

Risk Pool Funding Application

Please complete all items and submit electronically to the Regional Managing Director. Upon review and concurrence of the Risk Pool Request, the Regional Managing Director will submit the application and all supporting documentation to the Assistant Secretary for Child Welfare and copy the Deputy Secretary for the Department, Assistant Secretary for Operations, the Lead Agency Chief Executive Officer/Executive Director, Regional Family and Community Services Director, Department CBC Contract Manager and the Florida Coalition for Children Fiscal Committee. No hard copies, please.

Lead Agency Name: Brevard Family Partnership

Region: Central

Address: 2301 Eau Gallie Blvd, Suite 104, Melbourne, FL 32935

Contract#: GJ401

Lead Agency Contact: Jim Carlson

Phone#: 321-752-4650

Contract Manager: Amy Hammett

Phone#: 407-317-7300

Section I – Reason for Potential Risk Pool Funding Request.

Please check the reason(s) for the potential request under the appropriate criterion below (Items 1-5).

1. Significant changes in the number or composition of clients eligible to receive services.
Describe in detail the previous year through current fiscal year-to-date's service trend data.

Over the past twenty-four months, Brevard Family Partnership has experienced a significant increase in the number of children served by the System of Care.

2. Significant changes in the services that are eligible for reimbursement.
3. Significant changes in the mix of available funds.

The increased demand for needed services comes at the conclusion of five consecutive years of reallocation of core funding away from the Brevard System of Care as a result of the change in the Equity Allocation Formula.

4. Continuity of care in the event of lead agency failure, discontinuance of services, or financial misconduct.
5. Other reason(s) not included in Items 1-4.

Section II – Details of the Relevant and Verifiable Service Trends and Changes that have Occurred Upon which this Request is Based

(1) From the statements in Section I, reiterate what the problem definition is and the reason for applying to the shared risk pool.

Brevard Family Partnership is applying for shared risk pool funding as part of a multipronged approach to remedy the financial shortfall endured through the combination of progressive reduction in core funding and an increase in children entering out of home care.

Reduction in Core Funding

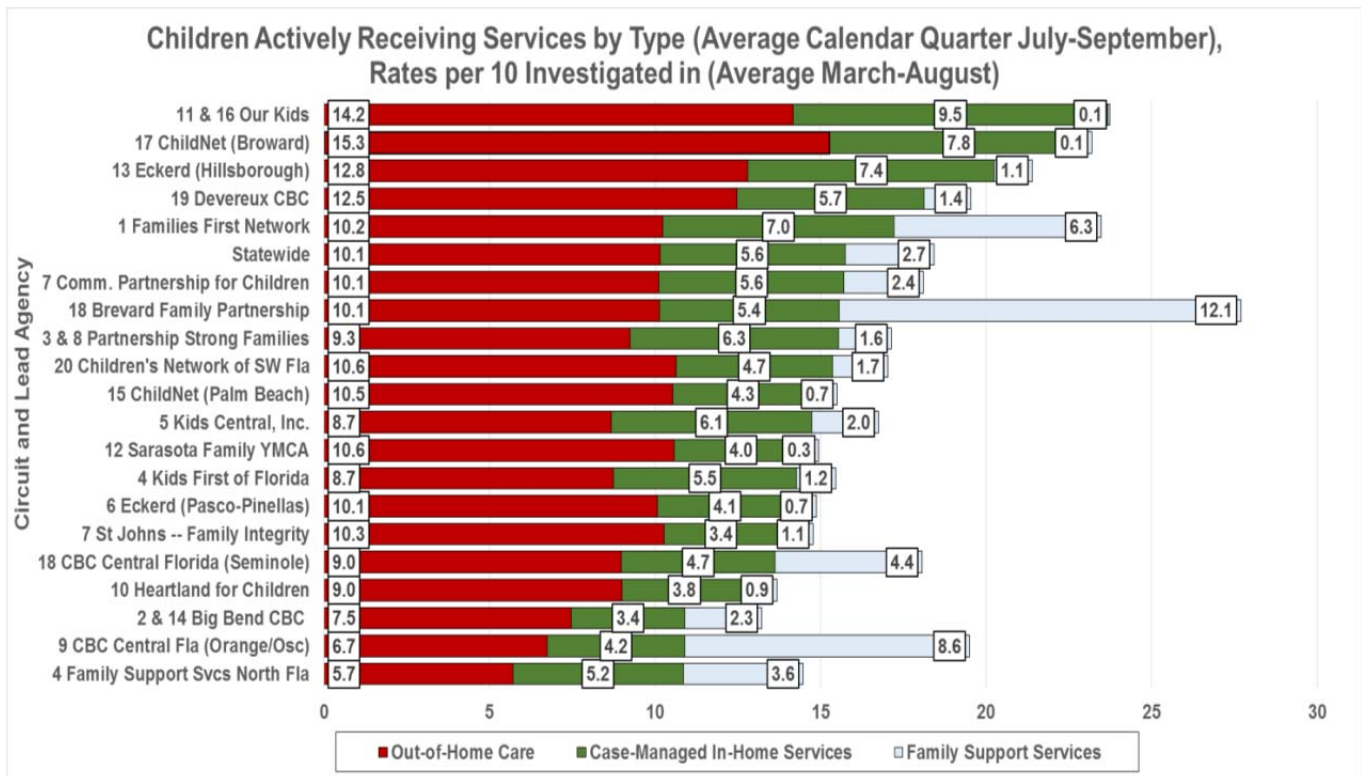
In 2011, Brevard Family Partnership (BFP) experienced a reduction in core funding when the Equity Allocation Formula was enacted into law. The Equity Allocation Formula (EAF) failed to recognize and adequately account for children served through diversion services, which was the cornerstone and driver for the successful transformation of the Brevard System of Care. The 2011 Equity Allocation Formula apportioned funding to Community Based Care Lead Agencies based upon the percentage of children in out of home care and judicial in-home protective services, hotline workload, and child population. The change in the funding formula placed BFP at a disadvantage, because the Brevard System of Care was designed to divert dependency involvement, whenever possible, while still delivering a full service array and care coordination to families referred through the front end continuum of care. This enabled BFP to serve more children and families over shorter periods of time with better outcomes at a much lower cost; thereby ensuring a greater return on investment using funds entrusted to BFP by Florida taxpayers. In essence, BFP was penalized for designing a System of Care that has been empirically validated to safely divert at risk children and their families by serving them more efficiently and effectively.¹

The change in Funding Allocation methodology enacted into law in 2011, using an Equity Formula that failed to adequately account for the children and families served through the prevention, diversion and the family support component of the BFP continuum of care, has contributed to the adverse financial impact to the Brevard System of Care. Families who were not adequately represented in the new formula contributed to a cumulative loss of funding to the Brevard System of Care of over \$5 million dollars over the past 5 years.²

Additionally, based on the sheer volume of children strategically diverted from entry into the system and served through C.A.R.E.S. as its gatekeeper (as part of its risk management approach), BFP would have received increased funding as BFP has significantly exceeded its peers in the delivery of family support services as demonstrated in the Child Welfare Key Indicators Monthly Report – December 2015; DCF Office of Child Welfare, Performance and Quality Management.

¹ Reducing Risk: Families in Wraparound

² Reduction in Core Funding Calculation was validated by the DCF Back of the Bill Funding Committee / Analysis of Funding Application for CBC Brevard



Source – Child Welfare Key Indicators Monthly Report – December 2015; DCF Office of Child Welfare, Performance and Quality Management

The flaw in the metrics used in the design of the EAF and subsequent failure to provide BFP with sufficient funding to operate the Brevard System of Care as designed along with any variances that may occur, has led to multiyear cumulative modifications enacted as cost containment measures. In essence, BFP has lost funding as the reward for its success and innovation; and early adoption of best practices that are currently being implemented and promoted today through the CBC Council proposed CBC Funding Allocation Formula for FY 2015/16³, DCF’s Family Support Services Policy Paper,⁴ and the Florida Legislature.⁵ FSN functionality will be used to document all “Family Support Services” provided to families; services that the Brevard System of Care has been providing without recognition in funding formulas since 2005. While many CBC Lead agencies will now have to shift and redesign their System of Care to address the newly released requirements of delivering Family Support and Safety Management Services and entering the data into FSN, BFP has been delivering and documenting these services all along and has lost funding for doing so. Only now, in 2016, if approved by the Legislature, will the metrics used in the EAF more reasonably reflect the workload and costs associated with providing services to all children and families within the Brevard System of Care.

BFP successfully adapted its system and infrastructure to manage the reduction of funding until the problem was further compounded over the past twenty-four months (as a result of the implementation of the DCF Safety Decision Making Methodology), with the increase in children entering and placed in licensed out-of-home care, which as a result of the 5 year reduction in funding BFP absorbed, was unable to remedy in spite of rigorous

³ CBC Council Funding Allocation Formula October 2015

⁴ FSN Utilization Position Paper – Family Support, Version 3, January 20, 2016

⁵ House Bill 599

attempts to do so as outlined in Section 5 of this application.

Increase in Children served in Out-of-Home Care

Beginning in 2014, concurrent to the implementation of the DCF Safety Decision Making Methodology, BFP experienced an unprecedented increase in out-of-home placements, coupled with an increase in the per child cost of children in licensed out-of-home care placements. Specifically, from the time period of December 2013 through November 2015, there has been a 28.7% increase in children placed in licensed out-of-home care.⁶ Prior to the enactment of the EAF, which directed money out of the Brevard System of Care, BFP successfully managed any variances that arose by redirecting resources saved through efficiencies associated with operating a front end continuum of care that diverted entry into the dependency system at a much higher per child cost. In spite of the fact that BFP successfully operated a robust front end service delivery system for over 9 years that safely diverted and served children and families referred by DCF, once the methodology was fully implemented the sheer volume of children being removed greatly increased while at the same time the C.A.R.E.S. program referrals also increased as demonstrated in the BFP Children Served 2005 – FY 2014/15 table below.

Increase in Children served through Prevention and Diversion Services

BFP proactively designed a comprehensive System of Care with a continuum of front end family support and intervention services able to safely serve children and families referred by DCF for non-judicial and diversionary services. When the equity allocation formula model was approved and implemented, the children and families served through the Brevard C.A.R.E.S. program were largely unaccounted for, thereby creating hardship to the Brevard System of Care. The intent and success of the Brevard C.A.R.E.S. program has directly contributed to the reduction in the number of children formerly in the Dependency system, and subsequently directly led to core funding transfers away from the Brevard System of Care as children and families receiving non-judicial family support services were not adequately reflected in the allocation formula.

BFP Children Served 2005 – FY 2014/15

Fiscal Year	Judicial (Children)	Family Support (Children)	Total Children Served
Start-up July 2005	1,176	0	1,176
FY 2005/06	1,302	521	1,823
FY 2006/07	1,215	920	2,135
FY 2007/08	1,032	1,530	2,562
FY 2008/09	823	1,810	2,633
FY 2009/10	692	2,161	2,853
FY 2010/11	731	2,251	2,982
FY 2011/12	967	1,853	2,820
FY 2012/13	643	2,343	2,986
FY 2013/14	627	1,874	2,501
FY 2014/15	946	2,415	3,361
Total	10,154	17,678	27,832

Source: C.A.R.E.S. caseload data from C.A.R.E.S. Referral Logs (2005-2009/10), Mindshare/PSAM (2009/10-2013/14), FSFN (2013/14 -)

The proposed CBC Funding Allocation Model for FY 2015/16⁷ supports inclusion of Brevard C.A.R.E.S. cases, validating BFP’s approach, however, the Brevard System of Care has essentially suffered financial reductions over the past five years for implementing a proactive approach to serving the community to ensure the greatest return on investment possible while keeping children and families safe, together and at home in their community. While

⁶ Clients Trend Tab from Contract Oversight (CO) View Report

⁷ CBC Council Funding Allocation Formula October 2015

the proposed shift in funding allocation is an initial attempt to remedy the shortcomings with past allocation formulas, it does not sufficiently account for the population served or restore the over \$5 million dollar reduction in funding lost to the Brevard System of Care.

Despite efforts to mitigate the loss of funding and absorb the increase in children served, Brevard Family Partnership is projecting a significant deficit and requires \$2,733,131 in shared risk pool funding to address the current fiscal year deficit.⁸ The total projected deficit in AB funds is \$2,973,122. BFP is projecting to use \$239,991 surplus that represents AB funds moved to cover Independent Living programs. This would reduce the projected deficit to \$2,733,131.

(2) State how and why the underlying circumstances that resulted in this need are beyond the control of the Lead Agency management. Justify the determination that the current operating shortfall cannot be reasonably expected to be effectively managed by the lead agency.

Over the past twenty-four months, as a result of the DCF Safety Decision Making Methodology implementation Brevard Family Partnership has experienced a significant increase in the number of children served by the System of Care. The increased demand for needed services comes at the conclusion of five consecutive years of reallocation of core funding away from the Brevard System of Care as a result of the change in the Equity Allocation Formula.

BFP strategically designed a continuum of care from entry to exit, placing an emphasis on developing a full front end continuum of services to provide intensive care coordination, family team conferencing, and access to the same array of services as those served in the dependency system. This was a strategic effort to more efficiently and effectively manage and serve the historical number of children served by DCF prior to transition. When funded at the level BFP negotiated with DCF to operate the Brevard System of Care, BFP successfully managed its risk, including variance in the mix of children served, and was able to responsibly invest in capacity building, while retaining funding to offset any margin of risk resulting from unanticipated and uncontrollable variances that arose.

The failure for the EAF to accurately account for over 8,400 children and their families served by BFP during this time period, has directly resulted in a substantial reduction of the funding necessary to deliver foster care and related services as specified under DCF contract GJ401. Had these children been recognized in the Florida's SACWIS system and included in the Equity Allocation Formula, not only would BFP have received the necessary funding to provide services to the entire population of children and families receiving case management, diversion, and family support services, it would have also afforded BFP sufficient resources to account for a margin of risk to manage any variance that should arise, as it had always done prior to the shift in funding allocation.

It wasn't until after BFP experienced the cumulative recurring loss of funding over a 5 year period of time that the situation was compounded by the concurrent increase in the number of children served in out-of-home care and through Brevard C.A.R.E.S., and the change in the disposition of cases that BFP began to experience a financial shortfall and had diminishing resources available to adequately absorb the increased costs of operating the System of Care.

Challenges with the Mix in Funding

⁸ Updated FY1516 Projection for Risk Pool Funding

In reviewing the Schedule of Funds for BFP dated July 1, 2012, and the most recent, Schedule of Funds for BFP dated October 29, 2015, there has been a 3.2% reduction in AB funding - that can be used anywhere within the System of Care.⁹ During the same time period, all activity specific funds (Section C funds) have remained constant with the exception of annual increases in Maintenance Adoption Subsidy; and this fiscal year the addition of IV-E training funds, which again have specific activities tied to their use.

Additionally, BFP is experiencing challenges with the funding mix in two categories. BFP projects to return approximately \$200,000 in funding in 2 OCAs; Independent Living Scholarship (CHFSS) and Title IV-E Training (TRCOR).¹⁰

- Independent Living Scholarship Funding - BFP received \$69,864 in the CHFSS OCA, and only has one youth eligible to receive this funding, and projects to have \$54,792 in unspent funds this fiscal year.
- Title IV-E training - BFP anticipates having \$150,000 in unspent TRCOR OCA this fiscal year, despite efforts to identify eligible expenditures and training opportunities for child welfare staff.

Approaches to Mitigate Funding Reductions

In order to judiciously and responsibly manage the impact of the funding reductions experienced, over the past five years, BFP has enacted a series of administrative cost containment strategies, instituted system initiatives, pursued non-recurring special appropriations, and responded to grant opportunities to offset the reduction in core funding and ensure service availability through the System of Care.

- Administrative Reductions – BFP initiated cost containment reductions (consolidation of contracts, elimination of Lead Agency positions) while have provided an annualized savings of \$1,950,042.43. Details of the administrative reductions are outlined in Section 5 of this application.
- Funding Diversification Approaches – BFP pursued opportunities to diversify funding and increase resources for the System of Care (special appropriation requests, grants). In 2014-2015, the total amount of additional funding pursued to mitigate the reduction in core funding \$4,609,263. However, BFP only received \$1,696,184. Details of funding requests and outcomes are outlined in Section 5 of this application.

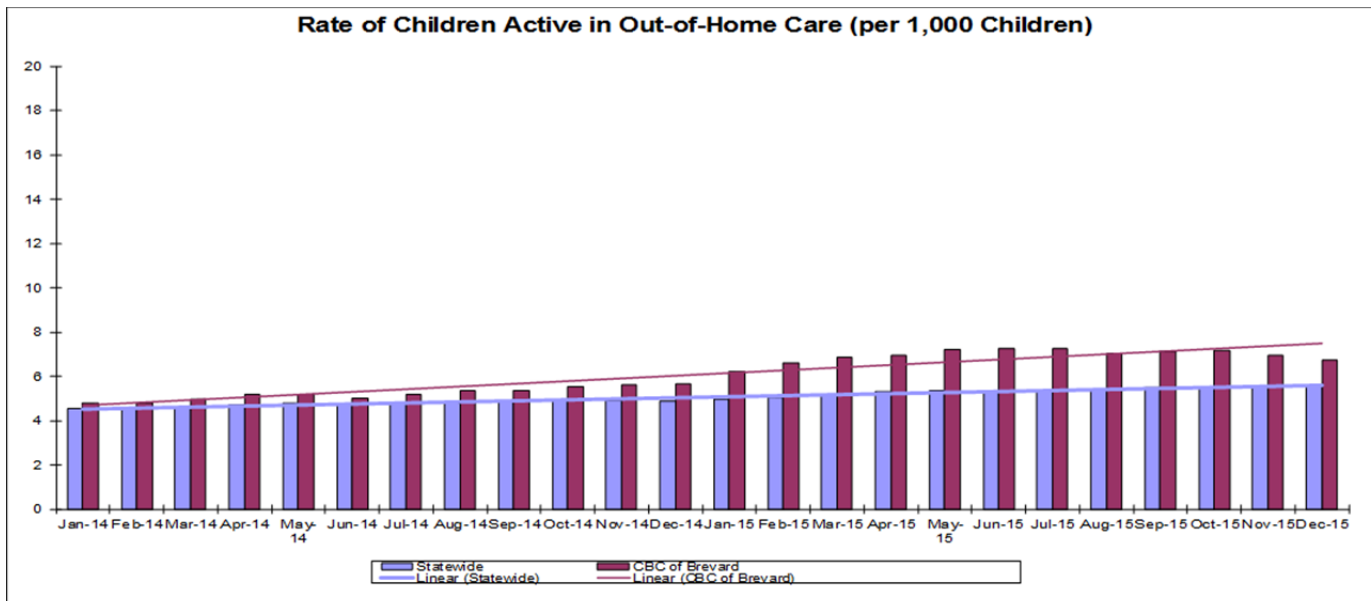
Increase in Children Served / Removal Trend

Since implementation of Safety Decision Making Methodology (SDMM) in March 2014, the Brevard System of Care has experienced an increase in children in out-of-home care placement at a higher rate than the statewide average.

⁹ BFP Schedule of Funds Attachment IIA 2012, 2015

¹⁰ CO View Tab from CO View Report

Rate of Children Active in Out-of-Home Care (per 1,000 Children)



Data	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Rate of Children Active in Out-of-Home Care (per 1,000 Children)																								
Statewide	4.52	4.57	4.60	4.72	4.81	4.76	4.80	4.81	4.85	4.94	4.91	4.90	4.96	5.07	5.16	5.30	5.38	5.35	5.37	5.40	5.46	5.53	5.51	5.53
CBC of Brevard	4.79	4.80	4.96	5.19	5.19	5.01	5.18	5.33	5.35	5.54	5.63	5.67	6.23	6.61	6.88	6.94	7.19	7.23	7.24	7.02	7.12	7.15	6.95	6.71
Number Children Active in Out-of-Home Care During Month																								
Statewide	18331	18533	18665	19135	19507	19299	19464	19519	19663	20044	19927	19862	20302	20762	21129	21673	22004	21890	21975	22087	22358	22635	22556	22622
CBC of Brevard	501	502	519	543	543	524	542	558	560	579	589	593	652	692	720	727	753	757	758	735	745	749	728	703
Child Population																								
Statewide	4056414	4056414	4056414	4056414	4056414	4056414	4056414	4056414	4056414	4056414	4056414	4056414	4056414	4092790	4092790	4092790	4092790	4092790	4092790	4092790	4092790	4092790	4092790	4092790
CBC of Brevard	104806	104806	104806	104806	104806	104806	104806	104806	104806	104806	104806	104806	104806	104703	104703	104703	104703	104703	104703	104703	104703	104703	104703	104703

Note: Rates of Children Active in Out-of-Home Care which exceed 17.54 per 1,000 children will be truncated to 17.54 for display on the chart. Such values are outliers and skew the display. These values are accurately represented.

Source: Child Welfare Services Trend (Spinner) Report

While efforts have been initiated to reduce the number of children entering out-of-home care (Safety Management Services Team) and increase children exiting from out-of-home care (quarterly permanency targets), the impact of children entering the System of Care has placed significant financial strain and increased consumption of resources during a period of time where previous reductions in funding limited the ability of BFP to respond to such increases.

Increase in Licensed Out-of-Home Care Expenditures

Data reviewed on the Contract Oversight (CO) View report and the Center for Advancement of Child Welfare Practice website confirms the increase in the number of children in out-of-home care as well as the increase in monthly costs per child in licensed care (\$1,351 in FY 2013/14 compared to an average of \$1,953 through the first 5 months of FY 2015/16)¹¹. This increase is attributed to a combination of factors.

- **Closure of Country Acres Group Home** - In June 2014, Brevard County Government closed their group home in Brevard County, Country Acres, which primarily served teen boys and girls with the daily rate of this service being offset by county government funding that averaged \$570,000 per year from FY 2008/09 through FY 2013/14, when the home closed.¹² In essence, the Brevard System of Care lost a three-year cumulative \$1.7 million offset concurrent to the increase in out-of-home care and revenue lost from the enactment of the EAF. During the two years leading up to the group home closure, the census of children

¹¹ Avg Cost Per Child from DCF CO View Report
¹² Country Acres Revenues and Expenditures Last 5 years

requiring this level of care had dramatically decreased, resulting in the program being underutilized and ultimately closing. Shortly after the closure of the Country Acres group home facility the BFP out-of-home care census began to steadily increase. This required use of group care placement with providers whose rates were higher and attempts to negotiate reduced rates were unsuccessful as other CBC Lead Agencies paid the requested rate, and the closure of Country Acres strengthened their negotiating position.

- Transition of Child Placing Agency functions from a Contracted Provider to BFP - In 2012, in response to reductions in core funding, BFP procured the Child Placing Agency (CPA) contract, consolidating from four providers to a single provider. In March 2015, the contracted provider was placed on a cure notice for failure to maintain a network of qualified foster homes, and in April 2015, BFP accepted the provider’s request to terminate the contract effective June 23, 2015. At the request of the foster parent community and the inability to successfully procure and transition CPA responsibilities within sixty days, BFP assumed responsibility for recruitment and licensing of foster homes. During the transition period (April – July 2015), while the Brevard System of Care was experiencing an increase in children in out-of-home care, foster home capacity in Brevard decreased 12.5 %.¹³
- Increase in Utilization and Daily Rate at Crosswinds – The increase in children entering licensed out-of-home care - specifically group care - coupled with the closure of Country Acres triggered a significant increase in expenditures at Crosswinds Youth Services. Crosswinds operates a shelter for youth ages 10-17 in Brevard County. The increase in negotiated rate was a significant contributor to the increase in out-of-home care expenditures since July 2015.¹⁴

Time Period	Daily Rate	Avg # Youth served per month	Avg # Days Billed	Total \$ Spent
January – June 2015	\$135.00	17.2	15.6	\$295,985
July – December 2015	\$185.00	18.8	24.5	\$509,560

- Moratorium of New Medical Foster Care Placements – While the Brevard System of Care was experiencing the an influx of children into licensed out-of-home care, particularly infants¹⁵, the Department of Health and Children’s Medical Services placed a moratorium on new placements in medical foster homes beginning in November 2014 and extending intermittently through February 2016.¹⁶ During this period, BFP authorized home health nursing overlay services for eligible children. Since medical foster parents were unable receive the medical foster care rate as the program was unable to bill Medicaid, BFP paid an enhanced rate to existing medical homes with this training during the time period of December 2014 through May 2015, due to influx of children that required medical foster care. The moratorium is expected to be lifted March 1, 2016, however, should it be extended, BFP must continue to provide the enhanced medical foster care rate and the nursing overlay to maintain continuity of care for medically complex children. The total expenditures assumed by BFP during the moratorium has been is resulted in additional expenditures of \$53,430.20 (Nursing Overlay Expenditures \$22,430.80; Enhanced Foster Board Payments \$30,999.40).

BFP cannot be reasonably expected to effectively manage a \$2.7 million and growing shortfall partially resulting from DCF’s decision to transform the Florida Child Welfare System by implementing the new Statewide Safety Decision Making Methodology over which BFP had no control. BFP already experienced 5 years of funding loss and

¹³ DCF Central Region Number of Licensed Foster Home Beds, January 2016

¹⁴ BFP Contracted Group Rates

¹⁵ Analysis of Funding Application for CBC Brevard; validated a 95% increase in children 0-5, June 2013 – June 2015.

¹⁶ MFC Emails 3/4/15, 11/19/15, 12/4/15, and 2/5/16

shared the risk apportioned to it by implementing aggressive multiyear cost containment measures enacted long before BFP began to experience the impact resulting from the increase in the number of children entering into out-of-home care and being served through C.A.R.E.S. Of significance, the Brevard System of Care has not experienced a reduction in the number of children served to warrant a corresponding loss of funding, but rather simply serves children and families differently using an evidence informed, empirically validated comprehensive continuum and System of Care model and approach.¹⁷

BFP is at a critical juncture where it is left with little to no margin to further absorb additional losses apart from requesting Shared Risk Pool Funding. BFP has exhausted all reasonable measures available through:

- Annually reducing costs in its administration and associated administrative rate
- Reduction of the case management contract prior to the increase of children entering care
- Consolidation and reduction in allowable administrative rate of contracts
- Implementation of pilot programs to divert entry into out-of-home care
- Enhanced focus on diverting the Juvenile Justice population from entry into care and deep end placement
- Attempts to diversify funding revenues through application for appropriations and grants

BFP has identified and assessed additional cost containment measures available to address the current shortfall, as outlined in Section 6 of this application. However, it has concluded the long term impact of enacting such measures would have adverse future financial and programmatic implications that would negatively impact the long term viability of the Brevard System of Care.

(3) Describe and discuss the data-driven analysis to support this request. Include all relevant sources of data with the sources, dates, and time periods covered by the data clearly identified. (Send/attach electronic version whenever possible.) Incomplete data analysis will delay the application review process.

BFP has used data provided by the DCF Finance Department and Office of Child Welfare, to document and validate its analysis of the loss of core funding, the increase in the number of children in licensed out of home care placements, and the increase in the monthly per child expense of licensed out-of-home care.¹⁸

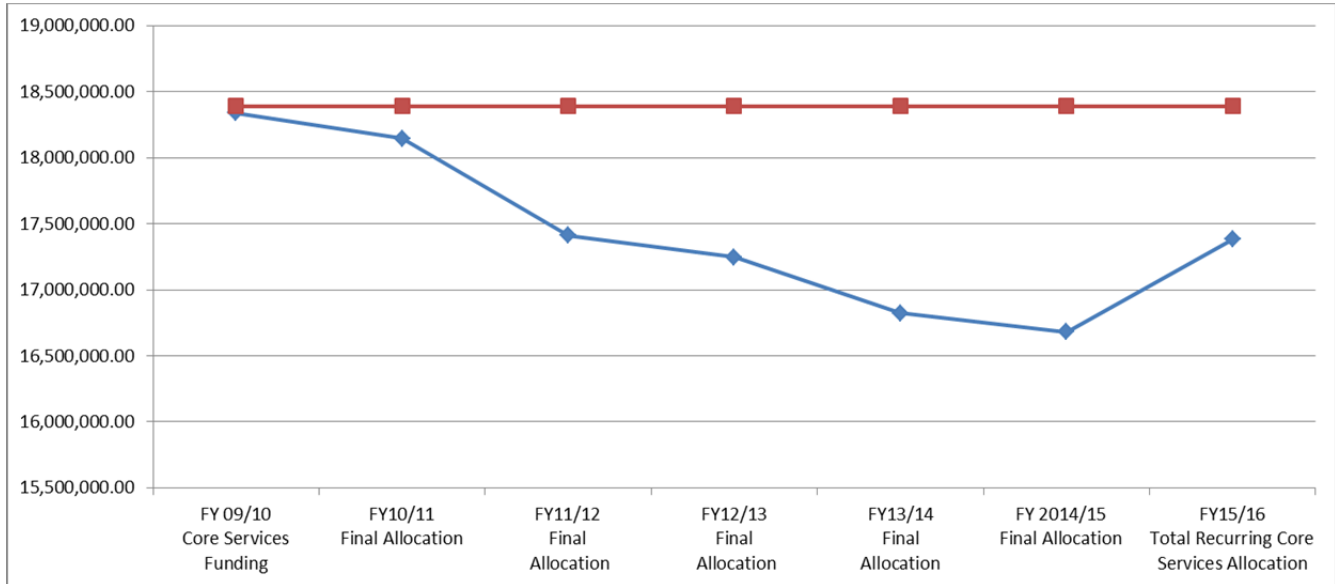
Core Funding

The Brevard System of Care has experienced a cumulative loss of over \$5 million in core funding over the past 5 years.

¹⁷ Reducing Risk: Families in Wraparound

¹⁸ DCF Back of the Bill Funding Committee / Analysis of Funding Application for CBC Brevard

Brevard Family Partnership Loss of Core Funding 2009/10 – 2015/16



Source: DCF FY 10/11 to FY 15/16 Recurring Core Funding History

If BFP’s core funding remained at a consistent level from FY 2009/10 through FY 2014/15, the Brevard System of Care would have received over \$5 million in additional core funding. This figure is derived by multiplying the core funding of \$18,338,225 over 5 years, compared to what was actually received.¹⁹

Fiscal Year ²⁰	Core Funding	Variance from prior year	Cumulative Variance
2009/10	\$18,338,225	--	--
2010/11	\$18,144,588	\$(193,637)	\$(193,637)
2011/12	\$17,412,431	\$(732,156)	\$(925,793)
2012/13	\$17,247,843	\$(164,588)	\$(1,090,382)
2013/14	\$16,822,176	\$(425,665)	\$(1,516,049)
2014/15	\$16,681,976*	\$(140,200)	\$(1,656,249)

*BFP received a one-time non-recurring special appropriation of \$1,500,000 (not reflected)

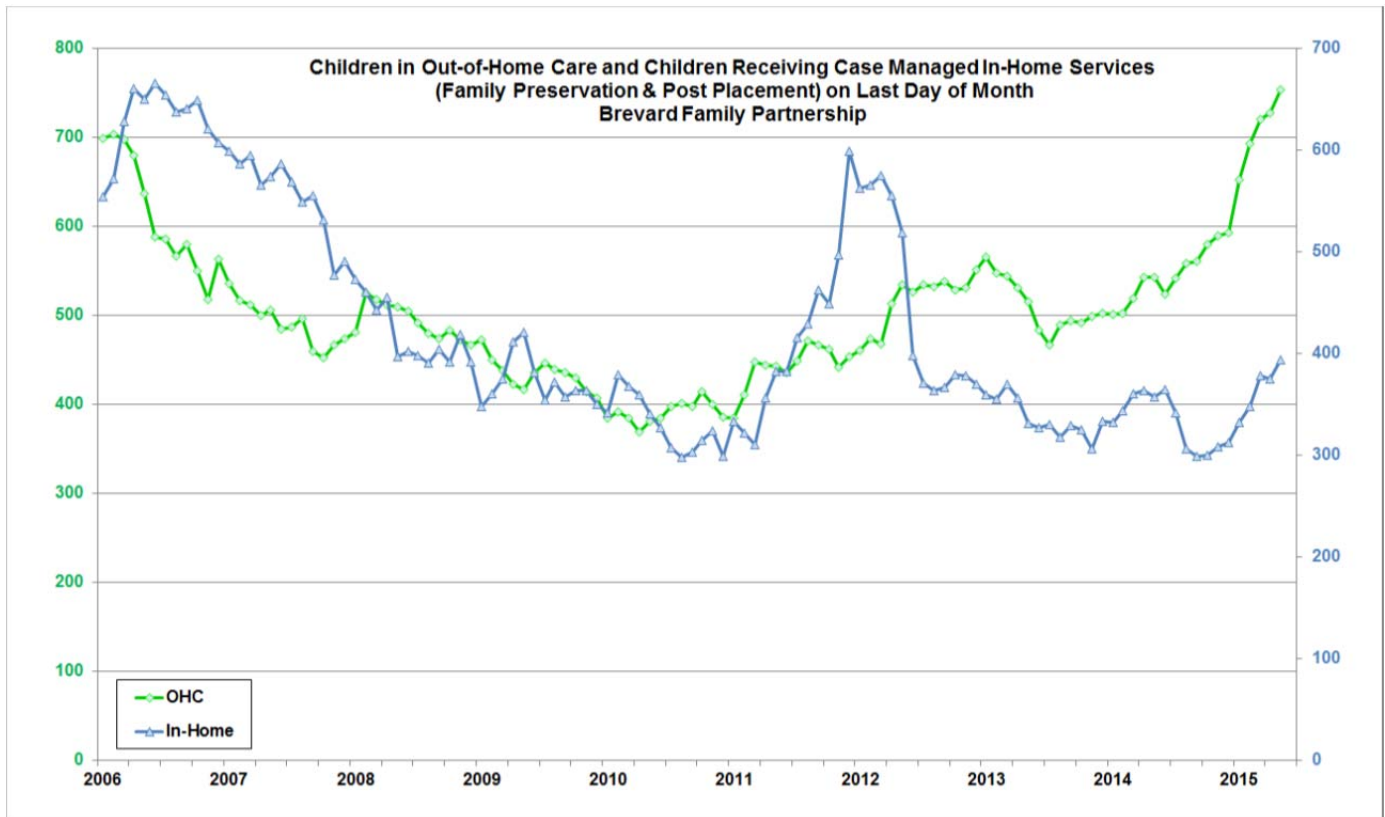
During this same period, the Brevard System of Care experienced an 8.2% reduction in core funding, while core funding to all CBC Lead Agencies increased 0.6%.²¹

¹⁹ DCF Back of the Bill Funding Committee / Analysis of Funding Application for CBC Brevard

²⁰ FY 2010/11 to FY2015/16 Recurring Core Funding

²¹ FY 2010/11 to FY2015/16 Recurring Core Funding

Increase in Children Served / Removal Trend



Source – DCF, CBC Lead Agency Trends and Comparisons, June 26, 2015

Beginning in 2014, BFP experienced an unprecedented increase in out of home placements, coupled with an increase in the per child cost of children in licensed out-of-home care placements.

Specifically, from the time period December 2013 through November 2015, there has been a 28.7% increase in children placed in licensed out of home care²². BFP reviews the number of children entering care on a weekly basis through our Operations meetings, and reviews all children entering licensed out-of-home care through bi-weekly shelter audits, completed in conjunction with DCF Protective Investigations, Children’s Legal Services (CLS), and IMPOWER Case Management.

The increase in licensed out-of-home placements resulted in a 42% increase in the number of children placed in group care. The overall increase in children placed in residential group care as a percentage of children in licensed care increased from 16.7% to 22% during the December 2013 through November 2015 period. Additionally, the per child monthly cost for licensed out of home care has increased 26.6% during the same time period.²³

²² Clients Trend Tab from DCF CO View Report

²³ Avg Cost Per Child from DCF CO View Report

The unprecedented increase in children in the dependency system, and specifically in out-of-home care contributed to increases in case management caseloads and adversely impacted care manager turnover.²⁴

Month	Care Managers (#)	Children Served (#)	Average Caseload (Children)	Care Manager Turnover % (prior month)
July 2014	45	858	19.1	70.3%
August 2014	43	836	19.4	73.6%
September 2014	41	830	20.2	82.4%
October 2014	40	824	20.6	88.9%
November 2014	43	849	19.7	80.0%
December 2014	50	843	16.9	75.3%
January 2015	56	871	15.6	71.2%
February 2015	55	948	17.2	75.3%
March 2015	54	1,014	18.8	75.5%
April 2015	53	1,050	19.8	76.3%
May 2015	52	1,074	20.7	71.1%
June 2015	52	1,118	21.5	69.8%
July 2015	48	1,091	22.7	56.2%
August 2015	45	1,082	24.0	63.5%
September 2015	42	1,120	26.6	65.9%
October 2015	40	1,093	27.3	60.0%
November 2015	56	1,128	20.1	51.0%
December 2015	53	1,127	21.3	56.0%

(4) When and how was the problem initially identified and communicated to the Regional Managing Director? (Attach documentation)

Since its inception, BFP has maintained strong communication, collaboration, and partnership with the Department of Children and Families at the local, regional, and statewide levels. BFP has had regular, ongoing communication with DCF leadership at all levels regarding the increase in children entering the system of care beginning in 2012. In September 2012, when the Brevard out-of-home care census first began to steadily increase and crossed the 10% threshold, the BFP CEO alerted the local DCF Operations Manager of the increasing number of children entering care. Based upon joint analysis and reviews, BFP agreed to fund a pilot for a family stabilization team to address the increase in removals. BFP contracted for a FAST team (Family Assessment and Stabilization Team) which became the precursor to the Brevard C.A.R.E.S. Safety Management Services Team (SMT).

Additionally, BFP has rigorously advocated over the past 10 years, at all levels, for the inclusion of all children served through the Brevard System of Care – who receive case management, care coordination and services regardless of their legal disposition- to be accounted for in the statewide automated information system (SACWIS) used to validate and report services provided to children and their families funded through the state and federal government. BFP was also an early adopter of the best practice in serving children and families on the front end of the system as outlined in the DCF newly prescribed CBC Family Support requirement guidelines in the *“January 20, 2016 DCF FSFN Utilization Position Paper – Family Support”* that specifies the process CBC lead agencies are to follow today. The shift in practice of tracking and reporting children served on the front end of the

²⁴ BFP Monthly Contract Measures Reports, July 2014 – December 2015; <http://brevardfp.org/data-and-performance-reports/> Data includes C.A.R.E.S. Non-Judicial Staff (6)

system follows years of lost funding to the BFP System of Care, despite multiple years of advocacy from BFP to accurately account for this critical population.

BFP was an early adopter of the Safety Decision Making Methodology (SDMM), transitioning the SOC for the early rollout in March 2014. During the weekly implementation meetings that occurred, it was noted and shared with DCF leadership that the number of removals was significantly higher compared to the prior eighteen (18) months under the old methodology.²⁵ Regular discussions regarding the increasing trend of children entering the dependency system and out-of-home care were held at the System of Care meetings in September, October, and November 2014.

The BFP CEO brought the increased trend to the attention of the DCF Regional Managing Director and the Central Region Family & Community Services Director at which time graphs and an analysis depicting the increase in the number of children entering care with particular emphasis on the spike in removals were provided.²⁶ These conversations and data resulted in the formation of a joint workgroup that conducted an analysis of the trends to validate the increase being reported, and to review the children sheltered. It was found that all children sheltered met the criteria for removal.²⁷

BFP also alerted the Regional Managing Director's office in March 2014 of its intent to submit a one-time special appropriation for FY 2014/15 in the amount of \$1.5 million to meet the challenging needs of the System of Care, as BFP was scheduled to receive another reduction in its core funding due to the equity allocation formula metrics that did not account for children and families served through diversionary programs. BFP received the requested \$1.5 million and was able to successfully reduce the projected deficit to \$196,184 that FY.

In March 2015, BFP communicated with the DCF Office of Child Welfare and Regional Managing Director, alerting them of the intent to submit a one-time special appropriation request of \$1.2 million to fund programs within Brevard C.A.R.E.S. for FY 2015/16. This request was approved by the Legislature, but was ultimately vetoed by the Governor in June 2015. Failure to receive the requested one-time special appropriation resulted in BFP continuing to incur increasing expenses to continue to divert children from entry into the child welfare system at a much higher cost and provide services to the community through Brevard C.A.R.E.S.

When made aware that the Back of the Bill funding analysis was occurring statewide, the BFP CEO contacted the DCF Office of Child Welfare and the Regional Managing Director to request consideration for inclusion and presented data to support the inclusion of Brevard among the agencies being considered. Brevard was subsequently able to apply for Back of the Bill funding in September 2015, documenting the loss of funding coupled with the increasing numbers of children in served. BFP received \$196,184 to cover funding shortfalls for FY 2014/15.²⁸

(5) What steps were taken to address the problem at the local level? (Attach documentation as appropriate. Quantify any level or percentage of risk that has been effectively managed or absorbed by the Lead Agency.)

Since its inception, BFP has conducted an annual analysis of its capacity, needed capacity, and financial projections to strategically plan for and forecast future needs of clients as compared to available resources. Over the past 5 years, BFP has not only conducted an analysis of need but has also monitored trends much

²⁵ OHC Removals and Discharges, CW Services Trend "Spinner" Report

²⁶ BFP CEO April 17 2015 Email to DCF including attachments (placement data, ohc trends, ohc cost increases)

²⁷ DCF Removal Analysis Brevard County March 2014-15

²⁸ Analysis of Funding Application for CBC Brevard

more closely and frequently in order to responsibly forecast, strategize, and implement measures to ensure continuity of care. This includes enacting administrative reductions, applying for grant opportunities that align with the mission, values, and needs of the Brevard System of Care, and aggressively seeking ways to diversify revenue sources. However, prior to implementation of the hold harmless provision last year, the EAF impacted the ability to multi-year forecast, given the annual changes in revenue projections outside of BFP's control. This process created an environment where regardless of the forecasting and planning efforts employed to responsibly manage the Brevard System of Care, BFP was often informed of significant financial transfers from the Brevard System of Care, with only weeks to plan and implement cost containment strategies for the new fiscal year.

Through administrative reductions BFP absorbed \$1,950,042.43 in costs to the SOC. BFP has reduced its administrative rate to 4.58%, while the national standard for nonprofit agencies and Florida service providers is on average 10%. BFP leveraged additional funding to offset the DCF contract and absorb the loss of funding in the amount of \$1,696,184. Through its Brevard C.A.R.E.S. program, BFP further leveraged an additional \$880,940 to absorb the adverse impact of funding cuts resulting in a total offset to the SOC of \$2,577,124.

BFP Administrative Reductions

Beginning in 2011, BFP implemented aggressive cost containment measures that reduced expenses internally and across the System of Care, while holding harmless children and families served through BFP.

- In 2011: BFP closed the Titusville Service Center, serving North Brevard, and consolidated to two locations (Rockledge and Palm Bay), resulting in an annual savings of \$140,000.
- In 2011: BFP transitioned Utilization Review (UR) functions to the contracted case management agencies and eliminated 7 positions, resulting in an annual savings of \$204,056.07.
- In 2012: BFP reduced its workforce from 62 to 50 positions, eliminating 12 positions, resulting in an annual savings of \$838,382.34.
- In 2012: BFP procured the Child Placing Agency (CPA) contract, consolidating from four (4) providers to a single provider, eliminating duplication of administration, resulting in an annual savings of \$450,000.
- In 2014: BFP eliminated an additional 9 positions, resulting in an annual savings of \$457,464.02.

The total annualized savings through these administrative reductions is \$1,950,042.43.

In addition to the aforementioned reductions, BFP has also reduced employee mileage reimbursement rates and 401k contribution rates. BFP employees have not received merit increases in five years and have endured increased health care program costs over the same period.

Administrative Rate

Despite the increase in the child population served, BFP has maintained a very low administrative rate. The administrative rate for FY 2015/16 is 4.58%²⁹, which represents a reduction from 5.32%³⁰ for the previous fiscal year.

In response to funding reductions, BFP limited the allowable administrative rate to 8% during re-procurement for its largest child welfare contracts – Case Management Agency, Adoptions, Independent Living and Visitation, resulting in a savings of approximately \$100,000. According to the CBC Subcontract List for FY 2015/16, issued by

²⁹ DCF CO View Report, Admin Tab, 201510

³⁰ DCF CO View Report, Admin Tab, Final FY 15

the DCF Office of CBC/ME Financial Accountability, every CBC reported a minimum allowable administrative rate of 10% for case management contracts; BFP is the only CBC with an allowable administrative rate below 10%, at 8%.³¹ While limiting the allowable administrative rate has assisted with deflecting some of the impact from reduced funding, it reduces the ability of the provider to respond to emergencies and positions BFP as an outlier, compared to peer CBC Lead Agencies, and may deter provider agencies from responding to future procurements.

Efforts to Mitigate Funding Shortfalls through Additional Funding Sources

In 2014, anticipating further reductions in funding while experiencing increased demands for services and out-of-home placements, BFP initiated efforts to secure additional funding to maintain operations and service delivery.

- In 2014, BFP applied for a one-time special appropriation of \$1.5 million dollars to address shortfalls in funding of the System of Care. Result: BFP received the \$1.5 million one-time non-recurring appropriation, and was successfully able to reduce its deficit to \$196,184.³²
- In 2015, BFP applied for a one-time special appropriation of \$1.2 million dollars to support the Brevard C.A.R.E.S. program. Result: The appropriation was approved by the Legislature, but ultimately vetoed by the Governor June 2015.
- In 2015, BFP, in partnership with Eckerd Youth Alternatives, applied for a one-time special appropriation of \$250,000 to serve homeless families at risk of entering the dependency system. Result: The appropriation was approved by the Legislature, but ultimately vetoed by the Governor June 2015.
- In 2015, BFP applied for a \$334,263 DCF Community Based Child Abuse Prevention Program Grant (3 year funding cycle) to fund an expansion of the Brevard C.A.R.E.S. Safety Management Services Team (SMT). Result: BFP was not awarded a grant; however is funding expansion of the second SMT based on removal trends and successful results from the initial SMT in an effort to further contain costs.
- In 2015, BFP, in partnership with Brevard County Government, applied for a \$325,000 SAMHSA Drug Court Grant (3 year funding cycle) to initiate a Family Drug Court. Result: BFP was not awarded a grant; however, based on the prevalence of substance abuse within the Brevard community, BFP partnered with the Circuit 18 Dependency Court to implement a pilot Family Drug Court program.
- In 2015, BFP applied for \$1 million through Section 43 of the FY 2015/16 General Appropriations Act – Senate Bill 2500A Back of the Bill Funding. Result: Although the Review Committee validated all of BFP’s claims in both significant changes in the number or composition of clients eligible to receive services and the significant change in the mix of available funds, BFP was only awarded \$196,184 (representing the actual FY 2014/15 core funding deficit, based on reconciliation of the Final Expenditure Report, excluding any Maintenance Adoption Subsidies’).³³

The total amount of additional funding pursued to mitigate the reduction in core funding in 2014-15 was \$4,609,263; the total funding received was \$1,696,184.

Brevard C.A.R.E.S. is pursuing a one-time special appropriation to keep families with ungovernable youth who are at risk of entering the child welfare system safe and together in the community, while serving them in the least restrictive setting possible, at a much lower cost. The \$1.58 million request will be used to target and identify families with ungovernable youth who are at risk of entering the child welfare system to provide intensive care coordination to prevent them from entering out-of-home care, at a much higher cost to the

³¹ CBC Subcontract List FY1516 BFP

³² BFP Contract# GJ401 Amendment 6

³³ BFP Contract #GJ401 Amendment 11

Brevard System of Care.

Additional Funding Diversification Opportunities pursued through Brevard C.A.R.E.S.

Brevard C.A.R.E.S. is the prevention and diversion arm of BFP serving as its gatekeeper. Their efforts have been successful in diverting 13, 000 children from entering the judicial side of the child welfare system. Brevard C.A.R.E.S. is an empirically validated national best practice model³⁴ using high fidelity Wraparound and Care Coordination that maximizes available resources through the use of alternative funding streams, including partnerships with Head Start, Rapid Rehousing and Homelessness Prevention, and other grant and community organizations.

C.A.R.E.S. Funding Diversification

Funding Category	Fiscal Year	Amount
Homelessness Prevention and Rapid Rehousing	2013/14	\$134,134
	2014/15	\$78,598
	2015/16	\$76,905
Head Start	2012/13	\$250,128
	2013/14	\$64,800
	2014/15	\$64,800
	2015/16	\$64,800
ABC Series Mini-Grant (Cribs for Kids)	2013/14	\$6,000
Community Foundation of Brevard (Cribs for Kids)	2013/14	\$5,000
SAMH Wraparound Training Contract	2014/17	\$135,775
Total		\$880,940

Establishment of a Child Welfare Endowment

In 2015, Brevard Family Partnership identified the need to establish a child welfare endowment fund for Brevard County. The intent of the endowment fund is to create a recurring revenue source through an investment fund at the Brevard Community Foundation. Through fund development efforts employed during BFP’s 10th Anniversary Decade of Difference Campaign that concluded in December 2015, BFP was able to launch the endowment with \$60,000 received to date of the over \$100,000 pledged during the course of 2015. The intent is to build a legacy gift program that will enable BFP to use the interest gained on this account to invest in future capacity building activities to enhance the Brevard System of Care.

Diversification through the National Center for Innovation and Excellence (NCFIE)

The National Center for Innovation and Excellence (NCFIE) serves as the research, training, and technical assistance, and consultation arm of BFP. The NCFIE was envisioned and commissioned by the local community through the 2009-2012 (3) year Strategic Planning process identifying the establishment of a Center of Excellence with the intent for BFP to diversify funding rather than competing locally for limited and diminishing resources that many service providers relied upon to offset their program costs. This enables BFP to draw upon its innovation and expertise to reach beyond the local community to raise and diversify funding to offset the BFP DCF contract. In 2014, when the BFP CEO assumed the role of the NCFIE CEO, BFP apportioned a percentage of the BFP CEO salary and expenses, and initiated time logging activities with other associated staff, in order to capture related costs and offset expenditures. BFP is projecting to offset approximately \$85,000 to the NCFIE budget this fiscal year.

System Initiatives

³⁴ Reducing Risk: Families in Wraparound

In addition to administrative and contractual reductions, and pursuit of additional funding sources, BFP has also implemented a number of initiatives to reduce the impact of the increased amount of children entering the system of care.

➤ Implementation of the Family Assessment Stabilization Team (FAST) / Safety Management Services Team (SMT):

In September 2012, when the Brevard out-of-home care census first began to steadily increase and crossed the 10% threshold, the BFP CEO alerted the local DCF Operations Manager of the increasing number of children entering care. Based upon joint analysis and reviews, upon DCF's request BFP agreed to design and fund a pilot for a family stabilization team to address the increase in removals. BFP contracted with a community based organization, Yellow Umbrella, to pilot the Family Assessment Stabilization Team (FAST) model as a means to prevent removal. The model was developed in partnership with feedback from the DCF Operations Manager and other community child welfare organizations prior to implementation.

FAST was implemented to provide immediate on-site crisis response and stabilization services to identified families as when there was present dangers with imminent risk of removal or family disruption. The overarching goal of the model was to keep families intact, provide short-term stabilization and assess family functioning until additional services were in place to assist the family. During the initial on-site visit a standardized assessment tool, the North Carolina Family Assessment Scale (NCFAS), was completed in addition to developing a Crisis and Safety Plan for the family. The NCFAS is an Evidence-Based screening and assessment tool with an A rating. The NCFAS assesses family functioning in the domains of Family Environment to include substance use, Parental Capabilities, Family Interactions, Family Safety and Child Well-Being. The FAST model was available in the Brevard System of Care through March 2015. Once the Safety Decision Making Methodology was implemented, it was determined that the model was insufficient in intensity, frequency and duration.

In March 2015, a joint workgroup comprised of BFP, DCF Investigations, Brevard C.A.R.E.S., and IMPOWER Case Management, completed analysis for all children removed from March 2014 – March 2015. The results of this work group led to the formation of a new more intensive front end diversion model to replace the FAST program, called the Safety Management Services Team (SMT). Safety Management Team (SMT) services are utilized to reduce entry into the foster care and dependency system by providing rapid response to families in need of intensive support prior to the Child Protective Investigator's safe/unsafe determination. Families served frequently present as having complex mental health needs, are at significant risk of substance abuse and/or domestic violence, and often include large sibling groups.

SMT services include home visits 3- 5 times per week including evenings and weekends. Frequent family team conferences are completed to ensure needs are being met and natural supports are being created. Cases referred to the SMT are discussed with the DCF referral source weekly. Once the final safety determination has been determined by the CPI, the SMT continues to work with the family and the respective service provider for at least 30 days to ensure continued family engagement. The SMT carries a caseload of 5 families per Family Engagement Coordinator, for a maximum capacity of 10 open families per team.

Brevard C.A.R.E.S. initiated a pilot of SMT services in April 2015. During the pilot period, April – June 2015, 80% of cases that received SMT services, did not result in a removal while open to the SMT.³⁵ Based on the results of the pilot, Brevard C.A.R.E.S. formally initiated SMT services in July 2015. Since April, 85% of

³⁵ Brevard C.A.R.E.S. SMT Case Log

children involved with SMT are able to remain safely in their home during services.³⁶

- Impact of Safety Management Services Team (SMT) April – December 2015
82 children x \$1,797 Average LOHC cost per child monthly = \$147,354 Average monthly licensed out-of-home care expenditures diverted through SMT.³⁷
- Joint efforts with DCF to review children entering out of home care:
BFP has partnered with DCF local leadership to implement different approaches and supports to address the increase in out-of-home care.

Decision Support Team (DST)

On November 2, 2015, the Brevard County CPI Operations Manager initiated the Decision Support Team. The Decision Support Team convenes when CPI staff have identified present danger or are considering a removal from the home. A call is initiated by the CPI Supervisor and active participants include the CPI, Supervisor, and Safety Practice Expert (representatives from BFP, Brevard C.A.R.E.S. and IMPOWER Case Management also participate as needed). The team reconvenes every Friday to review the cases for the week and to go over any needed enhancements to the process. The DST allows for open present danger cases to be tracked ensuring a timely assessment of impending danger and further safety actions. Since initiation of the DST process, 131 families have been staffed through the DST process, resulting in a 60% reduction in the removal rate in November and December 2015 compared to November and December 2014.³⁸

Shelter Reviews

An interagency collaboration consisting of IMPOWER Case Management, BFP, CLS and CPI staff participate in shelter reviews held biweekly. The process consists of reviewing all shelters for the prior two weeks including a focus on conditions for return, identification of any immediate service needs, safety action options, and assessment for referral to Family Drug Court. The process has resulted in increased collaboration and interagency communication. An average of 13 families are reviewed each month; to date 4 were identified for reunification through the Shelter Review process.

- Enhanced focus on Permanency:
The increase in children entering out-of-home care and the resulting impact on case management caseload ratios³⁹ contributed to a reduction in children achieving timely permanency. During FY 2015/16 2nd Quarter (October – December 2015), BFP implemented changes in the permanency staffing process and established increasing permanency targets

Changes in Permanency Staffing Process – BFP re-designed the 5-month and 9-month permanency staffing process to improve children achieving permanency timely and reduce the population in out-of-home care. Permanency staffings were previously conducted in the 10th month of out of home care placement. The 5-month permanency staffing was implemented and designed to include a Conditions for Return focus and discussion. Since initiation in October, 6 children were identified for reunification through the Conditions for Return review. The 9-month permanency staffing was re-designed to align with the 11-month Permanency Hearing to improve children achieving permanency

³⁶ Brevard C.A.R.E.S. SMT Case Log

³⁷ DCF CO View Report, Average Cost Per Child

³⁸ DCF DST Information

³⁹ BFP Monthly Contract Measures Reports, July 2014 – December 2015; <http://brevardfp.org/data-and-performance-reports/>

within 12 months of entering care.

#	Qrtly Scorecard Measure (Target)	5 Quarter Trend	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15
5	Children exiting to a permanent home w/in 12 months of entering care		56.6%	49.4%	43.4%	35.3%	26.8%	34.3%

BFP experienced a positive improvement in timely permanency during FY 2015/16 Q2 when changes to the permanency staffing process were implemented. This is the first improvement in performance over the prior five FY Quarters (July 2014 – December 2015).

Implementation of Increasing Permanency Targets – BFP implemented quarterly performance targets for Care Center beginning with the FY 2015/16 Q2 (October – December 2015).

FY 15-16 Quarter	Target (Children)	Permanency Achieved (Adopt/PG/Reunif)	Exits from LOHC	LOHC Reduction
Q2 (Oct – Dec)	80	101	16	\$39,651
Q3 (Jan – Mar)	102	--	--	--
Q4 (Apr – Jun)	144	--	--	--
Total	326	101	16	\$39,651

Source: DCF Children Entering and Exiting Foster Care On-Demand Listing - OCWDRU Report #1182

During FY 2015/16 Q2, 101 children achieved permanency through BFP’s “Home for the Holidays” campaign (12 through Adoption; 25 through Permanent Guardianship; 64 through Reunification). Of the 64 children who were reunified, 12 were reunified from a licensed out-of-home placement, representing a cumulative reduction of \$39,651 in licensed out of home care expenditures (October – December).

Initiation of Weekly Licensed Out-of-Home Care (LOHC) Reviews

To increase focus and review of children in licensed out-of-home care, weekly review calls were initiated with each Care Center in January 2016. Of the 80 children reviewed to date, 10 children have been identified for reunification or relative placement by March 2016.

➤ Transition of Child Placing Agency (Licensing) Functions:

On June 23, 2015, BFP assumed responsibility for the recruitment and licensing of foster homes after the previous provider terminated their contract in response to BFP issuing a cure notice in April 2015. Since the transition, BFP has implemented new initiatives and focus, which have provided stability to the Brevard foster home network and increased foster home bed capacity.

Increased Foster Home Capacity

BFP has a target to license 60 foster homes during FY 2015/16. BFP has licensed 33 new homes to date and is on target to reach a goal of licensing 60 new homes by June 30, 2016. In addition to increasing capacity, BFP also focused on improving fidelity to the BFP Levels of Care system for its foster home network.⁴⁰

Re-initiation of the Child and Adolescent Functional Assessment Scale (CAFAS) to align with Levels of Care

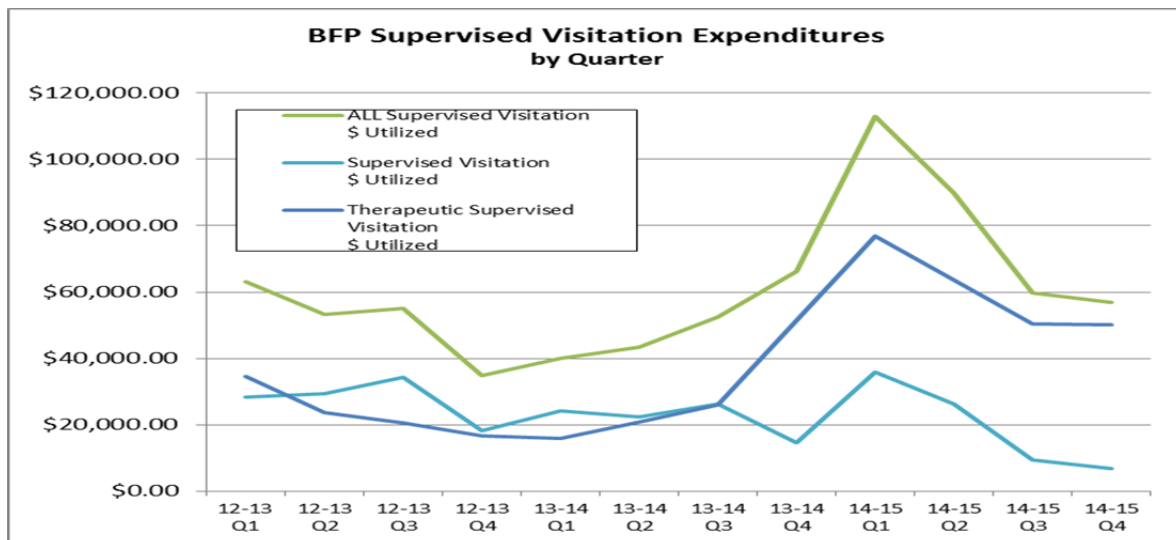
⁴⁰ BFP Foster Parent Information

Each child and youth entering a licensed foster care or group home placement receives a standardized front end assessment to ensure the child is placed in the most appropriate level through the use of the Child and Adolescent Functional Assessment Scale (CAFAS). The test is administered within 3-5 business days from the initial placement and then re-administered every 90 days. The tool is used to assess and determine appropriate service delivery, level of care, and recommendation for planning. Since transition, there have been 122 CAFAS completed and 19 children stepped down based upon assessment recommendations.

- **Utilization Management In House and Targeted Service Utilization Review:**
On October 1, 2015, BFP transitioned utilization management functions back in house from case management. The driver for this decision was to increase case management resources (5 care management positions), while operating a more efficient utilization management process.

Prior to this transition, BFP completed a review of children and families with high utilization of BFP funded resources, and identified opportunities for improved fiscal accountability and maximization of resources. This included optimizing the utilization of third-party billing through Medicaid providers and increased focus on expansion of referral base in the community – both of which resulted in the reduction of purchased services spending. This included diligent efforts to engage providers to alleviate wait-list issues for Medicaid funded services and ensuring that referrals were made with focused, goal-oriented intent and monitored for outcomes via BFP Clinical Services Coordinators in the utilization management process. This also included enhanced pro-active communication across the system of care to direct appropriate services aligned with the child’s current level of functioning, use of Clinical Review, Standing Team Conferences and Comprehensive Behavioral Health Assessments to enhance case planning. Increased focus on leveraging 3rd party (Medicaid) funding resulted in a savings of approximately \$100,000 to the Brevard System of Care during FY 2015/16 Q2 (October – December 2015).

- **Consolidation of Visitation Contracts to a Single Provider with Prescribed Step-Down Plan:**
The increase in the out-of-home care census resulted in an increased demand for visitation between children and parents.



Source: Data Pulled from BFP Mindshare Utilization Management & Prevention Services (PSAM) Reports

As a result of the spike in services and identified need to contain the growing costs associated with

therapeutic visitation, BFP issued a RFP for a program to serve as a single provider for coordinated visitation services (supervised and therapeutic), with a prescribed plan for step-down in level of supervision.

Fiscal Year / Quarter	Regular Supervised Visitation Provider Expenditures	Therapeutic Supervised Visitation Provider Expenditures	Total Visitation Provider Expenditures	FY 2014/15 Total Visitation Provider Expenditures*	FY 2014/15 Eckerd Visitation Contract ⁴¹	Total FY 2014/15 Visitation Expenditures
2014/15 Q1	\$35,942	\$76,968	\$112,910	\$319,551	\$162,440	\$481,991
2014/15 Q2	\$26,210	\$63,680	\$89,890			
2014/15 Q3	\$9,380	\$50,415	\$59,795			
2014/15 Q4	\$6,731	\$50,225	\$56,956			

*Data Pulled from BFP Mindshare Utilization Management & Prevention Services (PSAM) Reports

On October 1, 2015, BFP contracted with Eckerd Kids to provide Therapeutic and Supervised Visitation Services through a coordinated prioritization of referrals titled the Brevard Family Supervised Visitation Program (BSFV). The program provides short term therapeutic services and standard supervised visitation to families identified as appropriate by the Court in collaboration with System of Care partners and stakeholders to achieve timely permanency through reunification or another permanency option. The BSFV structure for supervised visits uses the Conducting Parent ‘Child Visits model created by the Children and Family Research Center and is based on extensive research of parent-child visiting and child welfare services.

During FY 2014/15, expenditures for therapeutic and supervised visitation services totaled \$481,991. The annual fixed price contract with Eckerd Kids is \$350,000, representing a savings of approximately \$131,000 annually.

➤ Partnership to serve Crossover Youth:

A primary advantage of utilizing Brevard C.A.R.E.S. to manage the front continuum of the Brevard System of Care is the ability to adjust resources and respond to changes and shifts in the current environment. In response to such a shift, Brevard C.A.R.E.S. initiated a program to provide aggressive front end diversion interventions for at risk children, youth and families to prevent entry into the child welfare system by providing community based (less restrictive) alternatives using high fidelity wraparound intensive care coordination (an evidence based practice). The target population identified was ungovernable youth at risk of entry into the child welfare system due to abandonment by their parents as a result of their inability to manage the child’s high risk behaviors. Primary referral sources were identified as Brevard Public Schools, Department of Juvenile Justice, Department of Children and Families, the Delinquency Court, Community Agencies, and direct referrals from the family.

To proactively identify youth who are at risk of abandonment, and becoming adjudicated dependent following a 21 day commitment in the juvenile justice facility, Brevard C.A.R.E.S. staff meet weekly with DJJ intake staff to review and identify families who are in need of support and are at risk of abandoning their youth. The BFP Court Liaison attends both delinquency and dependency Court and provides support to Judges in identifying youth and families who are candidates for diversion through Brevard C.A.R.E.S.

The impact of this program provides a significant cost savings to the System of Care –

⁴¹ BFP Contracts List FY 2009/10 – 20015/16

Annual Cost to serve 1 Crossover Youth	Brevard C.A.R.E.S.	Child Welfare System	Licensed Group Care
	\$6,933	\$48,000	\$73,000

- In 2015, BFP applied for a one-time special appropriation of \$1.2 million dollars to support the Brevard C.A.R.E.S. program serving Crossover youth. The appropriation was approved by the Legislature, but ultimately vetoed by the Governor
 - Brevard C.A.R.E.S. is pursuing a one-time special appropriation of \$1.58 million dollars to serve the Crossover youth population and prevent them from entering licensed care in the child welfare system.
- Partnership Opportunities with the Managing Entity:
Based on increased need identified in Brevard County, the local Managing Entity, Central Florida Cares Health System, provided additional funding to serve Brevard clients –
- Funding to support 25 adults through Drug Court - projected FY 2015/16 System of Care impact = \$85,000
 - Initiation of Family Intervention Treatment Team - projected FY 2015/16 System of Care impact = \$65,000
- Total offset to the Brevard System of Care = \$150,000

Efforts to Address Impacts of Increased Caseloads

The increase in children entering care occurred concurrently during the time BFP re-procured the Case Management Agency contract as a cost containment measure. Based on analysis of caseload trends and projections in 2013, BFP downsized from two CMA providers/contracts to one; reducing the overall CMA contract budget by \$500,000, thereby reducing the resources available within the System of Care to respond to the increase in census in 2014.

In August 2015, BFP initiated discussions with the contracted CMA provider, IMPOWER, as caseload ratios were increasingly exceeding the 18:1 ratio as required in the contract, and care manager turnover had begun to increase. At the request of BFP, IMPOWER over hired care managers above their financial ability to sustain. Given that upon transitioning the CMA contract the trend of children entering care has substantially increased, there is a need to restore the funding to adequately staff the CMA. BFP initiated the following actions to stabilize the workforce –

- October 2015⁴² –
- Transitioned Utilization Management functions from IMPOWER to BFP; re-purposing resources to generate five additional IMPOWER care manager positions in an effort to reduce caseload ratios
 - Adjusted the required ratio of primary children to care managers from 18:1 to 20:1
 - Adjusted the payment structure from a quarterly performance incentive payment to a fixed price payment (October – December 2015) to enable IMPOWER to prioritize focus on stabilizing the workforce and implementation of process improvements to drive sustainable performance

Furthermore, IMPOWER reports having nearly reached full utilization of its \$550,000 line of credit in order to maintain continuity of care and compliance with caseload requirements. The IMPOWER CEO stated that prior to December 2015 the organization never had a need to access the line of credit. There is a direct correlation between the shortfall IMPOWER has experienced intermittently since October 2014 and the increase in the

⁴² CMA Contract #1401, Amendment 6

number of children served upon response to the RFP, which was 761 in July 2013⁴³, to 1,008 in December 2015 (CARS Report), which has directly contributed to increased care manager turnover, vacancies, and overtime expenditures.

In December 2015, the IMPOWER Board of Directors directed the CEO to refrain from extending further financial obligations to its contract with BFP that would result in any additional shortfall. As a result, IMPOWER informed BFP that it would be unable to initiate hiring for a February 2016 training class.

- January 2016⁴⁴ –
 - Adjusted the payment structure for the remainder of FY 2015/16 from a quarterly performance incentive payment to a fixed price payment to enable IMPOWER to continue to prioritize focus on stabilizing the workforce and implementation of process improvements to drive sustainable performance
 - Provided additional funding to IMPOWER to address incurred deficits related to workload increase associated with the increase in children in out-of-home care (caseload ratios, visitation requirements)
 - Provided additional funding to IMPOWER to support initiation of a February training class of 10 trainees, based on caseload ratios and projected vacancies.

Cash Flow Initiatives

BFP is in the midst of procuring banking services in an effort to increase the available line of credit from \$500,000 to \$1 million and increase its credit card limit to \$120,000.

Regardless of the outcome of increasing the line of credit or credit limit, BFP will have a significant cash shortfall in FY 15-16 that must be addressed.

BFP currently has approximately \$300,000 invested with Wells Fargo, however, over \$250,000 is restricted to specific activities performed within the System of Care. These funds represent the only collateral BFP has available to secure additional funds to meet obligations this year.

In an effort to bridge the projected shortfall, BFP executive staff and board members will be jointly meeting with local banks to secure bridge funding, with the guarantee of risk pool funds, in order to ensure that the Brevard System of Care is not negatively impacted.

(6) What is the anticipated outcome of the problem if not remedied?

It is important to note that BFP has conducted an analysis of any potential further reductions that could be enacted and has concluded the items listed below would minimally alleviate the current financial shortfall with long term adverse impacts.

Potential BFP Reductions, Savings, and associated Impact

BFP has reviewed the current organizational structure in an effort to identify any remaining non-essential functions, the projected savings, and associated impact to BFP and the Brevard System of Care.

- Position - Director of Advancement

⁴³ BFP RFP Case Management 2013

⁴⁴ CMA Contract #1404, Amendment 7

Projected Savings this fiscal year (April 1 – June 30, 2016) = \$18,000

Impact – BFP will lose representation in the community developing relationships on behalf of BFP and advocating for needed resources for the Brevard System of Care, and limit the agency’s ability to successfully identify and respond to grant and alternative funding opportunities. As a result of this staff person’s efforts, 685 individuals/ businesses’ donated over \$120,000 to the agency last year. All of the success and momentum gained through this position would be lost, and future non-governmental revenue streams would be negatively impacted. The return on investment for this position is evident through the establishment of the Brevard Child Welfare Endowment section of this document.

- Position - Foster Home Recruiter

Projected savings this fiscal year (April 1 – June 30, 2016) = \$ 10,590

Impact – This position has engaged the community to recruit foster homes, conduct foster parent orientations, and develop relationships to support the Brevard foster home network. Since transition of Foster Home Licensing responsibilities, BFP has been able to significantly increase foster home bed capacity. A reduction in foster home bed capacity would put further financial strain on the Brevard System of Care with increased group care costs, and would limit the ability of BFP to keep children placed in their home community.

- Position - Human Resources Manager

Projected savings this fiscal year (April 1 – June 30, 2016) = \$17,307

Impact – This position was restructured to a lower pay band this fiscal year (savings of \$25,000). The position serves as the onsite representative and human resource support to 90 employees at BFP and Brevard C.A.R.E.S. This position interacts with staff, conducts initial screening of applicants, personnel investigations and handles local employee and performance related issues.

- Position – Communications Director

Projected savings this fiscal year (April 1 – June 30, 2016) = \$16,378

Impact – This position is the media and government representative, and charged with overseeing the public image of the agency. This position also manages or oversees all marketing items, public events, media interaction, and website creation and maintenance.

- Consolidation of 2 Manager Positions at Brevard C.A.R.E.S.

Projected savings this fiscal year (April 1 – June 30, 2016) = \$13,392

Impact – The High Fidelity Wrap-Around Program Manager and Community Services Program Manager could be consolidated into one Assistant Director level position. This would increase supervision ratios and reduce case consultation availability, both of which would impact program fidelity and COA supervision ratios.

Total projected savings this fiscal year (April 1 – June 30, 2016) = \$75,767

Reduction in Services at Brevard C.A.R.E.S.

If requested funding is not received, BFP could restrict the population served through Brevard C.A.R.E.S. and implement eligibility criteria to only accept DCF referrals and eliminate supports to DJJ and the Brevard community. As Brevard C.A.R.E.S. has proven its ability to provide services in a community setting, at a much lower cost than the dependency system and out-of-home care placements, implementing such eligibility criteria would have a residual impact on the Brevard System of Care through increased children potentially

entering the child welfare system with particular risk of increased DCF lock out entries into care.

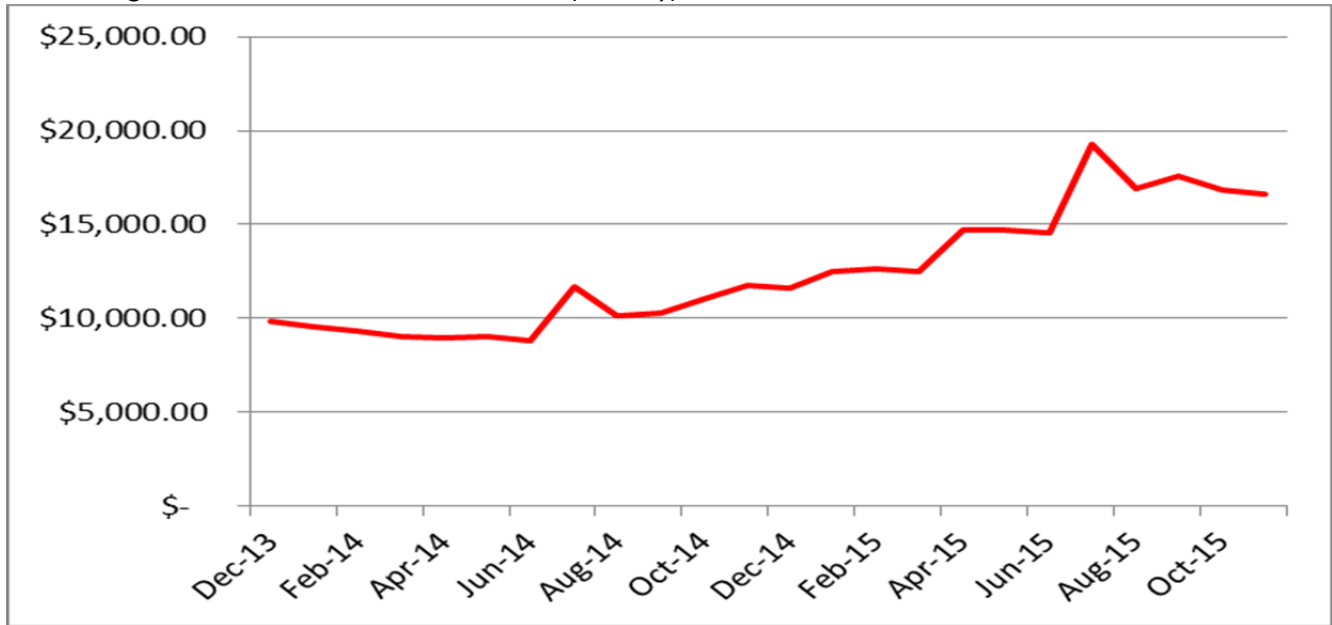
Termination of Case Management Agency Contract

BFP risks termination of the CMA contract from its provider should cash flow problems result in delayed payment (as they have already extended through their available line of credit). BFP has considered, along with the aforementioned options, the cost benefit and risks associated with bringing the CMA function in-house. This is not a decision BFP embraces as it is the vision of the Brevard community to subcontract as much of the service delivery system as possible to local providers, who serve as the subject matter experts in their field. To bring case management in house would also more than likely result in increased care manager turnover and adversely impact children and families. There is also the F.S. 409.988(1)(j) -requirement for Lead Agencies to limit the direct service delivery to under 35%. Termination of the contract, and bringing case management functions in-house, would result in an approximate annualized savings of the 8% administrative overhead on the total of the contract, in the amount of \$320,000.

Out-of-Home Care Costs – the New Norm?

The measures taken to date will not resolve the long term impact of the increased number of children in care and a recurring shortfall from occurring in the future should the current trend be indicative of a new norm.

BFP Average Licensed Out-of-Home Care Costs (Per Day) December 2013 – November 2015



Source: DCF CO View Report 201510, Average Cost Per Child Tab

To illustrate this dilemma, BFP, based on historical trend analysis, budgeted \$11,500 dollars per day for licensed out-of-home care. At the peak of its increase, the average daily cost reached a high of \$19,288.47 per day. After implementing system initiatives to reduce licensed out-of-home care expenditures, the daily cost has fallen to \$15,500 per day.

If this figure reflects the amount of funding BFP will be required to budget for out-of-home care expenditures in FY 2016/17, the out-of-home care budget line will need to increase from \$4,015,000 to \$5,515,000, apart from

accounting for the increase in the services required to address the needs of the children in care. This would result in BFP entering the new fiscal year with a \$1,500,000 shortfall in out of home care alone.

Additionally, the impact associated with serving such an increase in the licensed out-of-home care population will continue to place financial constraints on the Brevard System of Care. BFP has demonstrated the adverse impact to case management caseloads, turnover, and the ability to meet the court ordered visitation requirements, as a result of the increase in children in licensed out-of-home care (please refer to Section 5 of this application). All of which will increase costs associated with the increase in census for the new fiscal year.

Cash Flow

If the current problem is not remedied and the projected shortfall is not adequately funded by the Risk Pool, BFP will carry forward liabilities and expenses into the new FY that will increase the projected deficit.

Based upon current projections, BFP will run out of funding June 15, 2016.

Depending on the outcome of the application for Risk Pool Funding - the amount approved and the timing of the availability of the funds approved from the Risk Pool - Brevard Family Partnership will need to secure a loan in order to pay its bills in a timely manner.

BFP will need to receive payment for its May invoice, on or before April 27, in order to meet the April 29 payroll; and will need to receive payment for its June invoice, on or before May 25, in order to meet the May 27 payroll. Based upon projections, Brevard Family Partnership will have no cash on hand as of the June 10 payroll with approximately \$2.7 million in further obligations through the end of the fiscal year.

The following items remain unfunded for the fiscal year:

- Independent Living (IL) payments for June
- Out-of-Home Care payments for May and June
- Adoption Subsidies for May and June
- Services to clients for May and June (including dependency case management/ prevention and diversion services)

(7) Provide any additional information that is relevant to applying for Risk Pool funding, such as recent fiscal monitoring reports and audit, records from meetings of Board of Directors, etc.

Brevard Family Partnership has a history of clean audits, and fiscal monitoring by the Department, the last of which was conducted in 2010. All of BFP audits can be located here:

http://www.myflorida.com/audgen/pages/nonprofit_forprofit%20pages/community%20based%20care%20of%20brevard.htm

The BFP System of Care was designed to serve on average 1,500 children across its entire continuum with a 10% variance, as outlined in section 1.4.3 Shared Risk for Service Utilization in the CBC Lead Agency Contract. BFP initiated communication with DCF in 2012 when this variance was first exceeded and has created and funded programs and pursued additional funding opportunities to offset the reduction in core funding combined with the increase in children entering the dependency system since implementation of the DCF SDMM and the increase in out-of-home care expenditures.

Since its inception, BFP has responsibly managed a local System of Care that has placed significant attention and

resources on diversionary programs through Brevard C.A.R.E.S. which serves as the system's gatekeeper to manage risk. Brevard C.A.R.E.S. has served over 13,000 children since its inception as a private, not-for-profit 501(c) 3 in 2009 – delivering intensive case management and procuring a wide array of safety management and therapeutic services for children, youth, and families identified as at risk of entering the child welfare dependency system.

BFP has taken aggressive measures to ensure continuity of care for children, youth, and families served through Brevard's System of Care. However, the aggressive measures taken over the past 5 years have not fully mitigated the reduction in core funding and the increasing costs associated with serving far more children than funding supports. Without additional funding, BFP will have to initiate a series of actions which will result in prioritized service delivery, instituting eligibility criteria to qualify for services through Brevard C.A.R.E.S., and impacts to sub-contracted providers which may further adversely impact the continuum of care within Brevard County – and could result in provider requests to terminate contracts if sufficient funding is unavailable to serve the increased population and manage contract obligations within a balanced budget.

Brevard Family Partnership is requesting funding from the Risk Pool to address the impact of the loss of core funding and the increase in out of home care and demand for services within the Brevard System of Care resulting from DCF's decision to transform the Florida Child Welfare System through implementation of the Safety Decision Making Methodology which has directly contributed to the increased number of children Brevard Family Partnership is now required to serve.

The projected funding deficit for FY 2015/16 is \$2,733,131.

Concur

*Do Not Concur

William Skianto

Regional Managing Director Name and Signature

2/19/16

Date

***Rationale (This item must be completed if "Do Not Concur" is checked.):**

Section III – Confirmation of Budget Request

1) Confirm the dollar amount being requested: \$2,733,131

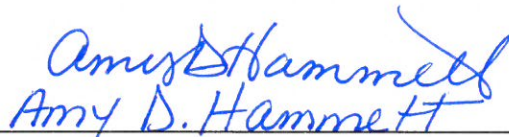
2) Confirm that funds will be expended by the end of the current fiscal year: Yes No

3) How do you propose to use these funds to address or correct the underlying cause of the shortfall?

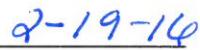
As stated throughout the Risk Pool Application, BFP requires \$2,733,131 in funding to meet its current and projected obligations between now and the end of the fiscal year.

The total projected deficit in AB funds is \$2,973,122. BFP is projecting to use \$239,991 surplus that represents AB funds moved to cover Independent Living programs. This would reduce the projected deficit to \$2,733,131.

The \$2,733,131 in Risk Pool funds will be used to offset the available cash flow to end the fiscal year with a balanced budget and ensure continuity of services for the Brevard System of Care.



Amy D. Hammett
CBC Contract Manager Name and Signature



Date

List and attach the spending plan and/or expenditure projection analyses and all other additional supporting documentation that is relevant to this request. (List attachments here.)

The BFP Updated FY1516 Projection for Risk Pool Funding is included in the Attachments – Attachment # 8, page 87.