

Risk Pool Peer Review Committee Report

NWF Health Network – Circuits 2 and 14

Fiscal Year 2021-2022

Executive Summary:

Big Bend Community Based Care, Inc. dba NWF Health Network (NWFHN) submitted an application for risk pool funding on October 15, 2021 and submitted a revised risk pool request for funding on February 27, 2022.

The department established a Risk Pool Peer Review Committee pursuant to section 409.990 (8)(a), F.S. (2021) for State Fiscal Year (FY) 2021-2022, the Risk Pool application process was informed by lessons learned from the prior year reviews as well as the availability of extensive additional information from reports developed pursuant to proviso language included in the General Appropriations Act (Specific Appropriation 321) for Fiscal Year 2021-2022. In compliance with this proviso language, the department completed a comprehensive, multi-year review of the revenues, expenditures and financial position of all Community-Based Care lead agencies including a comprehensive system of care analysis. This submission also included a financial viability plan from all lead agencies.

The Risk Pool Peer Review team conducted a review virtually in October 2021 and February 2022 with relevant information available from multiple sources to make recommendations. The documents reviewed are below:

- Risk Pool Funding Application FY 2021-2022
- Financial Viability Plan FY 2021-2022
- Budget Projections provided by the CBC
- [The Child Welfare Dashboard](#)
- [CBC Contract Monitoring Reports](#)
- CBC Contract Monitoring Data Packets
- [Previous Risk Pool Reports](#)
- [The Child Welfare Key Indicators Monthly Report](#)
- Florida Safe Families Network (FSFN) Aggregate Payment Data
- Status Update on Prior Risk Pool Recommendations (if any)
- June 30, 2020 Single Audit (CPA Audit)

As a part of the review, the team evaluated all available information from previous on-site visits, current data and monitoring reports. To resolve any outstanding questions, additional information was requested by the team from the CBC which allowed the team to make an enhanced recommendation without an on-site visit being conducted by Risk Pool Review Committee.

The Risk Pool Peer Review Committee for NWFHN consisted of:

Barney Ray, DCF Director of Revenue Management & Partner Compliance

(Team Leader)

Nadereh Salim, CEO, Children's Network of SW Florida

Donna Eprifania, CFO, ChildNet, Inc.

Mohamed Ghalayini, CFO, Citrus Family Care Network

James Weaver, DCF Director of Protective and Supportive Services

Charles Scherer, DCF Central Region, Regional Managing Director

While the specific areas of review and analysis varied based on the unique needs and circumstances of each Region, Circuit and Lead Agency, the following framework provided an outline for organizing the work of the Peer Review Committee.

Application Summary:

NWF Health Network's application for risk pool funding requested \$1,608,696. NWFHN's application stated a projected deficit of \$4,063,051. Funding is requested to address significant changes in the services that are eligible for reimbursement.

The primary causes NWFHN attributed to their current financial challenges are outlined below:

- Additional Full Time Equivalent (FTE) costs related to Family First Prevention Services Act (FFPSA) Implementation
- Anticipated increase in bed rates without a funding increase

Findings:

After review of the information provided the Peer Review Committee was able to reach the following findings:

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

- Sources: ([The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), [CBC Contract Monitoring Reports](#))
- Summary below, See CBC Contract Monitoring Report, sections 2, 11, and 12 for more details

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

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.

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.

NWFHN operates in Circuits 2 and 14 (Bay, Calhoun, Franklin, Gadsden, Gulf, Hamilton, Jackson, Jefferson, Leon, Liberty, Wakulla and Washington Counties). Child Protective

Investigations and Children’s Legal Services are performed by the department. NWFHN is also the Managing Entity in Circuit 1 (Escambia, Santa Rosa, Walton and Okaloosa Counties), Circuits 2 and 14 and a portion of Circuit 3 (Madison and Taylor Counties). The rural nature of most counties served by NWFHN presents a challenge to the provision of diverse and readily available services and places a burden on case managers in implementing their case plans with families.

Census Facts													
US Census Facts	Florida	Wakulla	Bay	Leon	Jefferson	Gulf	Franklin	Gadsden	Washingt	Holmes	Calhoun	Jackson	Liberty
Median Household Income	\$55,660	\$61,410	\$54,316	\$53,106	\$47,240	\$47,712	\$46,643	\$41,401	\$37,022	\$39,102	\$38,568	\$39,872	\$38,015
Percent of population living in poverty	12.7%	12.0%	12.1%	20.8%	17.6%	14.0%	19.2%	19.7%	20.1%	20.1%	20.3%	19.4%	23.0%
Percent of population over 25 years old with a college degree	29.9%	18.3%	23.7%	46.2%	22.3%	19.2%	18.8%	16.2%	12.5%	10.7%	9.5%	12.6%	14.4%
Percent of population over 25 years old with high school diploma	88.2%	87.7%	90.7%	93.5%	82.0%	85.5%	80.7%	79.8%	81.3%	78.7%	76.9%	80.5%	81.4%

Data Source: census.gov/quickfacts (2015-2019)

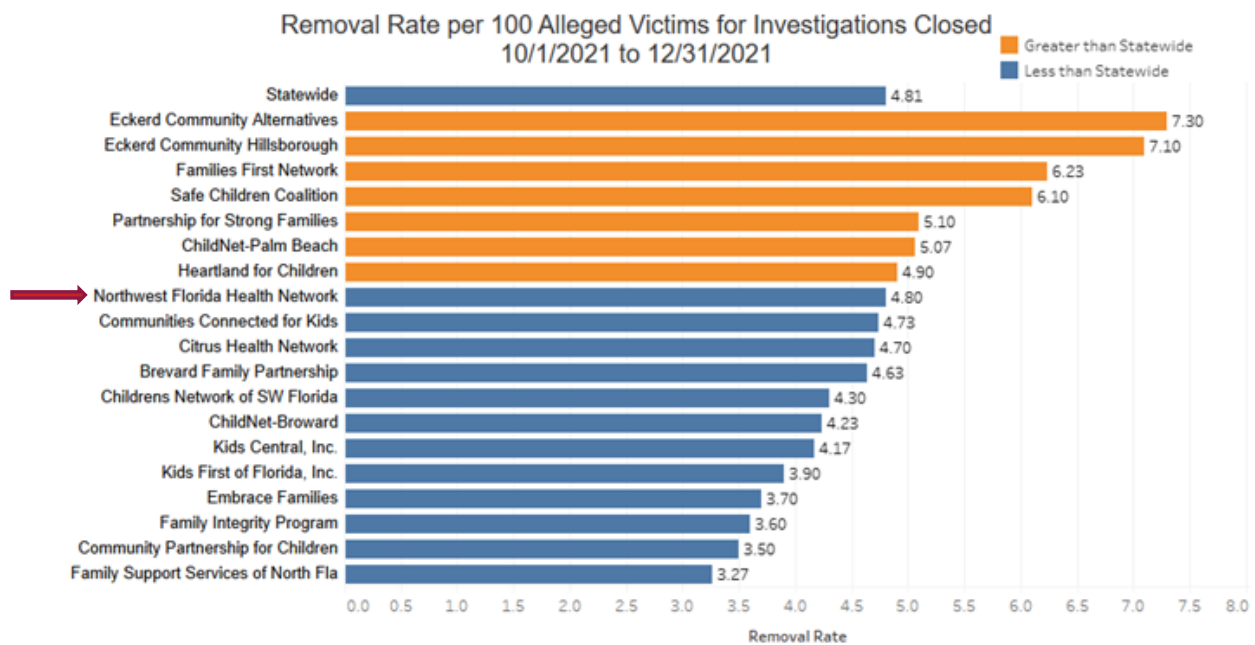
According to the US Census Facts, all counties served by NWFHN, with the exception of Wakulla and Leon Counties, have higher poverty rates than the statewide average rates. All counties except Wakulla have lower median household incomes than the statewide average. In ten of the twelve counties, a lower percentage of the population over the age of 25 has earned a high school degree and, with the exception of Leon County, a lower percentage of the population over the age of 25 has earned a college degree than the statewide average rates.

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.

- Sources: ([The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), [CBC Contract Monitoring Report](#))
- Summary below, See CBC Contract Monitoring Report, sections 5, 9, and 11 for more details

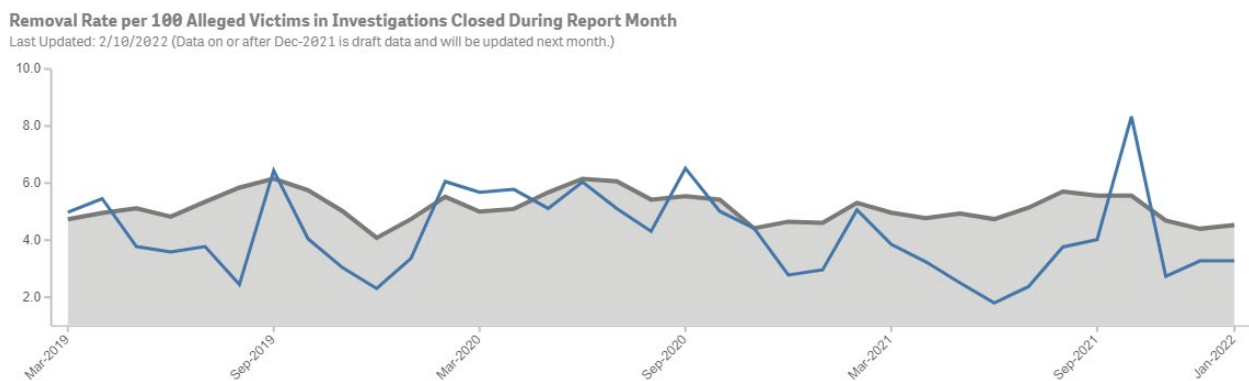
2.1. What are the rates of removal, rates of verification and other measures from protective investigations that affect the need for child welfare services? How have these measures changed over time and how do they compare with other areas of the state?

- 2.2. **What activities are in place to provide support to protective investigators and families to permit children to remain safe in their homes? What services are provided with funds used for prevention and intervention?**
- 2.3. **What services are provided with funds used for prevention and intervention? How well integrated are the CPI, safety management and intervention services components? Are there case transfer issues that affect performance?**
- 2.4. **How well integrated are the CPI, safety management and intervention services components? Are there case transfer issues that affect performance?**



The removal rate per 100 alleged victims from 10/1/2021 to 12/31/2021 is 4.80 and is no longer the lowest in the state, as shown in the graphic above. Removal rates have trended just below the statewide average for several years.

Removal Rate per 100 Alleged Victims



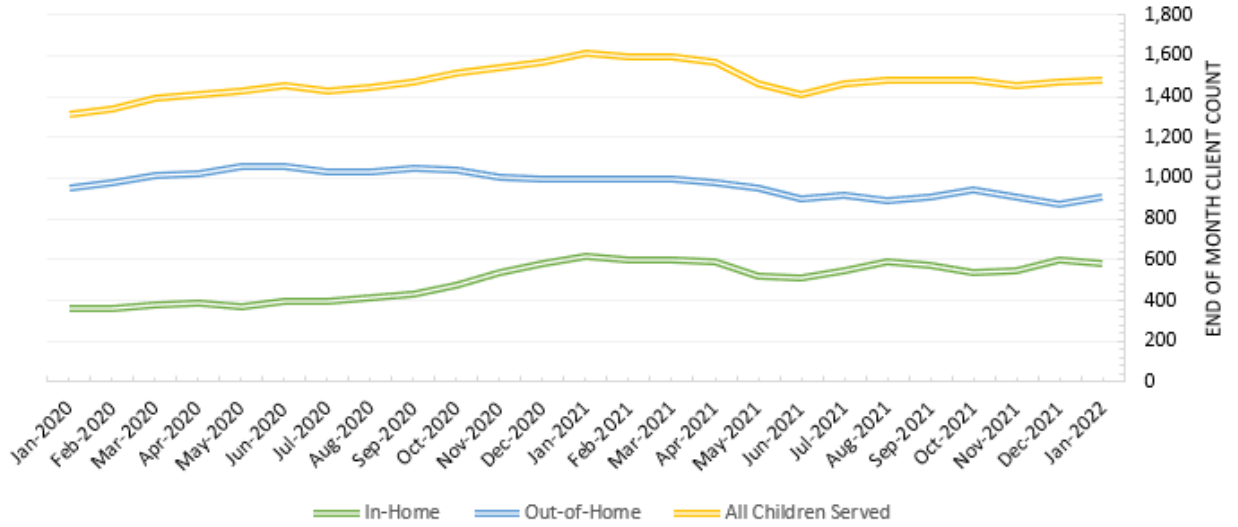
Data supports that the system of care is efficient in time from removal to disposition however after disposition.

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

- Sources: ([The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), [CBC Contract Monitoring Report](#), CBC Financial Viability Report, CBC Financial Viability Integrated Data Report, CBC Budget Projections, and Florida Safe Families Network (FSFN) Aggregate Payment Data)
- Summary below, See CBC Financial Viability Integrated Data Report, CBC Budget Projections, CBC Financial Viability Report, and [CBC Contract Monitoring Report](#) for additional details.

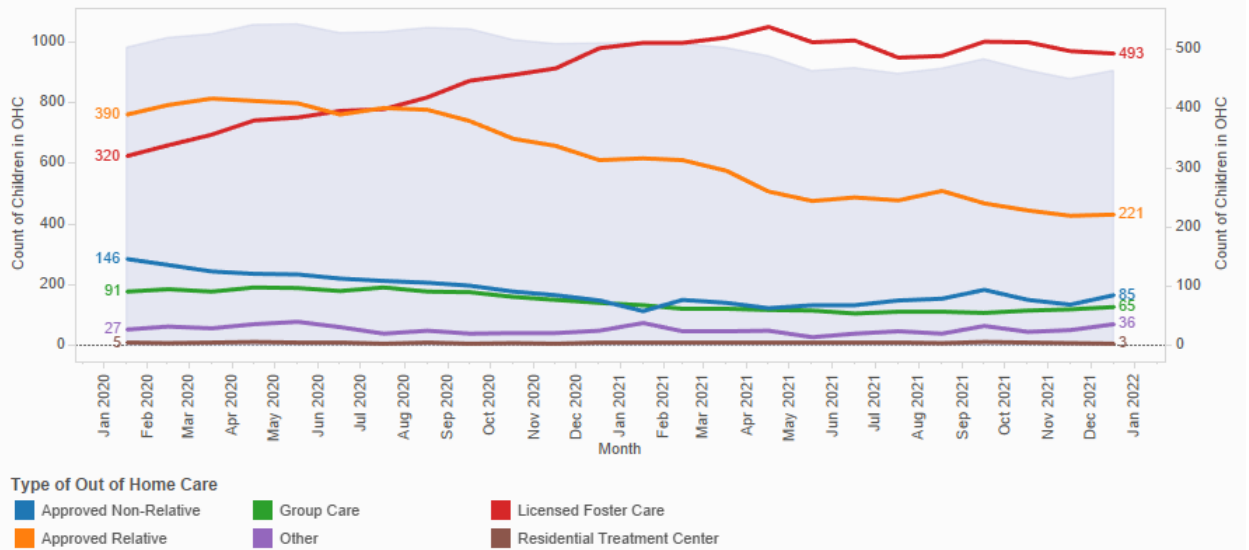
- 3.1. ***What is the composition of the children in care including age cohorts, placement types, use of specialized higher costs settings, use of congregate care, etc.***
- 3.2. ***What is the cost of various placement types? To what extent are the rates paid for foster care (including care with various rates of intensity), congregate care consistent with statewide norms (considering community context)? Have these rates remained relatively consistent over the past few fiscal years?***
- 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?***
- 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).***
- 3.5. ***What evidence exists that case management services are well-managed by the Lead Agency? (see overall management section for response)***
- 3.6. ***To what extent is the CBC meeting its obligation to the Family First Prevention goals? Have they reduced reliance on Residential Group care? How much? If not, what is the action plan going forward? Has the CBC met the 40% goal for all relative/non-relative placements licensed as Level I Foster Homes?***

IN-HOME SERVICES, OUT-OF-HOME CARE AND ALL CHILDREN SERVED



The number of clients being served in-home is trending up while the number of clients being served out-of-home is trending down. Overall, children served is down from a peak of over 1,600 children in January 2021.

Children in Out-of-Home Care by Placement Type Region: Northwest Region CBC: Northwest Florida Health Network



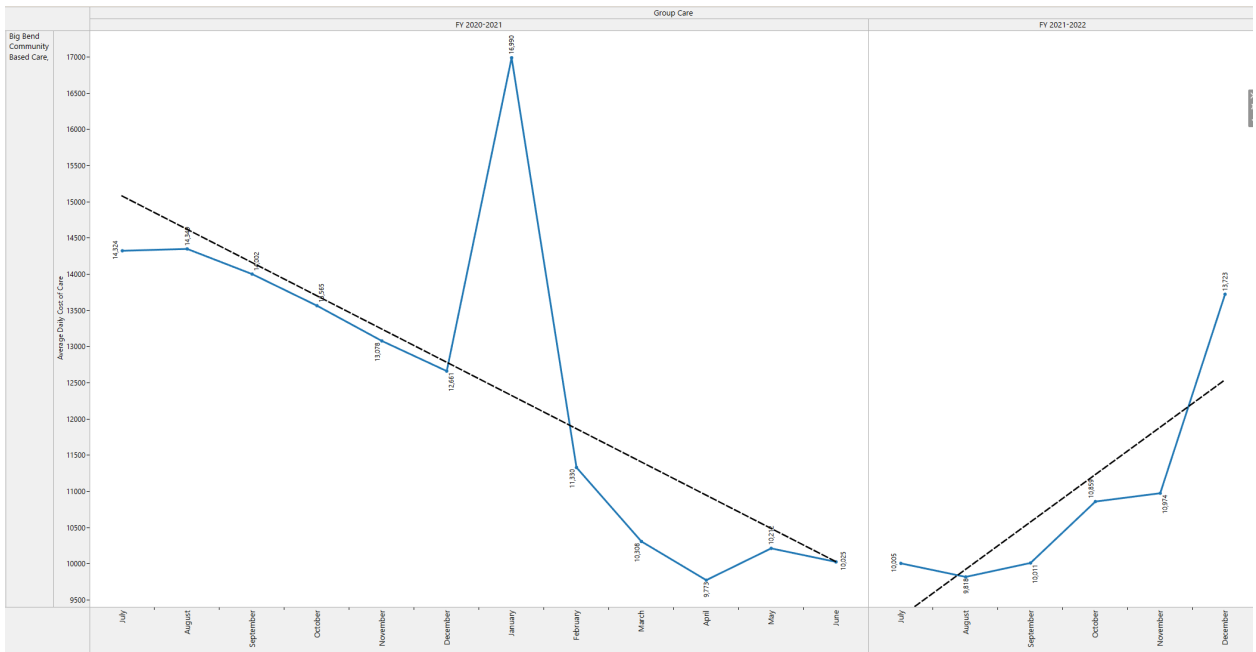
Data Source: FSFN Data Repository

Last Updated: 2/10/2022

NWFHN said a priority focus last fiscal year was to reduce the number of children in group care. In FY 2020-21, they established a goal to achieve and maintain no more than 62 children in congregate care. At the time of their application, NWFHN achieved a significant reduction in the number of children and youth in group care and residential

treatment centers from 102 on June 30, 2020 to 64 on June 30, 2021 (a difference of 38 children or a 37% reduction). This equates to 7.1% of NWFHN's out-of-home care population compared to the statewide average of 7.7%. They credit intense focus on staffings at the front line, assigned "Champions" to the 20 highest cost children, expansion of licensed home capacity, executive leadership focus. NWFHN plans to continue these efforts with a goal of reducing group care numbers to no greater than 50 children in FY 2021-22.

Average Cost of Group Care



NWFHN saw a decrease in the average daily cost of group care in FY 2020-21. However, the cost appears to be increasing in FY 2021-22. In the first six months of FY 2021-22, group care averaged \$10,898/day. This is down from FY 2019-20 when the average daily cost of group care for the year was \$12,551/day.

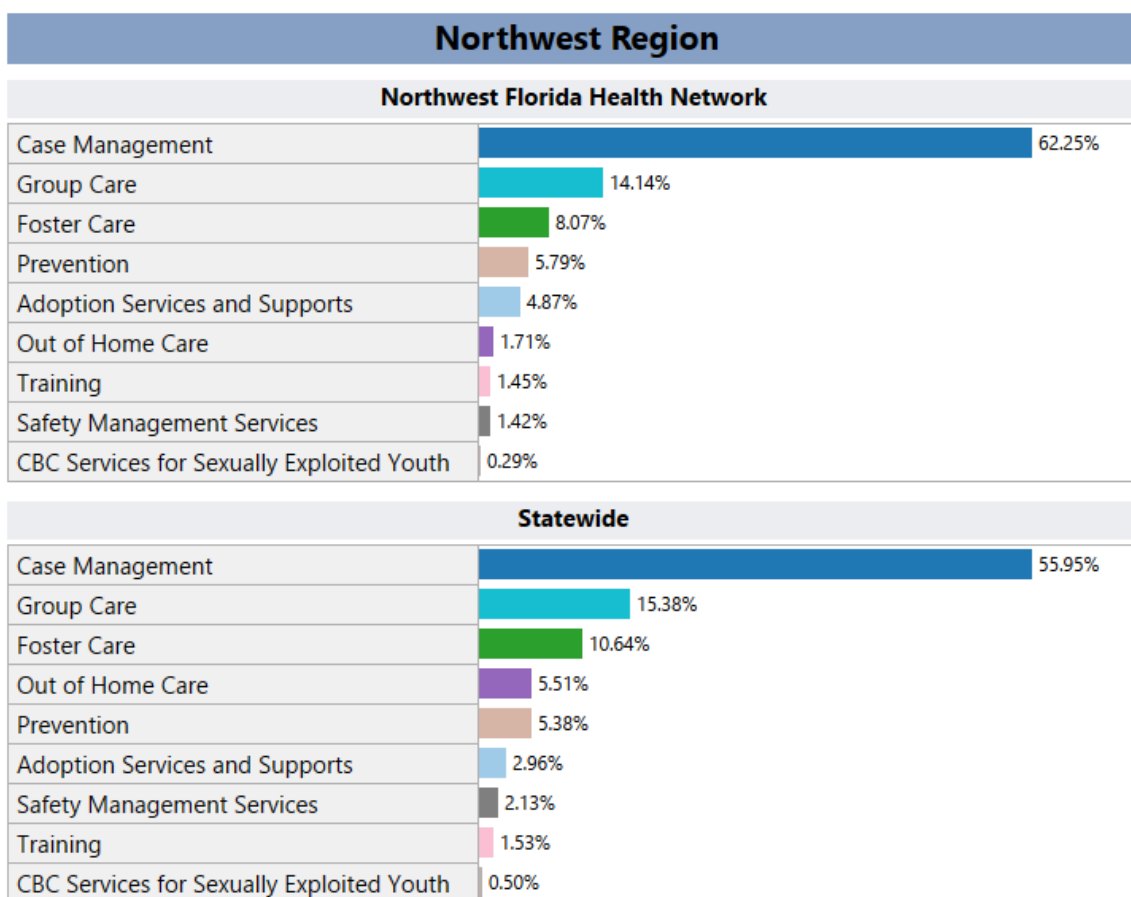
Continued efforts to move children and youth from congregate care should be made.

Total \$ of FSFN Payments to Licensed Residential Group Care (OCA LCRGE, LCGHE & LCGHI)						
Ages	FY2019-2020	FY2020-2021	\$ Increase/ (Decrease)	% Increase/ (Decrease)	FY 2020-21 (Thru Dec. Service Mths- 50% of the year)	FY 2021-22 as a % of FY 2020-21
0-5	\$9,660	\$1,592	(\$8,068)	-84%	\$0	0%
6-12	\$1,149,427	\$1,192,114	\$42,687	4%	\$579,306	49%
13-17	\$3,668,807	\$3,390,114	(\$278,693)	-8%	\$1,424,250	42%

Total Number of Unique Clients in Licensed Residential Group Care (OCA LCRGE, LCGHE & LCGHI)						
Ages	FY2019-2020	FY2020-2021	Increase/ (Decrease)	% Increase/ (Decrease)	FY 2020-21 (Thru Dec. Service Mths- 50% of the year)	
0-5	2	2	0	0%	0	
6-12	86	72	(14)	-16%	39	
13-17	144	123	(21)	-15%	82	
Median Daily Rate \$ in Licensed Residential Group Care (OCA LCRGE, LCGHE & LCGHI)						
Ages	FY2019-2020	FY2020-2021	\$ Increase/ (Decrease)	% Increase/ (Decrease)	FY2021-22 (Thru Dec. Service Mths- 50% of the year)	
0-5	\$120.00	\$120.00	\$0	0%	N/A	
6-12	\$120.00	\$120.00	\$0	0%	\$121.70	
13-17	\$160.00	\$175.00	\$15	9%	\$141.90	

While number of unique clients served was down in FY 2020-21, group care rates were more costly. The median rate has risen each year in the 13-17 age group. In Fiscal Year 2019-20, there were 232 clients in group care placements. In FY 2020-21, there were 197 clients in group care placements. As of December 2021 (Fiscal Year 2021-22), there were 121 clients in group care placements.

**Percent of Core Services Expenditures
FY 2021-22**



As of December 2021, case management expenditures for FY 2021-22 are 62.254% of NWFHN’s budget, above the statewide average of 55.95%. According to NWFHN, salary increases were made in FY 2019-20 partly to assist with a housing crisis related to Hurricane Michael, which showed a positive impact on case manager turnover in FY 2020-21. However, NWFHN has previously acknowledged caseload is still higher than desired in one quadrant.

Case Manager Turnover – Rolling Year		
	January 2021	January 2022
Camelot		86.3%
DISC	21.2%	10.5%
Anchorage	7.4%	43.5%
LMC Adoptions	33.3%	47.1%
Twin Oaks	76.9%	20.7%
NWFHN	36.4%	62.7%
NWFH-Bay	12.5%	
CHS	65.3%	
CHS Adoptions	61.5%	

Source: NWFHN's F.S. 409.988 Reporting

From January 2021 to January 2022, average caseloads have increased anywhere from 8% to 68% depending on the case management agency.

Average Caseload (Total Children per Assigned Worker)			
	January 2021	January 2022	Average Increase/ (Decrease) %
Camelot	16.80	26.8	60%
DISC	12.6	16.5	31%
Anchorage	16.9	28.4	68%
Twin Oaks	18.7	21.0	12%
NWF Health Network	21.6	23.3	8%
NWFH-Bay	19.9	-	-
CHS	38.2	-	-

Source: NWFHN's F.S. 409.988 Reporting

The number of children placed in unlicensed relative/non-relative care has declined due to the increase in the child specific Level 1 foster home licensed care beginning in July 2019. As of February 27, 2022, NWFHN is meeting the goal of achieving 40% relative/non-relative placements licensed as Level 1 foster homes. NWFHN has 45.02% homes licensed, above the statewide average of 37.54%. NWFHN made a decision to add additional FTEs for increased licensing and eligibility workload related to the Level I Foster Home initiative greater than the funding provided in the contract for this workload increase. DCF provided funding for the increased workload in the amount of \$471,902; however, NWFHN's total cost (including additional FTE above the DCF allocation is \$706,799, for a difference of \$234,897.

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

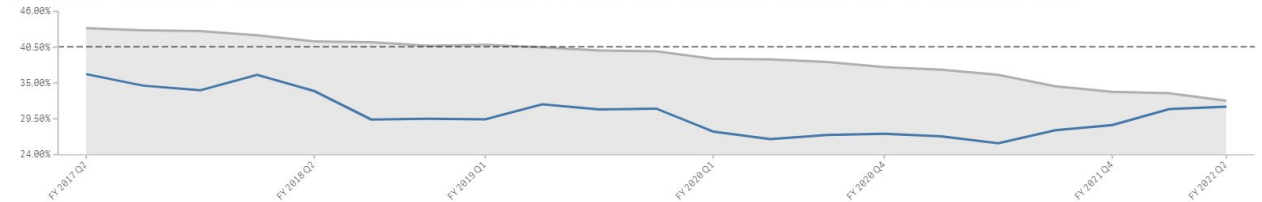
- Sources: ([The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), [CBC Contract Monitoring Report](#), [Financial Viability Integrated Data Report](#))
- Summary below, see [The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), [Financial Viability Integrated Data Report](#), [CBC Contract Monitoring Report](#) – Sections 4 and 11, for more details.

- 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?**
- 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?**

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?

Percent Achieving Permanency within Twelve Months

Last Updated: 1/18/2022 (Statewide performance is represented by the shaded area. The dashed line is the statewide goal of 40.5% or better. The most recent quarter's data is DRAFT data and is subject to change with the next quarter's update.)



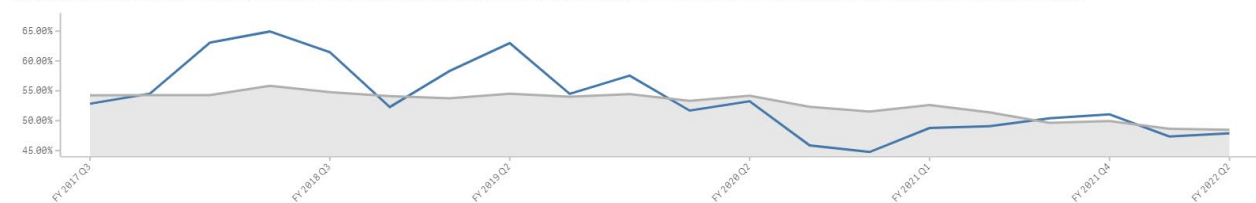
The lead agency continues to not meet the statewide target of 40% of children reaching within 12 months of removal but after declines in the percent over the last four years, they have increased their percent to almost 31.31% in the last quarter. Statewide the percent of children reaching permanency within 12 months is currently 32.22%.

Most recently, NWFHN achieved permanency for 181 of 578 children in FY 2021-22, Quarter 2. Currently, NWFHN is ranked 11th in the state for this metric.

Children in Care 12 to 23 Months Achieving Permanency within 12 months

Percent Achieving Permanency within Twelve Months

Last Updated: 1/18/2022 (Statewide performance is represented by the shaded area. The dashed line is the statewide goal of 43.6% or better. The most recent quarter's data is DRAFT data and is subject to change with the next quarter's update.)

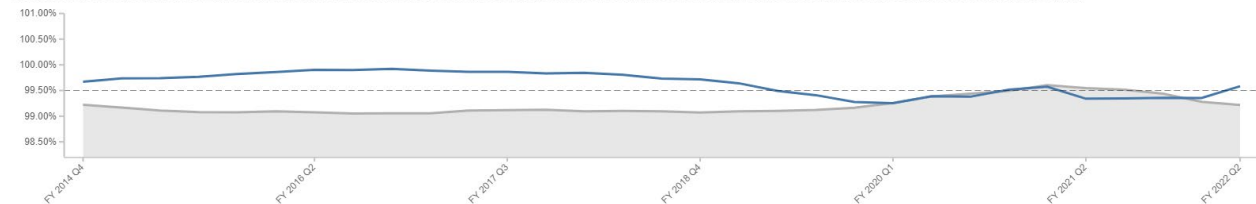


NWFHN has exceeded the statewide target for percent of children in care 12 to 23 months achieving permanency (43.6%).

Percent of Children Under Supervision Seen Every Thirty Days

Percent of Children Under Supervision Seen Every Thirty Days

Last Updated: 1/18/2022 (Statewide performance is represented by the shaded area. The dashed line is the statewide goal of 99.5% or better. The most recent quarter's data is DRAFT data and is subject to change with the next quarter's update.)

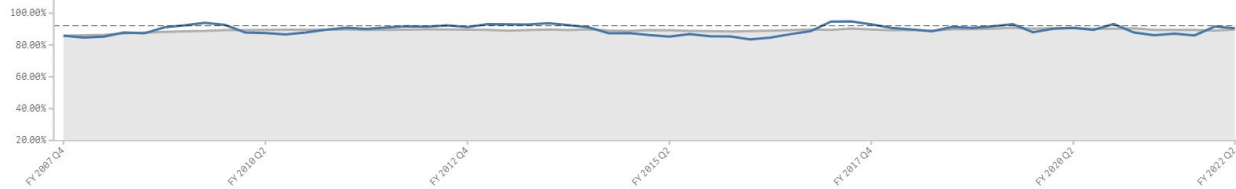


NWFHN surpassed the target of seeing 99.5% of children under supervision every thirty days for the first time ever in FY 2012-13, Q3. The agency began struggling again to meet the target in FY 2018-19, Q2. The most recent data shows the agency is seeing 99.58% of children under supervision every thirty days.

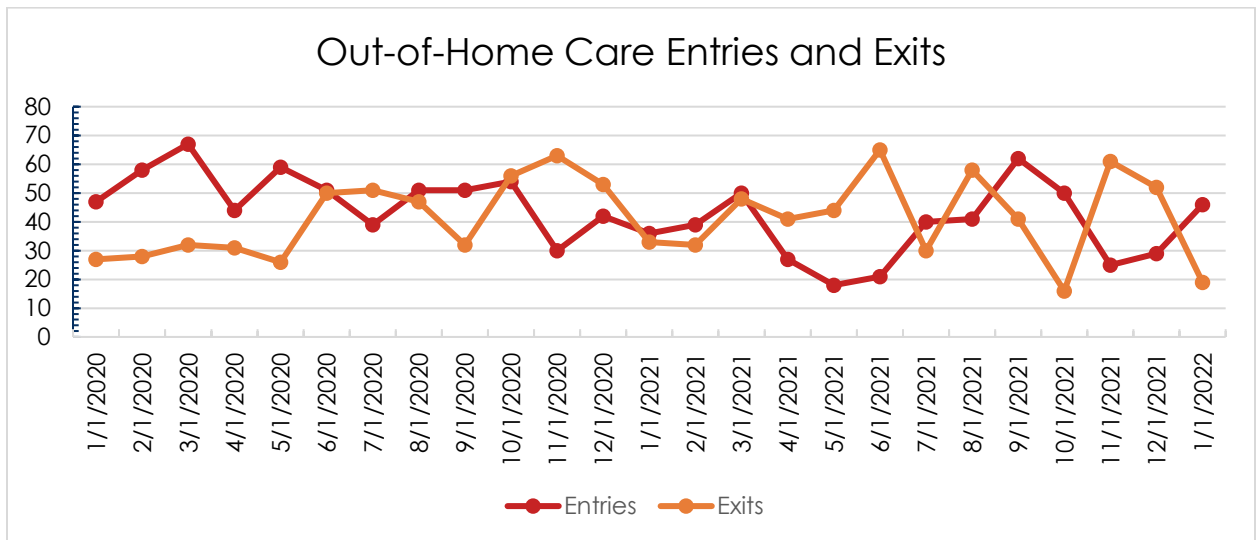
Percent NOT Re-Entering Care within Twelve Months

Percent NOT Re-Entering Care within Twelve Months

Last Updated: 1/10/2022 (Statewide performance is represented by the shaded area. The dashed line is the statewide goal of 91.7% or better. The most recent quarter's data is DRAFT data and is subject to change with the next quarter's update.)



The statewide target for children not re-entering care within twelve months is 91.7%. In FY 2021-22 (Q2), NWFHN achieved 90.24% and historically hovers near the target. The lead agency achieved a high of 94.56% in FY 2016-17, Q3 and a low of 83.24% in FY 2015-16, Q2.



Comparing entries to exits over a twelve-month period, NWFHN has successfully sustained a greater number of exits to entries which had been the case in the previous twelve-month period. A one year look back (February 2021 to January 2022, exits were 507 while entries were 448 for a net decrease of 59.

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

- Sources: ([The Child Welfare Key Indicators Monthly Report](#), [The Child Welfare Dashboard](#), CBC Financial Viability Report, CBC Financial Viability Integrated Data Report and CBC Budget Projections)
- Summary below, See CBC Financial Viability Integrated Data Report, CBC Budget Projections and CBC Financial Viability Report for additional details.

- 5.1. **How has core services funding changed over time? (Financial) How has the Lead Agency managed these changes? What adjustments to the available array of services have been made?** (For service array response see section1)
- 5.2. **How have any changes to core services funding contributed to any projected deficits for FY 2020-2021?**
- 5.3. **What is the ratio of core funding as a Percent of the Allocation formula?**
- 5.4. **In what ways are funding dynamics in the Lead Agency unique or atypical of funding in other Lead Agencies?**
- 5.5. **What is the amount of the anticipated deficit for the current year? How reliable and valid are these projections?**
- 5.6. **Are their options other than Risk Pool funding available to reduce the deficit?**
- 5.7. **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?**
- 5.8. **Are there fiscal practices that could be completed with greater efficiency in order to reduce the projected deficit?**
- 5.9. **Has the most recent CPA audit indicated any issues that would affect the financial health of the organization?**

Total Funding

DCF Contract Funds Available at Year End (by Fiscal Year)	FY16-17	FY17-18	FY18-19	FY19-20	FY20-21	FY21-22
Core Services Funding	\$25,537,423	\$25,649,578	\$25,781,448	\$26,516,353	\$27,768,612	\$28,815,058
Risk Pool Funding	\$0	\$0	\$577,224	\$776,003	\$2,174,960	\$0
CBC Operations "Back of the Bill" Funding	\$0	\$828,155	\$0	\$1,570,948	\$1,359,137	\$0
Other Amendments to Initial Allocations	\$140,811	\$266,114	\$768,939	\$424,676	\$0	\$0
Amended Core Services Funding	\$25,678,234	\$26,743,847	\$27,127,611	\$29,287,980	\$31,302,709	\$28,815,058
Funding not defined as Core Services Funding						
Independent Living (IL and Extended Foster Care)	\$994,718	\$1,055,921	\$1,394,979	\$1,394,979	\$1,394,979	\$1,394,979
Children's Mental Health Services (Cat 100800/100806)	\$421,235	\$421,235	\$421,235	\$421,235	\$421,235	\$421,235
PI Training, Casey Foundation or other non-core svcs	\$0	\$0	\$0	\$57,320	\$243,579	\$941,119
Safety Management Services (Nonrecurring)	\$199,188	\$0	\$199,188	\$199,188	\$0	\$0
Total at Year End	\$27,293,375	\$28,221,003	\$29,143,013	\$31,360,702	\$33,362,502	\$31,572,391
Maintenance Adoption Subsidy (MAS)	\$8,201,856	\$8,871,660	\$9,517,167	\$10,417,535	\$11,039,375	\$11,920,177
Guardianship Assistance Payments (GAP)				\$40,101	\$90,101	\$173,887
MAS Prior Year Deficit						
Carry Forward Balance from Previous Years	\$549,310	\$475,457	\$49,199	\$328,831	-\$830,631	-\$151,871
Total Funds Available	\$36,044,541	\$37,568,120	\$38,709,379	\$42,147,169	\$43,661,347	\$43,514,584

In FY 2018-2019, FY 2019-2020 and FY 2020-2021, NWFHN received risk pool funding. Additionally, in FY 2017-18, 2019-20 and FY 2020-21, NWFHN received "Back of the Bill" funding for operating deficits. In FY 2020-21, NWFHN had a carryforward deficit of \$151,871.

Allocation of New Funding for Caseload 1 to 17 in State Fiscal Year 2020-2021 (Table 1)					
CBC Lead Agency	Current Level of Funding	% of Optimum Funding Before Allocation	Allocation of New Funding	New Level of Funding	% of Optimum Funding After Allocation
Big Bend CBC dba Northwest Florida Health Network	27,835,031	90.4%	363,641	28,198,672	91.4%
Brevard Family Partnerships	21,190,590	87.1%	373,008	21,563,598	88.8%
Childnet (Circuit 17)	60,818,442	95.6%	296,310	61,114,752	96.6%
Childnet (Circuit 15)	34,886,015	89.3%	511,688	35,397,703	90.4%
Children's Network of SW FL	37,774,164	67.8%	2,165,220	39,939,384	71.6%
Citrus Family Care Network	77,376,515	117.0%	0	77,376,515	117.4%
Communities Connected for Kids	23,854,417	96.6%	104,872	23,959,289	96.9%
Community Partnership for Children	28,328,507	74.5%	1,171,780	29,500,287	77.5%
Eckerd Community Alternatives (Circuit 6)	50,610,140	65.4%	*4,371,313	54,981,453	70.9%
Eckerd Community Alternatives (Circuit 13)	60,277,503	73.4%	*3,863,739	64,141,242	78.3%
Embrace Families	61,938,655	101.1%	0	61,938,655	101.0%
Families First Network	37,820,641	72.1%	1,757,925	39,578,566	75.5%
St Johns County	5,024,545	71.5%	243,478	5,268,023	74.7%
Family Support Services of North Florida	39,009,868	88.7%	615,527	39,625,395	89.8%
Heartland for Children	36,231,773	82.5%	935,158	37,166,931	84.4%
Kids Central	42,246,842	78.0%	1,424,759	43,671,601	80.7%

Kids First of Florida	7,426,216	72.3%	347,084	7,773,300	75.3%
Partnership for Strong Families	25,000,080	87.7%	434,325	25,434,405	88.9%
Safe Children Coalition	24,765,387	71.2%	1,203,895	25,969,282	74.7%
Total	702,415,331	83.8%	20,183,722	722,599,053	87.0%

NWFHN is funded at 91.4% based upon the Florida Funding for Children Model (FFFC). This is the fifth highest funded CBC in the state.

Core Services Expenditures by Category

Reported Expenditures by Fiscal Year	FY16-17	FY17-18	FY18-19	FY19-20	FY20-21
Administrative Costs	\$1,601,258	\$952,588	\$1,883,828	\$2,168,845	\$1,943,553
Admin Cost Rate (Exp as % of Total Allocations)	4.5%	2.6%	4.9%	5.2%	4.4%
Core Services Expenditures					
Dependency Case Management	14,919,799	13,767,759	13,619,821	18,440,007	17,788,456
Adoption Services Promotion & Support	1,473,435	1,405,500	1,306,315	1,238,334	1,398,792
Prevention/Family Support/Family Preservation	2,119,239	1,794,106	1,387,987	1,769,675	1,866,945
Client Services	792,218	1,793,522	1,673,285	993,874	999,506
Training - Staff and Adoptive/Foster Parent	969,906	1,532,114	1,648,849	430,647	347,568
Licensed Family Foster Home (Level I Child Specif	0	0	0	123,865	689,126
Licensed Family Foster Home (Level II-V)	1,318,343	1,434,680	1,662,745	2,376,081	2,467,324
Licensed Facility Based Care	3,393,602	4,441,854	5,016,427	4,781,639	4,588,327
Services for Victims of Sexual Exploitation	0	0	0	7,295	5,364
Safety Management Services	76,269	140,085	303,571	345,919	414,676
Other	0	0	0	0	0
Core Services Expenditures	25,062,811	26,309,620	26,619,000	30,507,336	30,566,086

When comparing core service expenditures by category, FY 2019-20 had a significant increase in dependency case management from \$13.6M to \$18.4M representing a 26.1% increase. Prevention/Family Support/Family Preservation spending increased by 21.5%. Safety Management Services had a 13% increase. Prevention and safety management services expenditures increased again in FY 2020-21. Prevention expenditures were up 5% and safety management services expenditures were up 20%. Level 1 Foster Home expenditures were up 456% in FY 2020-21 due to significant increase in the number licensed. Case management costs decline 4%.

No findings were identified in the most recent CPA audit for June 30, 2020. The June 30, 2021 Audit was not available at the time of this report.

FY 2021-22 Financial Viability Plan

In their design and instruction for the Financial Viability Plan (FVP) templates, DCF requested that CBCs identify their actions to address three primary cost drivers:

1. Factors related to entries into care

2. Factors related to the cost of children while in care
3. Factors related to exits from care

NWFHN's FVP contains actions to address the three primary cost drivers affecting their financial position. The specific actions include:

- Increase in-home case management cases across Circuits 2 and 14.
- Partner with internal and external stakeholders to identify and overcome barriers to keeping children safe in their homes.
- Increase support to relatives/non-relatives to stabilize placements.
- Executive Leadership oversight to minimize children in group care due to capacity limitations, delays in home studies for relatives/non-relatives in Florida and via the ICPC process.
- Maintain Discharge Planning Team/Champions protocol.
- Increase the number of children in licensed care exiting to a kinship home.
- Maintain Level 1 licensed homes and increase as workforce allows.
- Implement a NWF Health Network enhanced rate system for licensed foster parents
- Decrease out of home care with timely and safety reunification by prioritizing Conditions for Return discussions.
- Decrease the number of children permanently commuted by achieving adoption timelier.

The cost savings identified in the FVP are reflected in budget projections.

6. Findings related to overall management.

- Sources: ([CBC Contract Monitoring Report](#), Financial Viability Plan)
- Summary below, [CBC Contract Monitoring Report](#) – Sections 4 and 11, and the Financial Viability Plan for more details.

- 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?**
- 6.2. How actively and effectively does Lead Agency management track programmatic performance and fiscal performance?**
- 6.3. What actions have been taken by the Region and/or the Lead Agency to resolve the fiscal issues without accessing the Risk Pool? What further actions are planned?**

Follow up to FY2020-21 Risk Pool Recommendations.

Recommendation	Action/Update
<p>NWFHN should continue its efforts to stabilize and improve the case manager and supervisor retention and reduce caseloads.</p>	<p>NWF Health Network has been working with a team of Lead Agencies, case management organizations and The Florida State University's Center for Human Resource Management focused on retention of case managers statewide. NWF Health Network has utilized Lead Agency resources to assist our case management organizations in stabilization of resources in three of our four quadrant areas. While retention is still higher than desired the first Quarter of Fiscal Year 2021/2022 is promising with all four quadrants below normal turnover averages. Caseload reduction has been a priority over the last year. The additional resources provided by the Lead Agency in three of our four quadrants, planned activities around in home cases and Conditions for Return discussions have created successes in overall caseload numbers. All but one quadrant are currently experiencing manageable caseloads. As part of NWF Health Network's case management procurement the budget and case management FTEs were evaluated utilizing historical data trends. This has created the need for more case management in one quadrant and a reduction in FTEs in two quadrants. This should help in caseload reduction efforts, as well.</p>
<p>NWFHN should work with their partners to focus on closing cases; particularly cases in which parental rights have been terminated. The Team recommends putting a Judiciary workgroup together to assess why cases are not moving through the system towards permanency in a timely manner. The team should include CLS, Guardian Ad Litem (GAL), Case Management, and Judges.</p>	<p>Northwest Regional Managing Director, Walter Sachs, and Chief Executive Officer, Mike Watkins, reached out to the judiciary in Circuit 2 and 14 to initiate further discussions related to a Judiciary workgroup. Due to recent changes in Judiciary and upcoming changes in Judiciary the response to such has been different and delayed. Outside of the Judiciary all parties: case management, Guardian ad Litem, Children's Legal Services, Child Protective Investigations have all been supported of the workgroups. November 19th is our first scheduled discussion in Circuit 2. Circuit 14 is still pending based on an upcoming change in Dependency Judge. Cases not moving through the judicial system is specific to Circuit 14 and not specific to the Dependency system. Two additional judges, one specific to Dependency,</p>

Recommendation	Action/Update
	will be added to the Circuit effective January 2022.
Continue efforts to lower group care costs which was trending in right direction but have since flat lined.	<i>A priority focus last Fiscal Year for out of home care was children and youth in group care. Implementing multiple strategies NWF Health Network and our sub-contracted providers were able to achieve a remarkable reduction in the number of children and youth residing in group care. 102 to 63. Our intense focus on staffings at the frontline level between placement, licensing and case management; assigned Champions to the highest cost children and youth in group care; expansion of our licensed home capacity; and executive leadership focus on virtual meetings with placement, licensing, case management and adoptions led to the reduction in our deficit.</i>
Continue efforts to build front-end prevention diversion efforts in order to give relief on back-end dependency cases that need to achieve permanency.	NWF Health Network is re-setting child protection in Fiscal Year 2021/2022 to create a system that better meets the needs of the families we serve. As we procure all of our child protection sub-contracts via a four step process this year one of the steps is specific to front-end prevention diversion efforts. NWF Health Network's success in receiving Federal and State grants via child protection and managing entity have allowed the implementation of several Evidence Based Practices (Federal Clearinghouse) in our twelve-county area. Using the successes of those programs or lessons learned puts us in a better posture of understanding what our families need and where gaps may exist.
Continue to identify and refine specific measurable goals for each action and focus on achieving the goals of the Financial Viability Plan.	NWF Health Network met all goals set forth in the 2020/2021 Financial Viability Plan. In the 2021/2022 Financial Viability Plan we will continue many of the activities and have added specific activities related to Conditions for Return and Permanently Committed children and youth, as well as others, which we believe will garner the same success as last year.

7. Other factors or considerations noted on the application or determined relevant by the Peer Review Committee.

NWFHN has received supplemental state funding from risk pool and funding for operating deficits the past four years for a total allocation of \$7,286,427.

8. Provide a detailed analysis of the projected Return on Investment (ROI) in terms of future cost avoidance, reduction in Out of Home Care, increase in prevention in-home services, reduction in removals or other related factors.

NWFHN did not provide specific calculations for ROI.

The following was submitted by NWFHN:

“The Risk Pool funds designated to NWF Health Network will be used to address the increased Department negotiated and approved residential bed rates in our out of home care budget and increase costs in Level 1 staffing as a result of FFPSA implementation without receiving the additional funding appropriation.

Out of home care, specifically group care, drives the majority of NWF Health Network’s deficit. Our goal is to achieve and maintain no greater than 50 children or youth in group care. This would be a 79 children and youth reduction since June 2018 and a 52 children and youth reduction since June 2020. Our intense focus on staffings at the frontline level between placement, licensing and case management; assigned Champions to the highest cost children and youth in group care; implementation of our Family Finder program; and executive leadership focus on virtual meetings with placement, licensing, case management and adoptions has and will continue to reduce our deficit. However, the success NWF Health Network has had over the last year in reducing group care placements is null with the significant increased rates the Department negotiated with our providers. While the number of children and youth was dramatically reduced our cost no longer has the positive financial impact.

NWF Health Network’s success in licensing Level I placements over the last FY will continue to be a priority however the ability to license new families and relicenses existing families has created an added workload to the Level I team.

Other activities which will lend to financial accountability are listed in our Financial Viability Plan. A system focused on an in-home population versus an out of home population will benefit families, workforce and budget. Each of the activities is measurable and achievable.”

9. The areas identified above are illustrative of the expected areas for review and analysis, but additional factors may be identified in the application or suggested by findings during the course of the Peer Review Committee’s work.

Summary of Findings:

Based on the information reviewed the Risk Pool Review Committee was able to affirm the following:

- NWFHN is funded at 91.4% of optimum funding which is 5th of 19 CBC contracts based on the Florida Funding for Children model.

- NWFHN achieve the 40% goal of all relative and non-relative placements as child specific licensed Level I foster homes in July 2021. As of mid-October, they had 45.02% licensed which exceeds the statewide average of 37.54%.
- NWFHN funded Level 1 licensing specialist positions at a total cost of \$706,799. This is above the funding provided by DCF in the amount of \$471,902.
- NWFHN has higher case manager turnover and average caseload currently than last year.
- In FY 2020-21, NWFHN implemented many successful strategies that made a positive impact on reducing the number of children in group care by 37% from 102 to 64. However, in June 2021, they self-identified 19 children that were in a residential group home setting that would not qualify for federal reimbursement under FFPSA changes in October 2021 if they were not grandfathered in.
- NWFHN reduced their administrative costs to below 5% in FY 2020-21.

Risk Pool Allocations:

The Peer Review Committee discussed, debated and struggled with the decision of whether NWFHN met the requirements of the statute for use of risk pool funding based upon the information provided in their application.

In last year's risk pool application, NWFHN included the same request to fund the recurring cost of adding licensing and eligibility staff for the Level I Foster Home licensing process and last year's Peer Review Committee did not find that this met the criteria in effect that the decision to hire more staff than the funding provided was within the control of the lead agency. In this year's application, NWFHN made the same request of \$234,897. It was also discussed that NWFHN did so in order to successfully meet the 40% goal of all relative/non-relative placements as licensed foster homes. This year the committee acknowledged NWFHN's efforts and decided that this specific request should be funded by risk pool.

The remaining \$1,373,799 was based upon budgets submitted by four specific child caring agencies (residential group care providers) as part of the requirements for the DCF licensing process. One such budget was accepted by DCF as a rate not to exceed bed rate while three other budgets which have not finished a review process. The primary reason for the budgets were to identify Title IV-E allowable maintenance costs, Title IV-E allowable administrative costs and services costs ineligible for Title IV-E reimbursement to reduce the risk of federal disallowance during an audit. For providers who are seeking licenses for FFPSA specified settings, there is an expectation that costs will increase as they move to a treatment model of care. The committee was split on the issue of whether this met the requirements for risk pool funding due to the speculative nature of the request and the method of calculation of this request.

The Peer Review Committee found that NWF Health Network qualifies for risk pool.

The expenditure of approved risk pool funds is based on relevant and verifiable service trends and changes that have occurred during the current fiscal year. The applicant's financial need is

caused by circumstances beyond the control of the lead agency management. The use of risk pool funds meets at least one of the purposes specified in section 409.990 (7)(c), F.S. (2021).

The request amount was adjusted for the following:

- Reduced the out-of-home care estimated increase by NWFHN from residential group care providers in their budget submitted as part of the DCF licensing process but not approved by the Department of Children and Families.

Recommendations:

1. NWFHN should continue its efforts to stabilize and improve the case manager and supervisor retention and reduce caseloads.
2. NWFHN should continue efforts to lower group care placements which is trending in right direction.
3. Based upon self-reported data in June 2021 from NWFHN, they had 19 children in residential group care that do not meet the FFPSA specified setting criteria to be eligible for Title IV-E reimbursement. NWFHN should continue to focus on efforts to find the appropriate setting in foster homes for children who do not meet the FFPSA criteria.