PLANS FROM COMMUNITY BASED CARE (CBC) LEAD AGENCIES TO ACHIEVE FINANCIAL VIABILITY

Department of Children and Families
Office of the Deputy Secretary

November 1, 2017

Mike Carroll
Secretary

Rick Scott
Governor
EXECUTIVE SUMMARY

Proviso language contained in Specific Appropriation 322 of the General Appropriations Act (GAA) for state fiscal year 2017-2018 required the Department of Children and Families (DCF) to conduct a comprehensive, multi-year review of the revenues, expenditures, and financial position of all Community-Based Care Lead Agencies (CBC’s) for the fiscal years ended June 30, 2016 and June 30, 2017. All lead agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission.

The Office of CBC/ME Financial Accountability developed a Framework for Plan to Achieve Financial Viability document to capture the Department's financial analysis, and allow the CBC to provide an analysis of their financial position, cost drivers, and the anticipated impact of action steps on their quarterly and overall financial position by the end of the fiscal year. In addition, a sample Action Plan was provided as a template for the CBC's to follow in developing their respective action steps, timelines, and targets. Initial plans were due by the end of August.

Since financial viability plans were required for most CBCs last fiscal year and the Department implemented a monthly and quarterly review process of the plans, the DCF regions were delegated responsibility for review and feedback with CBCs on their plans.

Secretary Carroll has continued the monitoring of financial viability of the CBC's on the Department's list of Priority of Effort items. Key measures from the Action Plans will be monitored monthly to ensure activities are initiated and gain momentum; performance will be monitored on a quarterly basis to determine if actions are realizing the desired results. Monthly expenditure reports will also be reviewed as they are currently for all CBC’s.

Financial Viability Plans provided by the CBC’s contained many similarities. All sought to reduce Out-of-Home-Care (OOHC) and many had similar action items. Many of the plans provided measurable targets, at a minimum, for OOHC census numbers. The following high level items appeared in all, or nearly all, Plans:

- Strategies to safely reduce removals by providing support services in the home
- Strategies to move children to permanency more quickly (i.e. reduce length of stay)
- Strategies to reduce the use of facility-based care
- Strategies to increase the availability of foster homes

Some of the Plans also contained strategies to increase the use of relative placements and to work to ensure that services are funded by the appropriate source for example the Managing Entity Substance Abuse & Mental Health lead agencies contracts, Medicaid, the Agency for Persons with Disabilities (APD) and the Department of Juvenile Justice (DJJ).

Note that the Plans, by nature, are point-in-time documents. As circumstances evolve, CBC’s will update Plans as appropriate to reflect the most current information. The next page summarizes expected operating results in the current Plans.
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<th>SFY 2017 Final Operating Results</th>
<th>SFY 2017 Risk Pool Funding</th>
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<th>Projected SFY 2018 Operating Results</th>
<th>Projected Financial Position @ 6/30/18</th>
<th>SFY 18 Core Funding</th>
<th>Deficit as % Core</th>
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<tbody>
<tr>
<td>Childnet (Palm Beach)</td>
<td>$(2,753)</td>
<td>$1,350</td>
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<td>$(1,219)</td>
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<td>$1,816</td>
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<td>Families First Network</td>
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<td>$1,310</td>
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<td>$248</td>
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<td><strong>Totals</strong></td>
<td><strong>$(21,164)</strong></td>
<td><strong>$14,500</strong></td>
<td><strong>$(6,664)</strong></td>
<td><strong>$(3,803)</strong></td>
<td><strong>$(10,467)</strong></td>
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**Summary of Plan Information - remaining CBC's**

<table>
<thead>
<tr>
<th></th>
<th>SFY 2017 Final Operating Results</th>
<th>SFY 2017 Risk Pool Funding</th>
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<th>SFY 18 Core Funding</th>
<th>Deficit as % Core</th>
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</thead>
<tbody>
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<td>Children's Network of Southwest Florida</td>
<td>$2,625</td>
<td>$-</td>
<td>$2,625</td>
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<td>Brevard Family Partnership</td>
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<td>$613</td>
<td>$588</td>
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<td>Partnership for Strong Families</td>
<td>$700</td>
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<td>$700</td>
<td>$(456)</td>
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<td>$22,726</td>
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<td>Our Kids of Miami-Dade &amp; Monroe</td>
<td>$4,465</td>
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<td>St Johns County (Family Integrity Program)</td>
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<td><strong>Totals</strong></td>
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<td><strong>$(4,700)</strong></td>
<td><strong>$(8,205)</strong></td>
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</table>

Note that Plans were prepared with estimates for SFY 2017 results; numbers here calculated with actual results As such, 6/30/2018 financial position will vary from Plans.
Next Steps:

The process of working with the CBC lead agencies in preparing and reviewing the Financial Viability Plans has provided a solid foundation from which the Department can continue to monitor the financial health of our child welfare partners. The information provided during this exercise will also advise the process moving forward for reviewing key cost drivers in CBC’s not currently experiencing financial difficulties so we can be alerted as early as possible. Four key action areas have been identified as a result of this process:

1) Quarterly monitoring of key metrics contained in the action plans for all CBCs.

2) Ongoing monitoring of all CBC’s for early indicators of financial concerns using a sub-set of the performance data contained in this report along with actual financial performance.

3) Based on review of performance and spending patterns, identification and dissemination of best practices among the CBC’s.

4) Technical assistance to those CBC’s who may be struggling with organizational capacity around linking performance and fiscal data.
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COMMUNITY BASED CARE LEAD AGENCY
FINANCIAL VIABILITY PLANS
Big Bend Community Based Care
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   
   a. Core Services Funding $25,649,578
   
   b. Estimated Carry Forward Funding $ 537,411
   
   c. Total $26,186,989

5. Your SFY 2017-2018 core services expenditures were estimated to be $25,549,322.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/(deficit) of $637,667.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard ([http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml](http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml)). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   - Core Services Funding $25,649,578
   - Estimated Carry Forward Balance on 6/30/2017 $398,513
   - Other projected revenue (identify) $133,000 (Medicaid Ad earned 16/17)
   - Total $26,181,091

2. What is your projected level of core services expenditures for SFY 2017-2018? $25,716,018

3. What is your projected core services surplus/(deficit) for the end of SFY 2017-2018? $465,072

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.
   - Factors related to entries into care.
   - Factors related to the cost of children while in care.
   - Factors related to exits from care.

   Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and
mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

- September 30, 2017 (92 days) $ 6,313,606 ($6,467,348 - $153,742)
- December 31, 2017 (92 days) $ 6,330,695 ($6,412,415 - $81,720)
- March 31, 2018 (90 days) $ 6,321,912 ($6,364,397 - $42,485)
- June 30, 2018 (91 days) $ 6,391,049 ($6,405,418 - $14,369)

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

- Big Bend CBC reviews quarterly budget to actual reports for CBC subrecipient service providers. These quarterly budget to actual reports are supported by the subrecipient service provider’s accounting system data. The quarterly budget to actual reports are reviewed for a number of factors, including budget overexpenditures, reasonableness of administrative expenses, and whether the information recorded matches BBCBC records. Annually, BBCBC reviews the independent audit report for each CBC subrecipient service provider. The reports are reviewed for a number of factors, including type of opinion issued by the auditor, reasonableness of various financial ratios, financial statement gain or loss, and other factors.

- Big Bend CBC has a policy to pay vendors, including subrecipient service providers, within thirty (30) days of receipt of a valid and correct invoice. Historically, BBCBC’s vendors have not requested early payment of invoices. If BBCBC’s vendors were to request early payment of an invoice, BBCBC would obtain a further understanding of the purpose and need for such payment.

- There is language in the contracts that Provider shall submit written notification to BBCBC within five (5) weekdays of its Executive Director or any other key position becoming vacant or is anticipated to become vacant and identify who is assuming the responsibilities of that position during the vacancy. Once the position is filled, BBCBC shall be notified in writing of the permanent placement.

BBCBC will be monitoring the following providers closely due to financial concerns:

1. Inspire Group, Inc.
9. Additional information – Include any supplemental information that is relevant to your plan.

Please find the methodology BBCBC utilized for the calculations in projected quarterly core services expenditure milestones (Question 6) below:

Over the year move 18 children out of licensed OHC as follows:
1st Q  5 children X 47.61 (average daily cost) X 319 days (46 half the quarter plus 92 + 90 + 91) = 75,937.95
2nd Q  5 children X 47.61 X 227 = 54,037.35
3rd Q  4 children X 47.61 X 136 = 25,899.84
4th Q  4 children X 47.61 x 46 = 8760.24

Over year reduce kids in group care by 5% which equals 5 children:
1st Q  2 children X 121.95 (group care rate) X 319 = 77,804.10
2nd Q  1 child x 121.95 X 227 =27,682.65
3rd Q  1 child X 121.95 X 136 = 16,585.20
4th Q  1 child X 121.95 X 46 = 5,607.70
1. Big Bend Community Based Care Financial Viability Plan June 2017-June 2018

1A BBCBC will reduce the number of children in licensed OHC by 10% based upon 6/30/2017 number.

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<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
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<tr>
<td>1</td>
<td>Janice Thomas, Cori Bausermann, Chris Meadows</td>
<td>10/1/2017</td>
<td>7/1/2017</td>
<td>Contracts currently being reviewed to determine required changes. Capacity issue being explored.</td>
<td>July to Sept 2017 = 0% Oct to Dec 2017 = 50% Jan to March 2018 = 75% April to June 2018 =100%</td>
<td>Contract deliverable will include tracing report</td>
<td>Intake and Placement tracking Report</td>
<td>Q1 - $90,840 Q2 - $64,845 Q3 - $32,375 Q4 - $10,712</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gordy Pyper</td>
<td>6/30/2018</td>
<td>7/1/2017</td>
<td>Efforts started.</td>
<td>July to Sept 2017 = 25% Oct to Dec 2017 = 50% Jan to March 2018 = 75% April to June 2018 =100%</td>
<td>Q1 - $64,560 Q2 - $23,043 Q3 - $13,805 Q4 - $4,568</td>
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1B BBCBC will reduce the number of children in Group Care by 5% based upon 6/20/17 number.

<table>
<thead>
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<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Mike Watkins, Gordy Pyper</td>
<td>6/30/2018</td>
<td>7/1/2017</td>
<td>Reviews are completed monthly</td>
<td>July to Sept 2017 = 25% Oct to Dec 2017 = 50% Jan to March 2018 = 75% April to June 2018 =100%</td>
<td>Tracking children 0-17 in Group Care</td>
<td>Q1 - $64,560 Q2 - $23,043 Q3 - $13,805 Q4 - $4,568</td>
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Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

| CBC OHC Baseline | OHC Actual | CBC OHC Baseline & Target | RGC Actual | RGC Projections per Plan | OHC Projection per Plan | CBC OHC Baseline & Target | OHC Performance | RGC Performance | Quarterly number | Quarterly number | Quarterly number |
|-----------------|------------|--------------------------|------------|--------------------------|------------------------|--------------------------|-------------------|----------------|----------------|----------------|----------------|----------------|
Brevard Family Partnership
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $19,275,291
   b. Estimated Carry Forward Funding $16,037
   c. Total $19,291,328

5. Your SFY 2016-2017 core services expenditures were estimated to be $18,786,961.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/(deficit) of $504,367.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $19,275,291
   b. Estimated Carry Forward Balance on 6/30/2017 $(25,000)
   c. Other projected revenue (identify) $125,000 Sunshine
   d. Total $19,375,291

2. What is your projected level of core services expenditures for SFY 2017-2018? $18,786,961.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $588,330.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.
   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.
   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.
      i. A Placement Stability Specialist has been assigned to work with relative and non-relative caregivers to provide support, Wraparound and access to services that will result in placement stability.
      ii. BFP Intake staff participates in weekly DJJ audits to promote family preservation by identifying youth at risk of abandonment by their caregivers to engage identified families in the Wraparound process.
      iii. The Mobile Response Team provides licensed clinical crisis response for crisis stabilization and to further stabilize placements.
      iv. The Post Adoption Support Care Coordinator is conducts outreach and engagement of families who have adopted to provide ongoing support, resources and to avoid potential disruption. Post Adoption Support Groups are held monthly to discuss experiences, share ideas, and provide peer to peer support.
      v. The Safety Management Services Team is available to CPI’s for immediately deployment for unsafe children with present danger to prevent a removal episode: providing comprehensive in home supports and services through High Fidelity Wraparound and Intensive Care Coordination.
b. Factors related to the cost of children while in care.

   i. Weekly out of home care meetings are conducted jointly by BFP and Family Allies leadership to review children placed in high end placements, including identification of strategies to accelerate permanency for children in licensed care.

   ii. The Administration of Child and Adolescent Function Assessment Scale (CAFAS) within 3-5 days of entering licensed OOHC to ensure children are placed in the most clinically appropriate and least restrictive setting.

   iii. Recruitment, Licensing and Training of 10 Specialized Therapeutic Foster Care homes recruited and trained which would be funded by a third party provider.

   iv. Set target of reduction of group care high cost placements by 20%.

      1. Continue Res Wrap initiative that utilizes Family Team Conferencing to transition children placed in group care to family foster homes when appropriate, and to reduce LOS in group care.

c. Factors related to exits from care.

   i. Monthly review by unit conducted jointly by BFP and Family Allies leadership of all children in Licensed Out Of Home Care to review progress towards permanency goal and viable relative and non-relative placement.

   ii. The use of Permanency and Youth Centered Roundtables to achieve legal permanency for children through reunification with a birth parent or with the family from which the child was removed, or adoption or guardianship with a relative or non-relative before the youth turned 18 years of age and identify and address systemic barriers to expediting permanency.

   iii. Fatherhood initiative to promote father engagement and foster potential placement options for children in care.

   iv. Set target of Adoption of 77 children during FY 17/18.

   v. Permanency staffings are held at 5 and 9 months from entry into OHC to identify barriers to achieving timely permanency.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not
include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 5,300,000
   b. December 31, 2017 (92 days) $ 4,400,000
   c. March 31, 2018 (90 days)  $ 4,700,000
   d. June 30, 2018 (91 days)  $ 4,386,961

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   BFP performs daily cash flow projections. In the event that BFP experiences cash flow issues, we have the ability to access $500,000 in a line of credit. Brevard CARES has a line of credit in the amount of $150,000 in the event they have cash flow issues.

   BFP can also temporarily access unrestricted non-governmental funds to ensure timely payment to our providers and employees.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   BFP’s major subcontractors are Brevard CARES and Family Allies.

   1. The BFP Chief Finance Director meets with the Executive Director of Family Allies and Brevard CARES monthly to review the following:

   a. Financial Statements
   b. Expenditures
   c. Expenditure Variances
   d. Cost Control Procedures
2. The BFP Chief Finance Director attends monthly board meeting to deliver the Financial Statements and discuss variances, and plans to reduce costs in certain areas if necessary to the individual boards.

3. The BFP Accounting Manager assists the BFP Contract Manager with reviewing the Income Statements and Annual Audits, during the contract monitoring process.

4. C.A.R.E.S has become a Medicaid provider to bill third party for allowable services for clients engaged in the program. This will enable use of an alternative revenue stream for select families in the program.
1. Achieve reduction in caseload ratio of 17:1 (child:care manager)
   - Person Responsible: Bill Bucher / Katie Guemple, Family Allies
   - Goal Date: June 30, 2018
   - Initiated: June 26, 2017
   - Status: Current Performance: 231 (June 2017), Target: 17-1 (FY 1718 Target; FY 1819 Target is 15-1)
   - Comments: Family Allies has established a goal to achieve a 15:1 caseload ratio of primary children assigned per care manager. Analysis of the number of children under supervision at time of transition and historical patterns of entry and exit, a realistic projection to achieve a 15:1 ratio would be mid-FY18-19. Family Allies has identified a target ratio of 17:1 for FY17-18. Plans to achieve this target include increased efforts to improve permanency for children in OHC (Goal 2) and retention of CM (Goal 3).

2. Increase timely permanency to 48% for FY 2017-18 (Children achieving permanency within 12 months of entering out-of-home care; Scorecard Measure #5)
   - Person Responsible: Bill Bucher / Katie Guemple, Family Allies
   - Goal Date: June 30, 2018
   - Initiated: July 1, 2017
   - Status: Current Performance: 35-4% (FY 1617 Q4), Target: 48%
   - Comments: Family Allies has identified a target for children achieving permanency within 12 months of entering OHC of 48% for FY17-18. This represents a 17.5% increase above the State target of 40.5%. Family Allies is implementing monthly reviews of all children in OHC, streamlining diligent search responsibilities, and implementing recognition strategies focused on permanency.

3. Reduce turnover of Care Manager positions to 35%
   - Person Responsible: Bill Bucher / Katie Guemple / Sabrina Kidd, Family Allies
   - Goal Date: June 30, 2018
   - Initiated: July 1, 2017
   - Status: Current Performance: 51.5% (FY 1617), Target: 35%
   - Comments: Family Allies has identified a goal of reducing employee turnover to 35% over FY 1718. Family Allies has identified a goal of reducing turnover and decreasing caseload ratios. Action Steps include achieving reduction in caseload ratio of 17:1 (child:care manager) and increase timely permanency to 48% for FY 2017-18.
1. Brevard Family Partnership Financial Viability Plan June 2017-June 2018

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Valerie Holmes/Ashley Carraro/Jessica Ayala BFP</td>
<td>June 30, 2018</td>
<td>Target Date to Initiate: August 1, 2017</td>
<td>Monthly review by unit of all children in Licensed Out Of Home Care to assess progress towards permanency goal and viable relative and non relative placements.</td>
<td>287 Children in licensed OOHC as of June 30, 2017</td>
<td>Reduce the number of children in Licensed OOHC by 10% (287 children in OOHC)</td>
</tr>
<tr>
<td>2</td>
<td>Bill Bucher Family Allies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FY 1718 Q1-2.5% FY 1718 Q2-2.5% FY 1718 Q3-2.5% FY 1718 Q4-2.5%</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FSFN OCWWRU Children in Out Of Home Care Match (January 1, 2018)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Budgeted daily rate for out of home placements is $13,668, goal is to be at $12,301 per day by 6/30/2018. July 2017 daily rate was $11,037.</td>
<td></td>
</tr>
</tbody>
</table>

| 4 | Valerie Holmes/Ashley Carraro/Jessica Ayala BFP | June 30, 2018 | July 1, 2017 | This process was initiated on July 1, 2017; initial reviews were held on July 11, 2017; reviews are held every Tuesday at 2:00pm. BFP captured a snap shot of the highest utilizing of Licensed Out Of Home Care to monitor progress, needs and assess safe step down alternative placement options and to review progress towards permanency goal including viable relative and non relative placements. | 17 High Utilizers | Reduce the number of high costs placements by 20% |
| 5 | Valerie Holmes/Ashley Carraro/Jessica Ayala BFP | June 30, 2018 | July 1, 2017 | Divert children from entering licensed OHC through Safety Management Services Teams | 88.3% diverted (FY 1617 Performance) | BFP Self Report |

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

<table>
<thead>
<tr>
<th>CBC OHC Baseline</th>
<th>OHC Actual</th>
<th>OHC Projection per Plan</th>
<th>CBC RSC Baseline &amp; Target</th>
<th>RSC Actual</th>
<th>RSC Projections per Plan</th>
<th>RSC Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC OHC Baseline</td>
<td>748 (Lic. 287)</td>
<td>715 (Lic. 280)</td>
<td>710 (Lic. 273)</td>
<td>700 (Lic. 266)</td>
<td>674 (Lic. 259)</td>
<td>Target Reduction of Traditional Group Care by 20% (* Does not include children served in HF, STGH,RTC,UIPP, APD, or substance abuse residential.)</td>
</tr>
<tr>
<td>40</td>
<td>38</td>
<td>36</td>
<td>34</td>
<td></td>
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</tr>
</tbody>
</table>

OHC Performance

Quarterly number

RSC Performance

Quarterly number

*OHC Reduction Target based on 10% reduction in OHC over FY 1718. OHC projection based on 25% reduction per quarter, with adjustments for transition (Q1), historical trend (Q2 and Q3) and historical trend / expectations of improved process and management (Q4)
**ChildNet, Inc. – Broward County**

**Plans to Achieve Financial Viability**

### A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   - a. Core Services Funding $57,807,569
   - b. Estimated Carry Forward Funding $(4,473,730)
   - c. Total $53,333,839

5. Your SFY 2016-2017 core services expenditures were estimated to be $59,834,621.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/(deficit) of $(6,500,782).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   
   a. Core Services Funding $ 57,807,569
   b. Estimated Carry Forward Balance on 6/30/2017 $(4,638,484)
   c. Other projected revenue (identify) $ 0
   d. Total $ 53,169,085

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 57,217,149.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $(4,048,064).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.
      i. Number of removals
      ii. Safety Plan efficiency – Quality of Safety Management Services: ChildNet has been utilizing the Safety Management Services program for an excess of a year. Henderson Behavioral Health provides the Safety Management Services for all of Broward County with the exception of the 33311 and 33313 zip codes. Currently, Benson & Taylor provides the Safety Management services for those zip codes. A Request for Application (RFA) has been submitted for a provider to take over the servicing of those zip codes. The new provider is expected to commence its services no later than October 1, 2017. Eighty-one percent of the children served by Henderson have remained in the home at the time of discharge.
      iii. Type of Removals – different based on Parental needs the significance of maltreatment; needed service and length of service to gain insight. In Broward County, substance abuse and domestic violence are the top two reasons for removal. There has been a significant amount of parents with severe mental health issues. In these cases, more time and intensive services are needed to assist the parents as they strive for reunification.

   b. Factors related to the cost of children while in care.
      i. Type of Placements,
      ii. Services needed for clients and their families: The services provided to the clients and families are dependent on their needs. The intensity and the length of the services provided affect the cost of the care for each client.
iii. Length of stay.

iv. Case load size and ratio: The case load size and ratio to Case Managers are monitored on a weekly basis. A thorough analysis is performed each month to effectively manage the distribution of cases among the managers. The higher the case load ratio the longer the length of stay for the clients.

v. Significant needs of the children – cross over youths; APD: Children that have higher end needs, require a more intensive placement structure along with increased supervision. The more specialized the service needed to meet the needs of the client the more costly it is for the company. ChildNet continues to partner with APD to find specialized placements for the clients in need.

c. Factors related to exits from care.

i. Efficiency of Judiciary/Court Administration: There have been instances in which cases were not able to get consistent docket time and therefore simple procedures such as the termination of parental rights would be completed over a month long period as opposed to the one to two week time generally accepted.

ii. Familial placement effect /Relative/non-relative care – trend to achieve more timely permanence when children placed with family.

iii. Caseloads – large can’t engage the parents for timely permanency – Case Managers are constantly working to achieve safe and stable permanence for all their clients at the same time. Those with large caseloads are unable to fully engage with each parent as they are constantly sharing their time among a substantial case load.

iv. Judicial calendaring

Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.
6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $14,613,596
   b. December 31, 2017 (92 days) $14,350,741
   c. March 31, 2018 (90 days) $14,183,339
   d. June 30, 2018 (91 days) $14,069,472

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   a. Payments to subcontracted providers have been extended to 45 days from the invoice date as outlined in their contracts.
   b. Subcontracted provider’s contracts that provide for Group Care, Foster Care and other Purchased Services have been reduced by 6% in order to lessen the burden on the monthly cash outflow.
   c. All other payments to providers and third party vendors will be paid at or near their due dates.
   d. ChildNet will negotiate with new and current vendors (i.e. non-contracted providers) to provide for more beneficial payment terms that are at a minimum 30 days from the invoice date.
   e. General liability, excess liability, property insurance (for equipment), workers compensation and vehicle insurance have been financed over a period of nine months in order to reduce the significant outlay of cash at the beginning of the fiscal year.
   f. The organization has the ability to draw down on a line of credit of approximately $1 million as an additional buffer to manage cash flow. The organization only accessed the line of credit once during the 2016-17 fiscal year in order to meet year-end obligations.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

   The organization currently requests financial information from contracted providers on a quarterly basis which includes the following, if available:
   
   - Statement of financial position or balance sheet
   - Profit and loss statement
   - Budget to Actual statement
   - Cash flow statement
   - Accounts payable aging
A review of the financial information may consist of ratio analysis, analyzing budget deficits, cash flow deficits and inquiring about payables greater than 90 days old.

In some situations, if a provider requests early payment of invoices for cash flow purposes, the organization requests detailed information as to the purpose and notifies the provider that this option of early payment of an invoice is only available three times during a fiscal year.

The organization also reviews all recent CPA audits to identify findings, questioned costs, modified opinions and also performs analysis on certain components of the financial statements. Analysis consists of calculating the current ratio on the balance sheet to determine the financial health of the organization, a review of the statement of activities to determine the extent of the loss incurred for the fiscal year, if any, and a review of the notes to the financial statements to determine if there have been any changes in operations that may affect the financial health of the organization. If questioned costs or findings are identified related to Federal or State awards provided to the subrecipient, we request a management decision that must state whether or not the audit finding is sustained, the reason for the decision and any actions the provider has undertaken to rectify the finding.

9. Additional information – Include any supplemental information that is relevant to your plan.

A 6% reduction applied to the Providers which reduced the Foster Care daily expenditure rates from FY 16-17, $36.50 to $35.67 in FY 17-18. The projected increase in the number of children in Foster Care for FY 17-18 will be approximately 4 children. As of May 2017, the net reduction of children in Foster Care for the current fiscal is 15. The estimated cost savings associated with this increase in the number of children in Foster Care along with the 6% reduction would be approximately $211 thousand from the prior fiscal year (FY 16-17). The 6% reduction will not impact foster parents as the daily board rate will remain intact.

a. The total estimated cost savings for Group Care and Foster Care would be $3.4 million for FY 17-18 from the prior year.
The 6% reduction was applied only to the Foster Family Group Home Providers who are 37.85% of the foster care placements. The reduction is not applicable to the foster parents. This analysis was based on the expenditures of FY 16-17.

A 6% reduction applied to the subcontracted Providers which reduced the Group Care daily expenditure rates from FY 16-17, $168.07 to $162.68 in FY 17-18. In addition to the 6% reduction, the daily placement census projections are being reduced based on the number of children in care. The projected reduction in the number of children in Group Care for FY 17-18 will be approximately 46 children. As of June 2017, the net reduction of children in Group Care for FY 16-17 is 59. The estimated cost savings associated with this reduction in the number of children in Group Care coupled with the 6% reduction would be approximately $3.2 million from the prior fiscal year (FY 16-17).

The 6% reduction was applied only to the Contracted Providers who are 53.4% of the shelter/residential group care placements. ChildNet did not apply the 6% to the remaining providers as ChildNet does not have a contract for those placements. This analysis was based on the expenditures of FY 16-17.
### 1A ChildNet Broward Financial Viability Plan June 2017-June 2018

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 6% reduction applied to the subcontracted Providers for Group Care services and reduce the census by 46 children.</td>
<td>Denese Rankine Palmer/ Donna Skees</td>
<td>7/1/17</td>
<td>7/1/17</td>
<td>Completed</td>
<td>Met with all subcontracted providers June, 2017. The plan was instituted July, 2017.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. 6% reduction applied to the Providers for Foster Care Services.</td>
<td>Denese Rankine Palmer/ Donna Skees</td>
<td>7/1/17</td>
<td>7/1/17</td>
<td>Completed</td>
<td>Met with all subcontracted providers June, 2017. The plan was instituted July, 2017.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Reduce the number of children placed in out of home placements to meet target. Continued focus to find familial placements from the onset of the case, and the appropriate setting to meet the needs of the child.</td>
<td>Program Officers</td>
<td>12/31/17</td>
<td>7/1/17</td>
<td>On going</td>
<td>Adding of new judge for TPR trials will expedite the back end cases to free children to move forward to adoption finalization. All children over 18 mths in care are being reviewed to develop plan of action to achieve permanency. Continued focus on safety practice for conditions for return in order to expedite permanency for the new cases.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. 6% reduction applied to the Purchased Services Providers. Along with a constant review of provider rates and utilization.</td>
<td>Denese Rankine Palmer/ Donna Skees</td>
<td>7/1/17</td>
<td>7/1/17</td>
<td>Completed</td>
<td>Met with all subcontracted providers June, 2017. The plan was instituted July, 2017.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Increase the capacity of foster home beds earmarked for sibling group and teenagers (100 beds)</td>
<td>Wendy Smith</td>
<td>On going</td>
<td>7/1/15</td>
<td>On going</td>
<td>Working in partnership with foster home provider agency to increase recruitment of foster homes with priority areas of sibling groups and teenagers. Which will result in more familial like setting.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Create monthly and quarterly projections for reunifications and closures. Program Officers/Directors of Case Management</td>
<td>On going</td>
<td>12/31/16</td>
<td>On going</td>
<td></td>
<td>Each Director and Supervisor submits monthly and quarterly projections for reunifications and closures to the Senior Management team on a weekly basis.</td>
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</table>

### 1B ChildNet Broward will stabilize the case management turnover rate which will lead to a reduced case load for each advocate.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
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<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify cases with minimal barriers to a safe closure</td>
<td>Directors of Case Management</td>
<td>On going</td>
<td>10/1/15</td>
<td>On going</td>
<td>Directors are continuously staffing cases with their team to develop a plan of action to move them to safe and timely closure. In addition, they staff the cases for recommended closures to the Judiciary.</td>
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<tr>
<td>2. Continuous offering of pre-service classes to new case managers</td>
<td>On going</td>
<td>4/1/16</td>
<td>On going</td>
<td></td>
<td>Continuous hiring of new case managers</td>
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</tbody>
</table>
### 1B ChildNet Broward will stabilize the case management turnover rate which will lead to a reduced case load for each advocate.

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</thead>
<tbody>
<tr>
<td>3</td>
<td>Laura Leese</td>
<td>On going</td>
<td>4/1/16</td>
<td>On going</td>
<td>CD Counselors assist newly placed Child Advocates for 10-12 weeks. They serve to reinforce the training received during pre-service as well as modeling the agency trainings to ensure transition to their new units. They will work with them on case specific items. The CD unit provide a mid-term and final report to the supervisor listing evaluations on their competency in various areas such as documentation, family engagement and family assessment.</td>
<td></td>
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<tr>
<td>4</td>
<td>Program Officers/Directors of Case Management</td>
<td>On going</td>
<td>12/31/16</td>
<td>On going</td>
<td>Continuous review of the case load stats for the case managers to prevent overload/burnout. The caseload is staggered based on experience and ability.</td>
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</table>

### 1C ChildNet will reduce the number of children in Out of Home Care

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<tr>
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<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Directors of Case Management</td>
<td>On going</td>
<td>12/31/16</td>
<td>On going</td>
<td>Weekly analysis of cases to identify barriers and determine specific actions needed to move cases toward permanency. Each Director and Supervisor submits monthly and quarterly projections for reunifications and closures to the Senior Management time on a weekly basis.</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Directors of Case Management</td>
<td>On going</td>
<td>04/1/16</td>
<td>On going</td>
<td>Work collaboratively with the Office of Attorney General to review six months or older cases: in-home cases, post placement cases, children with goals of Permanent Guardianship and non-adjudicated children. Completed through permanency staffing process; the cases are reviewed and if any barriers arise, they can be resolved and or elevated as needed</td>
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</table>
1. **ChildNet Broward Financial Viability Plan June 2017-June 2018**

**1C ChildNet will reduce the number of children in Out of Home Care**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>3</td>
<td>Implementation of the &quot;Permanency Dockets&quot; project. This project will review 87 cases for children who have been in care 18 months or longer.</td>
<td>Theresa Kennedy/Maggie Tilelli</td>
<td>On going</td>
<td>7/1/16</td>
<td>On going</td>
<td>The cases will be heard on an &quot;as needed&quot; basis with hearings taking place more frequently to start, similar to the model used in Dependency Drug Court and Early Childhood Court, with some cases being heard less frequently thereafter while others may need to come in every 2-3 weeks. Prior to the Permanency Status hearing, which is what most of the hearings on the docket will be called, a &quot;Permanency Case Review&quot; meeting will be held with all the parties on Wednesday afternoons from approximately 3pm to 5pm to discuss and/or resolve relevant issues regarding their case. This is a coordinated effort involving the Judiciary, Court Administration, Office of Attorney General, Office of Regional Counsel, Guardian Ad Litem, Legal Aid and ChildNet .</td>
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<tr>
<td>4</td>
<td>Monthly Roadmap meeting with partners (OAG, Judiciary, DCF) to review the system of care and identify obstacles in the process and develop strategies to overcome them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Focuses on safe and timely permanency; decrease in cost drivers for financial viability.</td>
<td></td>
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<tr>
<td>5</td>
<td>Conduct review of children in OOH for over 18 months to determine type of permanency and projection of permanency date.</td>
<td></td>
<td>12/31/17</td>
<td>5/1/17</td>
<td>On going</td>
<td>AS of April 30, 2017, had 609 children in care over 18mths, as of 07/01/17, 180 has exited care. Continued focus on the cases with monthly and quarterly projections submitted to Senior Management. All barriers will be reviewed at the collaborative staffing. A 7th judge was approved and added to the circuit, June 2017 and focus has been identified by the judiciary; will be able to expedite TPR and move children with adoption goals to permanency.</td>
<td></td>
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<tr>
<td>6</td>
<td>Implement Differentiated Case Management technique in the courts. This case management system will accommodate the diversity of case processing events and timeframes appropriate to the individual cases filed.</td>
<td>Court Administration/ Theresa Kennedy</td>
<td>On going</td>
<td>5/1/17</td>
<td>On going</td>
<td>Court Administration tracks the new cases and puts them on various tracks to ensure the cases are expedited and move to safe and timely closure. Track 1 - Straight PAD, Track 2 - Removal/Unification Goal, Track 3 - Expedited TPR, Track 4 - Goal Change to Adoption from Track 2, Track 5 - No Initial Consent and Track 6 - Intensive Supervision Cases</td>
<td></td>
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</table>
### ChildNet Broward Financial Viability Plan June 2017-June 2018

ChildNet oversees the safety practices with Broward Sheriff's Office to reduce the number of removals.

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Dawn Liberta</td>
<td>On going</td>
<td>9/6/16</td>
<td>On going</td>
<td>ChildNet has had staff outposted at BSO, however, role changed for staff to focus on collaboration regarding the Safety Practice Methodology including Legal Sufficiency and the Decision Support Team. The Decision Support Team is a collaboration between ChildNet, BSO and community providers to determine if removal is in the best interest of the child or if services can be put in place while maintaining child safety.</td>
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<tr>
<td>2</td>
<td>Dawn Liberta/Denesee Rankine-Palmer</td>
<td>On going</td>
<td>10/1/16</td>
<td>On going</td>
<td>Collocated at BSO, upon the initial investigation of a client, they provide safety management services to monitor BSO safety plan. A monthly report is submitted to Senior Management showing the number of families that benefited from in-home services and removals were diverted. Plan was instituted 10/1/16</td>
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</tbody>
</table>

### Additional reporting for CBCs: Must be included in SFY 2017-2018 plans

<table>
<thead>
<tr>
<th>CBC DHC Baseline</th>
<th>DHC Actual</th>
<th>DHC Projection per Plan</th>
<th>CBC DHC Baseline &amp; Target</th>
<th>RGC Actual</th>
<th>RGC Projections per Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5/30/2017</td>
<td>9/30/2017</td>
<td>12/31/2017</td>
<td>6/30/2018</td>
<td>5/30/2017</td>
</tr>
<tr>
<td>2278</td>
<td>2222</td>
<td>2207</td>
<td>2196</td>
<td>2164</td>
<td>217 / reduce by 45 children 2252 216 210 219 191</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>CBC</th>
<th>Quarterly number</th>
<th>DHC Performance</th>
<th>Quarterly number</th>
<th>RGC Performance</th>
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<tbody>
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</table>
A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $32,432,855
   b. Estimated Carry Forward Funding $(1,402,695)
   c. Total $31,030,160

5. Your SFY 2016-2017 core services expenditures were estimated to be $32,987,213

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $(1,957,053).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard ([http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml](http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml)). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $ 32,432,855
   b. Estimated Carry Forward Balance on 6/30/2017 $ (1,403,227)
   c. Other projected revenue (identify) $ 0
   d. Total $ 31,029,628

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 30,292,051.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 737,577.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.
   a. Factors related to entries into care.
      i. Timely crisis intervention and monitoring of safety plans: Per ChildNet’s subcontract with Henderson Behavioral Health, the SMART (Safety Management Action Response Team) team will respond within 2 hours or 24 hours depending on the request made by the CPI. SMART works with the mobile crisis programs operated by South County Mental Health and Jerome Golden Mental Health Center. Their emergency/ crisis planning services are available 24/7 to provide in-the-moment crisis support to diffuse behavioral health crisis. These teams are available to support Palm Beach safety management services. SMART will assist in providing the caregiver access to resource supports in order to ensure that appropriate interventions address caregiver protective capacities while ensuring the child’s safety, permanency and well-being. Their work focuses on bringing a halt to the crisis, mobilizing problem solving, controlling impending danger and reinforcing the caregiver's participation in the safety plan. SMART staff work with the family on anticipating possible crises and plan for how such situations will be handled, related to the safety plan.
      ii. CPIs knowledge of safety and intensive intervention services: Service Coordination staff from ChildNet continuously presents information about various services to the CPI and CPIS at their regular group meetings. We have created a quick reference guide to facilitate their appropriate referrals in the field. In addition, Service Coordination is readily available for consultations and support to CPI staff and administrators. CPI referral for and utilization of specialized services is reviewed with the administrators on a monthly basis. In addition, service providers, Program Administrators and CPIS meet monthly to review CPI access and availability of services and address any issues which arise.
b. Factors related to the cost of children while in care.

i. Effective utilization of foster homes: ChildNet’s Director of Foster Home Recruitment, Licensing & Quality identifies and reviews with each subcontracted child placing agency those licensed homes which rarely, if at all, actually serve children so that agencies can either work with identified homes to increase their utilization or cease the expenditure of agency time and resources in licensing and supporting such homes. The daily use and weekly updating of an accurate electronic bed chart also significantly enhances more efficient and effective placement efforts by both ChildNet Intake & Placement and CPA staff, ensuring that all viable and appropriate placement options are always pursued and utilized. ChildNet’s Director of Intake & Placement also convenes bi-weekly group meetings with staff from all the child placing agencies to review in-depth the possible transition to a foster home of targeted children who have been previously placed in residential group care. ChildNet also establishes and monitors annual goals for increases in the total number of children served by each child placing agency and, in particular, the number of teens served by each. Reports on child placing agency performance are shared monthly with each individual CPA, its staff and administrators including its highest ranking executive. Reports on and discussion of aggregate circuit performance are also a regular formal agenda item at the quarterly meeting of Circuit 15 CBC Network Executives.

ii. Transitions from residential group care to relative/nonrelative and foster homes

iii. Increase of therapeutic foster home capacity

iv. Utilization of appropriate resources: Service Coordination staff facilitates a wide range of staffings including Child Specific Staffings and Child Placement Agreement Staffings. During those staffings the child’s behaviors and current services are discussed. Service coordination staff make recommendations in regards to whether additional or specialized services are needed. If funding for services is needed outside of what is Medicaid reimbursable a General Funding Authorization is submitted and the need is reviewed. Also, service coordination is available for consultation at any time.

On a monthly basis, ChildNet reviews each child placed in a residential treatment facility to ensure the proper funding source is paying for the child’s treatment. The Director of Service Coordination also reviews with the Managing Entity for Substance Abuse and Mental Health and their subcontracted service provider agencies the utilization of their several sources of public and private funding to ensure the fullest possible utilization and most efficient distribution of that funding and to ensure that ChildNet does not use child welfare general revenue to purchase behavioral health care services when other public or private funding is available to pay for them.

Service Coordination staff also reviews all requests for funding authorization to determine whether the service or item requested can be supported by the specialized and additional benefits available to members of the Child Welfare Medicaid Managed Care Specialty Plan to ensure that ChildNet does not use child welfare general revenue to pay for services or items which could be covered through the plan.

v. Identification of youth cases to be enrolled into Medicaid: ChildNet Revenue Maximization staff monthly provides a list of any children who have been denied Medicaid eligibility as a result of their immigration status. ChildNet’s In-House Counsel then works with the assigned dependency case manager to facilitate and ensure the referral of that
youth, if appropriate, to Legal Aid of the Palm Beaches for the initiation of the application for Special Juvenile Immigration Status, which then makes them eligible for Medicaid enrollment.

c. Factors related to exits from care.

i. Historically, Circuit 15 has met and exceeded state and federal averages and targets on the timeliness of local dependent children’s movement to permanence. This has been the result of the constant attention, vigilance and work of nearly all the local dependency stakeholders including ChildNet, the subcontracted dependency case management service provider Children’s Home Society, Children’s Legal Services, the Guardian ad Litem Program, Legal Aid of the Palm Beaches and the Fifteenth Judicial Circuit Court judges and administrative staff. We continue to ensure effectiveness in this area by regular, at least monthly, monitoring of circuit performance in this area including not only the percentage of children moved to permanence but also comparing overall entries into and exits from out of home care to ensure that the later consistently exceed the former, as they did during the past fiscal year when exits exceeded entries by 13 percent. Going forward, increased attention is being specifically focused on increasing the rate of exits for children who have been in care for more than 24 months, a group for whom performance recently appeared to decline. Weekly performance management meetings now include this as an agenda item during which individual cases of children in care for more than 24 months are reviewed and specific plans for intensifying reunification or adoption efforts developed and system wide targets and projections for the movement of this entire subset of children to permanence are established and progress toward them monitored.

Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity (ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.
6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure
milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $7,653,288
   b. December 31, 2017 (92 days) $7,603,575
   c. March 31, 2018 (90 days) $7,483,678
   d. June 30, 2018 (91 days) $7,551,510

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the
actions you intend to take to permit you to continue operations through the year without disruption to client
services or delay or disruption in payment to employees, providers or others. How will you manage cash
flow and otherwise fulfill your fiduciary responsibilities?

   • Payments to subcontracted providers have been extended to 45 days from the invoice date as outlined in
     their contracts.
   • All other payments to providers and third party vendors will be paid at or near their due dates.
   • ChildNet will negotiate with new and current vendors (i.e. non-contracted providers) to provide for more
     beneficial payment terms that are at a minimum 30 days from the invoice date.
   • General liability, excess liability, property insurance (for equipment), workers compensation, and
     vehicle insurance have been financed over a period of nine months in order to reduce the significant
     outlay of cash at the beginning of the fiscal year.
     a. The organization has the ability to draw down on a line of credit of approximately $1 million as
        an additional buffer to manage cash flow. The organization only accessed the line of credit once
        during the 2016-17 fiscal year in order to meet year-end obligation.

8. The financial viability of major subcontractors such as case management organizations is of concern to a
system of care. Please provide a narrative description of how your lead agency will address the monitoring
of these providers to assess and address their financial viability.

The organization currently requests financial information from contracted providers on a quarterly basis
which includes the following, if available:

   • Statement of financial position or balance sheet
   • Profit and loss statement
   • Budget to Actual statement
   • Cash flow statement
   • Accounts payable aging

A review of the financial information may consist of ratio analysis, analyzing budget deficits, cash flow
deficits and inquiring about payables greater than 90 days old.

In some situations, if a provider requests early payment of invoices for cash flow purposes, the
organization requests detailed information as to the purpose and notifies the provider that this option of
early payment of an invoice is only available three times during a fiscal year.
9. The organization also reviews all recent CPA audits to identify findings, questioned costs, modified opinions and also performs analysis on certain components of the financial statements. Analysis consists of calculating the current ratio on the balance sheet to determine the financial health of the organization, a review of the statement of activities to determine the extent of the loss incurred for the fiscal year, if any, and a review of the notes to the financial statements to determine if there have been any changes in operations that may affect the financial health of the organization. If questioned costs or findings are identified related to Federal or State awards provided to the subrecipient, we request a management decision that must state whether or not the audit finding is sustained, the reason for the decision and any actions the provider has undertaken to rectify the finding.

10. Additional information – Include any supplemental information that is relevant to your plan.

Developed, implemented and monitored a comprehensive Foster Home Recruitment and Utilization Plan that included a detailed community outreach and marketing strategy.

Developed and implemented an electronic bed utilization tracking system which facilitates more efficient matching of children needing placement with the true real time foster home inventory of subcontracted child placing agencies.

ChildNet shall pay recruitment bonuses to Network Provider for each home that is newly licensed after the first placement of a teenager who meets the criteria. A onetime payment to the agency shall be made with the amount based on the home’s licensed capacity. ChildNet will also pay an enhanced board rate to the foster parent.
Developed new, more informative and engaging profiles of children assessed as appropriate for transition from residential group care to foster homes and review them in face-to-face meetings with staff of all subcontracted child placing agencies convened biweekly at ChildNet.

Development and implementation of tools manually tracking and reporting the movements of every child transitioned out of residential group care.
1. ChildNet Palm Beach Financial Viability Plan June 2017-June 2018

**1A** ChildNet will continue to collaborate with community partners to establish an effective safety management system to avoid unnecessary removals.

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</tr>
</thead>
<tbody>
<tr>
<td>Continuous collaboration with Henderson Behavioral Health to provide timely crisis intervention, monitoring of safety plans, peer support and linkage with services to meet basic, immediate, non-therapeutic client needs.</td>
<td>Krystal Kenison</td>
<td>6/30/18</td>
<td>9/1/16</td>
<td>ongoing</td>
<td>SMART contract developed, executed and expanded to ensure adequate capacity in second and current fiscal year.</td>
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</tbody>
</table>
ChildNet will continue to reduce the utilization of residential group care, transitioning appropriate cases to foster and relative/nonrelative care.

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<th>Initiated</th>
<th>Status</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3 Continuous review of profiles of children in residential group care to transition them to foster homes.</td>
<td>KimUyen Thai</td>
<td>6/30/18</td>
<td>09/1/16</td>
<td>ongoing</td>
<td>Working in collaboration with Children's Home Society. Since September 2016, we have been meeting biweekly with the foster home providers to present the children that we believe can be transitioned to foster home. This practice will continue for the fiscal year.</td>
</tr>
<tr>
<td>4 Weekly review of the residential group care census and comparison with monthly residential group care census targets.</td>
<td>KimUyen Thai</td>
<td>6/30/18</td>
<td>6/1/16</td>
<td>ongoing</td>
<td>This is reviewed every Monday with Palm Beach management team. Discussion of all new entries and exits for all children in group care each week.</td>
</tr>
<tr>
<td>5 Weekly in-depth review of targeted group of children currently placed in residential group care to determine if they are appropriate for transition to a foster home, kinship placement or reunification</td>
<td>KimUyen Thai</td>
<td>6/30/18</td>
<td>6/1/16</td>
<td>ongoing</td>
<td>Working in collaboration with Children's Home Society and CLS to determine the most appropriate placement for the children that will lead to better permanency outcome.</td>
</tr>
<tr>
<td>5 Continuous efforts to increase the capacity of foster home beds</td>
<td>Wendy Smith</td>
<td>6/30/18</td>
<td>6/1/16</td>
<td>ongoing</td>
<td>Annual goal setting for increased foster home capacity and monthly review of progress toward goal with each child placing agency continues. Development and distribution of new generic collateral materials completed. Development of new materials specifically targeting recruitment of homes for teens is underway.</td>
</tr>
<tr>
<td>6 Collaborate with Sunshine Health to increase therapeutic foster home capacity.</td>
<td>Larry Rein</td>
<td>6/30/18</td>
<td>1/1/17</td>
<td>ongoing</td>
<td>Sought and received Sunshine approval to credential Pinnacle as new Palm Beach therapeutic foster home provider with offices co-located with ChildNet. Submitting with Pinnacle response to Sunshine’s Request for Proposals for enhanced and innovative therapeutic foster home recruitment.</td>
</tr>
</tbody>
</table>
ChildNet Palm Beach Financial Viability Plan June 2017-June 2018

### 1C

**ChildNet will continue to identify and utilize alternate sources of funding for client related services.**

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<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous monitoring and access, as appropriate and available, of Managing Entity for Substance Abuse and Mental Health funding available to serve child welfare clients.</td>
<td>Krystal Kenison</td>
<td>6/30/18</td>
<td>7/1/16</td>
<td>ongoing</td>
<td>Monthly review of all residential treatment placements to ensure that appropriate funding source is being accessed. Regular application to ME for PRTS funding of any residential treatment services that are not Medicaid reimbursable. Regular monitoring of ME funding utilization by local behavioral healthcare providers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous training of Child Protective Investigators and Dependency Case managers to utilize behavioral health services reimbursable by other public or private funds prior to the utilization of ChildNet funds.</td>
<td>Krystal Kenison</td>
<td>6/30/18</td>
<td>1/1/17</td>
<td>continuing</td>
<td>ChildNet Director of Service Coordination developed, distributed and regularly reviews with stakeholder staff protocol for determining most appropriate referral for both child and adult behavioral healthcare services</td>
<td></td>
<td></td>
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<tr>
<td>Monthly identify and refer to Legal Aid of the Palm Beaches cases for immigrant youth not enrolled in Medicaid but may be approved through Florida Statute 409.811</td>
<td>Andriene Gordon</td>
<td>6/30/18</td>
<td>4/1/17</td>
<td>continuing</td>
<td>ChildNet revenue maximization staff monitors and reports on immigrant children currently not enrolled in Medicaid. Currently drafting and negotiating contract with Legal Aid to provide services when not funded by alternative sources and to formalize referral process and monitoring of services.</td>
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<tr>
<td>Collaborate with Sunshine Health to increase the capacity in the therapeutic foster homes.</td>
<td>Larry Rein</td>
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### Additional reporting for CBCs: Must be included in SFY 2017-2018 plans

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<thead>
<tr>
<th>CBC</th>
<th>CBC/OHC Baseline</th>
<th>CBC/OHC Projection per Plan</th>
<th>CBC OHC Baseline &amp; Target</th>
<th>OHC Actual</th>
<th>OHC Projection per Plan</th>
<th>RGC Actual</th>
<th>RGC Projection per Plan</th>
<th>RGC Performance</th>
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<tr>
<td>1001</td>
<td>1016</td>
<td>1005</td>
<td>1003</td>
<td>998</td>
<td>116</td>
<td>118</td>
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<td>114</td>
</tr>
<tr>
<td></td>
<td>CBC Performance</td>
<td>RGC Performance</td>
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<td>Quarterly number</td>
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Children’s Network of Southwest Florida, LLC
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $ 33,969,362
   b. Estimated Carry Forward Funding $ 1,880,609
   c. Total $ 35,849,971

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 31,299,135.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/(deficit) of $ 4,550,836.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard ([http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml](http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml)). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   
   a. Core Services Funding $33,969,362
   
   b. Estimated Carry Forward Balance on 6/30/2017 $2,625,174
   
   c. Other projected revenue (identify) $71,145 (Excess Medicaid)
   
   d. Total $36,665,681

2. What is your projected level of core services expenditures for SFY 2017-2018? $37,734,562.

3. What is your projected core services surplus/(deficit) for the end of SFY 2017-2018? $(1,068,881).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   **Key Casual Factors**

   **Flow into CBC**

   Number of Removals during each Month - a review of the data shows a two year statewide average of 6.04 removals per 100 children. (DCF Dashboard) For the last 12 months we ranged from a low of 4.7 to a high of 8.5 removals. Our average for 12 months was 6.7 which is higher than the statewide average. Child counts ranged from a low of 46 in August to a high of 113 in April 2017 for and average of 86 removals. **There is improvement noted** in the gap of removals to discharges which reduces the flow into the CBC since July 2016. Discharges ranged from a low of 68 in March 2017 to a high of 108 in November 2016 for an average of 82 children. Reunifications for the year totaled 433 children and increased significantly due to creation of specialty units within CNSWFL and our focus on closing cases with children in post placement status greater than six months. Over a one year period 1,027 removals exceeded 989 discharges by 38 children reducing the flow into CNSWFL and improving financial viability.

   **Children in Care**

   Number of children in Out-of-Home Care as of the end of the month - data (DCF Dashboard) review reveals 1,532 children in OHC at the end of June 2017. This is a 13% increase over a twelve month period. We are focused on efforts to reduce placing children in Out of Home Care. We have established a goal of 30% to increase the number of children for In-Home Non-Judicial case management. The current benchmark is 129 children being served. We are expanding safety services through the FAST model to provide better options for Protective Investigators to serve children in their own homes.

   Number of children in In-Home Care as of the end of the month - data (DCF Dashboard) review reveals 900 children in In-Home care at the end of June 2017. This is a 16% increase over a twelve month period. Greater focus by CNSWFL to move children into In-Home care has savings associated with and improves financial viability by reducing cost verses Out of Home Care.
Number of Children in Relative Placements as of the end of the month - data (DCF Dashboard) review reveals 648 children in relative placement as of the end of June 2017. This is a 13% increase over a one year period. Relative Search counselors attend shelter hearings and work closely with Protective Investigators and Case Managers to place children with relatives by completing family assessments, Abuse registry and background checks and attend court hearings. A key indicator is to maximize the % of children in Relative/Non-Relative care and manage that placement process. At the end of June 2017 48% of children in Out-of-Home care were in foster care and our goal is to reduce that to 35% by continued efforts of our Kinship Units.

Number of Children in Non-Relative Placements as of the end of the month - data review reveals 164 children in Non-Relative Placements at the end of June 2017. This is a 20% increase in a one year period. This is an area CNSWFL focused on to improve placements. Reviewing the children who received Non-Relative Caregiver Funding reveals improving the penetration rate of qualified applicants from 48.9% in June 2016 to 71.9% in June 2017 for 110 children. Our Kinship Case Management Units have worked diligently in getting these benefits promoted and available to families with non-relative placements to increase families willing to accept children.

Factors related to the cost of children while in care.

Note: Some of the following factors are also an integral part of our essential elements to Department of Children and Families “Road Map to Success” initiative.

Number of Children in Family Based Licensed Care as of the end of the month - data reveals 547 children in Family Base Licensed Care as of June 2017. This is an 11.4% increase over a one year period.

Number of Children in Facility Based Licensed Care as of the end of the month - data reveals 118 children in Facility Licensed Care at the end of June 2017. This is a 1% reduction over a one year period. For all kids in licensed care 18% are in Facilities and 82% are in Family Based care which reflects a very efficient placements effort. CNSWFL will continue to utilize the least restrictive family based care to provide a more appropriate setting for children and keep cost under control and promote financial viability.

Children Achieving Permanency within 12 Months of Removal – data (OCWDRU 1118) review indicates CNSWFL rate is 42.9% in June 2017 which is better than the national standard of 40.5%. Delays in permanency add increased costs and we worked to have timely permanency through increased reunification efforts, identifying placements with relatives and guardians and increased adoption efforts. The data (OCWDRU 1137) also reveals children in care 12-23 months from removal improved from 44.7% to 53.1% in June 2017. Timely permanency has many factors that drive the efforts to reduce the length of stay in our system of care and that includes effective and efficiency case management, reducing case manager turnover, stabilizing placement options and creating additional resources for licensed homes. Our goal is to maintain permanency between 12-23 months at or above 43.6%. We will also implement processes to monitor oversight of cases between 12-18 months to assess and remove barriers to permanency.

Rate of Abuse or Neglect per Day while in Foster Care - data (OCWDRU 1106) review indicates CNSWFL rate is 29.2 which is currently the highest in the State. Statewide average is 11.5 and the national standard is 8.5 as additional efforts are needed to improve this indicator through refocusing on training efforts with case managers, caregivers to reduce repeated maltreatment. Continued focus will be done to continue operationalizing the reunification units to strengthen and support families. Service expansion will include intensive in-home family services and improving parenting skills to deal with challenging children. We will expand Safety Management services by increasing Family Mentors presence during post-reunification
activities as well. Access to on-going substance abuse and mental health services are critical including mentoring families through additional contacts.

We have established a goal of 20% increase to the number of children for In-Home Non-Judicial case management. CNSWFL will implement the new in-house FAST (Family Assessment Support Team) unit which will ensure children remain safe by way of intensive family services such as proper parenting, in-home counseling, anger management counseling, substance abuse treatment and domestic violence. This will be accomplished by training staff in motivational interviewing techniques, family engagement techniques and including our new Certified Addiction Professional to coordinate services for families with substance abuse issues. These services will be working closely with Protective Investigators and provide a valuable tool to use to prevent removals.

We will conduct monthly and quarterly reviews of reported incidences of verified maltreatment to establish risk management protocols and establish best practice to allow children to be served safely in their homes.

Percentage of Children with Reunification Goal Extended Past 15 months and no TPR Activity - a review of the data (OCWDRU 1048) reveals a 6.7% rate for Circuit 20 which is better than the statewide average of 7.4% overall. Additional drill down data from FSFN Children Reunified within twelve month of latest removal shows CNSWFL at a rate of 58.6% of total children reunified within 12 months in June 2016 improving to 65.8%. CNSWFL Post Reunification cases open 6 months or more (CNSF Post Placement Active Children Tracking Report) reveals in June 2017 79 of 260 children or 30.4% that are reunified with parents and took greater than six months to be reunified. These cases are a top priority in research, eliminating barriers and closing the case as appropriate.

A plan has been developed to continue implementation of the new reunification units and promote use of safety management protocols and conduct necessary training and technical assistance to those that are involved in decisions to ensure children can return safely home and be reunified through efficient safety planning and assessments.

An increase in the reunification rate would ease the use of out-of-home placements and put less pressure on increasing the need for additional family based foster homes through recruitment processes. Efforts will be made by CNSWFL to reduce or eliminate barriers to reunification including increased funding for post reunification services, continued partnerships with our judges and court system and investing sufficient staff to improve timeliness.

Placement Moves per 1000 Days in Foster Care - data (OCWDRU 1102) shows CNSWFL at 6.09 moves per 1000 days in foster care. This is much higher than the 4.29 threshold statewide. National Standard is 4.12 moves per 1000 days. CNSWFL will continue to focus on a commitment to make a careful first placement decisions early into to entry care and maximize the “match” between child and caregiver. We currently are developing a placement and assessment process to determine child needs and identify the most appropriate placement considering factors of sibling groups, continuity of school attendance, race, culture, language, religion and specific disabilities. We have contracted with National Youth Advocacy Program (NYAP) to recruit 15 additional therapeutic homes by June 2018 to stabilize placements of children with challenging behavior issues.

We are currently reviewing placement software that has sophisticated models to determine best match for foster homes with the children. The software must provide case workers and placement units the right tools to intelligently match children in care to placements the first time, helping to significantly reduce subsequent placements within the child welfare system. We will also review 100% of children in licensed care with a Sexual Abuse Prevention Safety Plan to ensure precautions are in place that do not prevent a placement. The goal is to reduce placement moves to 4.12 per 1,000 days.
CNSWFL understands the tremendous impact of reducing the number of moves in a foster child’s life which can promote improved academic performance, emotional well-being and the successful long term transition to independent living.

CNSWFL will continue to make improvements to foster home and therapeutic home recruitment efforts by finding quality motivated caregivers, focus on sibling groups and keep the foster homes on board and available for potential placements by providing effective ongoing supports. We are exploring additional placement options for teens ages 12-17 to help stabilize placement moves. We are working with faith based community partners to provide resources to implement the Volunteer House Parent model in Lee County. The idea based on a live-in House Parent model that allows brothers and sisters to live on-site with volunteer House Parents who provide a healthy and nurturing home. Family style meals, outings, support at school functions, medical appointments, and other day to day activities provide a loving and normal existence to foster children.

Foster Home Recruitment and Capacity Building - Licensed Foster Care Providers – a review of the data (OCWDRU 1085) for period July 2016 through June 2017 reveals 108 new licensed foster homes. Unfortunately it also reveals only a 73% of the new licensed providers have a new placement recorded. This utilization rate for initial placements in new homes is below the statewide average of 79%. We have 108 new homes on board, with a net gain of 2 homes for the entire year. We have a large investment in recruiting cost including subcontractor payments, radio and TV ads and billboards in multiple counties. We will develop an annual strategic plan that will incorporate all our providers into one comprehensive plan and determine the related value of the advertising campaign to maximize return on investment. We are expanding recruitment efforts through faith-based providers (United Methodist Homes) to tap into another available market of potential homes. CNSWFL is currently identifying symptoms and root causes to formulate a plan to develop alternatives for better management with foster home closures. Managing the capacity for placements has a set of unique factors for recruiting, retaining and utilization of available beds. CNSWFL has determined the reasons for under-utilization and will take action to acquire direct management of 110 licensed foster homes to improve use of available beds.

Currently 50 homes are with over capacity waivers and we plan to reduce that number with recruitment efforts and increasing overall bed capacity. Therapeutic foster care is considered the least restrictive form of out-of-home therapeutic placement for children with severe emotional disorders. Care is delivered in private homes with specially trained foster parents. Generally these clients require a more structured environment along with oversight, counseling, and therapeutic services.

CNSWFL is expanding the comprehensive array of providers for therapeutic foster homes through greater specialized efforts of our recruitment contractors. In addition, we are aggressively negotiating with child placement providers that offer therapeutic homes in the area in addition to billing Medicaid for some services. The purpose is to control cost by monitoring and stepping down children from expensive residential placements into a family based setting to enable stability. Use of multi-disciplinary teams and team decision making will be important to carefully assess child needs for placements.

Sibling Groups in Foster Care Where all Siblings are Placed Together - data (OCWDRU 1124) reveals as of June 2017 CNSWFL has a performance rate of 61.6% with statewide average set at 63.6% Our goal is 65%. For a variety of reasons, many of these siblings are not placed together initially or become separated over time. Foster youth describe this experience as “an extra punishment, a separate loss, and another pain that is not needed. For children entering care, being with their siblings can enhance their sense of safety, well-being and support.
Kinship Units will be refocused with the task to assist and assess potential placement resources to increase capacity. Genograms can be developed at initial permanency staffing’s to identify potential family members.

5. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $9,374,806
   b. December 31, 2017 (92 days) $9,316,889
   c. March 31, 2018 (90 days) $9,742,460
   d. June 30, 2018 (91 days) $9,300,407

The CNSWFL management team, along with the finance committee (including our Board of Director’s Treasurer) has met and reviewed the current year budget requirements and made projections and assumptions in order to get a true picture of what the budget shortfall will be. A process to review all children in shelter care, residential care and enhanced placements has begun, in order to identify any potential savings while continuing to serve the children in appropriate levels of care.

We will use 100% of our previous years roll-forward reserve to mitigate this deficit which amounts to $1.8 million dollars. Management has limited overtime, pushed back various scheduled hiring of non-critical functions and will monitor cash flow very closely. The anticipated outcome due to failure to balance the anticipated shortfall includes:

- Reduction or elimination of critical services contracts beginning with prevention activities
- Staff layoffs starting with non-critical functions
- Reduction of Case Management payments relating to support staff and indirect cost
- Reduction in cash flow resulting in late payments to staff and vendors.
- Stress to our system of care and impact to our performance measures

On January 31, 2017 Children’s Network of SWFL, LLC was placed on a corrective action plan by Department of Children and Families as a result of a caseload audit for case management and supervisory caseloads and found the caseloads are substantially too high and moreover, has found Lutheran Services of Florida (LSF) to have the highest caseloads in the State. Caseloads exceeded 25 children per case manager and did not effectively accomplish the goal of ensuring the quality and delivery of foster care and related service. As of January 30, 2017, 72.7% of LSF case managers had high caseloads ranging from 26 to 87 children (29.5% greater than 45). The rest of the state, in comparison, only had 15.6% of case managers with caseloads ranging from 26 to 45 children.

No other agencies have caseloads of 46 or greater. The Corrective Action Plan stipulated that 90% of the caseload size of Case Managers must be reduced to a 25:1 ratio of children served per case manager. A Supervisor cannot maintain a caseload other than isolated cases as approved by the CEO. **As a result we have executed a plan to implement additional case management and support staff units to balance the workload and reduce caseloads.** This requires a significant investment in staffing and infrastructure to support and house the units.

**Subcontractor Financial Viability**

Children’s Network of Southwest Florida, ensures through its administrative monitoring process, that we protect the funds we receive and disburse, derives the maximum return of services from those funds, and is
in compliance with applicable state and federal laws, rules, and regulations governing contracts for services. Every contract issued by the Children’s Network of Southwest Florida for services to children and their families is subject to being monitored. The frequency and intensity of the monitoring is based upon an annual detail risk assessment of the contracts in place. We review the provider’s administrative systems to ensure they are adequate to manage the contract funds. This includes a review of the provider’s basic accounting records along with the provider’s financial policies and procedures.

Conclusions and observations derived from the contract monitoring process that identifies the results, including noncompliance with specific terms and conditions of the contract are recorded. These observations include the provider’s service delivery, operations and financial stability. A finding requires a recommendation for corrective action.

Consolidated Financial-Independent Auditors’ Report

Nature of Organization

Children’s Network of Southwest Florida, LLC (CNSF) is a wholly earned subsidiary of Camelot Community Care, Inc. that serves as the lead agency for the State of Florida Department of Children and Families (DCF) Community Based Care Project in Charlotte, Glades, Lee, Hendry and Collier Counties of Florida. Our financial viability is supported by Camelot and a Consolidated Financial Statement was published for the June 2016 time period.

Line of Credit

Children’s Network has access to a line of credit with a financial institution that permits borrowing up to $2,000,000 and no maturity date with payments and interest at the prime rate plus .25%. Children’s Network has never been required to access this line of credit since the inception of the organization.

Results of Audit

Audit was conducted and a consolidated report issued December 2015 for the period ending June 30th, 2016 by Rivero, Gordimer & Company, P.A. out of Clearwater, Florida. An unqualified “clean” opinion was issued with no issues stated. No doubts were expressed about the capability of Children’s Network to continue as a going concern. In addition, no material weakness(es) or significant deficiencies were found for internal control over financial reporting, nor noncompliance material to financial statements noted.

Children’s Network revenues amounted to $36,087,440 with expenses of $35,937,325 for a positive Net Asset increase of $150,115. Thus, our Net Assets was $59,032 at year end.

Balance Sheet measures include $4,574,758 cash on hand at June 30th, 2016 with a current ratio of 1.61 which is good. Defensive Interval Ratio is calculated at 51 days of cash on hand for operations including our access available to a line of credit.

Financial Statement measures include Program Expense ratio calculated at 97.36% and Administrative support expenses are 2.64% which is exceptional.

Case Management Turnover and Retention-Building a Quality Workforce

CMO Employment Statistics – a review of both logs submitted by each CMO reveals a significant statistic. For Lutheran Services, the FY 16-17 turnover rate averaged 64.2% which increased from 54.3% in June 2016. For Pathways Human Services, the turnover rate averaged 53.1% which decreased from 58.6% in
June 2016. This data does not include Supervisors. This is one critical area CNWFL and the Case Management Organization partners will address and will find ways to stabilize the work force and lower the turnover rate to less than 40%.

The increasing workload of case management as a result of more kids coming into care requires sufficient staffing levels to stabilize job movement. CNSWFL took steps to increase the starting salary for a Case Manager to $38,000 and a Supervisor to $47,000 in October 2015. We took the second step in April 2016 and increased salaries again for a Case Manager to $40,000 and a Supervisor to $55,000 to be competitive in the current job market and retain experienced staff.

Over the last two years, due to the complexities and growth in cases, CNSWFL has strategically created a team approach utilizing Specialized Positions that complements Case Management functions and assists with the workload. As such, many of the traditional Case Management duties have been assigned to, and are being completed by various CNSWFL "Specialized Positions". The employees in these positions are subject matter experts and their job duties are focused on specific and unique specialty areas, unlike traditional Case Managers that have many diverse responsibilities. The Reunification Unit and Rapid Permanency Reviews are just two examples of these efforts.

The second step in our efforts to manage turnover is to reassign and balance workload and add additional resources to lower caseloads to a 25:1 or better ratio which requires significant investments in salaries and infrastructure cost by CNSWFL. This is one area that is mission critical for our continued success.

Our goal is to have 95% of all case managers to carry a caseload of 25 kids or less. We have contracted with Camelot Community Care, Inc. to transfer approximately 373 children in Charlotte County from Lutheran Services of Florida to realign workload and added one additional case management unit. We have strategically placed our in-house Kinship and Reunification unit in the Charlotte office to work side by side with our CMO partner.

We have created an adoption overlay unit (overlay, recruitment, post adoption) in CNSWFL with seven positions to transfer primary case management of 100 children from Lutheran Services. In addition, we have added six units of case management in-house increasing resources to stabilize existing workload and cover new children coming into care. Our largest out of home care age group is 0-5 and we have assigned two units to handle those cases and Case Managers will receive specialty training.

Various strategies have been implemented by CNSWFL to have a quick and significant impact, resulting in a lower number of children on Case Manager caseloads as well as decreasing the number of children on Supervisor caseloads. Better case management techniques improve quality of care and reduce length of stay for children. We are focusing on increasing the number of home visits conducted by the primary case (excluding OTI and Courtesy Cases) manager to assure ongoing child and family home contacts assist the Case Manager in being better informed to manage all aspects of the case.

Development of professional staff includes building those relationships between the Judiciary and the Case Manager to allow serving a role as a trusted advisor to the court in child welfare activities. Timely attendance in court and being prepared with all aspects of the case are paramount for that trust building to occur and we are establishing measurement and benchmark analytics to manage this process with a goal of 90%. This plan will also include court preparation staffing’s and Mock Judicial review trainings as well.
### 1A Reduce Case Manager caseload (child) to 25:1 with a Goal of 95% of Case Managers will have a caseload of 25 kids or less

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<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
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<tbody>
<tr>
<td>1</td>
<td>Expand our workforce to include nine direct case management units and two Specialty units (Kinship Care for relative locator and assessment, and Adoptions Overlay, Recruitment and Post Adoption) to create lower caseload ratios.</td>
<td>Ray Fisher</td>
<td>10/1/17</td>
<td>04/01/17</td>
<td>Under Implementation</td>
<td>Currently hiring staff and support activities being established. Infrastructure purchases including equipment, leases, furniture, IT items and phone systems are currently underway.</td>
<td>95% of all case managers will carry a caseload of less than 25 kids to 1</td>
<td>CNSWFL Internal Data Reports</td>
<td>CNSWFL Internal Data Reports</td>
<td>CNSWFL Internal Data Reports</td>
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### 2B Re-improve quality of care and reduce length of stay by better case management techniques

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<tbody>
<tr>
<td>1</td>
<td>Establish and measure the benchmark of the number of 30 day home visits conducted by someone other than the primary assigned worker</td>
<td>Shelly Tyler</td>
<td>9/1/17</td>
<td>8/18/17</td>
<td>Planning</td>
<td>We are focusing on increasing the number of home visits conducted by the primary case manager (and not someone else) to assure child and family home contact and be better informed to manage the case.</td>
<td>TBD</td>
<td>CNSWFL Internal Data Reports</td>
<td>CNSWFL Internal Data Reports</td>
<td>CNSWFL Internal Data Reports</td>
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### 3C Stabilize Child placements and increase timely permanency by improving placement capacity and providing safe environment for children

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<tbody>
<tr>
<td>1</td>
<td>Expand recruitment campaign to include Billboards in all counties within the circuit, target television advertisements, television and radio interviews and partnerships with faith based organizations, improve use of social media for recruitment.</td>
<td>Naderih Salim</td>
<td>11/1/17</td>
<td>7/1/17</td>
<td>On-Going</td>
<td>Subtask include developing a consolidated strategic recruitment plan to include in-house and subcontracted providers.</td>
<td>100% completion of task</td>
<td>Internal documents</td>
<td>Internal documents</td>
<td>Internal documents</td>
</tr>
</tbody>
</table>

### 23 Explore additional placement options for teens ages 12-17.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contract with NYAP (National Youth Advocacy Program) to license 15 therapeutic foster homes by June 30, 2018</td>
<td>Jan Widmer</td>
<td>9/1/17</td>
<td>7/1/17</td>
<td>Completed</td>
<td>100% completion of signed contract</td>
<td>Contract document</td>
<td>Contract document</td>
<td>Contract document</td>
<td>Contract document</td>
</tr>
<tr>
<td>Action Steps</td>
<td>Person Responsible</td>
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<td>Initiated</td>
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<td>Quarterly Projections</td>
<td>Cost Savings Projections*</td>
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<tr>
<td>4</td>
<td>Increased utilization of Kinship Search Program to assist in locating and assessing potential placement resources.</td>
<td>Mareen Coble</td>
<td>6/30/18</td>
<td>8/1/17</td>
<td>On-Going</td>
<td>100% completion of task</td>
<td>Internal documents</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Complete genograms at the initial permanency staffing to identify potential kinship placement resources for children placed in licensed care.</td>
<td>Michelle Farquharson</td>
<td>11/1/17</td>
<td>9/1/17</td>
<td>On-Going</td>
<td>100% completion of task</td>
<td>Internal documents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Maintain monthly oversight of cases between 12-18 months to assess address barriers to permanency within 23 months</td>
<td>Michelle Farquharson</td>
<td>6/30/18</td>
<td>9/1/17</td>
<td>On-Going</td>
<td>100% completion of schedule and written process to review and barriers identified</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Reduce placement moves per 1,000 days</td>
<td>Nadereh Salim Ray Fischer Lori Fiege Jan Wielmer</td>
<td>6/30/18</td>
<td>7/1/17</td>
<td>On-Going</td>
<td>4.12 per 1,000 days</td>
<td>OCWDRU 1102 Placement moves per 1,000 days Foster Care*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Maintain permanency between 12-23 months at or above 43.6%</td>
<td>Ray Fisher</td>
<td>6/30/18</td>
<td>9/1/17</td>
<td>On-Going</td>
<td>43.6% or better</td>
<td>FS/N OCWDRU 1137 12-23 months</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Increase placement capacity through recruiting additional foster homes</td>
<td>Lori Fiege Melissa Schonagle</td>
<td>6/30/18</td>
<td>7/1/17</td>
<td>On-Going</td>
<td>160 homes</td>
<td>Licensed Foster Care Providers State Fiscal YTD OD Summary #1085 OCWDRU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Place 65% of siblings in licensed care</td>
<td>Ray Fischer Lori Fiege</td>
<td>6/30/18</td>
<td>7/1/17</td>
<td>On-Going</td>
<td>65% of sibling placed together in foster care</td>
<td>OCWDRU #1124 Sibling Groups where all Siblings are placed together on demand summary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Reduce the number of children in licensed care placed outside the county to below 35% as the statewide average measure.</td>
<td>Ray Fisher Lori Fiege</td>
<td>1/1/18</td>
<td>8/1/17</td>
<td>On-Going</td>
<td>&lt; 35% statewide standard</td>
<td>CARS Report</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td>Conduct review of available software and install comprehensive application to manage placements.</td>
<td>Dennis Andrews</td>
<td>11/1/17</td>
<td>7/1/17</td>
<td>On-Going</td>
<td>100% completion of task</td>
<td>Internal documents</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13</td>
<td>Reduce the number of children placed in licensed foster homes through waivers from 50 to a lower level.</td>
<td>Ray Fisher Lori Fiege</td>
<td>6/30/18</td>
<td>8/1/17</td>
<td>On-Going</td>
<td>Reduction below 50 homes at a safe level contingent upon increasing bed capacity</td>
<td>Licensed Foster Care Providers State Fiscal YTD OD Summary #1085 OCWDRU</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14</td>
<td>Review 100% of children in licensed care with a Sexual Abuse Prevention Safety Plan to ensure appropriate precautions are in place that do not prevent placement of siblings.</td>
<td>Michelle Farquharson</td>
<td>6/30/18</td>
<td>9/1/17</td>
<td>On-Going</td>
<td>100% completion of task</td>
<td>Internal documents</td>
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</tbody>
</table>
## Children's Network of SWFL, LLC Viability Plan 2017-2018

### 4D Increase Safety Management Services to allow children to be served safely in their home

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
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<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce the current 23.43 rate of foster care children with a verified maltreatment per 100,000 days in care. (Statewide average is 10.39)</td>
<td>Ray Fisher, Michelle Farquharson, Maureen Coble</td>
<td>6/30/18</td>
<td>Pending</td>
<td>On Going</td>
<td>Subtasks include: (a) Conduct monthly and quarterly evaluation of reported incidents of verified maltreatment. (b) Operationalize reunification units consisting of staff who specialize in strengthening and supporting families. (c) Increase the number of Family Mentors assigned to reunified families.</td>
<td>10.39</td>
<td>CBC Scorecard Performance Measures</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Increase the percent of children who achieve permanency within 12 months and do not re-enter foster care within 12 months</td>
<td>Maureen Coble</td>
<td>6/30/18</td>
<td>Pending</td>
<td>On Going</td>
<td>To improve this goal will required the following steps: (a) Provide training to Case Managers, Caregivers and Stakeholders on preventive actions to reduce the likelihood of repeated maltreatment.</td>
<td>Permanency &lt; 12 months maintain 40.5% Reenter foster care 87.6%</td>
<td>OCWDRU #1099</td>
<td></td>
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</tr>
<tr>
<td>Reduce % of total children served in Foster Care placement (Out of Home Care) to 35%</td>
<td>Ray Fisher, Maureen Coble</td>
<td>6/30/18</td>
<td>4/1/17</td>
<td>On Going</td>
<td>At the end of June 2017 48% of children in Out-of-Home care were in foster care. Subtask include continued improvement in families access to Non-Relative Caregiver funding.</td>
<td>35%</td>
<td>DCF Dashboard</td>
<td></td>
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</tr>
<tr>
<td>Increase the percent of children served in-home Non-Judicial by 20%</td>
<td>Ray Fisher, Maureen Coble, Karen Turcotte</td>
<td>6/30/18</td>
<td>Pending</td>
<td>On Going</td>
<td>Currently 141 children served as In-Home Non-Judicial cases in all counties. Create a specialized unit (FAST - Family Assessment Support Team) that provides intensive supervision and services to very non-judicial in-home, very high risk and unsafe children who are involved with the Department of Children and Families. Operationalize the FAST unit: a. Conduct site visit at Family Support Services of North Florida. b. Train staff on motivational interviewing. c. Train staff on effective family engagement techniques. d. Utilize MCAP staff to support Case Managers</td>
<td>20% increase in children served</td>
<td>CARB Report</td>
<td></td>
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</tr>
</tbody>
</table>

### Additional reporting for CBCs: Must be included in SFY 2017-2018 plans

<table>
<thead>
<tr>
<th>CBC</th>
<th>CBC Actual</th>
<th>CBC Projection per Plan</th>
<th>RGC RBC Baseline &amp; Target</th>
<th>RGC Actual</th>
<th>RGC Projections per Plan</th>
<th>GRC Performance</th>
<th>Quarterly number</th>
<th>GRC Performance</th>
<th>Quarterly number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4/30/2017</td>
<td>9/30/2017</td>
<td>12/31/2017</td>
<td>3/31/2018</td>
<td>6/30/2018</td>
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<tr>
<td></td>
<td>1532</td>
<td>1580</td>
<td>1565</td>
<td>1540</td>
<td>1530</td>
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<td>1532</td>
<td>1580</td>
<td>1565</td>
<td>1540</td>
<td>1530</td>
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Community Based Care of Central Florida, Inc.
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $ 55,291,962
   b. Estimated Carry Forward Funding $ 0
   c. Total $ 55,291,962

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 55,940,002.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ (1,174,929).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $55,291,962
   b. Estimated Carry Forward Balance on 6/30/2017 $0
   c. Other projected revenue (identify) $0
   d. Total $55,291,962

2. What is your projected level of core services expenditures for SFY 2017-2018? $56,510,534.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $(1,218,572).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c. below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.
   b. Factors related to the cost of children while in care.
   c. Factors related to exits from care.

   Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

   Primary causal factors identified for Orange, Osceola and Seminole counties are time to Permanency (scorecard M05) and Placement Moves Per 1000 days in care (scorecard M08). Expenditures are expected to decrease as a result of outlined strategies listed in the Action Plan.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.
Please see Attachment C-2, Financial Viability Action Plan – CBCCF, for strategies specific to the following areas:

A. Reduce out-of-home care expense through increase in foster home capacity.
B. Decrease time to permanency for children in out-of-home care.
C. Decrease utilization of residential group care and/or high-end placements.
D. Increase opportunities for cost-sharing with related funding agencies (Agency for Persons with Disabilities, Department of Juvenile Justice, Managing Entity).

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?
   a. September 30, 2017 (92 days) $ 14,309,339
   b. December 31, 2017 (92 days) $ 14,136,406
   c. March 31, 2018 (90 days)  $ 14,119,318
   d. June 30, 2018 (91 days)  $ 13,945,471

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

CBCCF is prepared to handle potential cash flow concerns by having a secured 5 million dollar line of credit. This line of credit is in place, however has never been utilized. Providers are paid timely through scheduled FSFN imports for Adoption stipends, Foster Care stipends, Independent Living stipends and Group Facility payments. CBCCF has never deviated from the monthly scheduled payments of these FSFN imported expenses due to cash flow issues. The DCF fixed, advance payment method of funding CBCCF allows CBCCF to pay contracted providers timely, including Case Management Organizations. The line of credit serves as a backup should DCF experience a delay in paying Lead Agencies due to natural disasters, such as hurricanes.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.
For example listed below are some common financial practices used to monitor and assess an organization's financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

- Review of most recent CPA audit to identify findings or questioned costs,
- Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
- Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
- Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

CBCCF performs Fiscal Monitoring on contracted providers. CBCCF uses a Risk Assessment tool to determine the frequency of fiscal monitoring. Most contracts are fiscally monitored annually. The fiscal monitors include a review of:

- Review of required Quarterly Expenditure Reports. Allowable expenses are tied back to the provider general ledger. Current financial condition is assessed. This may include trend analysis in addition to point in time.
- Review of most recent CPA audit to identify findings or questioned costs.
- Sampling of expenses to verify that proper controls and backup are in place, including approval of expenses. Sampling is also used to determine allowability of expenses.
- Review of most recent balance sheet.
- Analysis of profit and loss statements.
- Verification of deferred revenue to insure revenue is recognized properly.
- Latest line of credit bank statement.
- Fiscal Monitoring may result in corrective action or a detailed plan of provider fiscal viability.

9. Additional information – Include any supplemental information that is relevant to your plan.

In defining Action Steps for the Financial Viability Plan, reductions in contracted case management services were not considered a viable option as case ratio of 1:20 have been established as a safe level of volume per case carrying position. Going forward, CBCCF will work collaboratively with DCF for equitable allocation of funds that meet the needs of our community.
## A. Reduce out-of-home care expense.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Person Responsible</th>
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<th>Comments</th>
<th>Current Performance</th>
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<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Accurints Background Screenings will be completed by CPI for all children at initial removal, increase placement to approved relative/non-relative.</td>
<td>DCF Regional Staff; County Executive Directors</td>
<td>6/30/18</td>
<td>9/1/17</td>
<td>Baseline = 69.2% (cumulative FY1617); Operations Manager will flag</td>
<td>Baseline = 69.2% (cumulative FY1617); Operations Manager will flag</td>
<td>75%</td>
<td>CTS Schedule, by County</td>
<td>Q1 - 70.6%</td>
<td>Q2 = 72% Q3 = 73.4% Q4 = 75% Total FY17-18 projected cost savings = $411,914</td>
</tr>
<tr>
<td>2.</td>
<td>Decrease disruption rate of approved placements through increase in support to caregivers through utilization of Placement Support Staffings.</td>
<td>County Executive Directors</td>
<td>6/30/18</td>
<td>10/1/17</td>
<td>Baseline = 13.83% disruption rate, FY1617; Kinship Services staff will support attendance and participation of caregivers in FSTs. New FTE Family Support Coordinator to be added to Orange Kinship Services effective October 1.</td>
<td>Baseline = 13.83% disruption rate, FY1617; Kinship Services staff will support attendance and participation of caregivers in FSTs. New FTE Family Support Coordinator to be added to Orange Kinship Services effective October 1.</td>
<td>7% (decrease rate by 50%)</td>
<td>Intake &amp; Placement logs report detailing incidence of disruptions from relative/non-relative placements.</td>
<td>Q1 - 12.13%</td>
<td>Q2 = 10.43% Q3 = 8.73% Q4 = 7%</td>
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</tbody>
</table>

## B. Decrease time to permanency for children in out-of-home care.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Ensure Family Service Team (FST) staffing occurs within first 30 days of placement, and case is staffed every 90 days thereafter. Continue to support CMA in achieving monthly targets of exits, closures and permanency (targets determined for each CMA based on volume).</td>
<td>County Executive Directors</td>
<td>6/30/18</td>
<td>9/1/17</td>
<td>Baseline = 62% of cases that have FST within 30 days after CTS, FY1617. *Baseline to be validated during Q2 FY1718.</td>
<td>Baseline = 62% of cases that have FST within 30 days after CTS, FY1617. *Baseline to be validated during Q1 FY1718.</td>
<td>80% of FSTs occur within 30 days after CTS, annually</td>
<td>Internal Report *seeking to automate during Q1 FY1718</td>
<td>Q1 - 66%</td>
<td>Q2 &gt; 70% Q3 &gt; 74% Q4 &gt; 80%</td>
</tr>
<tr>
<td>2.</td>
<td>Increase support to kinship caregivers through increased referral and capacity in Kinship Services.</td>
<td>Beth Batten</td>
<td>6/30/18</td>
<td>9/1/17</td>
<td>Baseline = Total 71 cases served by CHN for Kinship Services in FY1617.</td>
<td>Baseline = Total 71 cases served by CHN for Kinship Services in FY1617.</td>
<td>100 # cases opened to services (tri county), annually</td>
<td>Children’s Home Network subcontractor monthly report</td>
<td>Q1 - 78 cases Q2 = 85 cases Q3 = 92 cases Q4 = 100 cases</td>
<td></td>
</tr>
</tbody>
</table>
## C. Decrease utilization of residential group care and/or high-end placements.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
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</thead>
<tbody>
<tr>
<td>1. Pursue a net increase of licensed foster homes.</td>
<td>Beth Batten</td>
<td>6/30/18</td>
<td>7/1/17</td>
<td></td>
<td>Baseline = 354 homes as of 6/30/17 (652 beds)</td>
<td>10% net increase, annually. DCF Licensing Report</td>
<td>Q1 = 363 homes</td>
<td>Q2 = 372 homes</td>
<td>Q3 = 381 homes</td>
<td>Q4 = 389 homes</td>
</tr>
<tr>
<td>2. Decrease disruption rate of foster homes through increase in support to foster parents through utilization of Placement Support Staffings.</td>
<td>Beth Batten</td>
<td>6/30/18</td>
<td>9/1/17</td>
<td></td>
<td>Baseline = 37.36% disruption rate of licensed family foster homes, FY1617.</td>
<td>19% (decrease rate by 50%) Intake &amp; Placement Argos report detailing incidence of disruptions from foster home placements.</td>
<td>Q1 = 32.76% Q2 = 27.16% Q3 = 23.56% Q4 = 19% Cost savings Projections: Q1 = $165,825 Q2 = $165,825 Q3 = $165,825 Q4 = $165,825 Total annual cost savings of $643,500</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Pursue a net decrease of children in high-end placements ($95+/day)</td>
<td>County Executive Directors; Tom Greenman</td>
<td>6/30/18</td>
<td>9/1/17</td>
<td></td>
<td>Baseline = 230 children in high-end placements as of 6/30/17. Strategies include exploring all family placement resources, utilizing 14-day community bed in appropriate setting, engage delinquency court judges, and enacting tighter controls on authorization process of high-end placement/length of placement.</td>
<td>5% net decrease, annually. Argus report.</td>
<td>Q1 = 227 Q2 = 224 Q3 = 221 Q4 = 218 Cost savings projections: Q1 = $19,650 Q2 = $39,300 Q3 = $56,950 Q4 = $102,600 Total annual cost savings of $256,500</td>
<td></td>
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<tr>
<td>4. Engage in ongoing foster home matching for teens, separated sibling groups and children in group homes.</td>
<td>Beth Batten</td>
<td>6/30/18</td>
<td>7/1/17</td>
<td>Ongoing</td>
<td>Baseline = 13 matched in FY1617.</td>
<td>20 matches, annually. Internal report utilizing Argos placement rate data.</td>
<td>Q1 = 5 cumulative Q2 = 10 cumulative Q3 = 15 cumulative Q4 = 20 cumulative Cost savings projections: Q1 = $12,375 Q2 = $24,750 Q3 = $37,125 Q4 = $49,500 Total annual cost savings of $123,750</td>
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**Page 50**
### Action Steps

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of children who are APD/DJJ/ME eligible, within sixty days of expected permanency and/or turning 18, CBCCF staff will initiate a reevaluation of current needs, placement and funding status.</td>
<td>Vanessa Monn</td>
<td>6/30/2018</td>
<td>7/1/2017</td>
<td>Ongoing</td>
<td></td>
<td>8 moves, annually</td>
<td>Q1-2 cumulative</td>
<td>Internal report.</td>
<td>Q2 = $500,400</td>
<td>Projected cost avoidance:</td>
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<td></td>
<td></td>
<td></td>
<td>Q2 = $46,550</td>
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<td>Q3 = $101,200</td>
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<td>Q4 = $203,800</td>
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<td>Total annual cost avoidance of $201,600</td>
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<tr>
<td>Contract with waiver support coordinator to divert new cases from coming into care (APD-eligible)</td>
<td>Vanessa Monn</td>
<td>6/30/2018</td>
<td>7/1/2017</td>
<td>Ongoing</td>
<td></td>
<td>100% of referred cases are diverted from care, annually.</td>
<td>Q1 = 100%</td>
<td>Internal report.</td>
<td>Q2 = 100%</td>
<td>Projected cost avoidance:</td>
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<td>Q3 = 100%</td>
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<td>Q4 = 100%</td>
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<td>Q4 = 100%</td>
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<td>Total annual cost avoidance of $705,600</td>
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### Additional Reporting for CBCs: Must be included in SFY 2017-2018 Plans

<table>
<thead>
<tr>
<th>CBC</th>
<th>OHC Baseline</th>
<th>OHC Projections per Plan (Licensed OHC)</th>
<th>OHC Performance</th>
<th>RGC Baseline &amp; Target</th>
<th>RGC Projections per Plan</th>
<th>RGC Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$12,195,799 (704)</td>
<td>$2,903,845 (669)</td>
<td>$2,647,328 (595)</td>
<td>$2,623,081 (524)</td>
<td>$2,577,885 (458)</td>
<td>$7,863,696 (200)</td>
</tr>
</tbody>
</table>

OHC Performance | RGC Performance | Quarterly number | Quarterly number

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1. Community Based Care of Central Florida Financial Viability Plan June 2017-June 2018

D. Increase opportunities for cost-sharing with related funding agencies [Agency for Persons with Disabilities, Department of Juvenile Justice, Managing Entity]
Community Partnership for Children
Plans to Achieve Financial Viability

A. Context Information

1. Requirements. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. Scope of Analysis. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. Attachment A shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $25,545,017.00
   b. Estimated Carry Forward Funding $(100,000.00)
   c. Total $25,445,017.00

5. Your SFY 2016-2017 core services expenditures were estimated to be $24,931,511.00.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/(deficit) of $513,506.00.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). Attachment B shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $25,545,017
   b. Estimated Carry Forward Balance on 6/30/2017 $ (100,000)
   c. Other projected revenue (identify) $148,400 (CBCAP)
   d. Total $25,593,417

2. What is your projected level of core services expenditures for SFY 2017-2018? $25,690,901.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $(97,484.00).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

      Clearly with our 80% increase during the three-year time period stated earlier, the increase in children overwhelmed our system of care both programmatically and financially. In addition, we had a decrease in discharges that compounded the problem.

      During this same two-year period, we implemented the Florida Safety Practice Model, unfortunately due to the complexity of this methodology there were some unintended consequences. These consequences included a much longer learning curve on the model and increased the turnover rate in child protective investigators. The turnover of CPI staff appeared to be a contributing factor to the increased shelter numbers. Additionally, the concept of safety services to keep children in their homes was an evolving process that has resulted in our Family Builders program that appears to be having a positive impact on the number of children that are being sheltered.

   b. Factors related to the cost of children while in care.

      The primary contributing factor is the number of children placed in group care due in part to lack of availability of foster home options. Our children in group care doubled during the two-year period of time.
c. Factors related to exits from care.

First as reported earlier, it was noted that exits from care decreased during the period when entries into care increased. We are working diligently to increase our exits which was mentioned earlier in this report and will be part of our action plan.

Secondly, there is still a learning curve regarding the “Conditions of Return” within the Safety Methodology. The entire child welfare system partners are still learning how to utilize and testify as to the conditions of return in court proceedings. This is clearly an opportunity for improvement going forward in order to increase exits from care to permanency.

There are two primary drivers that appear to be causing increase expenditures over the past year:

A. OHC – Out of Home Care – according to the OHC trend chart and CPC’s System of Care Data report, our OHC numbers went from 654 on 7/1/2014 to 1,180 children on 6/30/17 (526 more children) which increases our OHC to 80% over this period of time. This increase is due to both an increase in shelters and a decrease in discharges from out of home care.

The overall removal trend indicates that progress was made in FY2017 regarding reducing the average number of children removed per month. In FY 2015, an average of 54 children a month were removed from their homes. In FY 2016, the number of children removed increased to a monthly average of 68, then in FY 2017 the average number of children a month removed from their homes decreased slightly to 52. Although we continue to see a downward average trend, CPC will continue to monitor this critical driver of increases to the OHC population served.

The overall decrease in discharges during the time period that we saw the significant increase in intakes is also a primary driver that appears to be causing an increase in OHC expenditures over the past year. The average number of monthly discharges from OHC for FY 2017 was 40, which exceeds the average number of removals and contributes to the overall OHC total.

B. RGC – Community Partnership for Children has experienced an increase in teenagers coming into care due to parental abandonment or lock outs causing an increase of placement of teens into group care which also drove costs above budgeted expectations. Also, because of the increase in OHC mentioned above, Community Partnership for Children maximized and over capped our foster home resources causing us to use residential group care for some children, including those under the age of 13 that normally would have been placed in a foster home setting. Group care can cost at least five times more than traditional foster care which has led to budget deficits in this line item this past fiscal year.

Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan.
Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

A. We will continue to increase Safety Services to be used by Child Protective Investigators to reduce entry into OHC. The Family Builders Program started October 1, 2016 which has provided intensive family-focused interventions and crisis support in order to maintain children safely in their homes. This has reduced children coming into shelter care. In the 9 months from October to June in FY 15-16 there were 601 children that entered shelter care. In the same 9 months in FY 16-17 there were 412 children sheltered representing a decrease of 31.5%.

B. We are currently looking at all cases in care 18 months or longer to determine the barriers to permanency. We will be working with the Casey Foundation on a Permanency Roundtable Project that aims toward achieving permanency for children that have been in care for more than 24 months by ongoing barriers to finalizing the permanency plan. Unfortunately our length of stay increased from 10 months to 13 months this past year. Part of this challenge was that Conditions of Return were not part of Statute till earlier this year and we also had two new Judges take over the bench in Daytona Beach. The new Judges are beginning to work with us on Conditions of return and all judges have now been trained.

C. We have continued two projects going regarding children placed in group homes. First, we are reviewing clinical necessity for step down for children 6-12 years old in group care. Through this project we anticipate being able to step down 5 children this current fiscal year into traditional foster care or to permanency. Secondly, we are actively recruiting foster parents to work specifically with teenagers through an enhanced foster care arrangement. The foster parents would receive an enhanced rate and wrap around care. We anticipate being able to reduce 11 teenagers out of group care this fiscal year.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?
   a. September 30, 2017 (92 days) $6,660,768
   b. December 31, 2017 (92 days) $6,360,711
   c. March 31, 2018 (90 days) $6,319,711
   d. June 30, 2018 (91 days) $6,349,711

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client
services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

Not Applicable for Community Partnership for Children.

For example listed below are some common financial practices used to monitor and assess an organization's financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

- Review of most recent CPA audit to identify findings or questioned costs,
- Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
- Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
- Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

9. Additional information – Include any supplemental information that is relevant to your plan.

We believe that our financial challenges are currently due to the pure volume of children in the OHC system. This volume has led to having to hire additional employees in order to meet the demand. In addition, we depleted our foster home capacity halfway through this past year causing us to utilize more expensive group care options for placement. We would like to focus our plan specifically on reducing OHC through both increase in successful discharges and decreases in entries into the system. We will focus the plan on a 15% decrease in OHC which will drive placement cost and staff cost down closer to budget.

It is important to note that there is a significant confounding variable in reduction of children in group care leading to the cost savings. For example: In July 2016 we reduced residential group care by 7 children which would normally lead to a cost savings of about $800/month, however we received two high cost youth in August that are being served in group care which costs $750/month. Therefore, success with the identified goals may not necessarily lead to the anticipated cost savings.
1. Name of CBC Financial Viability Plan June 2017-June 2018

1A Process and timeline for how Community Partnership for Children plans to reduce OHC to 1003 or by 15% (177 children from a Baseline of 1180) by June 30, 2018

### CBC RGC Actual

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### CBC RGC Baseline & Target

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### CBC OHC Baseline

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### CBC OHC Projections per Plan

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### CBC OHC Performance

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### CBC RGC Performance

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### Action Steps

1. Safely serve children through intensive in home services and use of the Integrated Practice Team approach in order to prevent removal and maintain children safely with their families.
   - Person Responsible: Karin Flolitz, COO
   - Goal Date: July 2017
   - Initiated: July 2017
   - Status: In Process
   - Comments: Family Builders program will provide crisis oriented and intensive family intervention geared toward short term safety services and non-judicial care management services will provide longer term treatment services to prevent removal. IPT will focus on complex cases by providing an intensive action plan that intended to divert children from out of home care. Average shelter rate for 2016-2017 was 52 children per month.
   - Current Performance: Planning
   - Target: Reduce children removed per month to an average of 47 children which is a 10% reduction.
   - Data Source: FSN Children As Active Dependents
   - Quarterly Projections: July 1-Sept 30 = 52
   - Cost Savings Projections*:

2. Increase discharges to permanency while utilizing Conditions of Return in cases where children can return home safely with safety services and through the use of the Casey Family Programs Rapid Permanency Roundtable process for children in care over 24 months.
   - Person Responsible: Mark Jones, CEO of CM
   - Goal Date: July 2017
   - Initiated: July 2017
   - Status: In Process
   - Comments: CPC is utilizing Conditions of Return as a way of returning children home with safety services even though all case plan tasks may not have been completed yet. Additionally, CPC is implementing Rapid Permanency Roundtable process with Casey Family Program to increase discharges for children in out of home care over 24 months.
   - Current Performance: Planning
   - Target: Increase monthly discharges by 25% over baseline which is currently 40. Target is average of 50 discharges per month.
   - Data Source: FSN Discharges from Out of Home Care
   - Quarterly Projections: July 1-Sept 30 = 40
   - Cost Savings Projections*:

3. Reduce the number of children ages 6-12 in traditional residential group care settings.
   - Person Responsible: Danielle Antoine, Director of Programs
   - Goal Date: July 2017
   - Initiated: July 2017
   - Status: In Process
   - Comments: The goal is to reduce the number of children ages 6-12 in group care settings by five children by increasing foster home capacity for children and safely reaching permanency through utilization of the Rapid Permanency Roundtable process for children in the targeted age group. The baseline total as of July 1, 2017 is 15 children. The target reduction is a total of 5 children or a total of 10 children in group care ages of 6-12 by June 30, 2018.
   - Current Performance: Baseline
   - Target: Children 12 and under in RGC. Baseline Number is 15 children. Target reduction is 5 children for a total of 10 children.
   - Data Source: FSN: Children Active in Out of Home Care Listing
   - Quarterly Projections: July 1-Sept 30 = 15
   - Cost Savings Projections*:

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

1B Process and timeline for how Community Partnership for Children plans to reduce the total number of children placed in traditional residential group care by 20% to 65 (16 children from the Baseline of 81) by June 2018

### Action Steps

1. Reduce the number of children ages 6-12 in traditional residential group care settings.
   - Person Responsible: Danielle Antoine, Director of Programs
   - Goal Date: July 2017
   - Initiated: July 2017
   - Status: In Process
   - Comments: The goal is to reduce the number of children ages 6-12 in group care settings by five children by increasing foster home capacity for children and safely reaching permanency through utilization of the Rapid Permanency Roundtable process for children in the targeted age group. The baseline total as of July 1, 2017 is 15 children. The target reduction is a total of 5 children or a total of 10 children in group care ages of 6-12 by June 30, 2018.
   - Current Performance: Baseline
   - Target: Children 12 and under in RGC. Baseline Number is 15 children. Target reduction is 5 children for a total of 10 children.
   - Data Source: FSN: Children Active in Out of Home Care Listing
   - Quarterly Projections: July 1-Sept 30 = 15
   - Cost Savings Projections*:

2. Reduce the number of children ages 13 and over in traditional residential group care settings.
   - Person Responsible: Danielle Antoine, Director of Programs
   - Goal Date: June 30, 2017
   - Initiated: June 30, 2017
   - Status: In Process
   - Comments: The goal is to reduce the number of children ages 13 and over in group care settings by 15 children by increasing foster home capacity for teenagers and safely reaching permanency through utilization of the Rapid Permanency Roundtable process for children in the targeted age group. The baseline total as of July 1, 2017 is 66 children. The target reduction is a total of 11 children or a total of 55 children in group care ages 13 and over by June 30, 2018.
   - Current Performance: Baseline
   - Target: Children 13 and over in RGC. Baseline Number is 66 children. Target reduction is 11 children for a total of 55 children.
   - Data Source: FSN: Children Active in Out of Home Care Listing
   - Quarterly Projections: July 1-Sept 30 = 66
   - Cost Savings Projections*:
A. Context Information

1. Requirements. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. Scope of Analysis. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. Attachment A shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $ 22,227,363
   b. Estimated Carry Forward Funding $ 774,541
   c. Total $ 23,001,904

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 22,119,426.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/(deficit) of $ 1,630,148.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). Attachment B shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $ 22,227,363
   b. Estimated Carry Forward Balance on 6/30/2017 $ 950,000
   c. Other projected revenue (identify) $ 
   d. Total $ 23,177,363

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 22,536,864.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 640,499.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   We do not project a core services deficit for FY 2017-2018.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.
   a. Factors related to entries into care.

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<tbody>
<tr>
<td>C19 removal rate</td>
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<tr>
<td>State removal rate</td>
<td>3.69</td>
<td>3.29</td>
<td>3.68</td>
<td>3.87</td>
<td>3.88</td>
<td>4.09</td>
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</thead>
<tbody>
<tr>
<td>C19 average monthly removals</td>
<td>37.5</td>
<td>33</td>
<td>35.16</td>
<td>43.6</td>
<td>36.5</td>
<td>41.8</td>
</tr>
</tbody>
</table>
The average number of removals per month in SFY 2015 was higher than previously experienced in Circuit 19. In SFY 2016, the average number of removals per month is comparable to the historical number of removals in Circuit 19, a factor that was favorable to our budget in SFY 2016. SFY 2017 removals were higher than SFY 2016, and were higher than the state average. This occurred despite increased utilization of safety management services, for a total of 143 families served in FY 2016-2017. Actions to be taken include analysis of the factors contributing to the increase in removals, including availability and specific maltreatment focus of both formal and informal safety management services. DCBC will also be involved in the development of the community response that is presently being undertaken to the Opioid crisis, which appears to be contributing to the increase in shelters.

b. Factors related to the cost of children while in care.

- DCBC continues monthly monitoring of the rate of foster home utilization versus group care for placement. The SFY 2015-2016 average number of children in group settings was 127. Despite a net loss of 26 foster care beds in SFY 2017 and an increase in the shelter rate, DCBC averaged 113 children in group settings in SFY 2017, and met our June 2017 target of no more than 109 children in group home settings. We attribute this 11% decrease in group home usage in part to increasing utilization of foster homes, through a performance-based contracting mechanism that paid foster care support contracts based upon bed utilization. Our SFY 2017 contracts continue this payment mechanism, and additionally require net foster bed increases as a performance standard.

- DCBC will also continue to monitor the cost of care for children in care as a primary result of APD, DJJ and Mental Health lockouts. The majority of these children have historically been placed initially in group settings, and the majority continue to require group settings. There are currently 17 lockout children whose care is fully funded by DCBC, and an additional two youth who are active in extended foster care. 12 lockouts occurred during FY 2016-2017, a reduction from the 19 who entered care through lockout the prior fiscal year. Cost savings for DJJ lockout children will only occur through cost avoidance by earlier intervention/prevention of lockout shelters in the first place, or if DJJ agrees to cost share out of home placements costs for DJJ-involved children for whom lockout could not be prevented. Cost savings for mental health lockout children can be achieved through Medicaid approved placement in Medicaid funded settings. Savings generated from successful actions of any of these endeavors will contribute to, but not occur in addition to the DCBC Residential group care line item savings.

c. Factors related to exits from care.

- DCBC will continue monthly monitoring of timely permanency indicators, including discharges from out of home care to reunification. Circuit 19 has achieved a 26% reduction in the number of children in out of home care over the past two fiscal years.

Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.
5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

We do not project a core services deficit for SFY 2018. Actions to monitor and mitigate unforeseen changes to our system of care include:

a. Factors related to entries into care.
   
   • Monthly joint review of the DCF Southeast Region CPI shelter report for relative/non-relative placement percentages.
   
   • Safety management services utilization—monthly review of contracted provider reports to ensure maximum utilization of available capacity. The contracted capacity for safety services is 36 families at any given time, and this utilization goal established last year is met the majority of the time. However, additional review is required to ensure that the service is effectively deployed and continues to meet the need of the target population, as there has not been a decrease in the rate of shelters as a result of full utilization. As a component of our safety management services evaluation, DCBC will engage C19 CPI leadership in a review of recent shelters, and identify whether the availability (or lack thereof) of particular types of safety management services (including formal and informal) factored into shelter decision making.
   
   • Strengthen local forums for development and engagement of supports of families with expected outcome of greater prevention or more timely resolution of APD, DJJ and MH lockouts. Devereux CBC is leading a local community forum in our largest county to develop and engage lockout prevention strategies. Devereux CBC will also continue to engage in statewide forums to address crossover policies that impact local practice.

b. Factors related to the cost of children while in care.
   
   • Establish a June 2018 target maximum of 95 group placements, based on a FY 2016 average utilization of 127, and FY ending 2017 baseline of 109. The target assumes a
rate of shelters, and number of children sheltered, into licensed care at or below the rate experienced in FY 2016-2017.

- Established foster home recruitment targets of 73 net new foster home beds.
- Continue performance-based contracting with subcontracted recruitment agencies based on foster home utilization.
- Monitor for impact that lack of availability of child care slots may have on foster home ability to take placements.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

a. September 30, 2017 (92 days) $ 5,659,624.67
b. December 31, 2017 (92 days) $ 5,595,249.21
c. March 31, 2018 (90 days) $ 5,541,693.91
d. June 30, 2018 (91 days) $ 5,740,296.21

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities? N/A

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

Devereux Community Based Care employs the example strategies as detailed below to support subcontract provider budget analysis and rate development. However, these are not conducted with an intent to oversee the subcontracted organization’s financial viability, but rather to ensure that only reasonable, allowable and necessary costs are included in the budget for DCBC purchased services. The information in our reviews is limited to the approved budget for the services purchased, and as such does not have the scope to detect any viability concerns that may exist for a large non-profit operating in multiple circuits. We believe the role of financial viability to be that of the non-profit organization’s Board of Directors.

For example, listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

- Review of most recent CPA audit to identify findings or questioned costs
- Conducted annually; review of quarterly revenue & expenditure reports which we compare to their
approved annual budget and meet if we see any red flags

- Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
- Not conducted- we believe this to be the purview of the Provider’s Board of Directors.
- Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
  - Conducted quarterly- limited to a review of expenditure report for approved subcontractor budget as opposed to the entire organization.
- Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
  - No history of this type of request from subcontractors- payments are routinely made within an average of two weeks following invoice approval.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.
  - Subcontractors are required by contract to report key leadership changes to Devereux CBC immediately or no later than 30 days of occurrence.
  - Turnover of Case management services is tracked monthly. The CHS CMO contract was changed for this fiscal year so that case manager positions that are vacant over 45 days are not funded (to encourage timely filling of positions), contract managers meeting monthly with CHS to discuss staffing concerns which is a standing item on the agenda

9. Additional information – Include any supplemental information that is relevant to your plan.

N/A
### Goal 1. Reduce rate of entries into licensed care by 2 per month compared to same month prior fiscal year.

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<th>Action Step</th>
<th>Person Responsible</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>a. Evaluate jointly with Southeast Region management the utilization and need for capacity of current safety management services to support in-home safety plans.</td>
<td>Lorrene Egan, Denise Natalizio-Waninger, Cheri Sheffer, Andi Poli</td>
<td>October 2017</td>
<td>In Process</td>
<td>In the prior fiscal year, utilization of SMS increased, to the degree that no additional shelters were to be the focus of the FY-2017-2018 review. Safety management services contract reports.</td>
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<td>b. Develop and implement mechanism to evaluate jointly with Southeast Region management the impact of safety management services in reducing the C19 shelter rate.</td>
<td>Lorrene Egan, Denise Natalizio-Waninger, Cheri Sheffer, Andi Poli</td>
<td>December 2016</td>
<td>In Process</td>
<td>In 2016-2017, the shelter rate in C19 increased, despite greater utilization of safety management services. SMS utilization review. The 2017-2018 review will include evaluation of types of SMS utilized and not currently available in order to inform next steps. Safety management services contract reports.</td>
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<tr>
<td>c. Evaluate jointly with Southeast region toward goal of low of new shelters achieving and maintaining placement in less restrictive inclusive placements.</td>
<td>DCB County Directors</td>
<td>June 2016</td>
<td>In Process</td>
<td>Average of 12% initially placed with relatives in FY 2016-2017. 40% of new shelters entered in FY 2016-2017 placement tracking log.</td>
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<td>d. Reduce the number of new shelters that occur as a result of APS, DJJ or MH lockouts by strengthening local forums for development and engagement of supports of families.</td>
<td>DCB Management team</td>
<td>April 2016</td>
<td>In Process</td>
<td>16 lockouts occurred in prior year (2015-2016), 12 in FY 2016-2017. In 2016-2017, the number of lockouts reduced from 16 to 12. 12 new lockouts for FY 2017-2018 placement lockout tracking log.</td>
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<td>e. Continue to engage in statewide forums to address crosscutting policies that impact local practice.</td>
<td>Carol Deloach</td>
<td>December 2017</td>
<td>In Process</td>
<td>Ongoing. Continue performance based contracts with contracted child placement agencies to ensure optimal utilization of foster beds. Ongoing efforts on prevention of DJJ lockouts. Additional circuit level protocols are under development to increase communication regarding dually placed youth. Placement contract reports.</td>
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### Goal 2. Reduce number of children placed in foster care due to availability of foster homes.

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<th>Comments</th>
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<tr>
<td>d. Monitor for occurrences of placements relying on subcontracted child care availability.</td>
<td>Denise Natalizio-Waninger, Joyce Kiefer</td>
<td>6/5/2017</td>
<td>Ongoing</td>
<td>Local forum established with foster care planning Coalition for ongoing communication. Local forum established with foster care planning Coalition for ongoing communication. No placements that are unable to be made due to lack of shared resources. Placement tracking log.</td>
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### Goal 3. Develop reimbursement model for in-home care services.

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Eckerd Community Alternatives – Hillsborough County
Plans to Achieve Financial Viability

A. Context Information

1. Requirements. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. Scope of Analysis. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. Attachment A shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $ 55,584,469
   b. Estimated Carry Forward Funding $ (181,179)
   c. Total $ 55,403,290

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 55,037,797.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 329,493.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). Attachment B shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $ 55,584,469
   b. Estimated Carry Forward Balance on 6/30/2017 $ (286,004)
   c. Other projected revenue (identify) $ 23,639
   d. Total $ 55,322,104

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 56,648,079.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ (1,325,975).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c. below that are affecting your expenditure levels.

Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.
      During FY 16-17, C13 experienced an unprecedented 24% growth in the number of youth entering the child welfare system. Eckerd experienced a 30% increase in the number of children served in OHC since FY 15 compared to the state average of 16%. This penetration rate resulted in Eckerd having one of the highest number of removal rates experienced within the State of Florida and the greatest growth experienced by Hillsborough County within a 10 year timeframe.

   b. Factors related to the cost of children while in care.
      i. Average daily board rate: $48.83 as of 08/31/17 which is up from $45.30 at the end of last calendar year (12/31/2016). Part of the increase in the average daily rate can be directly attributed to an increase in serving 76 more youth in licensed OHC (approximately 8% increase).
      ii. Average cost of residential placement: $137.28 as of 8/31/2017 which is up from $123.89 at the end of last calendar year (12/31/2016). This increase can be directly attributed to a net gain of 25 of the 76 youth being served in a residential group care setting.
      iii. Average cost of foster bed: $17.61 as of 8/31/17, down from an average of $18.39 as of 12/31/2016.
c. Factors related to exits from care.

Each year, Eckerd establishes an internal target to exit a set number of youth per month to keep abreast of system growth. Despite a 24% increase in system growth (average of 148 entries per month in OHC), C13 was still able to exit a total amount of 1,483 youth from OHC (an average of 124 per month). Eckerd was unable to outpace the system growth which led to the funding of additional case management positions to ensure caseloads were maintained at a 1:17 case manager to child ratio.

Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 14,312,357
   b. December 31, 2017 (92 days) $ 14,071,682
   c. March 31, 2018 (90 days)  $ 13,659,979
   d. June 30, 2018 (91 days)  $ 13,278,086

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   ✓ Eckerd monitors OHC daily expenditures through a daily report that is submitted to the Executive Leadership team for review. This report reflects our net gain or reduction in OHC cost daily and compares daily OHC expenditures to our budgetary daily target. This report also captures the net
gain or reduction of youth by placement type (foster/residential) and also includes the daily average cost of serving a youth in OHC. Eckerd utilizes this report to detect trends in OHC that require attention.

✓ Each year, Eckerd establishes a licensed out-of-home care target that challenges the lead agency to safely reduce the number of children serviced in paid placement by 5%. These goals are established regardless of the increase in the number of youth entering OHC.

✓ Eckerd has a system that triggers Executive Director Approval for placement of any youth in an OHC placement costing > 100 per day. This measure is in place to ensure the appropriate steps have been taken to for identification of the most appropriate level of care. It is the objective of Eckerd to leverage Medicaid funding whenever possible.

✓ Eckerd is working collaboratively with system partners to strengthen services for youth served through multiple systems (DJJ, APD, SAMH, etc…) so that youth can be stabilized in lower levels of care. Currently, Eckerd has 27 teen youth that fall within this category with the highest daily rates being paid to stabilize the population.

✓ Eckerd has historically done well recruiting foster families. Last year, Eckerd recruited more foster families than anywhere else within the State of Florida. Unfortunately, the system still struggles with retention of foster homes. In C13, Eckerd subcontracts with 9 different Child Placement Agencies responsible for the recruitment, licensing, and retention of foster homes. This year, we are revisiting with all system partners ways that we can better support foster homes and improve overall retention rates. We believe these efforts will allow us to reduce the number of youth currently placed in RGC settings and realize an overall savings in OHC cost.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

ECA13 will assess the financial viability of its major subcontractors as follow:

- Review of most recent CPA audit to identify findings or questioned costs.
- Perform financial analysis of the financial statement information that assesses current ratios and debt ratios.
- Review of submitted expenditure reports (at least quarterly) to assess current financial condition compared to their submitted spending plans.
- Strategies to address with provider when their submitted spending plan represents a deficit.
- Strategies to address with providers when they request early payment of invoices for cash flow purposes.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

9. Additional information – Include any supplemental information that is relevant to your plan.
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<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
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<tr>
<td>High Risk Tool and Diversion Staff Triage: Implement high risk criteria for diversion services. The lead agency will triage any request to access diversion services to ensure the most appropriate families are benefiting from this intervention.</td>
<td>Heather Cazzola, Director of Diversion</td>
<td>6/30/2018</td>
<td>7/01/2017</td>
<td>On-Going</td>
<td>Eckerd began facilitating the intake process for all diversion referrals internally. This change has helped expedite acceptance of referrals for families with the greatest risk of accessing the child welfare system and improved the partnership with HCSO/CPID. Reduce removals by 3% (13.39 the average for Jul 2016 - June 2017 for a total of 1,657 children)</td>
<td>10.69 in June 2017</td>
<td>Data Packet</td>
<td>July 1-Sept 30 = 405 children removed (12 less children than this time last year) Oct 1 - Dec 31 = 405 Children removed (12 less children than this time last year) Jan 1 - March 31 = 395 Children removed (12 less children than this time last year) April 1 - June 30 = 405 Children removed (13 less children than this time last year)</td>
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<tr>
<td>Have a Domestic Violence Expert available to go out in the field on investigation with CPID.</td>
<td>Heather Cazzola, Director of Diversion</td>
<td>Available to all units by 6/30/2018</td>
<td>06/31/2018</td>
<td>On-Going</td>
<td>Eckerd has met with CPID and The Spring (DV prevention agency) and set up a system to allow the DV advocate to go in the field to help CPID assess DV cases. The goal is to decrease the number of removals on DV cases and provide supports to safely provide the victim and children support services to help stabilize the family without judicial action. Reduce removals by 3% (13.57 the average for June 2016 - May 2017)</td>
<td>Planning and piloting</td>
<td>CPID Removal by Maltreatment spreadsheet, Identity Report from the Spring</td>
<td>July 1-Sept 30 = 405 children removed Oct 1 - Dec 31 = 405 Children removed Jan 1 - March 31 = 395 Children removed April 1 - June 30 = 402 Children removed</td>
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<tr>
<td>Lock Outs: Conduct staffings to discuss youth with increased risk of entry to the foster care system due to a need for community mental residential or DJJ history services when identified.</td>
<td>Heather Cazzola, Director of Diversion</td>
<td>On-going</td>
<td>07/02/2017</td>
<td>On-Going</td>
<td>Diversion will identify community children with open child abuse reports or DJJ lock outs who are at risk of removal due to the need for community mental health and/or residential services. Diversion will work with DJJ to identify red flag criteria to identify younger youth who are not at the level of a lock-out, but need early intervention. These youth will also be staffed for services. 100% of youth identified will be staffed.</td>
<td>Planning</td>
<td>Internal CPID and DJJ Lock out Log</td>
<td>July 1-Sept 30 = criteria and process established for red flag staffings: Oct 1-Dec 31 = report progress Jan 1-March 31 = report progress April 1-June 30 = report progress</td>
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<td>Communities of Hope/Community Cafes:</td>
<td>Heather Cazzola and Jody Brusko</td>
<td>On-going</td>
<td>05/2017</td>
<td>On-going</td>
<td>Eckerd will collaborate with Casey Foundation to host Community Cafes throughout Hillsborough County. These cafes will be focused on community engagement.</td>
<td>On-going</td>
<td>Quarterly community cafes</td>
<td>July 1-Sept 30 = Host One Community Cafe Oct 1-Dec 31 = Host One Community Cafe Jan 1-March 31 = Host One Community Cafe April 1-June 30 = Wrap up results for the year</td>
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<tr>
<td>Action Steps</td>
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<td>F</td>
<td>Cases will be flagged at Case Transfer Staffing for possible early exit from LFC</td>
<td>Heather Cazzola, Director of Diversion and Brian Ronayne</td>
<td>On-going</td>
<td>8/21/2017</td>
<td>Planning</td>
<td>An assessment tool will be created to identify cases that can possible have early exits from LFC. The assessment tool will be used by the Eckerd Resource Specialists to flag potential early exit cases in the On-going shelter email. The CPS staff will also use the assessment tool during Case Transfer Staffings to also identify these cases.</td>
<td>Planning</td>
<td>Review 100% of removals</td>
<td>Internal Tracker</td>
<td>July 1-Sept 30 = criteria and process established; Oct 1-Dec 31 = report progress; Jan 1-March 31 = report progress; April 1-June 30 = report progress</td>
</tr>
</tbody>
</table>

### Factors Related to Costs While In Care

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<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
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<th>Current Performance</th>
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<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
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<tbody>
<tr>
<td>A</td>
<td>Teen Incentive Program</td>
<td>Carole Randazzo</td>
<td>6/30/2018</td>
<td>7/1/2017</td>
<td>Ongoing</td>
<td>Identified 8 existing foster homes that currently take in more than 2 teen. 8 families with 16 children and increase at a minimum of 3 family two teens per month.</td>
<td>8 families/18 teens per year</td>
<td>12 families/24 teens per year</td>
<td>Internal</td>
<td>Minimum of 3 new families per quarter with 6 teens in program</td>
</tr>
<tr>
<td>B</td>
<td>TrueCare Behavioral Health Stabilization RCN- No Eject/No Reject</td>
<td>Jason Thomas</td>
<td>10-1-17</td>
<td>8-1-16</td>
<td>Ongoing</td>
<td>TrueCare Behavioral Health (formerly G4S) is currently in the licensing process with DCF with an anticipated start date of 10/1</td>
<td>On Target</td>
<td>68 children for FY18 (12 children * 5.6 turnovers at 6 week LOS)</td>
<td>OHC Report</td>
<td>approx. 24 children per quarter</td>
</tr>
<tr>
<td>C</td>
<td>Staff every case over 15 months with mandatory for over a year - to brainstorm legal movement with OAG and GAL</td>
<td>Brian Ronayne</td>
<td>July</td>
<td>8/1/17</td>
<td>Planning</td>
<td>Through partnership with the OAG/GAL establish a list of all children with goal of reunification who have been in care 15+ months as of 7/1/2017. Current system in place has limitations but will be expanded to complete this action step.</td>
<td>500+ children as of 8/1/17</td>
<td>Review/hold Staffings of 100% of children in OHC w/ Goal of reunification w/ Length of Stay 15+ months</td>
<td>FSFN Reporting (CARIS), OAG Data sources, Internal ECA reporting</td>
<td>July 1-Sept 30= identify cohort and complete initial reviews by ECA Ops team; Oct 1-Dec 31st - First round of collaboration staffings to include OAG, DCF and GAL on assigned cases; Jan 1-March 31st: Continue staffings and</td>
</tr>
<tr>
<td>D</td>
<td>Reduce 0 to 12 in RCGs</td>
<td>Brian Ronayne and DeAndrea Thomas</td>
<td>Planning</td>
<td></td>
<td>107 children as of 8/4/17 in RCG ages 12 and under</td>
<td>4% reduction per quarter</td>
<td>Internal ECA data; FSFN reporting</td>
<td>Reduce 4 kids per quarter</td>
<td>Reduce 4 kids per quarter. Calculation estimate 2 step down beginning of quarter and 2 step down mid quarter. Total Savings $105,889.00</td>
<td></td>
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<tr>
<td>Action Steps</td>
<td>Person Responsible</td>
<td>Goal Date</td>
<td>Initiated Date</td>
<td>Status</td>
<td>Comments</td>
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<td>Cost Savings Projections*</td>
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<td><strong>E</strong> Increase RGC Capacity</td>
<td>Jason Thomas</td>
<td>7/1/16</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>We have continued to focus on increasing RGC capacity, adding 16 new beds in FY17. We are targeting 17 additional beds by 9/30/17.</td>
<td>On target; 12 beds are scheduled to be opened by 6/11.</td>
<td>Increase quality RGC capacity to meet the needs of the SOC</td>
<td>Internal</td>
<td>Add 15 RGC beds per quarter; with 34 beds in Q1</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>F</strong> Increase HF Capacity - Sibling Groups</td>
<td>Carole Randazzo</td>
<td>7/1/2017</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>Focus on licensing homes to accommodate sibling groups of 4. This year we will license 2 foster homes to accommodate sibling groups of 4.</td>
<td>Increase capacity per licensed traditional foster home to average of 2 beds per home. Increase capacity per licensed traditional foster home to average of 2 beds per home. License two homes twice a year for a capacity of 4 to step a sibling group down. Each agency will be focusing on recruitment of larger capacities.</td>
<td>End first quarter at 1.7. If the first capacity of 4 home is licensed by 11/1/2017 and the 2nd home by 3/1/2017, cost savings for the year would be $101,556. Qtr 1 - $0, Qtr 2 - $17,019.00, Qtr 3 - 33,759, Qtr 4 - $50,778.</td>
<td>Internal</td>
<td></td>
<td>$101,556</td>
</tr>
<tr>
<td><strong>G</strong> Operations/DHR/licensing weekly step down meetings</td>
<td>DeAndrea Thomas</td>
<td>10/30/2017</td>
<td>9/18/2017</td>
<td>On-going</td>
<td>Working with Children’s Home Network to offer both in home therapy and behavioral analyst services to youth in residential group care. This would all be billed to Medicaid at a cost of $4,000 per month.</td>
<td>SUH/Handrick/Operations</td>
<td>Out of Home Care Report and Internal Tracking</td>
<td>0</td>
<td>48 children</td>
<td>$6480.00 per day</td>
</tr>
<tr>
<td><strong>H</strong> TVH Therapists/BA/TUM each kid residential 1:1</td>
<td>Judy Grusz and DeAndrea Thomas</td>
<td>October 2017</td>
<td>8/1/17</td>
<td>Ongoing</td>
<td>New Clinical Supervisor starts 8/28/17, this staff will ensure that these reductions are achieved.</td>
<td>N/A</td>
<td>Reduce placement moves</td>
<td>Internal</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>I</strong> Address SA/NPI/Costs and services</td>
<td>DeAndrea Thomas</td>
<td>October 2017</td>
<td>9/1/17</td>
<td>Ongoing</td>
<td>New Clinical Supervisor starts 8/28/17, this staff will ensure that these reductions are achieved.</td>
<td>N/A</td>
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</tr>
<tr>
<td><strong>J</strong> Families First grant for STFC</td>
<td>Jason Thomas and Carole Randazzo</td>
<td>6-30-18</td>
<td>7-18-17</td>
<td>Ongoing</td>
<td>RFP is for unique populations, including those with behavioral health needs or having experienced unique issues, such as human trafficking, dual diagnosis (developmental disability and mental health) and crossover youth (dependent on juvenile justice involvement). Awarded to Families First on 8/28/17.</td>
<td>On target; 20 homes by June 2018</td>
<td>Internal; CBCH</td>
<td>Q1: 0 Homes; Q2: 6 Homes; Q3: 6 Homes; Q4: 8 Homes</td>
<td></td>
<td>$319k</td>
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<tr>
<td>Action Steps</td>
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<tr>
<td><strong>K</strong></td>
<td>Specialized Treatment Programs for Dually Served Youth and Families; DCF ITN</td>
<td>Jody Grutza</td>
<td>October 2017</td>
<td>Unsure</td>
<td>Awaiting ITN</td>
<td>Apply be selected for DCF ITN pilot program</td>
<td>N/A</td>
<td>Annual grant of $546,267</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>L</strong></td>
<td>FH Retention /Ran Increase of Capacity of beds</td>
<td>Carole Randazzo</td>
<td>Ongoing</td>
<td>7/1/2017</td>
<td>Ongoing</td>
<td>7/1/2017 569 foster homes, 696 beds. In March of 2018, Lupton’s Annual picnic. Invites all Hillsborough foster parents and children. Full day at no cost to FP. Annual survey produced needs for Hillsborough county and will be incorporated into Task Force. Follow up to survey responses that expressed concerns.</td>
<td>On target</td>
<td>Increase Capacity by 50 homes/360 beds; @ 25 beds per quarter. Savings is calculated using the average board rate of $15.82 less the traditional board rate of $15 plus $10.25 admin, for a savings of $31.33 per bed</td>
<td></td>
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<tr>
<td><strong>M</strong></td>
<td>Evaluation and Analysis of contracted CPA</td>
<td>Carole Randazzo and Pam Griffith</td>
<td>Annually</td>
<td>8/14/2017</td>
<td>Active</td>
<td>Complete an in-depth analysis on outsourcing vs in-house delivery of Licensing/Retention/Recruitment of foster homes in Hillsborough County, Florida. Based on the analysis make a determination as to which option is most appropriate considering cost effectiveness, complying with the “Direct Services as % of Total Services” requirement, and maintaining the spirit of community based care.</td>
<td>Performing Analysis</td>
<td>Complete Analysis by 9/29/17; Decision to move forward or not by 10/16/17</td>
<td>ECA6 Model; ECA13 Licensing data; ECA13 financial data</td>
<td></td>
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<tr>
<td><strong>3</strong></td>
<td>Factors Related To Exits</td>
<td></td>
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<tr>
<td><strong>A</strong></td>
<td>DYS Hope Program</td>
<td>Brian Ronayne</td>
<td>6/30/2018</td>
<td>7/1/17</td>
<td>Active</td>
<td>DOJ Crossover program for difficult youth. Will assist in providing therapeutic services to youth and the family to transition children home through reunification. Program launched 7/1/17; Internal review of potential case completed.</td>
<td>2 referrals have been made as of 8/1/17 and therapeutic assigned to family.</td>
<td>11 kids in Q2, 0 kids in Q3, 10 kids in Q4</td>
<td>Internal Tracking and data collection</td>
<td>Internal Tracking and data collection</td>
</tr>
</tbody>
</table>
### B. Family Finding
- **Person Responsible:** Brian Ronayne
- **Goal Date:** 6/30/2018
- **Initiated:** 7/1/17
- **Status:** Planning
- **Comments:** FF Supervisor position offered and accepted. 1 specialist position offer, pending at this time. SF in hiring phases for additional specialist position and FF Support/Search position. No cost projections in Q1 and Q2. Goal is stepping down 12 youth from LFC on average per month beginning January 1st 2018.
- **Current Performance:** Planning/Hiring
- **Target Data Source:** Internal ECA tracking, FSFN Data reporting
- **Quarterly Projections:** 16 children will step down from LFC per quarter. Broken down into 12 children per month or 72 children over 6 month period.
- **Cost Savings Projections:** $353,160.00

### C. Increase Exits to Permanency while utilizing conditions of return in cases in home
- **Person Responsible:** Brian Ronayne
- **Goal Date:** 6/30/2018
- **Initiated:** 8/1/17
- **Status:** Planning
- **Comments:** New 2017 statute has language for conditions of return. Development of new system process based on Casey Family Program Initiative. 3 month COR staffings, continue 3 month staffing protocol in place. Pending Meeting 8/10 - Discharge Targets and the Out of Home Care Models for FY2018. For more information.
- **Current Performance:** Planning
- **Target Data Source:** FSFN Reporting (CARS), Internal ECA reporting and tracking
- **Quarterly Projections:** Additional 3 exits per month starting in November in the last week of the month.
- **Cost Savings Projections:** $53,160.00

### F. Exit APD kids
- **Person Responsible:** DeAndrea Thomas
- **Goal Date:** 6/30/2018
- **Initiated:** 7/1/17
- **Status:** Planning
- **Comments:** Staff APD kids monthly - DeAndrea has June list to review APD children are staffed with DCF
- **Current Performance:** N/A
- **Target Data Source:** N/A
- **Quarterly Projections:** N/A
- **Cost Savings Projections:** N/A

### G. Adoption Incentives
- **Person Responsible:** Phyllis Ho-Zuhars
- **Goal Date:** 6/30/2018
- **Initiated:** 7/1/17
- **Status:** Planning
- **Comments:** Goal 1 - Children adopted who are in care 24 months or longer ($68,153.66)
Goal 2 - Children adopted between the ages of 14-17 ($68,153.66)
Goal 3 - Children adopted within 5 months of TPR ($68,153.66)
Goals to be met by 6/30/2017
- **Current Performance:** Pending finalization of goals and target by DCF
- **Target Data Source:** $204,461.00
- **Quarterly Projections:** ECA Internal Tracking and FSFN
- **Cost Savings Projections:** $204,461 in additional revenue

### 4 Factors Related to SOC Improvement

### A. Case Management Retention
- **Person Responsible:** Stephanie Pieme and Kathy Bartlett
- **Goal Date:** 6/30/2018
- **Initiated:** 7/1/17
- **Status:** On-Going
- **Comments:** 1) Continue with weekly capacity reports from CMQ 2) CIP case management retention component 3) Eckerd HR scheduled to meet with CMO HR departments to address retention issues
- **Current Performance:** Case Managers 51%, Supervisors 33.5%
- **Target Data Source:** 10% improvement in case management staff (46%) 3% improvement in supervisors (20.546)
- **Quarterly Projections:** 3.3
- **Cost Savings Projections:** Weekly Data Packet
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<tr>
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<th>Cost Savings Projections*</th>
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<tbody>
<tr>
<td>B</td>
<td>Stephena Pierre and Kathy Bartlett</td>
<td>6/30/2019</td>
<td>7/1/2018</td>
<td>On-Going</td>
<td>1) Continue with Monthly Program Director’s Meeting and All Manager’s meetings. Discussion forum to ensure SOC needs/challenges are addressed. 2) Evaluate process to determine if yielding intended results</td>
<td>77.23% (166)</td>
<td>85% (180)</td>
<td>Weekly Data Packet</td>
<td>5.70%</td>
<td>$940,330.77</td>
</tr>
<tr>
<td>C</td>
<td>Jason Thomas and Kathy Bartlett</td>
<td>6/30/2018</td>
<td>7-1-17</td>
<td>On-Going</td>
<td>1) Continue with weekly Over 25 Reports 2) CPI case management retention component 3) Eckerd HR scheduled to meet with CMO HR departments to address retention issues</td>
<td>48 caseloads with more than 25 children per caseload</td>
<td>50% reduction in the number of caseloads over 25</td>
<td>FSFN</td>
<td>Q1-reduction of 5 caseloads over 25; Q2-reduction of 5 caseloads over 25; Q3-reduction of 7 caseloads over 25; Q4-reduction of 7 caseloads over 25</td>
<td></td>
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<tr>
<td>D</td>
<td>Jason Thomas and DeAndrea Thomas</td>
<td>4-1-18</td>
<td>9-1-17</td>
<td>Ongoing</td>
<td>1) Will begin by developing a credentialing and evaluation process for POS providers in addition to the identification of services able to be billed to other funding sources 2) Identify services funded through HCCB for prevention/diversion from system</td>
<td>Planning</td>
<td>Reduce spending on services for children and families</td>
<td>ECA Internal Tracking</td>
<td>TBD in Quarter 1</td>
<td>TBD in Quarter 1</td>
</tr>
<tr>
<td>E</td>
<td>Phyllis Ho-Zuhars</td>
<td>6/30/2018</td>
<td>7/1/2017</td>
<td>Planning</td>
<td>Goal 1 - Children adopted who are in care 24 months or longer ($68,153.66) Goal 2 - Children adopted between the ages of 14-17 ($68,153.66) Goal 3 - Children adopted within 5 months of TPR ($68,153.66) Goals to be met by 6/30/17</td>
<td>Pending finalization of goals and target by OCW</td>
<td>$204,461.00</td>
<td>ECA Internal Tracking and FSFN</td>
<td></td>
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<tr>
<td>F</td>
<td>Phyllis Ho-Zuhars</td>
<td>6/30/2018</td>
<td>7/1/2017</td>
<td>Ongoing</td>
<td>ECA 13 received a grant through the Dave Thomas Foundation totaling $140,000 for 2 Wendy’s Wonderful Kids recruiters to support youth in need of adoptive placements in Hillsborough County</td>
<td>20 matches and 8 adoptions</td>
<td>$140,000</td>
<td>WWK Database through Child Trends</td>
<td></td>
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</tr>
<tr>
<td>G</td>
<td>BOC (HIC) BOC 903</td>
<td>6/30/2017</td>
<td>9/30/2017</td>
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*Note: The cost savings projections are estimated based on the expected outcomes and are subject to finalization.
Eckerd Community Alternatives – Pasco and Pinellas Counties
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $45,555,137
   b. Estimated Carry Forward Funding $(200,571)
   c. Total $45,354,566

5. Your SFY 2016-2017 core services expenditures were estimated to be $46,086,038.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $(731,472).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $45,555,137
   b. Estimated Carry Forward Balance on 6/30/2017 $(138,009)
   c. Other projected revenue (Fed. Excess Medicaid) $34,892
   d. Total $45,452,020

2. What is your projected level of core services expenditures for SFY 2017-2018? $47,277,335.

3. What is your projected core services surplus/(deficit) for the end of SFY 2017-2018? $(1,825,315).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.
   
   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.
      
      ECA C6 experienced a 19% increase of children in licensed out of home care during fiscal year 16/17. Despite the increase ECA C6 has been able to maintain children in traditional foster care. According to the Child Welfare Key Indicators Report July 2017, 21.1% of children age 0-17 in licensed out of home care were placed in Residential Group Care, the State Average is 25%.

   b. Factors related to the cost of children while in care.
      
      ECA C6 experienced a 19% increase in children in licensed out of home care during fiscal year 16/17. ECA C6 has 866 total children in licensed out of home care, 687 of those children are placed in traditional foster care and 179 are placed in Residential Group Care (21.1%). The State Average for children in Residential Group Care according to the Child Welfare Key Indicators Report for July 2017 is 25%. The average daily rate for the 866 children in licensed out of home care is $47.54 per day.

      ECA C6 has implemented several measures to reduce the cost of licensed out of home care.

      • During fiscal year 17/18 we are projecting to increase placements with relatives and non-relatives of children in out of home care to 60% (current performance is 55%).

      • Reduce out of home care by 2%
• Exceed the established adoption target by 11 children
• Increase funding in Diversion services by $500,000 to reduce entries in out of home care
• Increase the number of traditional foster homes in Pinellas and Pasco Counties
• Step down 8 children from Residential Group Care

c. Factors related to exits from care.

ECA C6 has experienced an increase in the number of children entering out of home care and a slight decrease in the number of children exiting out of home care over the last several years. ECA C6 has not been able to keep pace with the number of entries into the system of care. During fiscal year 16/17, ECA C6 averaged 141 entries to out of home care and 109 exits monthly. During fiscal year 15/16, ECA C6 averaged 119 entire to out of home care and 111 exits per month. During fiscal year 14/15, ECA C6 averaged 116 entries to out of home care and 109 exits per month. In comparison, during fiscal year 13/14, ECA C6 averaged 108 entries to out of home care and 126 exits per month. Also, ECA C6 averaged 121 entries to out of home care and 139 exits per month during fiscal year 12/13.

Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days)  $ 12,367,486
   b. December 31, 2017 (92 days)  $ 11,939,647
   c. March 31, 2018 (90 days)  $ 11,591,814
   d. June 30, 2018 (91 days)  $ 11,378,388
7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

ECA C6 is currently projecting a deficit for FY 17/18, but we have identified strategic objections to mitigate the risk.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

ECA06 will assess the financial viability of its major subcontractors as follow:

- Review of most recent CPA audit to identify findings or questioned costs.
- Perform financial analysis of the financial statement information that assesses current ratios and debt ratios.
- Review of submitted expenditure reports (at least quarterly) to assess current financial condition compared to their submitted spending plans.
- Strategies to address with provider when their submitted spending plan represents a deficit.
- Strategies to address with providers when they request early payment of invoices for cash flow purposes.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

9. Additional information – Include any supplemental information that is relevant to your plan.
<table>
<thead>
<tr>
<th>Action Steps</th>
<th>I. Revenue/Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ECA C6 is actively involved in webinars on foster care and adoption.</td>
<td>II. Foster Care Capacity/Retention</td>
</tr>
<tr>
<td>2. Pursue Grant opportunities to augment state funding for child welfare services.</td>
<td>III. Increase Retention of Foster Home</td>
</tr>
<tr>
<td>3. Host an annual fundraising event to support increased capacity of front and support services designed to facilitate families in their home community.</td>
<td></td>
</tr>
<tr>
<td>Action Title</td>
<td>Owner Responsible</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1. Reduce the number of children entering foster care</td>
<td>Leigh Williams, Interim Director of Operations</td>
</tr>
<tr>
<td>2. Increase use of Relative and Nonrelative Treatment options for youth entering the child welfare system</td>
<td>Leigh Williams, Interim Director of Operations</td>
</tr>
<tr>
<td>3. Conduct focus (facilitate) permanency round table per quarter so children that have been in care over 24 months are able to have a focus on and effort to undermine a permanency plan.</td>
<td>Leigh Williams, Interim Director of Operations</td>
</tr>
<tr>
<td>4. Review all children in out of home care between 12-24 months to determine and overcome barriers to permanency.</td>
<td>Leigh Williams, Interim Director of Operations</td>
</tr>
<tr>
<td>5. Facilitate open service calls within 4 days of new abuse report in generalized andly planning and prevention planning to reduce children entering out of home</td>
<td>Leigh Williams, Interim Director of Operations</td>
</tr>
<tr>
<td>6. Monthly data call discussions with OI&amp;I providers regarding adoption projections.</td>
<td>Norris S. Grimes, Director of Programs, Associate Director of Operations</td>
</tr>
</tbody>
</table>

**Source:** Eckerd Community Alternatives (Pinellas/Pasco) Financial Viability Plan June 2017 - June 2018.
## Eckerd Community Alternatives (Pinellas/Pasco) Financial Viability Plan June 2017-June 2018

### II C. Reduce the Number of Children OHC/ Reduce the Number of Children in Group Care

<table>
<thead>
<tr>
<th>Goal Number</th>
<th>Goal Description</th>
<th>Person Responsible</th>
<th>Start Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Current Performance</th>
<th>Target</th>
<th>Percent Complete</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>CBC Adoption Incentive Program</td>
<td>Sonia K. Graham, Director of Programs</td>
<td>6/30/2018</td>
<td>7/1/2017</td>
<td>Ongoing</td>
<td>The Community Based Care Adoption Incentive program is a legislatively mandated requirement found in s. 409.1662, F.S. The program consists of the following: A program to award incentive payments to Community Based Care Lead Agencies (CBC) for achievement of specific and measurable adoption performance standards.</td>
<td>To meet the goal of one Tier 1 adoptions per fiscal year.</td>
<td>1 Tier 1 adoption have been finalized</td>
<td>100%</td>
<td>75% of children in Licensed OHC will be placed in traditional foster homes.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Limit use of RGC for large sibling groups or teen specific interventions only.</td>
<td>Jennifer Dean, Senior Director of Out of Home Care; Brian Bostick, Executive Director</td>
<td>6/30/2018</td>
<td>7/1/2017</td>
<td>Ongoing</td>
<td>At this time there are currently 185 children that are placed in residential settings. Of these children there are a total of 43 children under the age of 12. Within the 43 children that are under the age of 12, there are 15 sets of sibling groups. Additionally, 31 of these children are in either APD placements or Therapeutic Group Homes. An additional child is currently in a skilled nursing facility. Eckerd's goal is to continue reducing the number of children under the age of 12 by matching children with identified foster homes as additional homes become available due to new licensees or children obtaining their permanency goal. According to the Child Welfare Key Indicator Report as of July 2017 the state average for children in RGC was 25.0% and ECA C6 is performing at 21.1%. The objective is to decrease the average by 1%. At this time this measure has been completed as the current performance rate is at 16.1% however Eckerd will continue to monitor and work towards a steady decrease in this area.</td>
<td>21.10%</td>
<td>25.40%</td>
<td>25% of paid placements</td>
<td></td>
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<tr>
<td>10</td>
<td>Prior approval and weekly review of youth placed in RGC facilities &gt; $100 per day</td>
<td>Jennifer Dean, Senior Director of Out of Home Care; Brian Bostick, Executive Director</td>
<td>6/30/2017</td>
<td>7/1/2017</td>
<td>Ongoing</td>
<td>In August 2017 there were a total of 20 children in paid placements that cost more than $100 per day, 11 of which were APD placements or Therapeutic Placements. We continued to see rate increase request from our community group home providers based on their need to supply services and the cost of caring for our youth. A few rate increases have been granted but have not gone into effect yet. Once these do roll out there will be supplemental children added to the over $100 per day placements. We are utilizing a grandfather in rate for our children currently placed in these residential group home placements.</td>
<td>100%</td>
<td>10% target</td>
<td>100%</td>
<td>2 children dropped down</td>
<td></td>
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</table>

*Note: All data is preliminary and subject to revision. The information includes the Children of Economically Disadvantaged Residential Group Care to traditional foster care. The average daily care for traditional foster care is $100.00 per day. The annualized savings would be $156,975.00.*
1. Reduce the number of children in group care

Person Responsible: Jennifer Dean, Senior Director of Out Home Care; Brian Bostick, Executive Director
Goal Date: 6/30/2018
Status: Ongoing

- Weekly step-down debriefings for youth placed in RGC facilities

The plan is to transition 8 children from Residential Group Care to traditional foster care. The average daily rate for traditional foster care is $18.00 per day. The annualized savings would be $180,312.50.

2. Reduce CBC expenses related to costs eligible for APD

Person Responsible: Jennifer Dean, Senior Director of Out Home Care; Brian Bostick, Executive Director
Goal Date: 6/30/2018
Status: Ongoing

- Conduct monthly staffing’s with the Managing Entity and Legal workgroup to review actionable progress and next steps for APD eligible children.

100% of appropriate referrals for all cost centers will be funded by the ME.

3. Reduce non-essential costs

IV A. Review administrative rate

Person Responsible: Pam Griffith, VP of Finance
Goal Date: 6/30/2018
Status: Ongoing

Rates consistent with like size CBC’s

N/A

IV B. Identify contract changes to reduce expenses

Person Responsible: Brian Bostick, Executive Director
Goal Date: 6/30/2018
Status: Ongoing

All contracts will be reviewed quarterly to ensure effectiveness and return on investment.
1. Reduce Front End Entry Into Child Welfare System

Person Responsible: Rich Jenkins, Director of Diversion
Goal Date: 06/30/2018
Status: In progress

- Rich Jenkins, Director of Diversion. Additional funding allocated to the Pasco County Diversion program. Additional funding will allow for additional Case managers and Therapists to assist families and prevent removals. This additional funding is not expected to show an impact until Dec. 2017 as new staff must be hired and trained.

- In progress

- Ongoing

- Ongoing

- Ongoing DCF/ECA

- Last year a total of 6 children entered the system of care due to parent/caregivers refusal to pick the child up. This year we would like to reduce that number to 2 children. More than likely the children will be placed in Residential Group Care at an average daily rate of $128.00 per day.

2. Increased partnership with DCF, children’s mental health providers and JDC to prevent children from entering care due to parents refusing to pick them up from JDC or from a children’s crisis unit.

Person Responsible: Rich Jenkins, Director of Diversion
Goal Date: 06/30/2018
Status: In progress

- Meet with DCF, OHC and children’s mental health crisis providers to discuss strategies to improve and streamline the process of initiating Critical Case staffing calls (lock out calls). Critical case staffing will better link families to services and ensure that children do not enter care when other options are available to the family.

- In progress

- Ongoing

- Ongoing

- Ongoing DCF/ECA

3. Diversion staff will partner with Placement to reach out to friends and families on newly sheltered children to look for possible relative / non-relative homes for placement. Preventing the need for foster care

Person Responsible: Rich Jenkins, Director of Diversion
Goal Date: 06/30/2018
Status: In progress

- Placement will send the Diversion team a notification when a child comes into care and needs a foster home. The diversion team will make a call to the CPI and caregiver to discuss other possible options.

- Increase children placed in relative/non-relative care to 60%.

- 55%
A. Context Information

1. Requirements. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. Scope of Analysis. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. Attachment A shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding  $ 34,623,974
   b. Estimated Carry Forward Funding $ 0
   c. Total  $ 34,623,974

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 35,514,059.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ (890,085).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). Attachment B shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $34,623,974
   b. Estimated Carry Forward Balance on 6/30/2017 $(248,426)
   c. Other projected revenue (identify) $0
   d. Total $34,375,548

2. What is your projected level of core services expenditures for SFY 2017-2018? $34,375,548.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $0

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions you are planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.
For all of calendar year 2016, Circuit 1 had a significantly higher removal rate than the rest of the state, which prolonged a 3-year trend of elevated rates of children in OHC. This was a major causal factor in the agency’s deficit for FY 16-17. However, in January 2017, Decision Support Team calls were reinstated throughout the Circuit by DCF, which began a downward trend in removal rates. Correspondingly, utilization of Family Support Services has increased, as has referral for In-Home Non-Judicial Services. For the first time in three years, Circuit 1 has had a lower removal rate than the state for two consecutive months (May and June, 2017).

FamiliesFirst Network (FFN) will continue a concerted focus on front-end intervention with families in hopes of continuing this downward trend. In reviewing statewide trends, FFN noted the Jacksonville CBC had not experienced the dramatic OHC increases in recent years that most other CBCs have endured. FSSNF has been viewed as a well run system, and has not experienced financial shortfalls in recent years. FFN has made several "benchmarking" visits to FSSNF to learn about the elements of their system of care they believed to most strongly contribute to their stability. The most significant component is Safety Management Services (SMS) provided by certified child welfare case managers who are a part of specialized case management units that only provide SMS and In-Home Non-Judicial (IHNJ) case oversight. These units specialize in early engagement while the investigation is still being conducted in hopes of being able to maintain the child in the home and build rapport with the family for eventual case transfer to the same worker as an in-home case. Perhaps most importantly, DCF investigators appear to have a high level of confidence in these services, making it the preferred referral path for families.

Through continued work with DCF and consultation from FSSNF, FFN has developed an implementation plan that will replicate the Jacksonville model over the next year. Each quarter, one county will transition, beginning with Santa Rosa County September 1. This will shift cases away from OHC placement and allow FFN to engage the family and prevent removal.
Shifting SMS currently provided by FFN’s contracted provider partners to FFN’s internal case managers will allow the provider agencies to deliver a new service line that has been requested by DCF, which is short-term in-home interventions such as budgeting, hazardous home organization, access to community resources, etc. that can be accessed even before a safety determination is made. FFN will create a position to be a single point of access for this service line by CPIs. This position will be located within the Care Coordination Unit, which will allow CPIs to gain information and access for several programs, including the internal SMS. During non-business hours, CPIs will be able to refer directly to FFN's contracted providers for In Home-Support Service interventions.

Training will be provided to CPIs on an ongoing basis to familiarize them with these new options for service interventions to stabilize families and prevent removal.

b. Factors related to the cost of children while in care.

**Relative / Non-Relative Placement**

The percentage of children placed with relatives or non-relatives for their initial placement upon removal had declined somewhat over the past year. Additionally, once placed in licensed care FFN has had minimal effectiveness in shifting the placement to an identified relative. This, coupled with the increases of children in the system, has over extended FFN’s foster home capacity and increased OHC costs.
FFN will put a major focus on identifying relatives for children in out-of-home care. We will identify a position to conduct a diligent search on any new removal and provide the results to FFN Case Management, including senior leadership. Leaders will ensure follow up once the case is transferred to explore relative placement options. This will be tracked and reported on a weekly basis. This, coupled with DCF’s efforts to increase relative placement at removal, is beginning to show positive results, evidenced by a 7% increase in relative placements over the past year.

**High Cost Placements**

As noted in the Risk Pool report, while FFN’s rate of placement in RGC is below state norms, it is at an elevated level for our system. In addition, many of FFN’s foster home placements are with enhanced rates. Many of these placements are children and youth with complex behavioral, medical, and developmental needs who are in need of services from DJJ, APD, CMS, and AHCA. Because of this, much of our focus will be on reducing RGC placements, and leveraging services from other systems to meet child and family needs.

FFN will continue our High Utilizer Staffing process. FFN Operations and placement executive leadership meets weekly to review our highest cost placements for safe step down possibilities, location of appropriate relative or non-relative placements, and plans for permanency. FFN’s CEO is a participant in the staffings.

FFN is also working to build relationships with parallel state agencies (APD, CMS, AHCA) to determine appropriate funding sources for eligible children in out-of-home placement. This is both on a system as well as case-by-case basis. FFN will engage Circuit, Region and OCW DCF Leadership when necessary.
The FFN system of care has a small number (6) of Specialized Therapeutic Foster Care (STFC) homes compared to the size of the out of home care population and the needs of the children currently being served. FFN has a group of foster homes (17) that currently take children and youth with challenging behavioral issues and are paid an enhanced rate (Matrix program). In order to increase capacity of Medicaid funded placements, FFN plans to convert (3) Matrix homes to (STFC) homes, and to increase STFC capacity. FFN/Lakeview has also applied for a grant offered by Sunshine and CBIH to expand Medicaid funded (STFC) capacity with in Circuit One.

FFN recently contracted with another provider to increase capacity of behavioral foster homes with enhanced rates lower than standard residential group care. The National Youth Advocate Program (NYAP) was awarded a contract effective as of March 1, 2017. This contract is expected to replace existing services with services that will provide sufficient capacity to meet the growing needs of this region related to lock-out youth and cross-system youth. The NYAP homes are intended to reduce FFN’s reliance on residential group care and to serve youth with behavioral needs that are not linked to a mental health diagnosis, which therefore disqualifies them from placement in an STFC home and Medicaid cost-sharing.

At its highest, FFN’s out-of-home care costs were more than $29,000 a day. This enhanced focus has helped to bring out-of-home care costs down to a little more than $25,000 a day. Annualized, this could result in approximately $1.4 million savings.

c. Factors related to exits from care.
With a recent decrease in removals, system resources are shifting to exits, where much work needs to be done. While FFN’s discharge rates are above the national target, they trail the state average. However, for three of the last four months FFN’s exits have exceeded entries as we tend to see an adverse relationship between entries and exits (i.e., when entries decrease, exits increase).

FFN is now disseminating a weekly report of case closures to the FFN Senior Leadership Team. This will reflect the Unit and Team Manager levels. FFN is also implementing Rapid Permanency Reviews with Casey Family Programs as a structured method to improve efficiency and decision making in case closure.

FFN is in the process of managing a high population of TPR’d children. Circuit 1 has well over 300 children whose parents’ rights have been terminated. FFN recently underwent a comprehensive Adoption Process Mapping Project and discovered several opportunities for system practice or policy changes that could alleviate delays and exit children to permanency more quickly. FFN will implement recommendations of the Adoption Process Mapping Project to increase efficiency to finalization of adoption cases.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?
   a. September 30, 2017 (92 days) $ 8,832,226
   b. December 31, 2017 (92 days) $ 8,745,234
   c. March 31, 2018 (90 days) $ 8,415,234
   d. June 30, 2018 (91 days) $ 8,382,854
7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

In the event that FFN ends the 17/18 contract year in a deficit, it is Lakeview Center, Inc.’s intention to maintain normal operations for FFN for the remaining 17/18 fiscal year. It is Lakeview Center, Inc.’s understanding that any deficit, specifically related to the 17/18 contract year, will be carried into the 18/19 contract year, from which such deficit will be reduced by any surplus achieved by FFN within the 18/19 contract year.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

FFN does not subcontract case management to external case management organizations. This key function is conducted by direct care staff within FFN. However, FFN is still focused on monitoring the service providers we do contract with to ensure they are fiscally sound.

FFN's current practices include the following:

- Audited financial statements are reviewed annually.
- A financial risk assessment is performed annually utilizing current audited financial information. This analysis reviews and compares a variety of financial ratios which are used to determine each sub provider’s level of financial risk.
- Review of recent budget to actual expenditure reports, submitted by each subprovider, to assess their current financial condition.
- Internal processes and controls are in place in the event that a provider requests early payment of invoices for cash flow purposes or reporting a financial deficit.
- Notification of change in key leadership or inability to maintain a stable and productive workforce (turnover) is required in performance of the contracts.

Based on our analysis described above, there are no current financial risks with our sub-contractors.

9. Additional information – Include any supplemental information that is relevant to your plan.
### Action Steps

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<tr>
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<th>Status</th>
<th>Comments</th>
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<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Implement specialized SMS and HNJ services (Jacksonville model)</td>
<td>Jenn Petion, Dir of Admin &amp; Special Projects &amp; Lynne Whittington, Director of Case Management</td>
<td>June 30, 2018</td>
<td>September 1, 2017</td>
<td>Ongoing</td>
<td>FFN will implement specialized case management units to provide SMS and HNJ services. FFN has made multiple &quot;benchmarking&quot; visits to FSSNF to learn about this element of their system of care. FFN will replicate the model in one county per quarter this SFY. This will shift cases away from OHC placement and allow FFN to engage the family and prevent removal. A reduction in costs associated with licensed care placement will result.</td>
<td>33.9% of FFN's open caseload is HNJ</td>
<td>40% of FFN's caseload will be HNJ</td>
<td>FSFN</td>
<td>Q1 July 1-Sept 30 - 35.4% Q2 Oct 1-Dec 31 - 36.9% Q3 Jan 1-March 31 - 38.4% Q4 April 1-June 30 - 40%</td>
</tr>
<tr>
<td>2</td>
<td>Provide ease of access for CPIs for Front end service array.</td>
<td>Rodney Moore, Director of Care Coordination Unit</td>
<td>January 1, 2017</td>
<td>July 1, 2017</td>
<td>Ongoing</td>
<td>FFN will create a position to be a single point of access for OHC. Through this position, OHC will be able to refer for HNJ services, or to any of FFN's front end services, during business hours. During non-business hours, OHC will be able to refer to FFN's contracted providers for In Home Support Service interventions. Training will be provided to all OHC by FFN to familiarize them with the service array and how to access.</td>
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<td>3</td>
<td>Reduce OHC costs through service integration, placement setting, and discharges.</td>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase relative and non-relative placement as a percentage of total OHC.</td>
<td>Lynne Whittington, Director of Case Management</td>
<td>June 30, 2018</td>
<td>September 1, 2017</td>
<td>Ongoing</td>
<td>FFN will identify a position to conduct a diligent search on any new removal and provide the results to FFN Case Management senior leadership. Leaders will ensure follow up once case is transferred to explore relative placement options. This will be tracked and reported on a monthly basis down to the unit level for accountability and sharing of best practice.</td>
<td>54.5% of OHC is R/NR</td>
<td>63.5% of OHC to be R/N-R</td>
<td>FSFN</td>
<td>Q1 July 1-Sept 30 - 56.5% Q2 Oct 1-Dec 31 - 58.5% Q3 Jan 1-March 31 - 61.5% Q4 April 1-June 30 - 63.5%</td>
</tr>
<tr>
<td>2</td>
<td>Continue High Utilizer Staffing process.</td>
<td>Jenn Petion, Dir of Admin &amp; Special Projects</td>
<td>June 30, 2018</td>
<td>July 1, 2017</td>
<td>Ongoing</td>
<td>Operations and placement leadership meet weekly to review FFN's most expensive placements for safe step down possibilities, location of appropriate relative or non-relative placements, and plans for permanency. This has garnered positive gains so we will continue the practice.</td>
<td>The average daily cost of FFN's Top 25 High Utilizers is $6,133.57</td>
<td>Reduce average daily cost of Top 25 High Utilizers by 10% to $5,520.21.</td>
<td>FDN Reporting</td>
<td>Q1 July 1-Sept 30 - $5,980 Q2 Oct 1-Dec 31 - $5,826 Q3 Jan 1-March 31 - $5,673 Q4 April 1-June 30 - $5,520.21.</td>
</tr>
<tr>
<td>3</td>
<td>Leverage appropriate funding streams for qualified OHC population (Medicaid, AIPD, CMS).</td>
<td>Shawn Salamida, President</td>
<td>June 30, 2018</td>
<td>July 1, 2017</td>
<td>Ongoing</td>
<td>FFN will build relationships with parallel state agencies (APD, CMS, AHCA) to determine appropriate funding source for eligible children in OHC placement. This will be on a system as well as case by case basis. FFN will engage Circuit, Region and OCW DCF Leadership when necessary.</td>
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</tbody>
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4. Lakeview Center, Inc. dba FamiliesFirst Network Financial Viability Plan June 2017-June 2018

4

Lynne Whittington, Director of Case Management & Margaret Taylor, Director of Quality and Policy
June 30, 2018

4

Planning

FFN will disseminate a weekly report of case closures to the Senior Leadership Team. FFN will also implement Rapid Permanency Reviews and designate staff to assist Case Managers in working cases to closure.

FFN closed an average of 37 child cases per month from Apr 17 to Jun 17

FFN will close an average of 41 child cases per month (10% increase)

Q1 July 1-Sept 30 - 38/mo
Q2 Oct 1-Dec 31 - 39/mo
Q3 Jan 1-March 31 - 40/mo
Q4 April 1-June 30 - 41/mo

FFN will implement recommendations of the Adoption Process Mapping Project to increase efficiency to finalization of adoption cases. A detailed tracking system will be developed to measure timliness of adoption processes, with specific focus on reducing time from TPR to finalization.

39% of TPR’d children have not been matched or finalized after 12 months

10% decrease in the number of case TPR’d for over 12 months that have not been matched or finalized.

FFN Reporting

Q1 July 1-Sept 30 - 36.5%
Q2 Oct 1-Dec 31 - 34%
Q3 Jan 1-March 31 - 31.5%
Q4 April 1-June 30 - 29%

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

CBC CBC OHC Baseline CBC OHC RGC Baseline & Target CBC OHC Projections per Plan CBC OHC Actual CBC OHC Actual
1354 1333 1313 1293 1372 126 122 118 114 110

Quarterly number

Quarterly budget $2,204,749 $2,117,757 $1,931,832 $1,827,415

Quarterly budget $1,386,950 $1,299,950 $1,131,812 $1,018,505

Total FY18 budget $3,081,753

Total FY18 budget $4,937,270

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A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $ 35,904,623
   b. Estimated Carry Forward Funding $ 3,454,757
   c. Total $ 39,359,380

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 35,519,941.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 3,839,439.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $35,904,623
   b. Estimated Carry Forward Balance on 6/30/2017 $3,245,015
   c. Other projected revenue (identify) $381,700 (CBCIH, Grants, Donations & Other)
   d. Total $39,531,338

2. What is your projected level of core services expenditures for SFY 2017-2018? $38,256,373.

3. What is your projected core services surplus/(deficit) for the end of SFY 2017-2018? $1,274,965.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   **FSSNF Key Indicators Monitored**
   
   **A. Factors related to entries into care**
   1. Increasing removal trends
      a) Increase in the number of cases involving substance misuse
      b) Ungovernable teens/crossover youth (DCF & DJJ involved) that result in lockouts
      c) Increases in human trafficking and APD victims
   2. Utilization of Safety Management and Prevention/Diversion services

   **B. Factors related to the cost of children while in care**
   1. Significant volume and cost of treatment services
   2. High cost per child of “licensed” out-of-home care placements (foster home, group home, residential)
   3. Utilization of relative/non-relative kinship placements

   **C. Factors related to exits from care**
   1. Decreasing rate of discharges from out-of-home care due to increases in substance abuse
   2. Effectiveness of Adoption Program
   3. Permanency Measures

If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.
FSSNF does not project a year-end deficit.

Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

a. Factors related to entries into care.
b. Factors related to the cost of children while in care.
c. Factors related to exits from care.

See Attachment C.

Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

See Attachment C.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days)  $ 8,831,309
   b. December 31, 2017 (92 days)  $ 9,505,804
   c. March 31, 2018 (90 days)  $ 9,979,027
   d. June 30, 2018 (91 days)  $ 9,940,233

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

FSSNF does not project a year-end deficit.
8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

- Review of most recent CPA audit to identify findings or questioned costs,
- Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
- Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
- Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

FSSNF will address the monitoring of major subcontractors to address their financial viability by implementing/continuing the following actions:

- Continue annual contract risk assessment process to identify risk levels of major subcontractors
- Continue and enhance CMO monitoring process to measure compliance with contract measures
  - Implement additional financial viability metrics (liquidity and ratio analysis, workforce turnover and monitoring of changes in key leadership)
  - Implement quarterly analysis and audit of CMO reimbursable expenditures
- Enhanced quality and fiscal monitoring of treatment providers while maximizing and/or building contractual relationships with quality treatment providers

9. Additional information – Include any supplemental information that is relevant to your plan.
<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   Continue to address factors related to entries into care</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>1a  Review removal trends, including primary and secondary causes of removal</td>
<td>Larry West</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>Include removals breakout by CPI unit; utilize Decision Support Teams to address root causes; identify CPI needs and fill gaps as needed</td>
<td>N/A</td>
<td>N/A</td>
<td>Various</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>1b  Continue usage of Safety Management Services</td>
<td>Larry West</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>Safety Management Service are now being offered through our FAST program that allows for continuity of care for cases transitioning to prevention services and handled by the same case management staff. In addition, a two hour response time is initiated on safety management cases to allow for crisis stabilization and support.</td>
<td>N/A</td>
<td>N/A</td>
<td>Various</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>1c  Continue to enhance effectiveness of FAST diversion program</td>
<td>Larry West</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>Develop an action plan based on workforce stabilization focus groups</td>
<td>N/A</td>
<td>N/A</td>
<td>Various</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>1d  Implement pilot programs to address high-risk teen population</td>
<td>Sarah Markman</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>Implement Justice Works and CBS Acute Intervention Team programs for crisis stabilization; Enhance Foster parent support; Continue IPT process</td>
<td>N/A</td>
<td>N/A</td>
<td>Various</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>1e  Identify appropriate placements for human trafficking and APD victims</td>
<td>Sarah Markman</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>Continue interagency staffings for APD and DJ youth</td>
<td>N/A</td>
<td>N/A</td>
<td>Various</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>2   Continue to address factors related to the cost of children while in care</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2a  Continue to efficiently license quality foster homes</td>
<td>Sarah Markman</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>Maintain 14 week licensing process; targeted recruitment campaign; maintain 1:40 Licensing Counselor caseloads; 3 new homes licensed YTD; 72 new homes, 12 teen/specialized homes</td>
<td>Various</td>
<td>Q1: 18 homes</td>
<td>Q2: 36 homes</td>
<td>Q3: 54 homes</td>
<td>Q4: 72 homes</td>
</tr>
<tr>
<td>2b  Continue to prioritize kinship placements</td>
<td>Larry West</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>Coordinate with our new Kinship Navigator Specialist to expand efforts on kinship identification for new placements and boost services and support of current kinship caregivers.</td>
<td>N/A</td>
<td>N/A</td>
<td>Various</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>2c  Address high-cost group home placements</td>
<td>Sarah Markman</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>Quarterly reviews and staffings of children placed in residential group homes</td>
<td>N/A</td>
<td>N/A</td>
<td>Various</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Action Steps</td>
<td>Person Responsible</td>
<td>Goal Date</td>
<td>Initiated</td>
<td>Status</td>
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</tr>
<tr>
<td>3a Continue Daniel Post-Reunification Support Services program</td>
<td>Larry West</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>Bi-weekly meetings/conference calls/status reports; Monthly monitoring of re-entry measures and outcomes</td>
<td>Q4 FY16-17: 89.4%</td>
<td>91.7% of children who achieved permanency over 12 months prior shall not re-enter care within the subsequent 12 months after achieving permanency</td>
<td>Various</td>
<td>Q1: 89.5% Q2: 90.5% Q3: 91.5% Q4: 91.7%</td>
<td></td>
</tr>
<tr>
<td>3b Continue use of permanency roundtable and innovation staffings to address length of stay</td>
<td>Sarah Markman</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>Include monitoring with CMDs</td>
<td>N/A</td>
<td>N/A</td>
<td>Various</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3c Continue effectiveness of Adoption Program</td>
<td>Sarah Markman</td>
<td>Ongoing</td>
<td>In Process</td>
<td>Ongoing</td>
<td>9 adoptions finalized YTD</td>
<td>172 children with finalized adoptions by June 30, 2018</td>
<td>Various</td>
<td>Q1: 43 adoptions Q2: 86 adoptions Q3: 129 adoptions Q4: 172 adoptions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

<table>
<thead>
<tr>
<th>CBC</th>
<th>CBC OHC Baseline &amp; CBC OHC Projection per Plan</th>
<th>OHC Actual</th>
<th>OHC Projection per Plan</th>
<th>CBC RGC Baseline &amp; Target</th>
<th>RGC Actual</th>
<th>RGC Projections per Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
<td>6/30/2017 0/30/2017 12/31/2017 03/31/2018 6/30/2018</td>
<td>923 918 953 968 984</td>
<td>46 48 50 53 55</td>
<td>4.7% avg increase per quarter FY16-17</td>
<td>CBC Performance</td>
<td>OHC Performance</td>
</tr>
</tbody>
</table>

Quarterly number

Quarterly number
Heartland for Children
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-Based Care Lead Agencies (CBCs) must develop and maintain a plan to achieve financial viability which shall accompany the Department’s submission to the Governor, the President of the Senate, and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the Department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $ 33,077,946
   b. Estimated Carry Forward Funding $ 2,600,000
   c. Total $ 35,677,946

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 33,427,278.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $2,250,668

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard [http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml](http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $33,077,946
   b. Estimated Carry Forward Balance on 6/30/2017 $2,600,000
   c. Other projected revenue (identify) $__________
   d. Total $35,677,946

2. What is your projected level of core services expenditures for SFY 2017-2018? $33,246,105

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $2,431,841

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   Heartland for Children (HFC) is not projecting a core services deficit. Due to the significant increase of children in care without additional funding, we anticipate expenditures exceeding the 17-18 FY core services funding provided via the contract; however, we project we will have adequate carry forward dollars to cover the expenditures that may exceed the core services funding. HFC will continue to implement a variety of strategies developed to monitor and manage our expenditures within available resources. These include ongoing strategies and new approaches. Our strategies are detailed in HFC Financial Viability Action Plan. Each strategy relates to one of three focus areas: 1) Reducing the Number of Children Transferred from DCF to HFC for Dependency Case Management, 2) Maintaining our out of home care expenditures within the budgeted amount, and 3) Increasing the number of children achieving permanency.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c. below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.
   b. Factors related to the cost of children while in care.
   c. Factors related to exits from care.

   Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial
viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. 
Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will
need to assure that all elements in this sample are included. It is expected that your plan will be focused on
key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not
include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a
financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the
proviso in General Appropriations Act. However your plan may address your actions to monitor and
mitigate unforeseen changes to your system of care which may affect your financial viability and which
include some specific countermeasures you could deploy to mitigate these conditions.

HFC was not required to submit a financial viability report in SFY 2016-2017, but voluntarily submitted its
internal plan to monitor and mitigate the changes in our system of care; specifically, the significant increase of
children in care. The number of children transferred from DCF to HFC for ongoing services fluctuates. Over
the last 10 years, HFC has effectively managed through these variances and has been able to maintain a
caseload that can be reasonably expected to be served with the resources provided through our contract with
DCF. During the 15-16 fiscal year, we saw the number of children being sheltered and the number of in-home
non-judicial cases being transferred spike. These numbers drifted back down into more typical ranges for HFC
during the last 3 months of the 15-16 fiscal year and it appeared that we were returning to a more typical pattern
of removals of children. We ended the 15-16 fiscal year with 1540 children transferred from DCF. This is
higher than the average annual number of children transferred over the last 9 years, which was only 1347.
Additionally, the out of home care numbers were significantly higher in FY 15-16 (754 children sheltered
compared to an average of 592 children). Unfortunately, in FY 16-17 we hit a new record high for removals
and other case transfers. We ended FY 16-17 with 1870 children with case transfers and 913 of them going
into out of home care for FY 16-17. These excessively high numbers of children being removed (54% increase
over the previous nine-year average) and cases being transferred (39% increase over previous nine-year
average) has caused our total caseload to balloon to the highest level in 10 years. Total caseload the beginning
of the 17-18 FY was 2141 children. Our overall goal is to reduce the total caseload to a more typical and
sustainable range around 1750 children. This aggressive caseload reduction can only be achieved by
simultaneously slowing the entries into care and safely accelerating the exits from care.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Date</th>
<th>CM Total Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 12-13</td>
<td>07/01/12</td>
<td>1777</td>
</tr>
<tr>
<td>FY 13-14</td>
<td>07/07/13</td>
<td>1709</td>
</tr>
<tr>
<td>FY 14-15</td>
<td>07/07/14</td>
<td>1697</td>
</tr>
<tr>
<td>FY 15-16</td>
<td>07/01/15</td>
<td>1681</td>
</tr>
<tr>
<td>FY 16-17</td>
<td>07/03/16</td>
<td>1863</td>
</tr>
<tr>
<td>FY 17-18</td>
<td>07/02/17</td>
<td>2141</td>
</tr>
</tbody>
</table>

While there have been fluctuations in total shelters across fiscal years, the trend line has been steadily moving
upward since the 12-13 fiscal year. That coincides closely with the introduction of the New Safety Methodology
in Circuit 10. The spike is the most pronounced, and appears to correlate with newly implemented policies
related to Safety Methodology. The signs of this practice increasing caseloads have been emerging since the
project’s implementation, but contingency planning that includes an allocation of adequate resources to serve
this greater number of children has not materialized. It should be noted that due to the current funding
allocation model, the HFC system of care has not benefited from the recent CBC funding increase. Providing
quality case management, placements and other support services to this many children is not sustainable over the long term with the current DCF contract funding level. Thus, we are treating the situation as a “State of Emergency,” with focused efforts to slow down the number of children being transferred from DCF, and to move children more quickly to permanency. If current shelter practices and current conditions continue, we project 931 children would be sheltered in the 17-18 fiscal year. Our system of care has set a goal for sustainability to safely reduce this number to 756 children and is implementing various strategies outlined in the financial viability action plan to achieve this goal. Slowing the front door will require an ongoing strong partnership with DCF and a willingness on everyone’s part to continue to develop new strategies and ideas for supporting families in order to keep them safe and together.

The shelter rate per 100 children investigated in Circuit 10 has increased slightly from FY 15-16 (5.5) to FY 16-17 (5.8) and was equal to the State average for FY 16-17. A stabilization or reduction in the shelter rate is needed to achieve long-term financial sustainability and reduce the total number of children being sheltered.
Heartland for Children has tended to exceed the State average in discharge rates from Out of Home Care, however, during the 16-17 FY these rates dropped to the State average. Additionally, HFC has consistently been meeting performance measures related to timeliness of permanency. (See following charts.)
Increasing the rate at the back door will require ongoing partnership solutions with CLS and a willingness on everyone’s part to identify barriers to performance and practice and implement whatever solutions are necessary to remove those barriers and improve practice. During the 16-17 fiscal year, HFC Executive Management, and Regional and Circuit 10 CLS leadership began meeting regularly to discuss barriers and areas for improvement in practice. These meetings will continue and serve as the foundation for strategy development, implementation and tracking for improvements in case practice resulting in improved closure measures and total caseload reduction. Measures from the Child Welfare Key Indicators Report related to judicial handling, point to areas for improvement for Circuit 10. (See below.) In partnership with CLS and our case management organizations, HFC will set a sustainability goal to safely close enough cases to reduce the total caseload and return to a more typical caseload size of 1750 children.
6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $8,395,473
   b. December 31, 2017 (92 days) $8,311,931
   c. March 31, 2018 (90 days) $8,152,698
   d. June 30, 2018 (91 days) $8,386,003

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities? N/A

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   Heartland for Children regularly monitors and assesses our case management organizations’ financial health. We have done this through a variety of methods including, reviews of expenditure reports for the programs to assess financial condition, quarterly meetings with the CMO Executive Leadership, and annual review of CPA audit findings. We utilize the quarterly leadership meetings to discuss a variety of issues (financial, performance workforce stability, changes in key leadership, additional resources needed, etc).

9. Additional information – Include any supplemental information that is relevant to your plan.
## Heartland for Children Financial Viability Plan June 2017-June 2018

### Action Steps

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Expand implementation of the Care Portal</strong></td>
<td>Kim Daugherty &amp; Florida 111 Project</td>
<td>Fall 2017 expanding to Neighbor to Family</td>
<td>Spring 2017</td>
<td>Care Portal has been fully implemented with OHU in Highlands County, Florida.</td>
<td>Next step is to expand the Care Portal to Neighbor to Family in Fall 2017. Meeting has been set up to explore the rollout details with leadership staff from both programs.</td>
<td>21 Families Served during last 6 months of 16-17 FY</td>
<td>To assist 60 families during the year</td>
<td>Careportal.org</td>
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<tr>
<td>2. <strong>Work with DCF and Peace River Center to increase the CPI-Co-located DV Advocate's availability for case consultation for CPIs</strong></td>
<td>Genet Stewart, David Stoops &amp; Linda Parker</td>
<td>ongoing</td>
<td></td>
<td>Peac River Center has hired, Linda Parker, their new director of DV services. HFC and DCF have spoken to her about the numerous concerns and have provided documentation to her to support those concerns. The program is in transition.</td>
<td>The conversations with PRC will continue. FLADV has offered technical assistance as well.</td>
<td>Unknown</td>
<td>To increase the availability of the Co-Located Advocate to provide case consultation to CPIs as they investigate family violence.</td>
<td>PRC reports and CPI tracking</td>
<td></td>
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</tr>
<tr>
<td>3. <strong>Continue &quot;Out of Home Care&quot; workgroup with DCF to set targets quarterly and for the fiscal year</strong></td>
<td>David Stoops, Genet Stewart &amp; Bill Nunnally</td>
<td>ongoing</td>
<td>Fall 2016</td>
<td>OHC workgroup met Aug 2nd to develop goals for FY 17-18. Removals - 63 children per month. IHNJ - 17 children per month.</td>
<td>Workgroup will continue to meet monthly.</td>
<td>July, 88 children were removed and 19 staffed over for IHNJ removals = 63; IHNJ = 17;</td>
<td>HFC data packet/CLS report</td>
<td>Q1 = 216 removals; Q2 = 189 removals; Q3=189 removals; Q4 = 189 removals</td>
<td>Cost avoidance based on reduction of quarterly removals from 228 children from FY 16-17 to quarterly targets in this plan. Assumes 30% of removals go into licensed care (based on last 3 year average) at an average cost of $49/day (recent daily rate range).</td>
<td>Q1 = 15,260; Q2 = 26,460; Q3 = 52,920; Q4 = 79,380.</td>
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<tr>
<td>4. <strong>Advocate with ME for utilization of Behavioral Health Consultants to conduct assessments for families undergoing an investigation and link to appropriate SAMH services</strong></td>
<td>Genet Stewart</td>
<td>ongoing</td>
<td>Spring 2017</td>
<td>As of July 1, the SAMH integration specialist positions were eliminated. One behavioral health consultant is working in Highlands/ Hardee Counties. There are no behavioral health consultants in Polk.</td>
<td>HFC will continue to have conversations with DCF and CFBNH about these positions.</td>
<td>N/A</td>
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<td>5. <strong>HFC, CPI and CLS leadership participate in C10 Shelter workgroup bi-weekly. Prior to the meeting, disseminate list of questionable removals for prior 2 weeks with questions and an opportunity to discuss at the meeting.</strong></td>
<td>David Stoops, Mercy Hernda, Bill Nunnally &amp; Melinda Bozeman</td>
<td>Ongoing 2/1/15 Ongoing</td>
<td></td>
<td>The C10 Shelter Workgroup has been meeting biweekly for well over 2 years. We have recently announced plans for the workgroup to expand its current scope and begin reviewing incoming shelter through the lens of Conditions for Return.</td>
<td></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>6. <strong>Explore system enhancements and/or adjustments with DCF leadership to reduce shelters</strong></td>
<td>Teri Saunders, Genet Stewart, David Stoops, Stephanie Weis and Bill D'aiuto</td>
<td>ongoing</td>
<td>Summer 2017</td>
<td>These discussions have not yet started with DCF leadership. The enhanced safety management pilots have had some impact, but more is needed to reduce shelters to a number which the system of care can successfully maintain</td>
<td>Decision Support Teams and other approaches which have demonstrated results in reducing shelters and enhancing decision making will be explored</td>
<td>N/A</td>
<td>TBD</td>
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<tr>
<td>Action Steps</td>
<td>Person Responsible</td>
<td>Goal Date</td>
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<td>Quarterly Projections</td>
<td>Cost Savings Projections*</td>
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<tr>
<td>1. Heartland for Children Financial Viability Plan June 2017-June 2018</td>
<td>April Rolle</td>
<td>Ongoing</td>
<td>November 2016</td>
<td>In Progress</td>
<td>For &quot;enhanced safety management&quot; cases, parents/caregivers can apply to SCARF; for &quot;parents in need of assistance&quot; cases, parents/caregivers can apply to NTF, for legal financial assistance if the parent/caregiver does not qualify for Legal Aid Services. If they meet eligibility criteria, parents/guardians will receive financial assistance to pay a flat fee for legal fees/costs to the attorney/firm of their choosing.</td>
<td>29 Families last 4 months of 16-17 FY</td>
<td>88 Families for the year</td>
<td>HFC Tracking</td>
<td>22 families per quarter</td>
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<tr>
<td>1B Maintain out of Home Care expenditures within daily budgeted amount of $22,073</td>
<td>GAP Program Manager</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>The GAP Team provides supports to relative and non-relative caregivers. These supports include assistance with obtaining resources, applying for funding, placement disruption intervention, caregiver support groups, as well as special services or requests during the caregiving experience</td>
<td>48 children/youth maintained in relative placements</td>
<td>GAP program</td>
<td>12 per quarter</td>
<td>Cost avoidance would be keeping all 12 cases from entering into care. Assumes all removals will go into licensed care. Q1 = 5,175, Q2 = 15,525, Q3 = 25,875, Q4 = 36,225</td>
<td></td>
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<tr>
<td>1</td>
<td>Vanessa McCottry, Susan Ripley, CMO Directors</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>The Lic. And Placement Managers meet weekly to review new homes projected to become licensed and look at children in RGC and siblings separated. They explore possible matches and plan for the communication that will need to take place so thoughtful moves and transitions can occur.</td>
<td>6 matches per month</td>
<td>HFC Operations &amp; Licensing teams</td>
<td>18 matches per quarter</td>
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<td>2</td>
<td>Amanda Wilson &amp; Genet Stewart</td>
<td>Ongoing</td>
<td>Spring 2017</td>
<td>Regularly scheduled conference calls have been occurring with APD to discuss post-adoption and dependency children. DJJ, DCF and HFC have begun meeting to discuss the crossover youth and implement strategies to serve these youth in the community.</td>
<td>Staff 29 children and divert 75% of them from licensed care</td>
<td>HFC tracking</td>
<td>Q1=6; Q2=6; Q3=6; Q4=6</td>
<td>Cost avoidance would be keeping the 75% of the cases from entering into care. Assumes all removals will go into licensed care Group Homes. Q1 = 20,250, Q2 = 40,500, Q3 = 81,000, Q4 = 121,500</td>
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</tbody>
</table>
1. Heartland for Children Financial Viability Plan June 2017-June 2018

4. Build additional capacity for placements in foster homes
   - Kim Daugherty
   - June 30, 2017 - Goal of 70 Homes
   - July 1, 2017
   - 3 homes since 7/1/17
   - There are 3 homes scheduled to be lic. the week of 8/14/17.
   - The Bartow class that will start on 8/22
   - There are 7 families registered for the 9/16 accelerated class and 7 families register for the North Lakeland class starting on 10/12.
   - As of 8/14 - three homes lic.

1C. Increase the number of children achieving permanency & case closures

<table>
<thead>
<tr>
<th>Action Steps</th>
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<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CMOs &amp; CLS to utilize conditions for return to safely move children out of licensed care</td>
<td>Mercy Hermida, Bill Nunnally, April Rolle and CMO Directors</td>
<td>TBD</td>
<td>planning &amp; training stage</td>
<td>Conditions for return have not yet been integrated into court preparation nor have they been presented in court, but CMO &amp; CLS have committed to implementing it.</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
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<td>2</td>
<td>Implement Rapid Permanency Review process with consultation from Casey</td>
<td>Bill Nunnally</td>
<td>1/1/18</td>
<td>In Progress</td>
<td>HFC has partnered with Casey Family Programs to execute a Rapid Permanency Review initiative in Circuit 10. At the time of this plan submission, we have completed our Steps to Permanency exercise and will be meeting with the Casey team on 8/22 to finalize our plans to enter into the reviews.</td>
<td>NA</td>
<td>77 children/teens to be reviewed in Sept. 40% of reviewed cases to be brought to permanency through the process (this is reflective of historical reporting by Casey on reviews in other areas nationwide).</td>
<td>RPR tracking</td>
<td>Q1 = 0; Q2 = 0; Q3 = 3,431; Q4 = 10,293.75</td>
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<tr>
<td>3</td>
<td>Review of cases in care greater than 15 months with goal of reunification and no TPR activity</td>
<td>Mercy Hermida &amp; Genet Stewart</td>
<td>ongoing</td>
<td>Summer 2017</td>
<td>Initial meeting with CLS, HFC and CMO permanency managers was held on August 4, 2017. Staffings will begin in September 2017.</td>
<td>14.30%</td>
<td>7.40% Key Indicators report</td>
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<td>4</td>
<td>HFC &amp; CLS Leadership to meet every other month to evaluate and develop strategy to improve permanency</td>
<td>Teri Saunders &amp; Karlene Cole-Palmer</td>
<td>Ongoing</td>
<td>Nov 2017</td>
<td>Meetings are occurring every other month</td>
<td>We have set an aggressive, long term goal that is in alignment with our 10 year history. It is noted that this is a multiple year goal. Total caseload 2152 on 6/30/17 (includes OTI/ICPC cases)</td>
<td>Reduce Overall caseload to 1600.</td>
<td>HFC data packet</td>
<td>Sept 30, 2017 = 2150; Dec 31, 2017 = 2100; March 31, 2018 = 1950; June 30, 2018 = 1850</td>
<td></td>
</tr>
</tbody>
</table>

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

<table>
<thead>
<tr>
<th>CBC</th>
<th>CBC R/G/C Base/Fr &amp; Target</th>
<th>RGC Actual</th>
<th>HFC CG/RC Baseline &amp; Plan</th>
<th>CBC CG/RC Projections per Plan</th>
<th>HFC CG/RC Projections per Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1247</td>
<td>1250</td>
<td>1210</td>
<td>3310</td>
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<td></td>
<td></td>
<td>CBC Performance</td>
<td>RGC Performance</td>
<td>CBC Performance</td>
<td>RGC Performance</td>
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<td></td>
<td></td>
<td>Quarterly number</td>
<td>Quarterly number</td>
<td>Quarterly number</td>
<td>Quarterly number</td>
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A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   
   a. Core Services Funding $38,666,497  
   b. Estimated Carry Forward Funding $0  
   c. Total $38,666,497

5. Your SFY 2016-2017 core services expenditures were estimated to be $40,860,156.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/(deficit) of $2,193,659.
7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $38,666,497
   b. Estimated Carry Forward Balance on 6/30/2017 $0
   c. Other projected revenue (identify *see below) $596,027
   d. Total $39,262,524

   *Other projected revenue; Services to Prevent the Maltreatment of Children Grant - $147,624; Florida Intelligent Recruitment Project - $269,085; Adoption Incentive Award - $90,918; CBCIH Service Coordination Revenue - $88,400

2. What is your projected level of core services expenditures for SFY 2017-2018? $41,781,124.

3. What is your projected core services surplus/(deficit) for the end of SFY 2017-2018? $2,518,600.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.
   Not Applicable

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.
The existing out-of-home care volume has driven by a marked increase in removals across C5. The following charts provide insight to casual factors which may be driving this removal.

Entries to OHC spiked significantly beginning in November 2014. However, the increase in removals does not correlate with a significant change in any Child Protective Investigative related trend.

1 Please Note: Several charts depict a “Smoothed Standard Deviation” in addition to the primary data trend. This analysis identifies points in time when significant changes in performance have occurred.
Simultaneously, there has been a significant increase in removals / alleged victim. Most interestingly, the increase in removals is accompanied by a significant decrease in the number of investigations resulting in a most serious finding of verified. Again, this increase began in November 2014.
Finally, it should be noted: the increase to removals has occurred even though the Florida Department of Children and Families determined the array of diversion services implemented by Kids Central to be one of only two “Four Star” systems in the state.

b. Factors related to the cost of children while in care.

Kids Central has worked to minimize the cost of children in care by implementing a Segmented Marketing Plan with the intent of recruiting foster and adoptive homes willing and able to care for children in a geographic and demographic areas demonstrating the highest need (targeted communities and homes for older youth).

Since implementing the marketing plan, annual recruitment of foster homes has increased by nearly 200%.
Kids Central has also excelled in foster home retention. During FY’16-17 there was a statewide net increase of 122 foster homes. Kids Central was responsible for 35% (+ 43 homes) of this increase. Statistically, performance during the year was equaled only by Our Kids of Miami Dade County and outpaced all other CBCs in the state.

Over the past three years, Kids Central has shown marked improvement in the ability to place children and youth in a targeted population (youth aged 9-17), in the least restive setting at the time of removal. The following charts depict C5 and statewide performance by calendar year.
Finally, to facilitate movement of children to less restrictive setting and expedite permanency. Children residing in residential settings costing more than $50 / day are reviewed monthly and staffed as necessary.

c. Factors related to exits from care.

Exits from OHC are a lagging indicator. Federally, less than 50% of children removed from home achieve permanency in less than 12 months. Given the rapid increase to removals per month and the historical rate of exits from OHC, equilibrium (exits per month roughly equaling entries) will not be reached for at least 36 months.

Though there is variation from month to month, exits from OHC began to increase approximately 12 months after the increase was noted. Our plan includes elements related to safely increasing exits from care, particularly as they support appropriate Conditions for Return and ability to implement effective Safety Plans.
Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

The action plan has been developed using DCF’s recommend format and is attached.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?
   
   a. September 30, 2017 (92 days) $ 10,445,281
   b. December 31, 2017 (92 days) $ 10,236,375
   c. March 31, 2018 (90 days) $ 10,027,470
   d. June 30, 2018 (91 days) $ 11,071,998

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?
Unless Kids Central receives additional core services funding, a large portion of the expenditures for the month of June 2018 will be paid from the first advanced payment for fiscal year 2018-2019.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability. For example listed below are some common financial practices used to monitor and assess an organization’s financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

To prevent creating financial hardships for case management organizations, Kids Central compensates providers in a manner that ensures reimbursement for all eligible costs incurred. Negotiated contract rates segregate fixed costs, such as rent and professional liability insurance, from costs that vary based on the number of employees, such as salaries and benefits. Case management providers are reimbursed for 100% of budgeted fixed costs and, based on the number of positions filled, providers are reimbursed for 100% of the variable costs incurred. This rate structure ensures the financial burden of the DCF contract deficit is retained at Kids Central and not passed on to our contracted providers.

- Review of most recent CPA audit to identify findings or questioned costs,
- Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
- Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
- Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

9. Additional information – Include any supplemental information that is relevant to your plan.
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<tr>
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<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implement Family Support Services for unsafe non-judicial families</td>
<td>Sharon Gibbs</td>
<td>9/15/2017 [Services Initiated] Implementation through June 2018</td>
<td>7/1/17</td>
<td>In process</td>
<td>This entails a modification of the Family Connections program for use with non-judicial families found to be unsafe.</td>
<td>Planning (Staff Training is presently underway)</td>
<td>Families Served:</td>
<td>Average Service Volume:</td>
<td>Cost savings are projected from the month of discharge through the end of the fiscal year:</td>
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<td>September - 6 &gt;</td>
<td>1st Quarter - 6</td>
<td>&gt; September - $95,833</td>
<td>&gt; September - $95,833</td>
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<td></td>
<td></td>
<td>&gt; October -8</td>
<td>2nd Quarter - 9.33</td>
<td>&gt; October - $86,250</td>
<td>&gt; October - $86,250</td>
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<td></td>
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<td>&gt; November -10</td>
<td>3rd Quarter: 11.33</td>
<td>&gt; November - $74,833</td>
<td>&gt; November - $74,833</td>
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<td>&gt; December -10</td>
<td>4th Quarter: 12</td>
<td>&gt; December - $67,083</td>
<td>&gt; December - $67,083</td>
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<td>&gt; January - 11</td>
<td>Cost savings will not be realized during FY'18</td>
<td>&gt; January - $57,500</td>
<td>&gt; January - $57,500</td>
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<td>&gt; February -11</td>
<td>&gt; February - $47,917</td>
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<td>&gt; March -12</td>
<td>&gt; March - $38,333</td>
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<td></td>
<td>&gt; April -13</td>
<td>&gt; April - $28,750</td>
<td>&gt; April - $28,750</td>
<td>&gt; April - $28,750</td>
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<td></td>
<td></td>
<td>&gt; May -148</td>
<td>&gt; May - $19,167</td>
<td>&gt; May - $19,167</td>
<td>&gt; May - $19,167</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>&gt; June -165</td>
<td>&gt; June - $9,583</td>
<td>&gt; June - $9,583</td>
<td>&gt; June - $9,583</td>
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<td>&gt; September - 16</td>
<td>&gt; 1st Quarter - 16</td>
<td>&gt; 1st Quarter - 16</td>
<td>&gt; 1st Quarter - 16</td>
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<td></td>
<td></td>
<td>&gt; October -33</td>
<td>&gt; 2nd Quarter - 66</td>
<td>&gt; 2nd Quarter - 66</td>
<td>&gt; 2nd Quarter - 66</td>
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<td></td>
<td></td>
<td>&gt; November -49</td>
<td>&gt; 3rd Quarter: 115</td>
<td>&gt; 3rd Quarter: 115</td>
<td>&gt; 3rd Quarter: 115</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>&gt; December -66</td>
<td>&gt; 4th Quarter: 165</td>
<td>&gt; 4th Quarter: 165</td>
<td>&gt; 4th Quarter: 165</td>
<td></td>
</tr>
<tr>
<td>3. Increasing discharges to permanency by utilizing Conditions for Return in cases where children can return home safely with safety services</td>
<td>Shalonda McHenry-Sims &amp; Sharon Gibbs DCF CS CLS</td>
<td>6/30/2018</td>
<td>8/1/17</td>
<td>Planning</td>
<td>Increase Exits:</td>
<td>Planning</td>
<td>Planning</td>
<td>Planning</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>&gt; 1) Review cases where reunification is possible to identify whether Conditions for Return and Safety Plans are current (by 10/1/17),</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>&gt; 2) Identify whether CMA technical assistance or training is required (by 11/1/17),</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>&gt; 3) Identify internal or external barriers to permanency (by 11/1/17),</td>
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<td></td>
<td></td>
<td></td>
<td>&gt; 4) Develop plan to utilize Conditions for Return and appropriate Safety Planning to facilitate reunification (by 12/1/17),</td>
<td></td>
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<td></td>
<td></td>
<td>&gt; 100% of existing cases sheltered reviewed by December, ongoing entries within 90 days</td>
<td>&gt; 1st Quarter - N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Permanency Staffings</td>
<td>Sharon Gibbs</td>
<td>9/1/17</td>
<td>7/1/17</td>
<td>In-Process</td>
<td>Conduct Permanency Staffing within the first 90 days of shelter to review Conditions for Return and identify whether other permanency options should be considered</td>
<td>Planning</td>
<td>Planning</td>
<td></td>
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<td></td>
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<td></td>
<td>&gt; October -12</td>
<td>&gt; 2nd Quarter - 100%</td>
<td>&gt; 2nd Quarter - 100%</td>
<td>&gt; 2nd Quarter - 100%</td>
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<td></td>
<td>&gt; November -12</td>
<td>&gt; 3rd Quarter: 100%</td>
<td>&gt; 3rd Quarter: 100%</td>
<td>&gt; 3rd Quarter: 100%</td>
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<td></td>
<td>&gt; December -12</td>
<td>&gt; 4th Quarter: 100%</td>
<td>&gt; 4th Quarter: 100%</td>
<td>&gt; 4th Quarter: 100%</td>
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</tr>
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### Action Steps

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Recruit 88 new foster homes during FY'18</td>
<td>Courtney Barnett</td>
<td>6/30/2018</td>
<td>7/1/17</td>
<td>In-Process</td>
<td>Continue to implement the Segmented Marketing plan to recruit and sustain foster homes</td>
<td>88</td>
<td></td>
<td>Internal tracking and OCWDRU Report #1090</td>
</tr>
</tbody>
</table>

### Additional reporting for CBCs: Must be included in SFY 2017-2018 plans

<table>
<thead>
<tr>
<th>CBC</th>
<th>CBC OHC Baseline</th>
<th>CBC OHC Projections per Plan</th>
<th>CBC RGC Baseline &amp; Target</th>
<th>RGC Actual</th>
<th>RGC Projections per Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1,645</td>
<td>1,596</td>
<td>1,546</td>
<td>1,497</td>
<td>9.47%</td>
</tr>
</tbody>
</table>

Cost savings are projected from the month of license through the end of the fiscal year:
- August: $201,300
- September: $228,750
- October: $205,875
- November: $183,100
- December: $160,125
- January: $137,250
- February: $114,375
- March: $91,500
- April: $68,625
- May: $50,325
- June: $25,163

Total: $1,466,288

OHC Baseline & Target

<table>
<thead>
<tr>
<th>Quarter</th>
<th>OHC Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/30/2017</td>
<td>1,645</td>
</tr>
<tr>
<td>9/30/2017</td>
<td>1,596</td>
</tr>
<tr>
<td>12/31/2017</td>
<td>1,546</td>
</tr>
<tr>
<td>3/31/2018</td>
<td>1,497</td>
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</table>

RGC Baseline & Target

<table>
<thead>
<tr>
<th>Quarter</th>
<th>RGC Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/30/2017</td>
<td>9.47%</td>
</tr>
<tr>
<td>9/30/2017</td>
<td>Maintain &lt; 10%</td>
</tr>
<tr>
<td>12/31/2017</td>
<td>Maintain &lt; 10%</td>
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<tr>
<td>3/31/2018</td>
<td>Maintain &lt; 10%</td>
</tr>
<tr>
<td>6/30/2018</td>
<td>Maintain &lt; 10%</td>
</tr>
</tbody>
</table>
Kids First of Florida, Inc.
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding  $ 6,612,645.00
   b. Estimated Carry Forward Funding  $ 2,410,685.00
   c. Total  $ 9,023,330.00

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 6,424,945.57.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 2,598,384.43.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $6,612,645.00
   b. Estimated Carry Forward Balance on 6/30/2017 $2,172,417.00
   c. Other projected revenue $120,000.00 (Donations, Clay County, Sunshine)
   d. Total $8,905,062.00

2. What is your projected level of core services expenditures for SFY 2017-2018? $6,874,691.00.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $2,030,371.00.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

      On a monthly basis, KFF’s Programs Operations Unit (POU) reviews the children coming into care. During the fiscal year 2015 – 2016, KFF had an average of 15 children a month entering care. During the fiscal year 2016 – 2017, KFF had an average of 13 children a month entering care. During the 4th quarter (April, 2017 – June, 2017), KFF had an average of 5 children a month entering care. Currently, there is no major factors in this area but KFF will continue to monitor the situation and will continue to work our DCF Contract Manager, the CPIs, the judicial system, the school system and all other partners.

   b. Factors related to the cost of children while in care.

      On a monthly basis, KFF’s Sr. Management team and the Data Analyst review trends associated with the children in care. High Cost Placements are reviewed at that time. On May, 2016, KFF had 406 children in care and on June, 2017, KFF had 396 children in care. KFF continues to recruit Family Service Counselors to provide case management services. As of May, 2016, KFF had 29 Family Service Counselors on staff helping to serve 406 children in care. As of June, 2017, KFF had 29 Family Service Counselors on staff helping to serve 396 children in care. As of May, 2016, the average Non-Judicial case load was 8 cases serving 17 children while the average Judicial case load was 12 cases serving 23 children. As of June, 2017, the average Non-Judicial case load was 8 cases serving 19 children while the average Judicial case load was 12 cases serving 22 children. Compared to other CBCs in the region, KFF case load is at a good level but KFF continues to monitor the case load because it is a goal to provide innovative and quality services within the budget. Currently, there is no major factors in this area but KFF will continue to monitor the situation and will continue to work on recruiting new foster homes, working with our current foster homes and negotiating cost of care agreements.
### 5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan. For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

KFF Management will continue to monitor expenditures and the underlying factors. See Attachment C-2. KFF had out of home care expenditures (LCFHO, LCRGE, SEC00), for fiscal year 2015 – 2016, in the amount of $1,585,650.41 compared to $1,419,978.47, for fiscal year 2016 - 2017.

### 6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

- **a. September 30, 2017 (92 days)**: $1,702,000.00
- **b. December 31, 2017 (92 days)**: $1,748,000.00
- **c. March 31, 2018 (90 days)**: $1,685,000.00
- **d. June 30, 2018 (91 days)**: $1,739,691.00

### 7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?
KFF reviews cash on a daily, monthly, quarterly and annual basis. Budgets and burn ratios are reviewed monthly, quarterly and annually.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

KFF provides case management services in house and therefore can react more quickly to issues and situations. Providing case management services, in house, allows KFF to have more control of financial issues that occur.

Other direct services provided, out of house, such as, but not limited to parenting, supervised visitations, therapy, anger management and trauma therapy, are monitored financially, such as, but not limited to, reviewing CPA audits, reviewing submitted invoices, reviewing an agency’s financial position and assessing risk.

9. Additional information – Include any supplemental information that is relevant to your plan.

KFF’s Senior Management Team has extensive experience in the non-profit field and has worked for a CBC for a long period of time.

Irene Toto, the Chief Executive Officer, holds a Master of Science in Mental Health and is a Licensed Mental Health Counselor. Irene has been working in the non-profit field for 34 years and holds a certification in Non-Profit Management from Rollins College. Irene has been the CEO, for KFF, since 2005.

Joanne Robertson, the Chief Operating Officer, holds a Master degree in Social Work from Boston University and is a Licensed Clinical Social Worker. Joanne has worked in the non-profit field for over 30 years with a specific concentration in the field of child welfare for approximately 21 years. Joanne has been the COO, for KFF, since 2017.

Kevin Davidson, the Chief Financial Officer, holds a Bachelor of Science in Accounting and a Master of Business Administration. Kevin has worked in the non-profit social services field for 27 years. Kevin has been the CFO, for KFF, since 2005.

In order to maintain efficient use of funding, KFF’s Business Operations Unit (BOU) has meetings with KFF’s Programs Operations Unit (POU) with regard to residential care group homes. Group home placements are very costly to the agency and the State of Florida and children that are placed in group homes miss the loving, nurturing environment that a core family provides. During high cost placement meetings, the children are monitored for progress, cost of care, and length of stay. When a child, who was initially placed in a group home due to behavioral or mental health issues, makes progress, then alternative placements are explored.

The BOU also regularly reviews “best practices” in order to become more efficient. A goal of the BOU has been to get the best quality service available, while being able to provide services to the most amount of families and children, in the most cost efficient price. In other words, the best bang for the buck. The BOU continually looks at partners, to sub-contract with, that are able to provide the best quality service, at a competitive cost. KFF sub-contracts with other non-profit agencies.

KFF continually looks at operational expenditures to reduce cost, including “piggy backing off” government entity procurements, negotiating lower contracts and competitive pricing procurements.
### Reduce out of home placements

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>KFF will enhance in home non-judicial and Safety Services programs to support a reduction in out of home placements.</td>
<td>Joanne Robertson / Robin Briseno-Pool</td>
<td>7/1/2018</td>
<td>7/1/2017</td>
<td>Planning</td>
<td>KFF has established an internal Non Judicial services work group to focus on this reduction. Work group will include provider representatives. First steps have included reorganizing units to align the most effective skills and supervision of cases. We have also added a new position - Critical Child Safety Practice Supervisor that will be proficient in the Practice. As of 6/30/2017, KFF had 275 Out of Home Placements. The goal for 6/30/2018, will be 264 Out of Home Placements. Increase in home non-judicial cases by 4% by the end of FY17-18. FSFN</td>
<td>1st Qtr: 1% increase from FY16-17 Baseline 2nd Qtr: 1% increase from FY16-17 Baseline 3rd Qtr: 1% increase from FY16-17 Baseline 4th Qtr: 1% increase from FY16-17 Baseline</td>
<td>A reduction in out of home placements will save KFF $500 to $3,000 per month per child.</td>
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### Increase foster homes

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<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>KFF plans to recruit 26 new foster parents. Emphasis will be placed on recruiting foster parents for teenagers.</td>
<td>Joanne Robertson / Robin Briseno-Pool</td>
<td>7/1/2018</td>
<td>7/1/2017</td>
<td>PRIDE training is completed quarterly</td>
<td>New foster homes are needed so that group homes will only be utilized, when necessary. Foster homes become inactive as foster parent's adopt children and decide to no longer foster. It is necessary to continue to recruit in order to maintain an adequate amount of available beds. Teens are often challenging to place therefore we consistently need available options. 78 active foster homes as of 6/30/2017</td>
<td>84 foster homes</td>
<td>KFF Stats</td>
<td>1st Qtr: 1 home 2nd Qtr: 2 homes 3rd Qtr: 2 homes 4th Qtr: 1 home (Numbers are Net)</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Develop a system to determine appropriate enhanced rates for specialized placements including teens, medical, DJJ, and difficult to manage behaviors</td>
<td>Joanne Robertson / Robin Briseno-Pool</td>
<td>7/1/2018</td>
<td>7/1/2017</td>
<td>Planning</td>
<td>This goal will be addressed by our Quality Foster Parent/Rate Enhancement Work Group. KFF is also encouraging providers to develop specialized services for our teen population and foster parents who accept teen placements. KFF has also formed an internal workgroup and is reviewing plans from other CBCs who have similar programs.</td>
<td>NA</td>
<td>5 specialized placement homes</td>
<td>KFF Stats</td>
<td>1st Qtr: 1 home 2nd Qtr: 1 home 3rd Qtr: 1 home 4th Qtr: 2 homes</td>
</tr>
</tbody>
</table>
**Action Steps**  | **Person Responsible**  | **Goal Date**  | **Initiated**  | **Status**  | **Comments**  | **Current Performance**  | **Target**  | **KFF Stats**  |
---|---|---|---|---|---|---|---|---|
3a  | KFF plans to meet or exceed its goal of 55 adoptions.  | Joan Underwood / Unit 705  | 7/1/2018  | 7/1/2017  | Adoptions are tracked monthly.  | Adoptions allow children to achieve permanency and allows KFF to successfully close cases.  | On target  | 55 adoptions  | 1st Qtr: 10 adoptions  | 2nd Qtr: 8 adoptions  | 3rd Qtr: 10 adoptions  | 4th Qtr: 27 adoptions  |

**Additional reporting for CBCs: Must be included in SFY 2107-2018 plans**

<table>
<thead>
<tr>
<th>CBC</th>
<th>OHC Baseline</th>
<th>OHC Actual</th>
<th>OHC Projections per Plan</th>
<th>CBC RGC Baseline &amp; Target</th>
<th>RGC Actual</th>
<th>RGC Projections per Plan</th>
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<td>OHC Performance</td>
<td>Quarterly number</td>
<td>Quarterly number</td>
<td>OHC Performance</td>
<td>Quarterly number</td>
<td>Quarterly number</td>
</tr>
</tbody>
</table>
Our Kids of Miami-Dade and Monroe
Plans to Achieve Financial Viability

A. Context Information

1. Requirements. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. Scope of Analysis. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. Attachment A shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $73,648,328
   b. Estimated Carry Forward Funding $4,464,736
   c. Total $78,113,064

5. Your SFY 2016-2017 core services expenditures were estimated to be $71,827,503.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/(deficit) of $6,285,561.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). Attachment B shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $73,648,328
   b. Estimated Carry Forward Balance on 6/30/2017 $4,464,736
   c. Other projected revenue (identify) $0
   d. Total $78,113,064

2. What is your projected level of core services expenditures for SFY 2017-2018? $75,648,328.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $2,464,736.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.
   a. Factors related to entries into care.
      Removal rate per 1000 child. Removal rate per 100 reports received.
   b. Factors related to the cost of children while in care.
      Gross number of Out Of Home clients (OOH). Placement of OOH in relative care, non-relative care, family based licensed care and facility based license care. Average daily rate for family based licensed care and facility based licensed care.
   c. Factors related to exits from care.
      Discharge rates per 1000 child. Monitor exit vs entry.

   Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not
include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days)  $ 18,989,000
   b. December 31, 2017 (92 days)  $ 18,690,000
   c. March 31, 2018 (90 days)  $ 18,670,000
   d. June 30, 2018 (91 days)  $ 19,229,329

If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   • Monitor our budget to actual reports on a monthly basis with all department managers being responsible to spend to their budget.
   • Increase the number of foster parents and beds to keep average daily rates down.
   • Lower the percent of OOH in facility based care.
   • Explore ways to increase our percentage of OOH in relative and non-relative care.
   • Continually examine our organization’s staffing levels and positions to make sure we stay effective and efficient.

7. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

For example listed below are some common financial practices used to monitor and assess an organization’s financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

   • Review of most recent CPA audit to identify findings or questioned costs,
   • Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
   • Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
   • Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

8. Additional information – Include any supplemental information that is relevant to your plan. – No-
<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
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<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Conduct targeted recruitment of foster parents who are interested in fostering teenagers and sibling groups.</td>
<td>Licensing Department Rosa Baez</td>
<td>On-going</td>
<td>July 2016</td>
<td>on-going</td>
<td>Have begun a number of recruitment campaigns through advertising, social media, community outreach and word of mouth.</td>
<td>Increased the number of homes by 15%</td>
<td>Increase the number of beds by 20%</td>
<td>PRIDE</td>
<td>Q1 - 3 families (Homes) / 6 Beds Q2 - 4 families / 6 beds Q3- 3 families / 6 beds Q4- 4 families / 6 beds</td>
</tr>
<tr>
<td>1b</td>
<td>Conduct homestudies for the large number of prospective foster families who are on a waitlist</td>
<td>George Sheldon, CEO</td>
<td>FY 2017-18</td>
<td>October 2017</td>
<td>planning, budgeting additional resources</td>
<td>Our Kids is struggling to license a backlog of 100 foster homes, whose owners (foster parents) have undergone successfully the PRIDE training. The objective is to outsource the backlog to rapidly and efficiently eliminate the backlog and create new placement opportunities in the community.</td>
<td>Licensed 93 homes during FY 2016-17 which netted to a 15% increase</td>
<td>License 128, of which 35 homes will be addressed by the backlog by the end of FY 2017-18 (and then the remainder by Q2 the following fiscal year by outsourcing)</td>
<td>PRIDE</td>
<td>Q1 - RFP Q2- Implement Q3 35 families Q4 20 families</td>
</tr>
<tr>
<td>1c</td>
<td>Establish a network of emergency foster families</td>
<td>George Sheldon, CEO</td>
<td>FY 2017-18</td>
<td>October 2017</td>
<td>planning, budgeting additional resources</td>
<td>The Emergency Placement System consists of identifying, selecting, training and maintaining a number of foster parents that will accept to host children for a short term period until such time we find those children a suitable placement.</td>
<td>N/A</td>
<td>24 beds by the end of FY 2017-18</td>
<td>PRIDE and existing homes</td>
<td>Q1 - planning period Q2 - 4 homes/6 beds Q3- 3 homes/6 beds Q4- 3 homes/6 beds</td>
</tr>
</tbody>
</table>
| 1d | Support Foster Parents, and Relative, Non-relative Caregivers, and Post-Adoptive Families by funding and empowering foster parents associations | Marcel Rivas, Orlando, Sharron, Carlos | FY 2017-18 | October 2017 | planning, budgeting additional resources | Empower foster parents associations (2 associations in Miami Dade and one in Monroe) and provide them with much needed financial support and coaching to enable them to set their own goals for support groups, family advocates, in-service trainings such as meeting specialized needs of children, etc... | This a new initiative: A baseline will be determined based on this Fiscal Year's achievement of Targeted Outputs and Outcomes | - Increase the number of foster, adoptive and kinship parents FAPA members. - Increase the attendance of foster, adoptive and kinship parents FAPA to the support meetings/ in service trainings. - Increase the % of "Caregiver Satisfaction" with OK and FAPA supports. - Increase the % of Retention of existing Foster Parents - Increase the number of new referrals/ inquiries from community members about becoming a Foster-Adoptive Parent that were generated from Caregivers. | Quarterly FAPA Reports Baseline year. Data to be collected. | Utilize Carry-forward Cash Reserve to invest in 1a: existing resources 1b: $150,000 additional expenses 1c: 100,000 additional expenses 1d: 200,000 additional expenses
## 2 Increase the proportion of children who are in Relative and Non-relative Care and Decrease the Over-reliance on Group Care Placements

<table>
<thead>
<tr>
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<th>Target</th>
<th>Projected Cost Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Increase proportion of children living with relatives and non-relative caregivers</td>
<td>Patrick Travers and Ralph Campos, DCF CPI - FCMAs</td>
<td>FY 2017-2018</td>
<td>September 2017</td>
<td>on-going</td>
<td>Work with DCF and FCMA’s for OK to provide training and support to Child Protection Investigators and Case Managers for relative search techniques. Reviewing a potential payment program that would incentivise FCMA’s to locate appropriate non-paid placements for children that are in paid placements.</td>
<td>55% of all children in care are living with Relative and Non-relative caregivers</td>
<td>Increase relative and non-relative utilization to 60%</td>
<td>FSFN &amp; OK Internally Generated Report</td>
</tr>
<tr>
<td>2b Decrease the number of children residing in group care settings</td>
<td>Ralph Campos and Annette Jose</td>
<td>FY 2017-2018</td>
<td>September 2017</td>
<td>on-going</td>
<td>1 - Work with FCMA’s to review the individual children who are residing in group care settings, especially under the age of 5.  2 - Identify barriers to finding relatives, non-relatives or foster families for each child.  3 - Support Case Managers in finding family settings</td>
<td>16% of children in licensed care, Ages 0-5 are in group care</td>
<td>Increase the percentage of children in group care to 5% ages 0-5</td>
<td>FSFN &amp; OK Internally Generated Report</td>
</tr>
</tbody>
</table>

## 3 Increase the utilization of Safety Management Services to keep children safe and reducing the need for removal

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>3a Establish a model of trauma-informed safety management services for FCMA’s to serve children with present and impending danger to support families’ safety plans in the homes during investigations</td>
<td>Tim Taylor, DCF CPI - FCMAs</td>
<td>FY 2017-2018</td>
<td>October 2017</td>
<td>planning, budgeting additional resources</td>
<td>Train and amend contracts with FCMA’s to add safety management services units at CFCE, PCR, and CHS, similar to the way that Wesley House has implemented a Safety Management Services unit. Work with DCF and FCMA’s for OK to provide training and support to new SMS staff, Child Protection Investigators and Case Managers for addressing present and impending danger.</td>
<td>Number of removals as a proportion of investigations with present and impending danger</td>
<td>Increase the number of families provided with SMS. Decrease the number of removals</td>
<td>FSFN &amp; OK Internally Generated Report</td>
</tr>
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## 4 Increase placement stability

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>4a Create an Intensive Care Coordination (ICC) Unit and part-time psychiatrists, a division that will support case managers as they work toward increasing placement stability. ICC working along with TCM will work closely with children brought into care and provide them with the necessary tools/ enroll them in the necessary programs their specific mental/health case requires while in foster care.</td>
<td>Greg Penn</td>
<td>FY 2017-18</td>
<td>October 2017</td>
<td>Planning and budgeting additional resources</td>
<td>Intensive Care Coordination will ultimately result in more stable placements and will work closely with Medicaid funded Targeted Case Management (TCM). In its first year, ICC will focus on the children with the highest complexity and worst degree of placement instability. The number of placement moves for the Top Cohort of 40 without placement stability</td>
<td>Reduce the number of placement moves to __________ for the Top Cohort of 40 without placement stability</td>
<td>FSFN and OK Internally Generated Report</td>
<td>Utilize Carry-forward Cash Reserve to invest $800,000 in the first year</td>
</tr>
</tbody>
</table>

Utilize Carry-forward Cash Reserves to invest $800,000 in new Safety Management Services.
### Adjust Independent Living Programs

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<thead>
<tr>
<th>Action Steps</th>
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<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>5a Engage with the community in decisions about the budget adjustments based on reallocation.</td>
<td>George Sheldon</td>
<td>FY 2017-18</td>
<td>July 2017</td>
<td>Planning and budgeting additional resources</td>
<td>Due to formula-based reallocations of funds across all CBC’s Independent Living Budget has been reduced by 20%, a loss of $1.545 million.</td>
<td>Program Data, Contracts, Budget</td>
<td></td>
<td></td>
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#### Utilize Carry-forward Case Reserve to invest $700,000 to supplement the new level of independent living funds so that there will be no detrimental impact on stipends and financial support provided directly to independent living youth.

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<thead>
<tr>
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<tr>
<td>6 Expedite Permanency for Children</td>
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</thead>
<tbody>
<tr>
<td>6a Implement permanency roundtables, and or teaming and staffing expectations and procedures</td>
<td>Ralph Campos and Annette Jose</td>
<td>FY 2017-18</td>
<td>July 2017</td>
<td>Planning and budgeting additional resources</td>
<td>Work with the judiciary and FCMA's to identify barriers to permanency outcomes for each child in placement every three months</td>
<td>41% permanency within 12 months, and 48% permanency between 12 and 24 months</td>
<td>53% permanency within 12 months and 48% permanency between 12 and 24 months</td>
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#### Utilize Carry-forward Case Reserve to invest $140,000 to enhance OK oversight and capacity to work with permanency case management specialists at each FCMA and seek private match funds

### Additional reporting for CBCs: Must be included in SFY 2017-2018 plans

<table>
<thead>
<tr>
<th>CBC</th>
<th>OHC Baseline</th>
<th>OHC Actual 9/30/2017</th>
<th>OHC Projection per Plan 12/31/2017</th>
<th>OHC Projection per Plan 6/30/2018</th>
<th>CBC RGC Baseline &amp; Target</th>
<th>RGC Actual 9/30/2017</th>
<th>RGC Actual 12/31/2017</th>
<th>RGC Actual 6/30/2018</th>
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<tr>
<td>CBC</td>
<td>2573</td>
<td>2547</td>
<td>2572</td>
<td>2572</td>
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<tr>
<th>OHC Performance</th>
<th>Quarterly number</th>
<th>RGC Performance</th>
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Partnership for Strong Families, Inc.  
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBC’s are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   
a. Core Services Funding $ 22,726,341.00  
b. Estimated Carry Forward Funding $ 100,000.00  
c. Total $ 22,826,341.00

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 22,436,437.00.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 389,904.00.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
Beginning in June of 2014 (624) Circuits 3 & 8 saw a steady increase in children in Out of Home Care, with a total of 865 in June 2017. This increase in removals corresponds directly with our increase in costs as illustrated by the attached charts, submitted with the FY16-17 Financial Viability Plan.

As reported in the prior year report, PSF also experienced increases in lockouts, underserved APD children, and identified victims of Human Trafficking. All of these require enhanced treatment services and high cost placements. PSF’s budget for services related to treatment/services for Human Trafficking Victims in fiscal year 2015-2016 was $61,224.00, and PSF expended $208,438.69 in direct expenses. For FY 2016-2017, PSF’s budget remained at $61,224, but PSF expended $84,070.50 in this category. This decrease in expenditures from FY 15-16 to FY 16-17 of $124,368.19, can be attributed to the efforts outlined in the FY 16-17 Financial Viability Action Plan. PSF launches into fiscal year 2017-2018 with the same level of funding for the fourth year in a row, at $61,224.00, to apply to critical services for this category of clients who are at extremely high risk.

In FY 2017-2017, PSF expended $2,164,269.05 for Mental Health and Substance Abuse assessment and treatment services, which is a significant amount of funds, to ensure continued satisfactory performance associated with safety, permanency, and well-being for clients. In addition, PSF expended $336,899 in Safety Management funds to continue its efforts to ensure safe placements and the implementation of safety services for all children in care. PSF is also working with the ME to close the gaps in services/coverage related to Domestic Violence Perpetrator Intervention to further reduce the impact of these services on our budget.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding: $22,726,341.00
   b. Estimated Carry Forward Balance on 6/30/2017: $700,000.00
   c. Other projected revenue (identify): $17,750.00 (United Way Grant)
   d. Total: $23,444,091.00

2. What is your projected level of core services expenditures for SFY 2017-2018? $23,200,000.00.

3. What is your projected core services surplus/(deficit) for the end of SFY 2017-2018? $244,091.00.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.
a. Factors related to entries into care

PSF maintains a weekly review of the number and characteristics of children entering care to determine whether (1) a Family Team Conference was held; (2) Local Review Team staffings were conducted prior to removal; (3) referrals were made for secondary case management/safety services at time of identification of present danger; (4) there were open in-home services cases prior to removal and if so the length of time under supervision and removal reason; and (4) the identified danger threat(s).

For children entering care aged 13 and above, PSF also monitors efforts to locate alternatives to paid placement at time of removal (with weekly follow up to identify relatives/non-relatives), and whether the decision to remove was vetted by local Leadership according to Regional protocols. Teens with specialized placements such as safe harbor or SIPP, and those with DJJ involvement are reviewed to ensure appropriate alternative placements, proper monitoring of criminal case and disposition status, and expedited Qualified Evaluations and outcomes.

b. Factors related to the cost of children while in care

PSF closely monitors costs by conducting weekly assessments of the top twenty most expensive children to identify and facilitate placement change to least restrictive but safe placement when possible. This review, implemented in FY2016-2017, has played a major role in reasonably managing high cost expenditures.

Additional actions being implemented to assist in effectively managing costs include seeking assessment of child support and/or cost of care payments for parents through dependency court, ensuring connection to appropriate trauma focused services for teenagers, and conducting monthly reviews of foster home recruitment efforts.

c. Factors related to exits from care

PSF conducts multiple case reviews to determine action(s) needed, including:

- Identification and review of conditions for return at time of removal, adjudication, and four-month staffing
- Cases where permanency has not been obtained within 15 months of removal and termination of parental rights is not being pursued as to status of achieving permanency
- Children with a goal of adoption who are in identified adoptive placement, the status of recruiting for children not in identified adoptive placement, and barriers to finalization for pending adoptions
- Case manager turnover

Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you
will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However, your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

Action Plan attached.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?
   a. September 30, 2017 (92 days) $5,832,588.10
   b. December 31, 2017 (92 days) $5,606,574.32
   c. March 31, 2018 (90 days) $5,732,199.93
   d. June 30, 2018 (91 days) $6,037,637.66

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities? N/A

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

PSF recognizes the critical importance of having financially viable providers, but we also recognize how codependent they are on each and every element of our system of care. Consequently, PSF has an established collaborative approach to working with our providers and stakeholders that helps identify and remove barriers to our provider’s success.

Placements, services, and support are driving factors in the financial viability of our Sub-recipient providers. PSF directly manages these elements of our system of care, and works to make certain that they are not impediments to their success.

PSF uses a method of payment in our sub-recipient contracts that addresses cash flow issues while recognizing the cost reimbursement nature of the relationship. Paying monthly fixed rates, PSF reviews quarterly detailed expenditure reports, reconciling actual expenditures to revenue, identifying trends, and validating expenses. Potential surpluses and deficits are discussed on a regular basis with these providers, and addressed through amendments when necessary.

And finally, PSF receives and reviews the annual independent audit reports with an eye to changes in assets, revenues, and expenditures that might be indicative of potential financial problems down the line.

9. Additional information – Include any supplemental information that is relevant to your plan. N/A
<table>
<thead>
<tr>
<th>Goal</th>
<th>Action Steps</th>
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<th>Data Source</th>
<th>Quarterly Projections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reduce % of out of home children in licensed care settings</td>
<td>Family Placement Specialist will assist in conducting and reviewing relative diligent search results for children in licensed care and coordinate with case management to ensure identified resources are evaluated.</td>
<td>Thelma Clayton, Sr VP of Programs</td>
<td>June 2018</td>
<td>July 2017</td>
<td>Family Placement Specialist has been hired.</td>
<td>The cost of out of home care is the main driver of financial liability for PSF. Moving children from licensed care to non-licensed care when it can be done safely and is in the child's best interest and will reduce the cost of OOH care.</td>
<td>Implementation</td>
<td>5% reduction in OHC children placed in licensed care settings</td>
<td>CARS report</td>
</tr>
<tr>
<td>2</td>
<td>Increase % of clients being served in home</td>
<td>Re-focus Family Team Conference facilitator resources on non-judicial cases to conduct Impending Danger Safety Planning Conferences and Family Team Conferences for Case Planning; case management will request a follow-up Family Team Conference prior to considering re-staffing the in-home non-judicial case for shelter, unless an emergency situation DCF will make safety management referrals within three business days of determination of present danger on all new open investigations.</td>
<td>Thelma Clayton, Sr VP of Programs; Bryan McDuffie, DCF; Pebbles Edelman, VP of PSF</td>
<td>June 2018</td>
<td>July 2017</td>
<td>Planning and implementation</td>
<td>Preventing in-home non-judicial cases from becoming shelters will reduce the cost of OOH care. Safety management by case management coupled with early engagement is expected to increase the likelihood of a family being successful in building protective capacities sufficient for supervision to end. Provide more timely intervention to assist with safety plan management to enable children to remain in home with safety planning.</td>
<td>Implementation</td>
<td>5% increase in overall clients served via non-judicial/in home services.</td>
<td>CARS report, Case transfer and assignment tracking</td>
</tr>
<tr>
<td>3</td>
<td>Increase the utilization of alternative funding sources for services by 5%</td>
<td>Analysis of Utilization Management authorizations to identify those that may have alternate payors other than PSF including Medicaid.</td>
<td>Pebbles Edelman, VP PSF; Jayne Carter, DCF; Maggie Cveticanin</td>
<td>June 2018</td>
<td>July 2017</td>
<td>Implementation</td>
<td>It is expected that there are other funding sources for services that are not being accessed.</td>
<td>Implementation</td>
<td>Increase the utilization of alternative funding sources for services by 5%</td>
<td>P-Kids</td>
</tr>
<tr>
<td>4</td>
<td>Reduce the number of children age 16 and 17 coming into care</td>
<td>Children age 16 or 17 shall be reviewed through current processes prior to removal, and the escalation process will be implemented when necessary.</td>
<td>Stephen Pennypacker, PSF</td>
<td>June 2018</td>
<td>July 2017</td>
<td>Implementation</td>
<td>The children coming into care that are 16 and 17 years old typically have behavioral issues instilled in them by their families over a long period of time. The families then turn alternative sources for relief - DCF, law enforcement, mental health providers. When the children end up in our care and the behaviors are displayed in a placement setting, they frequently disrupt. A disproportionate amount of our placement staff and case management staff energy is spent on these children. When last resort placement options are high end, our budget is severely impacted. One child can cost over $100,000.00 per year. No 16 or 17 year old child is brought into care except under extreme circumstances, e.g., both parents deceased, human trafficking.</td>
<td>Implementation</td>
<td>No 16 or 17 year old child is brought into care except under extreme circumstances, e.g., both parents deceased, human trafficking.</td>
<td>P-Kids</td>
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</table>

- Increase the percent of clients being served in home overall by 20% - focus the FTC process on in home cases for better engagement and safety planning via 3MPCs
- Increase the percent of non-shelter cases assigned for secondary safety management within 3 business days of initiating a safety plan - goal 75% - This would get at earlier engagement focused on the non-judicial population.
A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   
   a. Core Services Funding $22,294,024
   b. Estimated Carry Forward Funding $0
   c. Total $22,294,024

5. Your SFY 2016-2017 core services expenditures were estimated to be $23,640,014.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $(1,345,990).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?
   a. Core Services Funding $ 22,294,024
   b. Estimated Carry Forward Balance on 6/30/2017 $ 12,288
   c. Other projected revenue (identify) $ 0
   d. Total $ 22,306,312

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 24,301,924.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ (1,995,612).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.
   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.
   a. Factors related to entries into care.
      o Circuit 12 continues to remain in the top 3 areas of the state with removal rates 1.5-2x statewide removal rate
      o SAMH eligible children who are ordered to the custody of the state due to parents refusing to take custody as children require therapeutic group care placements (SIPP step down) but unable to be placed due lack of available statewide capacity.
      o DJJ eligible children who have significant violent and or sexualized behaviors ordered into the custody of the state due a judicial no contact order and/or parents refusing to take custody due to other vulnerable children in the home
      o Continued rate of removal of large sibling group (3 up to 8 children)
   
   b. Factors related to the cost of children while in care.
      The lack of dual diagnosis type of placements for multisystem children continues to be a challenge. Cost of care for these children exceeds $50,000 per year. This includes:
      o CSEC/HT identified children who are unable to access clinical levels of care in community.
      o SAMH children who require therapeutic group care placements but lack of available capacity.
      o DJJ eligible children who have significant violent and/or have sexualized behaviors who are ordered into the custody of the state due a judicial no contact order and/or parents refusing to take custody due to other vulnerable children in the home
o Children who meet Children Medical Services level of care/services but also have behavioral needs. These children placed in APD level of care homes to avert long term statewide hospitalization (DCF POE)

o APD eligible children who are APD waiver approved but no APD cost share as child does not have identified permanent caregiver to achieve permanency

o Senate Bill 1666 compliance for children removed from same home to be placed in same out of home setting. 70% of sibling groups are maintained in placement however increase in residential level of care to maintain 4-8 children.

c. Factors related to exits from care,

  o SAMH/DJJ children whose parents refuse to participate in case plan tasks for reunification
  o SAMH/DJJ children whose parents continue to advocate for higher levels of care for placement
  o Guardian Ad Litem proposing legal objections to children being discharged from care to parents/relatives until specified timeframes within the school calendar year

Identify actions you are planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

Partner collaboration:

  o Continued meetings with the State Attorneys office and judiciary to advocate appropriate DJJ commitment level options for children whose delinquency behaviors and treatment needs are more appropriately addressed by DJJ.

  o Meeting with DCF/Manatee Judiciary/ Casey Foundation for system of care evaluation including targeted focus review on permanency round tables and data/program analysis of removal rates specifically in Manatee County which has continued to be at a rate 2-3x the statewide standard

Service (Provider) Enhancement Exploration

  o Increased Safety Management and Family Support contract staff to serve Circuit 12

  o Application with Manatee County Government for Family Support and Reunification Program to assist with in home intensive parenting/safety management services to promote more timely conditions to return/reunification plan (Preliminary application amount recommended for County Commission approval for October 1, 2017 implementation date)

  o Collaborative support with Community Mental Health Provider for application with Manatee County Government for Diversion program to expand in home intensive parenting/safety management services to avert removals (Preliminary application amount recommended for County Commission approval for October 1, 2017 implementation date)
Cost Sharing:
- Work with Child Welfare Specialty plan and MMA plans for cost sharing options for approval for out of state treatment options for youth where there is no Florida eligible treatment program available

Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 6,153,364.73
   b. December 31, 2017 (92 days) $ 6,110,356.69
   c. March 31, 2018 (90 days) $ 6,028,823.99
   d. June 30, 2018 (91 days) $ 6,009,378.59

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   Cash flow should not be an issue until May or June 2018, since the monthly advance will enable operations to continue uninterrupted. Deficit will need to be addressed through either a risk pool application, if eligible, or back of the bill funding.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.
For example listed below are some common financial practices used to monitor and assess an organization's financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

The oversight and monitoring process related to major subcontractors includes the following activities:

- Review of most recent CPA audit to identify findings or questioned costs,
- Performing financial analysis of the budget and financial statement information that assesses current ratios and debt ratios.
- Review of recent provider submitted expenditure reports to assess current financial condition. This may include trend analysis in addition to point in time.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

9. Additional information – Include any supplemental information that is relevant to your plan.
The Sarasota Y/Safe Children will develop and manage an adequate and effective service array for child protective investigations that mitigates the likelihood of children entering out of home care.

### Action Steps

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<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
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<tbody>
<tr>
<td>1. To expand diversion and family support programs for child protective investigators with a model similar to Family Builders.</td>
<td>Monique Myers</td>
<td>Commence October 2017</td>
<td></td>
<td></td>
<td>Centerstone Diversion Program (Manatee county) provides crisis oriented and intensive family intervention geared towards both longer term treatment services.</td>
<td>Reduce children removed per month to an average of 58 children which is a 10% reduction.</td>
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<tr>
<td>2. Work with DCF/MSO/CPS to enhance and expand Safety Services process and capacity</td>
<td>Monique Myers</td>
<td>June 2016</td>
<td>In Process</td>
<td></td>
<td>Pathways ERAT/SAFE program expansion provides crisis oriented and intensive family intervention geared towards both short term safety services and longer term treatment services.</td>
<td>Reduce children removed per month to an average of 58 children which is a 10% reduction.</td>
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<tr>
<td>3. Continue Expand Barrier Breakers team in Circuit 12</td>
<td>Brena Slater Dara Palmieri Monique Myers</td>
<td>May 2017 Sarasota Pending September 2017 Manatee</td>
<td></td>
<td></td>
<td>HighLevel Management meeting with key partners to discuss barriers. Sarasota and Manatee Counties need a formal meeting and process to discuss data, issues, service gaps and needs in the community. This team will allow for that discussion and subsequent action.</td>
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<tbody>
<tr>
<td>1. Conduct formal review of children in residential group care settings eligible for conditions to return</td>
<td>Dara Palmieri</td>
<td>February 2017</td>
<td>In Process</td>
<td></td>
<td>Conditions of Return Permanency Specialist, placement and case management meet monthly to review most expensive placements for safe step down possibilities, location of appropriate relative or non-relative placements, and plans for permanency. Secure funding to extend position through June 2018</td>
<td>Number of children to be reviewed 75 Targeted number to achieve permanency 40</td>
<td>SCC Internal Tracker and staffing process</td>
<td></td>
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<tr>
<td>2. Continue Monthly High Cost Placement Staffings and identify step down activities</td>
<td>Dara Palmieri</td>
<td>Ongoing June 2016</td>
<td>In Process</td>
<td></td>
<td>Director of Operations meets monthly with Placement Team, Behavioral Health Coordinator, Adoptions and case management staff to review and monitor all high cost placements.</td>
<td>Reduce the number high cost placements by 20% by 6/30/18. Target reduction is 17 total to 97 children or less by 6/30/18.</td>
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### The Sarasota Y/Safe Children Financial Viability Plan June 2017-June 2018

<table>
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<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Increase number of children placed in family foster home</strong></td>
<td>Jill Steiner, Jane Neyder, Rebecca Lovegrove</td>
<td>In Process</td>
<td></td>
<td>In Process</td>
<td>Weekly review of children placed in licensed care who are eligible for step down into traditional home settings. The goal is to increase percent of children placed in family foster homes. Baseline percent is 24.96. This is below the statewide average by 6.12.</td>
<td>July 1-Sept 30 = 24%</td>
<td>Oct 1-Dec 31 = 28%</td>
<td>Jan 1-March 31 = 30%</td>
<td>April 1-June 30 = 35%</td>
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</tr>
<tr>
<td><strong>2. Recruit, train and license 42 new foster homes including 6 teen homes</strong></td>
<td>Jill Steiner, Kristen Kandel, Rebecca Lovegrove, and subcontacted Licensing Agencies</td>
<td>In Process</td>
<td></td>
<td>In Process</td>
<td>Licensing entities will increase targeted recruitment efforts for homes specifically for large sibling groups and teen foster family homes.</td>
<td>July 1-Sept 30 = 11</td>
<td>Oct 1-Dec 31 = 10</td>
<td>Jan 1-March 31 = 10</td>
<td>April 1-June 30 = 11</td>
<td></td>
</tr>
<tr>
<td><strong>3. The Sarasota Y/Safe Children Coalition will reduce OHC 5% by June 30, 2018</strong></td>
<td>Monique Myers</td>
<td>August 2017</td>
<td></td>
<td></td>
<td>Will pull CARS Length of Stay Report to assess review and monitor children who can be reunified. Number of children to be reviewed 75. Targeted number to achieve permanency 40.</td>
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<tr>
<td><strong>4. Implement Family Support and Safety Management Reunification Program</strong></td>
<td>Monique Myers</td>
<td>Commence October 2017</td>
<td></td>
<td>Implement Family Support and Reunification Program. Intensive in home services to expedite reunification with in home safety plan. Also will accept cases to identify mechanisms to bring any crisis to a halt and control impending danger to avoid disruption of the safety plan to prevent returns to care. Number of children to be reviewed 85. Targeted number to achieve permanency 60.</td>
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<tr>
<td><strong>5. Safe Reduction Workgroup</strong></td>
<td>Brena Slater, Dara Palmieri, Monique Myers</td>
<td>Ongoing</td>
<td></td>
<td></td>
<td>Safe Reduction meets monthly in Manatee County with Casey Family Programs, Juidiciary, OHC, CLS, GAL, and CPI leadership to identify root causes of removals as they appear in court cases with the goal of keeping children. From coming into care and getting them to permanency more quickly when they do have a formal dependency case. Judge Dees confirmed and is leading the workgroup. Review expanded to Sarasota County due to increase in removals since October 2016. 706 children. Baseline number in OHC is 1138 children. Goal is to reduce OHC by at least 57 children.</td>
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**Additional reporting for CBCs: Must be included in SFY 2107-2018 plans**

<table>
<thead>
<tr>
<th>CBC</th>
<th>OHC Actual 6/30/2017</th>
<th>OHC Projected per Plan 6/30/2018</th>
<th>OHC RGC Baseline &amp; Target</th>
<th>OHC RGC Performance</th>
<th>OHC Projections per Plan</th>
<th>OHC Performance</th>
<th>RGC Projections</th>
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<tr>
<td>5118</td>
<td>234</td>
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St. Johns County Commission – Family Integrity Program
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements.** In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department’s submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis.** For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children’s Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. **Attachment A** shows the department’s information regarding your organization’s core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $ 4,475,248
   b. Estimated Carry Forward Funding $ 93,636
   c. Total $ 4,568,884

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 4,080,687.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 488,197.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports (“Spinner”). **Attachment B** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.
B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $4,475,248
   b. Estimated Carry Forward Balance on 6/30/2017 $(47,810)
   c. Other projected revenue (identify) $0
   d. Total $4,427,438

2. What is your projected level of core services expenditures for SFY 2017-2018? $4,258,639.

3. What is your projected core services surplus/(deficit) for the end of SFY 2017-2018? $168,799.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

      FIP continues to struggle with children coming into out of home care. To address this, FIP has partnered with DCF CPI staff in 4th quarter of FY 16/17 to implement the IPT process for Circuit 7. The IPT process is designed to help with complex cases by finding resources to support families so that children can remain in the home. This process will continue throughout this fiscal year and will also address crossover/lockout children coming into care which have historically resulted in high cost placements for the agency. FIP staff also participate in FSPT staffing’s for community children in order to prevent them from coming into care and to connect families with local community providers to help stabilize the child.

      Additionally, the Prevention/Non-Judicial Unit is now managed by a new Supervisor that has a clinical background. The Supervisor has been in place since January 2017 and has made several improvements to the operations of the unit. The most significant improvement was instituting twice weekly staffing of CPI cases with Present danger Plans. This ensures that CBC staff are Prevention/Non-Judicial staff are assigned quickly to provide management of safety plans and supportive services. Our Safety Service Specialist has realigned her position duties to include contacting safety plan monitor’s within 24 hours of being assigned to a safety plan. If she is unable to reach the monitor she completes a home visit to the plan monitor within 48 hours. The Safety Specialist is also assisting PI staff by completing any referrals for identified needs of the family or children. This has streamlined and supported CPI staff to enable them to spend more time ensuring the family has been properly assessed for safety. Most recent agency data reflects that these enhancements to operations resulted in a 94% success rate of children not entering care after
receiving services from the non-judicial unit. Additionally, the unit is fully staffed for the first time since the beginning of FY 16/17. In an attempt to sustain the families after case closure, the staff have instituted a requirement of follow-up calls to the family after case closure. Calls will occur at 30, 60 and 90 day mark after case closure to check on family to see if any additional resources are needed and can be provided to them to help them maintain stability.

Finally, FIP will be working with Casey Foundation this fiscal year to examine the Agency and specifically how the Prevention/Non-Judicial Unit operates to identify any efficiencies that can be implements or any other best practice suggestions that would enhance service provision to help divert families from entering care and sustain them outside of the system.

b. Factors related to the cost of children while in care.

Group care is utilized by FIP as a last resort. However, at times, it is the most appropriate placement for a child or, rarely, the only option to place sibling groups (when one of them has complex needs) so they can remain together, CSEC children when we have them or children with extreme behavior issues. High cost placements were a concern for this agency last fiscal year so High Cost Placement staffings were instituted monthly with the Program Manager and Placement Coordinator. Step-down and transition plans were discussed at those staffings as well. These staffings proved to benefit the agency last fiscal year in helping the agency achieve financial viability and so they will be continue as part of operations this fiscal year as well. Since the agency is small, the Program Manager has decided to have the two Foster Care Licensing Specialists attend the monthly staffings so that they may assist in matching families with children stepping down into family foster homes from group care.

One item of concern is that FIP is expected to receive reduced funding for Independent Living this fiscal year due to adjustments made by DCF to allocations. This is especially concerning because we consistently exceed the allocated amount each year and have struggled with financial viability for the past two fiscal years yet will now see a reduction of $11,657 which may seem inconsequential to a larger CBC but any reduction in funding is a concern for FIP.

c. Factors related to exits from care.

Transition at all levels of CBC and DCF Management as well as front line staff at both agencies had been problematic and created workload issues for FIP since 2014. FY 16/17 saw stabilization in CBC Management staff and an average of one front line staff leaving the agency per quarter. Staffing issues seem to have stabilized at this time. FIP remains concerned about transition with CPI staff at both management and front line level. FIP Management greatly anticipated the addition of a new DCF PA position for St. Johns and Flagler County and are optimistic that concerns regarding daily operations and smooth transition of families between agencies will now have consistent oversight by the PA. Improvements are already noted after three months of the addition of this position.

Last fiscal year, the Program Manager instituted staffings of children in care 15+ months to ensure that appropriate actions were being taken to find permanency for those children. This process proved successful and we achieved our target in reduction with the original children identified. This is a process we will continue this fiscal year as well.
Court docket time continues to be a concern in ensuring timely exits from care. Slight improvement appears to have occurred last fiscal year with finalization of some longstanding adoption cases, but trials continue to be set months out. CLS has been made aware of the continuing issue and meetings with judiciary are anticipated. Additionally, FIP is hopeful that legislation passed last session related to Conditions for return will aid in more timely exits from care when appropriate safety services and supports can be utilized to stabilize and maintain child safety.

Please refer to the Risk Pool Review Committee Framework (Attachment D) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See Attachment C-1 for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

FIP does not project a deficit for FY 17/18 but has created an Action Plan as required. The plan is attached.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days)  $1,047,374
   b. December 31, 2017 (92 days)  $1,033,255
   c. March 31, 2018 (90 days)  $1,082,026
   d. June 30, 2018 (91 days)  $1,095,983

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

FIP does not expect to end the fiscal year with a deficit in core service funds.
8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

For example listed below are some common financial practices used to monitor and assess an organization’s financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

- Review of most recent CPA audit to identify findings or questioned costs,
- Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
- Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
- Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

FIP does not have any CMO’s or major subcontractors.

9. Additional information – Include any supplemental information that is relevant to your plan.
<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Goal Date</th>
<th>Initiated</th>
<th>Status</th>
<th>Comments</th>
<th>Current Performance</th>
<th>Target</th>
<th>Data Source</th>
<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review all open cases over 15 months to determine barriers to permanency.</td>
<td>Michael Forster, Program Manager</td>
<td>June 30, 2018</td>
<td>August 2016</td>
<td>In Process</td>
<td>Cases that have been opened 15+ months will be reviewed quarterly to identify action steps to overcome barriers that may be delaying permanency. In July 2017, there were a total of 61 children that fell into this cohort.</td>
<td>Planning</td>
<td>Reduce the number of children in OHC over 15 months by 6% each quarter, a total reduction of 24% by June 30, 2018.</td>
<td>FSFN - Clients Active in OHC</td>
<td>July 1-Sept 30 = 6% Oct 1-Dec 31 = 6% Jan 1-March 31 = 6% April 1-June 30 = 6%</td>
</tr>
<tr>
<td>2</td>
<td>Finalize 34 adoptions.</td>
<td>Aimee Befort, Adoptions Specialist; Claudia Shermeta, Post-Adoption Specialist; Jillian Atkins, Adoptions Supervisor</td>
<td>June 30, 2018</td>
<td>July 1, 2017</td>
<td>In Process</td>
<td>The adoptions unit will finalize 34 adoptions this fiscal year, which will assist in decreasing the number of children in out of home care.</td>
<td>FY17/18: 34</td>
<td>FSFN - Adoptions Finalization by Agency</td>
<td>July 1-Sept 30 = 9 Oct 1-Dec 31 = 8 Jan 1-March 31 = 9 April 1-June 30 = 8</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Complete Aftercare calls on all closed non-judicial cases.</td>
<td>Meaghan Truglia, Non-Judicial Supervisor</td>
<td>June 30, 2018</td>
<td>July 1, 2017</td>
<td>In Process</td>
<td>When cases are closed with non-judicial, aftercare calls will be made at the 30 day, 60 day, 90 day, and 120 days after closure to follow up with the family to ensure no additional services are needed. If unable to contact by phone, a letter will be mailed to the family.</td>
<td>100% of the cases will have aftercare calls made.</td>
<td>FIP Non-Judicial internal tracker.</td>
<td>July 1-Sept 30 = 100% Oct 1-Dec 31 = 100% Jan 1-March 31 = 100% April 1-June 30 = 100%</td>
<td></td>
</tr>
</tbody>
</table>

2 FIP will reduce residential group care by at least 20% by June 2018

<table>
<thead>
<tr>
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<th>Quarterly Projections</th>
<th>Cost Savings Projections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conduct monthly high cost placement staffings and identify step down activities.</td>
<td>Rebecca Sinclair, Placement Coordinator</td>
<td>Ongoing</td>
<td>September 2016</td>
<td>In Process</td>
<td>Placement Coordinator will work with Behavioral Health Coordinator and case management staff to review and monitor all high cost placements. As of 08/22/2016, FIP has identified 13 high cost placements.</td>
<td>13 high cost placements</td>
<td>Reduce the number high cost placements by 20% by 4/30/18</td>
<td>FIP Internal Tracker and Staffing Process</td>
<td>July 1-Sept 30 = 5% Oct 1-Dec 31 = 5% Jan 1-March 31 = 5% April 1-June 30 = 5%</td>
</tr>
<tr>
<td>2</td>
<td>Recruit, train and license 19 new Foster Homes.</td>
<td>Patricia Swan and Whitney Phillips, Licensing Specialist; Michael Forster, Program Manager</td>
<td>June 30, 2018</td>
<td>July 1, 2017</td>
<td>In Process</td>
<td>Licensing and Placement will attend a minimum of one community event each month for recruitment purposes: emphasis to include recruitment activities for teen foster family homes, homes for CSEC victims.</td>
<td>FY1718 Licensed: 2</td>
<td>19</td>
<td>FIP Licensing Tracker; NER CBC Bi-Monthly Data Report</td>
<td>July 1-Sept 30 = 4 Oct 1-Dec 31 = 5 Jan 1-March 31 = 5 April 1-June 30 = 5</td>
</tr>
<tr>
<td>3</td>
<td>Recruit, train and license 6 teen homes with specific emphasis on recruitment activities for CSEC victims</td>
<td>Patricia Swan and Whitney Phillips, Licensing Specialist; Michael Forster, Program Manager</td>
<td>June 30, 2018</td>
<td>July 1, 2017</td>
<td>In Process</td>
<td>Licensing and Placement will attend a minimum of one community event each month for recruitment purposes: emphasis to include recruitment activities for teen foster family homes, homes for CSEC victims.</td>
<td>FY1718 Licensed: 0</td>
<td>6</td>
<td>FIP Licensing Tracker; NER CBC Bi-Monthly Data Report</td>
<td>July 1-Sept 30 = 2 Oct 1-Dec 31 = 1 Jan 1-March 31 = 2 April 1-June 30 = 1</td>
</tr>
</tbody>
</table>
3. FIP will consult with a Practice and Policy expert to improve outcomes.

<table>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Schedule a consultation with a Practice and Policy expert to improve outcomes.</td>
<td>Shawna Novak, CEO; Raechel Meeks, Contract Manager; Michael Forster, Program Manager</td>
<td>June 30, 2018</td>
<td>Planning</td>
<td>Planning</td>
</tr>
</tbody>
</table>

FIP will schedule a consultation with the Annie E. Casey Foundation for technical assistance to see if there are areas that we can be more effective in serving children and families and improve our outcomes.

- Identify possible changes to current practices to improve outcomes
- N/A

- July 1-Sept 30: Contact and schedule
- Oct 1-Dec 31: Consultation and Planning
- Jan 1-March 31: Implementation if possible
- April 1-June 30: Review

**Additional reporting for CBCs: Must be included in SFY 2107-2018 plans**

<table>
<thead>
<tr>
<th>CBC</th>
<th>CBC-DHR Baseline &amp; Target</th>
<th>OHC-Actual</th>
<th>OHC-Projection per Plan</th>
<th>CBC RGC Baseline &amp; Target</th>
<th>RGC-Actual</th>
<th>RGC-Projection per Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CBC RGC Baseline &amp; Target</td>
<td>CBC Performance</td>
<td>OHC Performance</td>
<td>RGC Performance</td>
<td>Quarterly number</td>
<td>Quarterly number</td>
</tr>
</tbody>
</table>