and 6-12 age cohorts, but slightly above the statewide average for the 13-17 age cohort.

Age Cohort	PfSF	State
0 to 5	0%	3.4%
6 to 12	13%	25.7%
13 – 17	68.1%	62.9%

The high number of teenagers in OHC creates a number of issues:

Higher cost placements

Longer time in care

Higher placement moves

Higher In-service abuse reports

Higher % group care

The high percentage of teenagers is certainly one of the drivers that is impacting the cost of the services for PfSF. The therapeutic and special needs of this population make the placement options limited and expensive. The introduction of the Teen Intensive Practice Workgroup is designed to reduce these placements. It is too early to determine if this program will be effective.

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?

Residential facility rates have remained consistent since SFY15/16 with daily rates that range from $100 to $300 per day for various group homes used by PfSF, with one provider receiving an ~50% increase in their daily rates beginning 7/1/2017.

The foster home room and board rates have remained consistent since SFY15/16. PfSF has followed the "standard" room and board rates as the same amount prescribed in s. 409.145(4), Florida Statutes. Since there was an increase in this statutorily prescribed monthly room and board rate due to a cost of living increase (COLA increase), effective 1/1/2017, PfSF increased their 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	$448.53
Six to Twelve (6 – 12)	$460.02	$460.02
Thirteen to Seventeen (13 – 17)	$538.43	$538.43

However, for those children who require more than the "standard" level of supervision and need, such as a medical and therapeutic, PfSF pays the same foster home monthly room and board rate for all three age ranges; Medical - $538.43/month and Therapeutic - $538.43/ month. This medial and therapeutic amount is about a 10-12% increase from the amounts paid in SFY16/17, which was $504/month for Medical and $473/month for Therapeutic.

During the peer view, it was discovered that PfSF is reporting room and board expenditures for services being provided by an actual provider and not the foster parent, which has inflated the room and board costs for SFY16/17 and SFY17/18. The Department is working with PfSF now to get them moved to the appropriate program activity.

In addition to the above monthly room and board rates, foster parents also receive reimbursement for travel.

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 SFY16/17 and SFY17/18, PfSF had three (3) Case Management Organizations (CMOs) with an annual contract amount of:

Camelot Community Care - $ 1,614,084
Devereux Foundation, Inc. - $ 2,252,065
Pathways Human Services - $ 2,758,878
$ 6,625,027

Below are the current Case Managers and Supervisors' Salary amounts paid for by each case management organization.

Case Manager & Supervisor by Case Management Organization and Caseload Ratio					
	CM Salary – Starting	**CM Salary – After Pre-Service**	**CM Salary – After Certification**	**CM Supervisor Salary**	**CM Caseload Ratio***
Camelot Community Care	$38,501	$38,501	$38,501	$46,000	**22.19 : 1**
Devereux Foundation, Inc.	$31,200	$33,280	$35,984	$44,000	**18.40 : 1**
Pathways Human Services	$34,008	$34,008	$35,984	$47,500	**13.15 : 1**

**CM Caseload Ration is based on the CMO's average caseload and is assuming the CMO is fully staffed.*
Provided by PSF on 10/12/17 to the Finance Peer Review Team

There was no indication made by PfSF where an increase was needed in their contracts for CMOs for additional case managers and/or case manager supervisors.

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).

There is much opportunity in this area. If PfSF can get their ME's to expand service coverage then dollars used for FFS can be used elsewhere, especially to secure services for the unsafe child population.

PfSF indicated during the on-site visit that $2.3m of their reported expenditures should have been paid for by the ME.

Per the Finance Peer Review Team's request, PSF provided a download from their PKids payment service authorization system of service information to show how much of their services/expenditures could be paid for by non-child welfare funding sources during SFY16/17. Of the amounts included in this report, the following amounts appear to be specifically identified as Medicaid or SAMH:
Medicaid - $ 40,851
SAMH - $ 478,676
$ 519,527

A more in depth review of the Provider/Service details is needed to determine if these expenditures could have been paid for by the ME.

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

Based on the interviews conducted with both PfSF staff and the CMO staff there seems to be a well-defined structure for managing the daily operations of the child welfare system. There are regularly scheduled reviews at different levels of the organizations to review performance and coordinate issues. Everyone has a clear understanding of their respective role and responsibilities. The QM functions provides a check on the quality of the work through the Rapid Response teams and quarterly reviews. There is a defined escalation process to resolve conflicts.

There are three areas that need attention:

- The high teen population
- The lack of a defined In-Home diversion program to mitigate removals
- The need for foster homes in the rural communities

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	PfSF	Statewide
Children Achieving Permanency within 12 months of removal (children removed in July through September 2016)	40.5%	44%	39.1%
Children in Care 12-23 Months Who Achieved Permanency within an Additional 12 Months.	43.6%	71%	53%

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

Measure	National Standard	PfSF	Statewide
Children in Care 24 or More Months Who Achieved Permanency within an Additional 12 Months.	30.3%	30.1%	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?

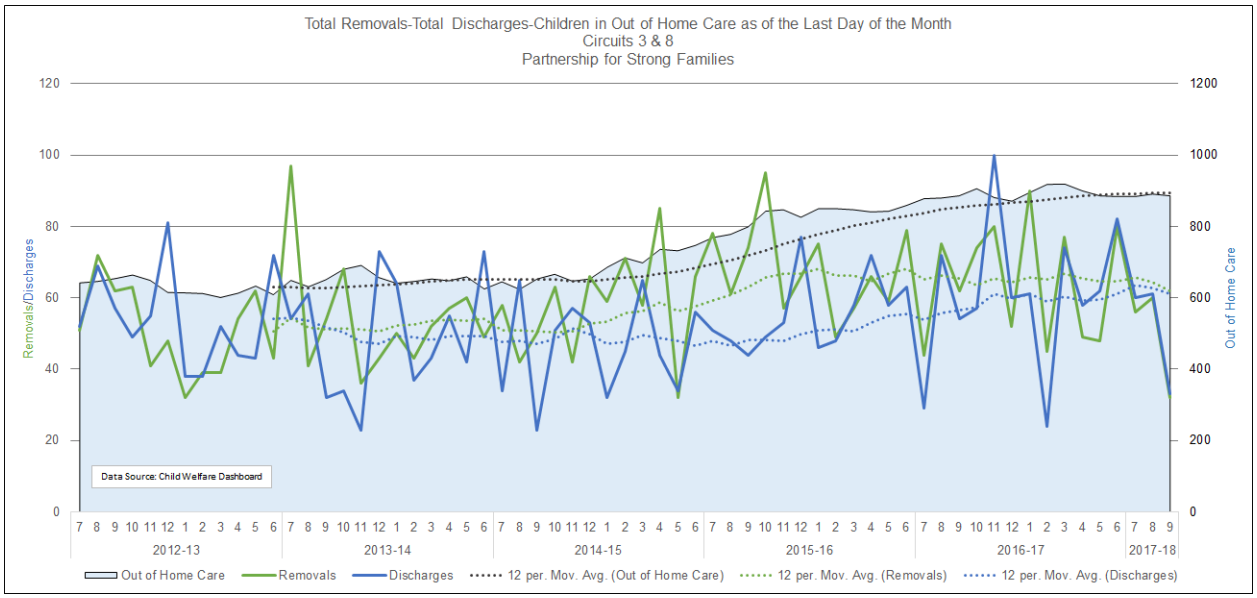
There are three key standards for timeliness of judicial handling that are tracked monthly[2]. For children with a disposition during SFY 2017, the median number of days from shelter to disposition in Circuits 3 and 8 was 50 days compared to the statewide median of 60 days. Median days from Termination of Parental Rights (TPR) to Entry of Final Order was 131 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 2.4% was lower than the statewide average of 6.9%.

Based on the judicial reports in the ROA the judiciary is not a barrier to the success of PSF. CLS did not indicate any major case management issues. PSF reports there is an excellent relationship with the GAL program as well.

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 removals began increasing, discharges remained flat for a while but then also began increasing.

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



The steady increase in removals over the past 30 months has led to a 45% increase in the OHC population. Although PSF continues to exceed the national permanency targets the discharges have not kept up with the removals. This is not unique to PSF. It is a problem throughout the state. It takes over 30 months to clear out a cohort of removals from a given month.

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	$20,930,927	$21,210,405	$21,498,349	$21,834,946	$22,436,437	$22,726,341
Risk Pool Funding	$0	$0	$0	$0	$0	$0
CBC Operations "Back of the Bill" Funding	$0	$0	$0	$0	$0	$0
Other Amendments to Initial Allocations	$0	-$5,197	$8,915	$278,292	$68,943	$0
Amended Core Services Funding	**$20,930,927**	**$21,205,208**	**$21,507,264**	**$22,113,238**	**$22,505,380**	**$22,726,341**
Funding not defined as core servcies funding						
Independent Living (IL and Extended Foster Care)	$1,009,781	$1,009,781	$1,009,781	$1,009,781	$1,009,781	$807,825
Children's Mental Health Services (Cat 100800/100806)	$408,559	$408,559	$408,559	$408,559	$408,559	$408,559
PI Training, Casey Foundation or other non-core svcs	$65,768	$0	$0	$0	$0	$0
Safety Management Services (Nonrecurring)	$0	$0	$0	$0	$336,899	$0
Total at Year End	**$22,415,035**	**$22,623,548**	**$22,925,604**	**$23,531,578**	**$24,260,619**	**$23,942,725**
Maintenance Adoption Subsidy (MAS)	$7,423,443	$8,009,734	$8,404,873	$9,175,796	$9,692,401	$9,896,537
MAS Prior Year Deficit	$0	$0	$0	-$253,279	$0	$0
Carry Forward Balance from Previous Years	$423,528	$2,124,422	$2,172,201	$1,620,618	$799,479	$0
Total Funds Available	**$30,262,006**	**$32,757,704**	**$33,502,678**	**$34,074,713**	**$34,752,499**	**$33,839,262**

Based upon the DCF Report to the Legislature of November 1, 2017, Core Services Funding has not significantly increased over the past five years. The increases have mostly been in the 1.3% to 1.6% ranges with one year receiving a 2.8% increase. PfSF has managed fluctuations in core services expenditures by relying on carry forward balances from prior years. The carry forward balances have typically ranged from 8-10% of the core services funding however that percentage dropped to 4% coming into SFY16/17.

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

Partnership for Strong Families
Expenditures on Core Services and Administration

Reported Expenditures by Fiscal Year	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17
Administrative Costs	$1,451,634	$1,235,382	$1,342,150	$1,333,710	$1,287,629
Admin Cost Rate (Exp as % of Total Allocations)	4.9%	4.0%	4.3%	4.1%	3.8%
Core Services Expenditures					
Dependency Case Management	$11,736,996	$12,709,595	$12,857,799	$12,454,227	$12,016,903
Adoption Services Promotion & Support	$335,840	$448,487	$399,957	$408,213	$1,130,515
Prevention/Family Support/Family Preservation	$1,749,357	$2,345,775	$2,183,997	$2,431,221	$2,066,152
Client Services	$1,769,974	$1,825,731	$1,999,221	$2,079,183	$2,141,481
Training - Staff and Adoptive/Foster Parent	$372,055	$447,276	$472,334	$1,030,147	$938,544
Licensed Family Foster Home Care	$1,136,771	$1,324,165	$1,389,167	$1,533,427	$1,978,601
Licensed Facility Based Care	$1,474,785	$1,651,623	$1,915,961	$2,283,566	$1,815,087
Other	$192,495	$241,768	$476,833	$459,475	$836,202
Core Services Expenditures	**$18,768,273**	**$20,994,420**	**$21,695,271**	**$22,679,458**	**$22,923,484**

Adoption Services Promotion & Support expenditures increased from SFY15/16 to SFY16/17 by ~$722k; however, this is due to PfSF increasing their adoption case management staff by eleven (11) FTEs in SFY16/17. An increase in costs associated with resource development, reported as Other, increased by ~50% from SFY15/16 to SFY16/17 which is an increase of ~$400k. The increase in Licensed Family Foster Home Care of ~$400k from SFY15/16 to SFY16/17 is largely due to cost associated with a shelter facility that should have been reported to Licensed Facility Based Care. While PfSF did experience an increase in children in foster homes the last quarter of SFY16/17, it would have not accounted for the increase in reported expenditures for Licensed Family Foster Homes.

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

PfSF has a service agreement with Community Partnership for Children (CPC) Lead Agency and receives a monthly payment from CPC for the use of PSF's Pkids service authorization system by CPC. According to the 6/30/2017 PSF Statement of Revenues and Expenditures, the amount received for SFY16/17 was $104,024. This same amount is expected from CPC for SFY17/18.

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

The projection from the Financial Viability Plan is significantly different from the requested amount in the Risk Pool Application. The Financial Viability Plan indicates PfSF will end SFY17/18 with a $244k surplus, yet a Risk Pool Funding Application was submitted with a $1.7m request for funding.

This $1,723,402 request is broken down by:
$ 800,000 – Replenish PfSF's utilization of their SFY17/18 Carry Forward Funds.
$ 113,926 – Continued over utilization of out-of-home care costs.
$ 232,990 – Continued over utilization of Purchase of Services costs.
$ 82,086 – For placement and services costs for commercially sexually exploited children.
$ 494,400 – For two (2) children whose services costs should be paid for by Medicaid.

The $494,400 is the amount PfSF expected to pay for future anticipated costs for two (2) out-of-state placements at $900/day for an estimated 549 days; however, during the Peer Review Team's visit, PfSF learned that Medicaid did pick up the costs for these two (2) placements. Therefore, the $494,400 is no longer needed and can be reduced from the risk pool funding request.

Eliminating the $800,000 to replenish their carry forward funds and the $494,400 not needed for the two high cost out-of-state placements, this leaves a proposed modified risk pool funding request amount of $429,002. However, according to the 9/30/2017 Statement of Revenues and Expenditures received from PfSF, there is a small surplus amount of ~$88k projected for SFY17/18 year-end.

In addition, the 6/30/2017 Statement of Revenues and Expenditures received from PfSF reflected a year-end deficit for PSF of approximately $260k however PfSF actually ended SFY16/17 with a surplus. A more in depth review of PfSF's line itemed projections would be needed to determine if these current reported projections are reliable or to better understand the assumptions used to complete these projections.

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

PfSF indicates that they spent ~$2m in Substance Abuse & Mental Health (SAMH) assessment and treatment services in SFY16/17. If the Managing Entity (ME) within their area could pick up paying for more services rather than the CBC then the CBC would not have had a need for risk pool funding at all; however, the ME has indicated that they are not able to use their funds to pay for-profit providers. PfSF should consult

with the DCF Northeast Region SAMH Director to determine whether there is any misunderstanding by the ME in regards to this matter.

PfSF is creating other legal entities to earn additional revenues and to spread their administrative costs across other revenues realized.

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?

None were discovered during the one-day Peer Review Team's visit.

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

No findings or questioned costs were disclosed in the most recent CPA Audit of 6/30/2016.

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?

There appears to be a strong working relationship amongst the various partners. They hold regularly scheduled "barrier breaker meetings" to discuss operational issues. Our interviews with the CMOs did not detect any animosity amongst the organizations. There are scheduled reviews of performance measures. The rural counties present unique communication problems due to the geography and sparse populations.

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

PfSF has been a leader in the use of technology to manage their operations. They have good data tools and have an effective financial organization. There were no obvious gaps observed with these functions.

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?

PfSF has a strong history of responsible fiscal management so have been able to utilize the carry forward to offset many of the fiscal increases. Along with the Region, they have already engaged the ME to try and expand services paid for by the ME. PfSF also mentioned developing their own solutions to bring SAMH providers to the clients requiring their services in rural counties outside of Alachua County.

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 have a strong commitment to follow-through on any recommendations to improve the system of care.

7. Other Findings and Considerations – Financial Viability Plan

The Financial Viability Plan submitted by the PfSF describes the increase in lockouts, underserved APD children, and identified victims of Human Trafficking as drivers of increased costs (these are typically high cost placements). In addition, they noted high spending on Mental Health and Substance Abuse assessment and treatment services. Their Action Plan included the following:

1. Reduce % of out of home children in licensed care settings
2. Increase % of clients being served in home, increase % of clients assigned for Safety Management Assistance (secondary to CMA) within 3 business days of initiation of a safety plan
3. Increase the utilization of alternative funding sources for services by 5%
4. Reduce the number of children ages 16 and 17 coming into care

Summary of Findings and Conclusions

- Prior to the removal increases in SFY 2016 and SFY 2017, PfSF had an extremely low OOHC census relative to annual removals, indicating a short length of stay. While OOHC did increase in SFY 2016 and 2017, it was at a pace less than the removal increases, indicating that the system has done a good job of managing the increase.

- PfSF faces challenges related to their geography (serving many counties, mostly rural) which are most evident in the availability of SAMH services and array of Prevention / Intervention services.

- PfSF has a high number of teenagers in their licensed care population that are impacting their costs.

- PfSF does not have formal safety management services and the current informal practice is not effective in all counties.

Recommendations

The Peer Review Committee recommendations that PfSF 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. The Region and the Lead Agency should continue to build on the collaborative workgroup efforts of the local DJJ/CBC crossover committees to develop local processes in an effort to reduce lockouts
2. The Region and the Lead Agency should continue to assess and refine prevention and intervention services to ensure that the maximum population is being served with the greatest impact
3. The Region and Lead Agency should work together to implement a better model for Safety Management services
4. The Region and Lead Agency should work together with the Managing Entities to ensure an appropriate service array in all counties served so that the Lead Agency does not continue to fund services that should be covered by the ME's.