

**Risk Pool Peer Review Committee Report**  
**Families First Network – Circuit 1 (Escambia, Okaloosa, Santa Rosa, Walton)**  
**Fiscal Year 2016/2017**

Families First Network (FFN) submitted an application for risk pool funding on March 30, 2017. The application was subsequently reviewed by the Northwest Region and with the concurrence of the Regional Managing Director was submitted to the Office of Child Welfare.

The department established a Risk Pool Peer Review Committee pursuant to section 409.990(7), F.S. and consistent with the department's Risk Pool Protocol of November 18, 2016. For fiscal year 2016-2017, the Risk Pool application process was informed by lessons learned from the prior year reviews as well as the availability of extensive additional information from reports developed pursuant to proviso language included in the General Appropriations Act (Chapter 2016-66, L.O.F, Specific Appropriation 342) for fiscal year 2016-2017. In compliance with this proviso language, the department completed a comprehensive, multi-year review of the revenues, expenditures and financial position of all Community-Based Care lead agencies including a comprehensive system of care analysis. This submission also included a financial viability plan from lead agencies that had experienced a financial operating deficit.

The Risk Pool Protocol provided for priority consideration for any lead agency with increased removals based on a 12-month moving average from September 2013 to September 2016. This criterion was based on the experience from prior year reviews that found that significant increases in removals were a key indicator of financial vulnerability for a lead agency. Tier one for priority consideration was lead agencies with an increase in removals of 50% or more. Tier two was for lead agencies experiencing an increase of 20% to 50%. Based on analysis of relevant data, FFN was in tier 2 for priority consideration with a 28.35% increase in removals.

The Risk Pool Peer Review Committee for FFN consisted of

Traci Leavine, DCF Assistant Secretary for Child Welfare designee  
Tory Wilson, Office of Child Welfare  
Carol Deloach, CEO, Devereux CBC  
Teri Saunders, CEO, Heartland for Children  
Jay Halferty, CFO, Heartland for Children  
Barney Ray, DCF Office of CBC/ME Financial Accountability  
Melissa Jaacks, Team Leader

The Risk Pool Peer Review Committee reviewed relevant contextual information regarding caseloads, financial history and performance prior to the site visit. The Peer Review Committee conducted the site visit on May 10, 2017.

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

1. Review, analyze, and discuss the application.
2. Verify the accuracy of the data being reported by the Lead Agency.
3. Conduct an on-site, fact-finding visit to confirm input from the applying Lead Agency (if a visit has not occurred in the last 12 months).
4. Assess need for immediate technical assistance regarding budget development/management, and determine if continued on-site technical assistance is appropriate. In these cases, the Peer Review Committee will serve as the coordinating entity for the provision of technical assistance.
5. Make a final recommendation to the Secretary upon the completion of all required site visits, regarding approval or disapproval of the application. Recommendations for approval will include:
  - a. Amount of funding and mix of funds to be made available.
  - b. Limitations or requirements on use of additional funding that are linked to correction of factors that caused the shortfall.
  - c. Any follow-up actions or additional documentation needed from the Lead Agency or Region.
  - d. Report on technical assistance activities completed and remaining, and/or recommendations for future technical assistance.
  - e. Access to the risk pool.

**The work of the Peer Review Committee was organized in to seven areas and members of the committee looked in detail at issues in each of the following areas:**

1. Findings related to the need for services and commitment of resources.
2. Findings related to protective services including removals, referrals for post-investigative services, activities to protect children without removal and use of resources focused on prevention and intervention.
3. Findings related to provision of services for children in care (both in-home and out-of-home).
4. Findings related to exits from care including exits to permanence.
5. Findings related to funding, fiscal trends and fiscal management.
6. Findings related to overall management.
7. Other factors or considerations noted on the application or determined relevant by the Peer Review Committee.

**The following summarizes the findings of the Peer Review Committee**

**1. Findings related to the need for services and commitment of resources**

1.1. What is the relevant community context within which the child welfare system operates?

FFN is in circuit 1 which includes Escambia, Okaloosa, Santa Rosa and Walton counties. The Child Protection Investigation function and Children’s Legal Services functions are performed by DCF. FFN has been the Lead Agency since 2001.

Both DCF and FFN note that the community generally views children being in the care of “the state” as a positive thing, meaning that they believe it is always better to remove and ensure that children are safe. This is a long-standing perception and leadership discussed ways in which they are trying to change the view in the community to align with best practice (i.e. that if children can be maintained safely in their home this should always be the first priority).

1.2. This may include incidence of calls to the hotline, child poverty in the area, local factors that influence the need for services, etc.

Circuit 1 Child Poverty	Under age 18 in poverty
Area	Percentage from EDR 2016 County Profiles
Escambia	27.40%
Okaloosa	26.10%
Santa Rosa	16.90%
Walton	26.10%
Circuit 1 (Est)	<b>24.50%</b>
Florida	<b>23.40%</b>

1.3. Factors may also include community resources available to meet the needs of children and families such as Children’s Services Councils, local governmental resources or other unique factors.

There is no CSC in circuit 1 and FFN did not indicate the availability of other funding. However, the fact that FFN is part of the larger Lakeview Center organization (which is part of Baptist Health Care) provides several advantages. First, they have access to infrastructure and other administrative services that would certainly be more expensive if they had to acquire / fund on their own. Second, because Baptist Health Care provides a wide-range of physical and behavioral health services, they can more easily access those services and expertise.

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

2.1. What are the rates of removal, rates of verification and other measures from protective investigations that affect the need for child welfare services? How have these measures changed over time and how do they compare with other areas of the state?

Removal rates (per 100 reports received):

	SFY 2014	SFY 2015	SFY 2016	Thru Mar SFY 2017
<b>Statewide</b>	8.16	8.46	8.34	8.05
<b>FFN</b>	9.01	10.62	8.28	8.14
<b>Escambia</b>	8.09	10.11	6.40	6.75
<b>Okaloosa</b>	9.09	10.91	9.26	8.55
<b>Santa Rosa</b>	11.64	11.40	8.61	9.92
<b>Walton</b>	8.82	11.03	14.50	9.96

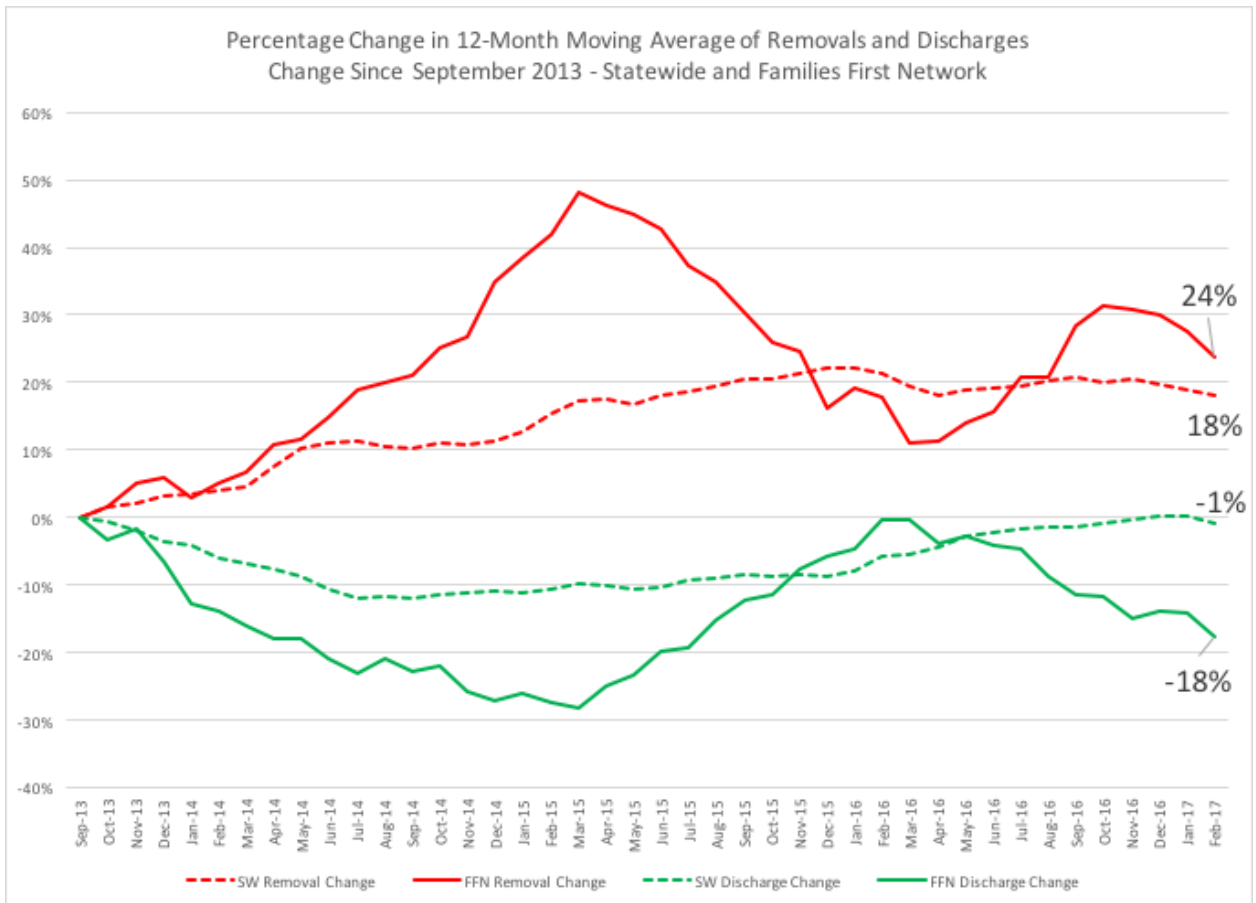
## Monthly Averages – Reports / Removals / Discharges / OOHC / IH Census:

		SFY	SFY	SFY	YTD thru Feb
		2014	2015	2016	SFY 2017
FFN	Avg Reports Received	768	810	841	857
	Average Removals	69	86	70	73
	Average Discharges	54	54	65	55
	Avg OOHC Census	970	1,216	1,247	1,388
	Avg IH Census	778	673	811	699
Escambia	Avg Reports Received	359	380	390	376
	Average Removals	29	38	25	27
	Average Discharges	22	23	28	21
	Avg OOHC Census	393	521	489	500
	Avg IH Census	275	243	293	193
Okaloosa	Avg Reports Received	222	235	235	242
	Average Removals	20	26	22	22
	Average Discharges	15	16	19	14
	Avg OOHC Census	283	360	349	361
	Avg IH Census	292	230	249	236
Santa Rosa	Avg Reports Received	124	124	142	164
	Average Removals	14	14	12	16
	Average Discharges	12	11	10	13
	Avg OOHC Census	200	223	260	318
	Avg IH Census	147	141	170	184
Walton	Avg Reports Received	63	71	74	75
	Average Removals	6	8	11	8
	Average Discharges	5	5	7	7
	Avg OOHC Census	94	113	148	209
	Avg IH Census	64	59	100	86

Investigation Results:

<i>Indicator</i>	SFY 13/14	SFY 14/15	SFY 15/16	SFY 16/17 thru Jan
<b>Children in Investigations per 10,000 Children in Population</b>				
SW	55	53	53	54
FFN	75	75	74	73
<b>SW Percent of Children in Investigations by Severity of Most Serious Finding</b>				
Verified	18%	18%	16%	15%
Not Substantiated	34%	36%	36%	35%
No Indication	48%	47%	48%	50%
<b>FFN Percent of Children in Investigations by Severity of Most Serious Finding</b>				
Verified	18%	20%	17%	16%
Not Substantiated	30%	31%	32%	30%
No Indication	52%	49%	51%	54%

Removal / Discharge Trends:



	SFY	SFY	SFY	YTD thru March
	2014	2015	2016	SFY 2017
<b>Reports per 1,000 Child Population</b>				
SW	3.76	3.81	3.88	3.92
FFN	4.93	5.15	5.30	5.38
Escambia	5.49	5.79	5.90	5.66
Okaloosa	5.31	5.51	5.49	5.67
Santa Rosa	3.39	3.38	3.85	4.40
Walton	5.26	5.72	5.79	5.82
<b>Removals per 10,000 Child Population</b>				
SW	3.06	3.23	3.23	3.16
FFN	4.44	5.47	4.39	4.55
Escambia	4.44	5.85	3.78	3.99
Okaloosa	4.83	6.01	5.09	5.11
Santa Rosa	3.94	3.86	3.32	4.39
Walton	4.64	6.31	8.39	6.02

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

DCF and FFN partnered to evaluate the dramatic increase in removals in SFY 2015 through an effort called I.S.A.F.E., Increasing Safety and Family Engagement. This collaborative partnership was launched in January 2015 and resulted in four countermeasures: (1) Decision Support Teams implemented June 22, 2015; (2) Conditions for Return Staffings implemented June 24, 2015; (3) Real-time Reunification Process implemented August 1, 2015; and (4) Front-End Service Array Re-design initiated October 1, 2015. Decision Support Teams and Front-End Service Array Re-design specifically targeted supports to CPIs.

Decision Support Teams (DST) appeared to have had an impact on the removal rates as evidenced by a decline in removals that began early in 2015. The decline slowed and eventually removals began to increase again, though not quite to the prior elevated level. The increase coincided with supervisors graduating from the DST process. The DCF reinstated the mandatory DST process, with no option for graduation, in December 2016 and January 2017 and began teaming for “Impending Danger Staffings” any time a

CPI determines that legal action may be warranted. Removal trends again began declining after this change.

FFN's Front-End Service Array Re-design in October 2015 resulted in the addition of safety management and diversion services, in line with the Department's policies, effective between May 1, 2016 and July 1, 2016. FFN was also committed to increasing the availability of evidence-based services. One provider was selected for each county to provide both Safety Management Services for present danger and evidence-based high fidelity wraparound services for safe but high risk children. In addition, FFN included safety management services for impending danger and reunification cases. The Family Support Services earned them a service array rating of four (one of the only three such ratings in the state at this time) and a two for safety management services. Some of these programs, however, appear to be underutilized by CPIs, in that the number of safe, high risk children is far more than the referrals made to the programs. DCF attributes this to the difficulties they face in engaging families with prior investigations in voluntary services. In addition, DCF reports that there remains confusion between CPIs and the safety management service providers as to what services can be provided.

Staff reported the practice of holding DSTs and including the safety management service providers on DST calls as a helpful addition in relation to effective safety planning and decision making.

DCF and FFN are both adept at using data to drive decision-making. While data distinguishing between in home non-judicial and judicial was not available during the visit, there was a discussion that circuit 1 does almost no direct files – children are generally served in-home voluntarily or removed. The team noted that this may be a statewide trend. Certainly, moving to in home judicial could be a less intrusive level of intervention than a removal.

There was also a discussion of whether recent removals were new investigations or on open case management cases. DCF region staff indicated that they believed that a high percentage of recent removals were on open cases but did not have the data readily available. FFN expressed interest in reviewing and analyzing those trends to see what they could learn.

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

As mentioned above, FFN has intentionally contracted with a provider in each county to deliver the evidence based model of high fidelity wraparound. These providers also serve as the formal safety management service provider in their respective areas and include 90 Works, Children's Home Society, Chautauqua, and Bridgeway.

### 2.4. What evidence exists to show that investment in prevention and diversion services are, in fact, resulting in reduced flow of children into out-of-home care rather than just adding to the cost of services?



FFN data reflects a marked decrease in families served within their Family Support (prevention/diversion) programs beginning in February 2016. This dip begins following the planning for restructuring their service delivery which eliminated services to low and moderate risk cases. Contracts for the new services became effective between May 1, 2016 and July 1, 2016. Removals did decline after September 2016 although it is unknown whether this trend will continue. During this time out of home care continued to rise while the in home population remained stable.

There is a perception by CPIs who were interviewed that these programs may not have the engagement skills needed to effectively keep families actively involved and participating in these services. Reportedly, the providers do “close the loop” which often results in the CPI conducting a joint visit with the provider in an effort to re-engage the family in services.

As mentioned above, it is important for DCF leadership to continue their efforts in encouraging their CPIs to take advantage of these programs to ultimately prevent more intrusive levels of care.

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

It was apparent that DCF and FFN have a positive working relationship at every level within the system of care. Providers are co-located with CPIs in every county to ease access to service referral and provision. There were no barriers related to the effective transfer of cases that were identified.

### **3. Findings related to provision of services for children in care (both in-home and out-of-home).**

- 3.1. What is the composition of the children in care including age cohorts, placement types, use of specialized higher costs settings, use of congregate care, etc.

FFN leadership indicate that there are far too many homes on waivers, some with 8 and 9 children in placement. The increase in removals during 2016 and then the recent spike in January has completely overburdened foster home capacity. Per FFN’s Director, Shawn Salamida, recruitment and retention of foster homes is his number one priority and the staff report directly to him. Both FFN and the Region indicate that there has historically been a poor relationship between foster parents and FFN but that the relationship has been greatly improved over the last couple of years. There is a lot of activity underway that should yield results but it is always a long process.

The lack of foster home capacity has resulted in over-use of group care, especially outside of the circuit (though they are still below the statewide average on this). As noted in the tables below, group care census has doubled since SFY 2014 and while they are now right at the statewide average for percentage of children in facility-based care, they are much higher than they have been in the past.

Percentage in OOHC by Placement Type – FFN and Statewide

		6/30/14	6/30/15	6/30/16	2/28/17
SW	Relative Care	44%	44%	44%	45%
	Non-relative Care	9%	11%	11%	12%
	Family-Based Licensed Care	34%	32%	31%	31%
	Facility-Based Licensed Care	11%	11%	11%	10%
	All Other	3%	3%	3%	2%
FFN	Relative Care	41%	42%	38%	39%
	Non-relative Care	7%	9%	9%	12%
	Family-Based Licensed Care	43%	37%	41%	37%
	Facility-Based Licensed Care	6%	8%	8%	10%
	All Other	3%	4%	3%	3%

Number of Children in OOHC by Placement Type

	6/30/14	6/30/15	6/30/16	2/28/17	Change SFY 2014 to current
Relative Care	426	553	493	559	31.2%
Non-relative Care	70	122	118	165	135.7%
Family-Based Licensed Care	451	485	529	522	15.7%
Facility-Based Licensed Care	68	99	109	136	100.0%
All Other	34	55	35	37	8.8%
Total OOHC	1049	1314	1284	1419	35.3%

FFN places 13.6% of children out of the circuit, compared to the statewide average of 19%. (as of 12/31/2016)

Of children in licensed care settings on 12/31/2016, FFN has percentages of children in group care settings that are less than the state average for 0-5 and 13-17, but above for 6-12.

Age Cohort	FFN	State
0 to 5	0.4%	2.6%
6 to 12	25.5%	21.6%
13 – 17	44.0%	57.2%

3.2. What is the cost of various placement types? To what extent are the rates paid for foster care (including care with various rates of intensity), congregated care consistent with statewide norms (considering community context)? Have these rates remained relatively consistent over the past few fiscal years?

Foster Home Rates

FFN pays the standard state minimum Room and Board Rates for age groups 0-5 and 6-12. However they are paying higher rates for ages 13-17. FFN states that they have been paying these higher rates prior to the new state minimum rates and are only adjusting the rates once the state minimum rates become greater than their already established rates by age group.

State of Florida Minimum Foster Home R&B Rates			FFN Minimum R&B Rates	
Ages	Monthly R&B Rate (Effective 1/1/2017)	Effective Daily R&B Rate (Effective 1/1/2017)	Ages	FFN Daily R&B Rates (Effective 1/1/2017)
0-5	\$448.53	\$14.74	0-5	\$14.74
6-12	\$460.02	\$15.12	6-12	\$15.12
13-17	\$538.43	\$17.70	13-14	\$19.46
			15-17	\$23.67

FFN pays foster homes in the Matrix and Walrus programs an enhanced rate based upon the level of intensity (see charge below). According to FFN staff, the practice of offering enhancements to board rates when placing children with challenging and risky behaviors in traditional foster families is fairly common.

Matrix and Walrus Foster Homes	Daily Rate	Monthly Rate
Level 1	\$30	
Level 2	\$40	
Level 3	\$50	
Level 4	\$70	

Medical Foster Homes		\$504
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Residential Facility Rates (Residential Group Care)

As noted, FFN has two residential facilities owned and operated by Lakeview Center in which they place clients. According to the Lakeview Center website, Cabot Heights is a 12 bed residential facility for boys ages 13-17 where behavioral health services are provided. Arcadia Place is an 8 bed residential facility for girls ages 13-17 who have moderate to severe emotional/behavioral problems and placement is contingent upon court orders and family case plan goals. They record a fixed daily rate for all placements in these facilities and then once final costs are known after each month, adjust up or down to actual costs charged to the DCF contract. Arcadia Place began in FY15-16 and the fixed daily rate is \$266.77. The current fixed daily rate for Cabot Heights is \$185.00. The rate at the beginning of FY15-16 was \$145/day but was increased in November 2015 to the current rate.

FFN indicated that there is a potential for establishing some of the services provided in these homes as Medicaid eligible in order to fund them through Medicaid and reduce the cost to the DCF contract.

FY16-17 FSFN Payments	Daily Rate In FSFN	Total Paid March YTD In FSFN	Daily Rate of Actual Costs	Actual Costs	Number of Beds	Average Monthly Number of Clients Served
Cabot Heights	\$185.00	\$643,985	\$174.02	\$603,325	12	13
Arcadia Place	\$266.77	\$557,816	\$268.72	\$561,088	8	9
	Total	\$1,201,801		\$1,164,413	20	22

FFN also contracts with outside providers of these services within Circuit 1. These rates are not outside the normal costs for these types of placements.

Residential Facility Provider	Daily Rate	Daily Rate with Safety Plan
Children in Crisis, Florida Baptist Home and United Methodist Children's Home	\$52	\$78
Lutheran Services of Florida	\$110	\$165

- 3.3. What is the cost for dependency case management? Is this consistent with norms for such services? Have these rates remained relatively consistent over the past few fiscal years?

FFN performs the case management and other dependency case management functions in-house rather than subcontracting for the services.

The total expenditures for these functions in FY16-17 (\$9,922,935) is about \$360k less for the months of July through April compared to the same months in FY15-16 (\$10,283,579).

The salary pay range for primary case managers and their supervisors is listed in the table below.

Payscale	Min	Mid	Max	Total Staff
FFN Team Mgr	\$37,897.60	\$46,300.80	\$54,600.00	24
FFN Family Services Counselor	\$29,806.40	\$35,796.80	\$41,704.00	127

The number of case manager positions has not changed in FY16-17 even though a reduction in the number of position was initially identified by FFN in their Financial Viability Plan. The decision was made to not reduce the number due to the increase in number of clients. They stated that the average caseload has increased from 15:1 to 17:1.

- 3.4. To what extent is the Lead Agency appropriately utilizing non-child welfare funding for services (such as DCF SAMH Funds, Medicaid, and other non-DCF funding sources).

The FFN system of care has a small number (6) of Specialized Therapeutic Foster Homes (STFC) given the size of their out of home care population and the needs of the children they are serving. They have a group of foster homes (17) that take children and youth with challenging behavioral issues and are paid an enhanced rate (Matrix program). They recently contracted with another provider to increase capacity of these behavioral homes with enhanced rates. Additionally, there are no Specialized Therapeutic Group Homes (STGH) located within Circuit 1, though they are looking at converting the Lakeview girl’s group home if possible because they believe that it meets the level of service.

The lack of STGH and limited STFC capacity in Circuit 1 limits the ability to capitalize on Medicaid funded placements for children and teens with challenging behaviors. FFN is building capacity to meet the needs of these children through their “enhanced foster homes” and the Arcadia group home. However, the expenses of these higher cost placements fall on the CBC Lead Agency, whereas building capacity for Medicaid

funded STFC homes and a STGH would allow FFN to decrease their out of home care expenses and still meet the needs of the children with challenging issues.

FFN staff reported that they have experienced difficulty in accessing medical foster homes that will take older children and/or children that have challenging behavior in addition to high medical needs.

FFN identified a need for assistance in gaining access to APD funding for two of their highest cost placements. Their local efforts to date have been unsuccessful in accessing APD funding. Assistance from DCF Regional and Central Office staff appears to be needed to move these cases forward with accessing APD funding.

FFN still has the Medicaid carve out for this area and is a Medicaid provider. Children are generally either on Sunshine Health Plan or Access Behavioral Health (another Baptist Health Care division). The Managing Entity (ME) contract pays for costs not eligible under one of these plans and FFN believes that very little costs are charged to the CBC contract.

Baptist Health Care Community Clinics in Escambia and Santa Rosa are collocated with FFN and provide health services to child welfare clients free of cost.

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

At the time of the site visit, FFN reports a low number of case manager vacancies (approximately 4%). The 12 month rolling turnover for case management was at 37%. They indicated that this is higher than they typically experience, indicating that turnover in the mid 20% range is more of their norm. However, the team believes that the FFN case management turnover is lower than the state average.

The Case Management leadership monitors data related to the CBC scorecard and the key indicators report. They appear to step up monitoring and tracking of activities when they see trends of lower performance or areas needing improvement. Supervisors pull certain data reports daily and others weekly. They utilize this to track individual progress and press staff for action/follow-up when needed. Team managers review data and performance weekly and monthly. The Executive Leadership team meets at the services centers 3-4 times per year. This is to present information on performance and to open up conversation with the front line and the levels of management regarding unique issues they are facing and to discuss big picture items. The FFN system has imbedded a data/performance manager within the case management operations team. The system appears to have integrated the utilization of data and quality improvement approaches into their case management function.

FFN is considering having a quarterly or at least semi-annually true all-staff meeting (possibly via webinar) where case managers and supervisors can see how their good work is impacting the overall performance.

**4. Findings related to exits from care including exits to permanence.**

4.1. What is the performance of the Lead Agency in the recognized measures of children achieving permanence? Do these findings indicate that children are not remaining in care for longer than necessary? Are these permanency achievement rates consistent across placement settings?

Three key permanency indicators relate to the percent of children in care who achieve permanency within 12 months, the percent in care for 12 to 23 months who achieve permanency within an additional 12 months and the percent in care for 24 or more months who achieve permanency within an additional 12 months. The chart below shows the percentage for each measure.<sup>1</sup>

<b>Measure</b>	<b>National Standard</b>	<b>FFN</b>	<b>Statewide</b>
Children Achieving Permanency within 12 months of removal (children removed in October through December 2015 and followed for 12 months).	40.5%	41.6%	42.9%
Children in Care 12-23 Months on October 1, 2015 Who Achieved Permanency within an Additional 12 Months.	43.6%	50.7%	53.9%
Children in Care 24 or More Months on January 1, 2016 Who Achieved Permanency within an Additional 12 Months.	30.3%	36.9%	40.8%

FFN is exceeding the national standard on the three measures of permanency, but is slightly lower than the Florida average.

The review team discussed the case transfer process and permanency staffing processes with FFN staff. The conditions for return are discussed between supervisors and case managers during supervision and at the 90 day permanency staffings for all out of home cases. A Quality Specialist participates in the permanency staffings. At the nine month permanency staffing, they are making decisions about the direction of the case. An adoptions team member will attend the permanency staffing when there is a consideration of a goal change to adoption.

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

Case Management also conducts post reunification staffings at one month and five months post reunification. Families are participating in these staffings and there is a focus on developing continuing care plans with the family so that they are continuing to receive community supports and services they may need after the formal dependency case closes. FFN has also embedded the “Decision Support Team” model into their open in-home and post reunification cases.

At any time during the case (permanency staffing, supervision, etc), if it is identified that the conditions for return have been met, a referral is sent to at Safety Practice Expert for review, consultation and assistance in getting the case moved forward with returning the children to the parent(s).

The FFN team reported that there is leadership level buy-in throughout the system to utilize conditions for return to return children to the home rather than utilizing the standard of case plan compliance. They report that there are still some individuals (GAL volunteers, Judges and CLS attorney) that are hesitant to utilize conditions for return.

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

There are three key standards for timeliness of judicial handling that are tracked monthly<sup>2</sup>. For children with a disposition in the period July 1 through December 31, 2016, the median number of days from shelter to disposition in Circuit 1 was 64 days compared to the statewide median of 58 days. Median days from Termination of Parental Rights (TPR) to Entry of Final Order was 140 days compared to the statewide median of 153 days. On the measure of the percentage of children with a goal of reunification extended past 15 months and no TPR activity, Circuit 1’s percentage of .8% was lower than the statewide average of 7.5%.

FFN has been finalizing adoptions on pace to exceed their annual goal this fiscal year. The FFN team indicated that they experienced a slow down with adoptions about a year ago (home studies had not been completed and DCF staff pitched in to help get caught up). There is a process mapping initiative underway to examine all adoption processes and develop strategies to address any gaps or barriers in the adoption process.

The FFN team indicated that they currently have approximately 100 children that have had parental rights terminated that are not yet matched for adoption (data shows there are 68). There are currently two recruiter positions. They are utilizing social media, community events, heart gallery adoption registry, television and other media outlets to recruit families for these children. One of the recruiter positions is a grant funded Wendy’s Wonderful Kids position.

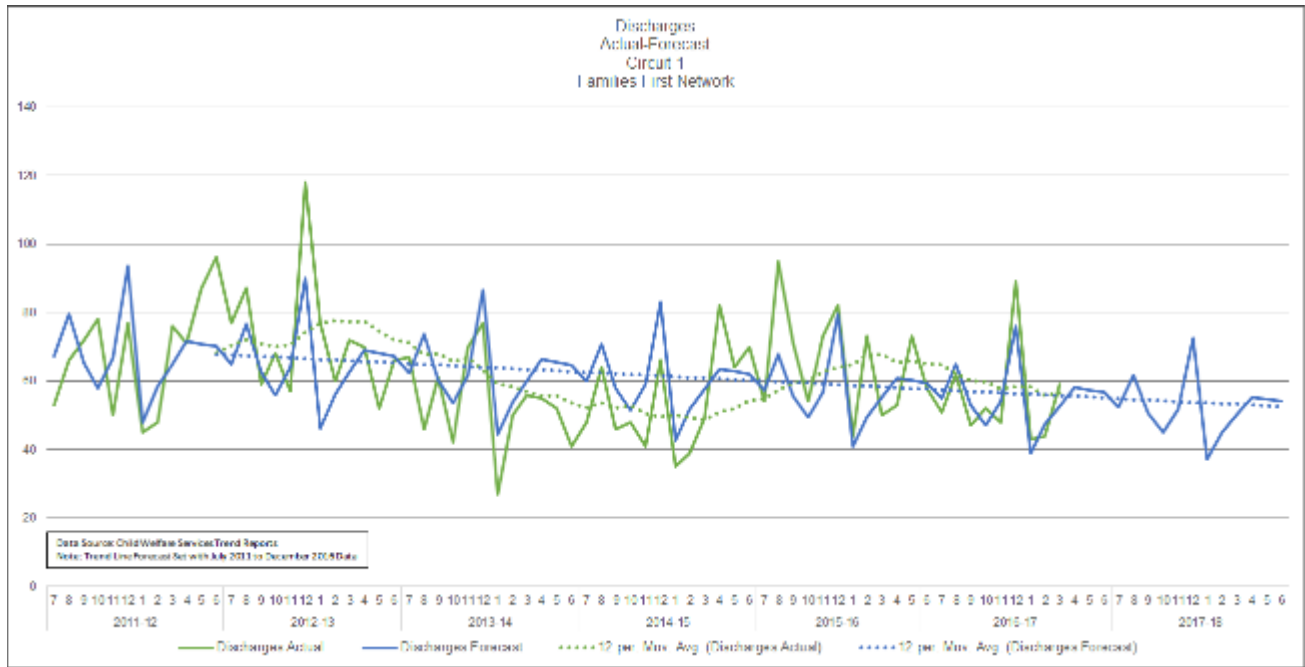
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<sup>2</sup> Child Welfare Key Indicators Monthly Report, March 2017



FFN leadership has regular meetings with the leadership of the GAL, CLS, and DCF. This is an excellent practice that can be used to address and solve problems. We did not ask about the usage of stipulations between the CBC, GAL and CLS which can save court time and hearings.

4.3. Has there been a change in number of exits or time to exit that is materially influencing the cost of out-of-home care?



Over time, FFN has typically exceeded state rates with regard to discharges. There has been a slight downward trend with regard to discharges and the most recent timeliness to permanency measures show FFN meeting national standards but being slightly lower than Statewide averages. They do not stand out as being particularly low on any of these measures. The discharges, however, have not been high enough to keep up with the increase in the number of children being removed, resulting in the expansion of the total caseload.

**5. Findings related to funding, fiscal trends and fiscal management.**

5.1 How has core services funding changed over time? How has the Lead Agency managed these changes? What adjustments to the available array of services have been made?

Risk Pool Peer Review Committee Report

Families First Network

<b>DCF Contract Funds Available at Year End (by Fiscal Year)</b>	<b>FY11-12</b>	<b>FY12-13</b>	<b>FY13-14</b>	<b>FY14-15</b>	<b>FY15-16</b>	<b>FY16-17</b>
<b>Core Services Funding</b>						
Core Funding	31,228,814	31,056,329	31,359,884	31,282,380	32,783,970	34,221,547
<b>Subsequent Amendments to Initial Allocation</b>						
Unfunded Core Funding Budget			(10,149)	(735)	(136)	
Prior Year Excess Federal Earnings	675	43		1,845		
<b>Risk Pool Allocation</b>						
the Bill						
Section 45 MAS from Back of the Bill					77,180	
<b>Funding not defined as Core Services Funding</b>						
Maintenance Adoption Subsidy (MAS)	6,638,674	7,343,419	8,661,212	9,274,067	10,090,921	10,506,326
Independent Living (IL and Extended Foster Care)	889,196	889,196	889,196	889,196	889,196	889,196
Children's Mental Health Services (Cat 100800/100)	290,106	290,106	290,106	290,106	290,106	290,106
PI Training, Casey Foundation or other non-core sv	79,403	79,403	-	-	-	-
Safety Management Services (Nonrecurring)			-	-	-	462,805
<b>Total at Year End</b>	<b>39,126,868</b>	<b>39,658,496</b>	<b>41,190,249</b>	<b>41,736,879</b>	<b>44,131,237</b>	<b>46,369,980</b>
MAS Prior Year Deficit					(77,179)	
Carry Fwd Balance from Previous Years	3,939,728	2,286,572	1,512,442	3,007,831	2,920,860	
<b>Total Funds Available</b>	<b>43,066,596</b>	<b>41,945,068</b>	<b>42,702,691</b>	<b>44,744,710</b>	<b>46,974,917</b>	<b>46,369,980</b>

The core services funding for FFN was relatively unchanged from FY11-12 to FY14-15. However in the last two fiscal years, FFN received a \$1.5M (+4.8%) increase in FY15-16 and another \$1.4M (+4.4%) increase in FY16-17.

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

Changes in core services funding has not contributed to the projected deficit. In addition to receiving increases to core service funding the past two fiscal years, FFN has a history of sustaining a significant carry forward balance of state funds from one year to the next until FY16-17. Since FY11-12 the balances have ranged from \$1.5M to \$3.9M. The balance at the beginning of FY15-16 was almost \$3.0M and by the end of that FY, the balance was \$106k.

**FFN Core Services Expenditure History**

<b>Reported Expenditures by Fiscal Year (Including Carry Fwd)</b>	<b>FY11-12</b>	<b>FY12-13</b>	<b>FY13-14</b>	<b>FY14-15</b>	<b>FY15-16</b>
Administrative Costs	\$2,868,319	\$1,965,570	\$2,113,311	\$2,096,453	\$2,156,254
Admin Cost Rate (Exp as % of Total Allocations)	7.3%	5.0%	5.1%	5.0%	4.9%
Dependency Case Management	\$16,839,292	\$16,182,455	\$15,019,272	\$14,912,347	\$16,084,132
Adoption Services Promotion & Support	\$2,034,307	\$1,927,078	\$1,908,900	\$2,075,913	\$2,380,747
Prevention/Family Support/Family Preservation	\$4,374,676	\$4,837,685	\$4,710,188	\$4,251,467	\$4,532,648
Other Client Services	\$2,262,797	\$1,879,125	\$1,583,655	\$2,013,898	\$2,627,416
Training - Staff and Adoptive/Foster Parent	\$596,719	\$567,661	\$580,776	\$639,954	\$1,145,888
Licensed Family Foster Home Care	\$2,773,343	\$2,396,010	\$2,460,094	\$3,188,003	\$3,413,834
Licensed Facility Based Care	\$2,498,417	\$2,532,820	\$2,254,549	\$2,525,489	\$3,837,535
Services for Victims of Sexual Exploitation					\$36,408
Other	\$229,813	\$153,986	\$175,727	\$179,268	\$218,311
<b>Total Core Services</b>	<b>\$31,609,364</b>	<b>\$30,476,819</b>	<b>\$28,693,161</b>	<b>\$29,786,339</b>	<b>\$34,276,920</b>

The expenditures for licensed facility based care (residential group care) increased from \$2.5M in FY14-15 to \$3.8M in FY15-16 (or by ~50%). Expenditures for dependency case management functions increased by ~\$1.1M (or by ~8%) for the same two fiscal years. Expenditures for licensed family foster home care increased by ~\$1M over a two year period from FY13-14 to FY15-16.

In total, core services expenditures increased by over \$4.5M from FY14-15 to FY15-16 which is about \$1.6M greater than the increase in core services funding over the past two fiscal years.

The number of children in facility based licensed care has increased 34% since June 2016. The increase since June 2015 is almost 50%.

The number of children in family based licensed care has decreased by 27 since June 2016. The number generally increased from 485 in June 2015 to 555 in September 2016 but has decreased by almost 50 since then.

End of Quarter Number	Number in Relative Placements	Number in Non-Relative Placements	Number in Family Based Licensed Care	Number in Facility Based Licensed Care
Jun 2015	553	122	485	99
Sep 2015	506	124	479	99
Dec 2015	478	112	445	105
Mar 2016	487	121	494	104
Jun 2016	493	118	529	109
Sep 2016	523	148	555	123
Dec 2016	560	158	505	120
Mar 2017	551	172	502	146

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

FFN is the Foster Care division of Lakeview Center which also operates a behavioral health care division (Lakeview Behavioral Health Service). As a Medicaid provider, Lakeview Center possesses the uniquely informed ability to coordinate payments for services to Medicaid or the state funded Substance Abuse and Mental Health program via the Managing Entity (Big Bend CBC) contract with DCF. This allows them to maximize the funding of necessary services for children and their families to those primary funding sources and minimize the cost to the FFN contract with DCF. FFN collocates with Escambia Community Clinics in order to provide health services to child welfare clients free of costs. They have a similar arrangement in Santa Rosa county as well.

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

The most recent projection based upon actual expenditures through April is for a \$1,310,473 deficit. This projection includes an Independent Living (IL) deficit which FFN and other CBCs have experienced in the past several years. Normally CBCs use any surplus core services funding to meet their IL deficits. FFN is allocated \$889,196 in IL funding each year. The FY15-16 IL deficit was approximately \$1.086M. Through March 2017, FFN has reported a total of \$1,377,179 in IL expenditures which exceeds their annual allocation by ~\$448k. The monthly average expenditures are \$153k but have decreased in the last five months. Using the last five months as an average projection for the remaining three months would project total IL expenditures of \$1,817,000. The IL deficit for FY16-17 would be \$928,000. So without an IL deficit, FFN would have about a \$382k core service funding deficit.

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

Initial indications are that FFN will not receive further increases to their core services funding in FY17-18. Therefore, any allocation of Risk Pool funding would help FFN but they will need to work to reduce the number of children placed in residential facilities in order to reduce cost within their allocation for services.

5.6 If the Lead Agency meets the criteria for Risk Pool funding, but the amount of funding available is insufficient to cover the projected deficit, what other options are available?

FFN and the DCF Northwest Region need to continue to work together to identify and implement practices to keep children safe in their own home when possible and to continue toward increasing permanency for children already in care. Success in these areas will decrease more expenditures for more intense and expensive services.

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

FFN and the Lakeview Center financial office should continue to engage, coordinate, and refine their sharing of information so that management can effectively and strategically inform budget and operational responsibilities.

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

No findings or questioned costs were identified.

## **6. Findings related to overall management.**

- 6.1. To what extent is there clear and effective communication between and among the Region, the Lead Agency, the Sheriff (if applicable), case management organizations and other key community partners?

Communication and collaboration among the key stakeholders appears to be a strength of the system. An example of this is the system collaboration regarding to ISFAE countermeasures. Additionally, the relationship between FFN and the foster parent associations have strengthened over the past few years and are now strong.

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

FFN effectively tracks programmatic performance and utilizes data to make system adjustments and improve individual and team performance. FFN participates regularly in Community Alliance measures and shares performance measurement data, trends, successes and challenges with these community stakeholders.

- 6.3. What actions have been taken by the Region and/or the Lead Agency to resolve the fiscal issues without accessing the Risk Pool? What further actions are planned?

FFN has managed effectively within available funding for many years, resulting in having a significant carry forward balance available to them to offset much of the projected deficit.

FFN visited FSSNF to learn about practices to reduce the number of children being removed and returned with several new practices they plan to implement.

As previously noted, DCF discontinued the practice of graduating PI's from the DST process when it was clear that removals had begun to increase again.

- 6.4. If potential corrective actions or technical assistance is recommended by the Peer Review Team, what is the commitment of the Region and the Lead Agency to follow through on those recommended actions?

The Peer Review Team perceives an extremely high level of commitment.

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

The Financial Viability Plan submitted by the Northwest Region and Families First Network includes 4 objectives for the DCF Region with several action steps associated with these objectives. The lead agencies portion of the plan includes 6 objectives. These are summarized below:

Region –

- Monitor removals to identify trends
- Continue to implement DST process
- Continue to focus on competency (i.e. staff proficiency)
- Identify ways to prevent lockouts

FFN –

- Stabilize case management turnover, maintain 1:17 caseload ratio
- Create a more efficient and effective system of prevention care through the use of "need specific" prevention service lines
- Analyze the cost benefit of service lines
- Increase relative placements and reduce the utilization of licensed care.
- Manage utilization of high cost therapeutic placements.
- Track OOHC census

### **Summary of Findings and Conclusions**

- FFN's current deficit is the result of increased removals during most of calendar year 2016 and then another slight increase in January 2017. The increased removals have completely overwhelmed their foster home capacity resulting in much higher numbers of children in residential facilities than in prior years.
- FFN and DCF have done an excellent job in re-tooling and implementing the right types of services to serve children in-home when possible. Removals have decreased with the implementation of these services.
- Assuming that the removal trend continues to decline and then stabilize, FFN's biggest challenge will be to increase foster home capacity and reduce use of facility-based care back to historic levels.
- While case manager caseloads of 1:17+ are higher than FFN leadership would like, they are lower than many other CBC's faced with similar challenges so the ability to quickly "recover" from the current situation should be enhanced.

- FFN is in the minority of CBC's in that case management is done in-house as opposed to being contracted out. In addition, several other key services are provided in-house or by the parent company. We have noted that other CBC's with similar structures seem to struggle more financially when faced with a similar significant increases in removals.

## **Recommendations**

The Peer Review Committee recommends that FFN receive risk pool funding. In addition, the following recommendations are made for consideration:

1. FFN should continue work on foster home network development and support strategies. These include participation in the Quality Parenting Initiative, utilization of foster family mentors, tracking reasons for home closures, faith based and social media based foster parent recruitment, pre-screening efforts, foster parent liaison positions, conflict resolution teams and the "ambush teams" to acknowledge foster families.
2. Region and FFN should increase efforts to place children with relatives.
3. Region and FFN should continue to educate PI's about available front-end services and how they can be accessed. Additional training for Safety Management providers may be necessary so that they understand their scope of services.
4. FFN should continue to work to recover costs for behavioral health services provided in residential facilities through Medicaid or the Managing Entity to reduce the cost to the DCF contract.
5. FFN should continue work on increasing capacity for Medicaid funded STFC.
6. Region and FFN should continue efforts to access APD funding; engage Assistant Secretary for Operations in that process.
7. Region should review lack of direct files and determine whether it is an issue that needs to be addressed.
8. Region and FFN should analyze removals that occur in open case management cases to see if it is informative to practice.
9. Review all possible opportunities for cost savings, including leasing cars rather than paying mileage. consider bringing pre-service training in -house vs contracting, eliminate the use of ASK and use FSFN filing cabinet, review EFC program costs which have increased even though population served has decreased by 33%, review need for current level of staffing for Childhood Court (i.e. is it a current priority), and combining the function of the Community Relations and Recruitment section with the Clinical Services and Placement functions. Where possible, re-invest in case managers.