<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th>PAGE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>CONTINUOUS QUALITY IMPROVEMENT PROCESS</td>
<td>5</td>
</tr>
<tr>
<td>STAKEHOLDER PARTICIPATION</td>
<td>13</td>
</tr>
<tr>
<td>LONG-TERM PLANNING</td>
<td>13</td>
</tr>
<tr>
<td>SHORT-TERM PLANNING</td>
<td>14</td>
</tr>
<tr>
<td>SERVICE ARRAY</td>
<td>14</td>
</tr>
<tr>
<td>CASE RECORD REVIEW</td>
<td>23</td>
</tr>
<tr>
<td>INFORMATION MANAGEMENT</td>
<td>24</td>
</tr>
<tr>
<td>INTERNAL QUALITY MONITORING</td>
<td>26</td>
</tr>
<tr>
<td>TRAINING</td>
<td>29</td>
</tr>
<tr>
<td>RECRUITMENT AND RETENTION OF FOSTER AND ADOPTIVE HOMES</td>
<td>33</td>
</tr>
<tr>
<td>FEDERAL FUNDING</td>
<td>40</td>
</tr>
<tr>
<td>OUTCOMES MEASUREMENT</td>
<td>40</td>
</tr>
<tr>
<td>MEASUREMENT OF CONSUMER SATISFACTION</td>
<td>43</td>
</tr>
<tr>
<td>FEEDBACK MECHANISMS</td>
<td>44</td>
</tr>
<tr>
<td>CORRECTIVE ACTION</td>
<td>45</td>
</tr>
</tbody>
</table>
INTRODUCTION

Brevard Family Partnership was established as a lead agency to provide an efficient integration of case management and related services for dependent children offered by community-based network providers. As a lead agency assuming the protective services responsibilities of the Department of Children and Families (DCF) in Brevard County, Brevard Family Partnership is committed to a comprehensive seamless system and continuum of care that is community-based. Brevard Family Partnership will deliver prevention and diversion services, foster care and related services, and aftercare pursuant to Chapter 409.1671, Florida Statutes, while ensuring each child and family’s safety, permanency, and well-being.

The system of care has been redesigned in Brevard County to ensure that resources are redeployed to:

- Support the goals of the Adoption and Safe Families Act (ASFA): Child safety, permanence, and well-being
- Build appropriate substitute care capacity
- Support evidence based best practices
- Support state statute, administrative code, and policies and
- Ensure accountability for outcomes.

Brevard Family Partnership delivers services through community-based partnerships, based upon the program goals of the Adoption and Safe Families Act, ensuring safety, permanence, and well-being of children and families who are now, or have been, at risk of abuse or neglect. Case Management contracts were established with Children’s Home Society and Devereux in April 2005.

The Quality Assurance Plan is applicable for Brevard Family Partnership and its network providers. The system of care consists of an integrated strategic process for Quality Assurance activities across the system of care. The plan will be reviewed at least annually and updated as necessary. This plan includes the following key components:

- Quality Assurance
- Quality Improvement
- Contract Performance Monitoring
- Utilization Review and Management
- Risk Management
- Evidence-Based Best Practices

The goals of the Quality Assurance Program are to:

- Increase evidence-based best practices in the system of care;
- Ensure accountability for outcomes;
- Assure all programs are providing services in accordance with agency standards, state and federal guidelines;
- Assure the delivery of the highest quality services to the children and families we serve;
- Ensure that client needs are accurately assessed, that needed services are identified and delivered, and that client progress is evaluated;
- Provide mechanisms for monitoring and evaluating all of our service outcomes in an objective and systematic manner throughout the organization;
- Identify deficiencies or gaps in service delivery, review and track corrective actions, ensure deficiencies or gaps are rectified, and provide opportunities and tools to improve client care;
- Provide suggestions for implementing necessary changes to resolve identified problems in client service delivery;
- Provide ongoing assistance to all programs in identifying discrepancies and following up on service delivery and staff development needs;
• Create a positive culture by training and educating staff regarding the expectation and requirements of the continuous quality improvement process;
• Reward and recognize the efforts of staff and programs as they strive for excellence in providing quality services to their clients; and
• Evaluate and develop methods of improving the efficacy of the continuous quality improvement process.

Quality Assurance is accomplished by periodic external review activities conducted by the Federal Office of Administration for Children and Families, Auditor General, the Department of Children and Families (DCF) and Brevard Family Partnership to assure that the agreed upon level of quality services is achieved and maintained by the provider and its subcontractors. Quality assurance activities will assess compliance with contract requirements, state and federal law and associated administrative rules, regulations, and operating procedures and validate quality improvement systems and findings. Quality assurance may also include evaluation of the provider’s services by outside, third party experts employed for that purpose.

Quality Improvement is an internally driven process utilizing available performance data generated by supervisors and staff that are responsible for service delivery. Continuous internal improvements in service provision and administrative functions are conceived and implemented by employees.

Contract Performance Monitoring is the acquisition, review, and reporting of information about Brevard Family Partnership’s external services. This includes monitoring Case Management Agency’s compliance and other providers’ compliance with the contract’s terms and conditions, both administrative and programmatic. In order to maximize Brevard Family Partnership’s limited resources and minimize disruption to the Case Management Agency (CMA), contract monitoring will integrate administrative and programmatic elements to the greatest extent possible. All efforts will be made to reduce duplicative activities and conduct coordinated contract monitoring across jurisdictional boundaries.

Utilization Management is a process to ensure that children receive services at the level and intensity needed for their well being. Many children who enter the dependency system have significant mental health issues and behavioral challenges. Some require more intensive programs than foster, group or relative care.

Placement decisions for children with enhanced mental health or behavior needs are made with consideration of the child’s functioning as evaluated by the Brevard Family Partnership Utilization Review Specialists using the Child and Adolescent Functional Assessment Scale tool (CAFAS). This tool will be administered upon the child’s entry into the system. The CAFAS will be re-administered quarterly during the child’s time in care to evaluate appropriateness of placements. The use of this tool will also be used to track improvements in the child’s well-being. This tool will be used to monitor performance of the system, contract providers and the Child Placing Agencies. Children placed in a level of care higher than foster care will be reviewed by the Director of Child and Families Services during the Clinical Review process, utilizing CAFAS scores and eligibility criteria.

PHILOSOPHY OF QUALITY ASSURANCE

Brevard Family Partnership’s mission is to develop and manage a comprehensive, community-based, coordinated system of care for abused, neglected, and abandoned children and their families. We believe that those we serve deserve the best that we can offer, assistance that is appropriate to their need, of the highest quality, in sufficient quantity, and delivered in a consistent, integrated, and timely manner. To this end, Brevard Family Partnership has developed and supports a network-wide Quality Assurance (QA) Program. By implementing a QA Program, we can assure our clients that they are
receiving services of the highest quality and that mechanisms are in place to monitor and evaluate these services on a regular basis. The continuous quality improvement process allows for systemic change at all levels of the network, building upon strengths and encouraging staff to work as a cohesive team to identify and implement quality changes that will continuously enhance services for the children and families we serve.

The Quality Assurance process, both quality assurance and quality improvement activities, is designed to provide crucial information to Brevard Family Partnership organizational leadership, Brevard Family Partnership Case Management Agencies, Network Providers, the Department of Children and Families, the Leadership Roundtable, Together in Partnership and other key stakeholders. QA activities involve collecting, reviewing, analyzing and using data from key areas of operations to ensure compliance with standards, contracts and best practices in order to improve performance and outcomes.

Our commitment to quality permeates our organization from the Board of Directors to our program staff. It is an expectation that all staff at all levels of the organization have an investment in providing the highest quality of service, and in improving the quality of that service on an ongoing basis in pursuit of excellence. The continuous quality improvement (CQI) culture is a positive one that encourages staff input and participation at all levels. Our staff is committed to respecting the rights of the clients we serve and ensuring the confidentiality of all information regarding those clients, including information reviewed for quality improvement purposes.

All of the components of the Quality Assurance program are designed to recognize and reward exceptional service delivery. The program ensures that client service in this agency consistently meets high professional standards, and recognizes excellent performance to enhance staff support of the various continuous quality improvement functions. Given the existing commitment to excellence in all aspects of service delivery, outcome goal achievement, and continuous quality improvement is a supportive mechanism, which encourages professional growth and development.

CONTINUOUS QUALITY IMPROVEMENT PROCESS

QUALITY ASSURANCE STRUCTURE

The State of Florida’s Department of Children and Families, in collaboration with CBCs around the state, has developed a quality assurance review system to be implemented July 1, 2008. In this model, quality assurance and quality improvement are treated as inseparable. A key component of Quality Assurance is the case file review and case-specific interviews. Brevard Family Partnership integrates the model into our day to day Quality Assurance activities and system of care, through on-going participation and communication. A total of 25 cases will be reviewed per quarter between the QA base reviews and regional side-by-side reviews described below. At any time, during any of the reviews described below, if a threat of life, health or safety of a child is discovered, the reviewer will complete a request for action form that will be forwarded to the case management program director and CBC Director of Operations for Quality & Fidelity. A response will be returned to the initiator of the concern within 24 hours of the threat being reported.

The QA staff within Brevard Family Partnership is as follows, the Chief Operations Officer, 2.5 Center Care Managers, Data Integrity Manager and 1-3 trainers. The Care Center Manager of the North Care Center will assume the QA Manager designation and any QA Manager activities described in this plan. In addition to Brevard Family Partnership staff, Brevard Family Partnership may call on staff from the Care Management agencies. This additional QA staff may include 1 Quality Management Specialist from CHS, 5 CHS case management supervisors, 2 Program
Directors (one each from CHS and Devereux) and 3 Devereux QA staff for a total of 17-20 reviewers. The identified reviewers will attend training provided by DCF and will be scheduled as training dates are determined.

The web based data collection tool designed by DCF is now fully functional and reviewers are able to input their reviews directly into this system. QA Managers are able to run reports and see results immediately. The Brevard Family Partnership QA Manager utilizes these reports to determine strengths and opportunities for improvement for each review period. Areas that need improvement will be analyzed using root cause analysis to determine what factors may be contributing to poor performance and what actions can be immediately implemented to improve performance. These results will be shared with DCF, BFP management, community stakeholders and the subcontracted case management agencies. Brevard Family Partnership will work in partnership with the DCF region QA staff to further analyze the rolled up results of the base reviews, side-by-side reviews and in depth reviews to further identify strengths and opportunities. It is expected that the first quarter using the new tool will be considered the baseline to compare subsequent reviews. After the first two quarters of reviews, the Chief Operations Officer, QA Manager and Training Manager will meet to analyze results from the previous two quarters and identify any training needs that have not been addressed. The Training Manager will schedule in-service training sessions to address training needs as they are identified.

The agency will track and report on ongoing improvement initiatives that will be occurring during the upcoming fiscal year. Items that rise to a corrective action are monitored on a quarterly basis for compliance. This information is reported to the DCF contract manager. The agency may also identify additional areas of monitoring where deficiencies have been noted.

For more detailed information, the DCF Child Welfare Quality Assurance Regional Model document can be found online at http://centerforchildwelfare.fmhi.usf.edu/qa/default.aspx

The following section provides a brief summary of some of the significant quality assurance activities, as described in the DCF Child Welfare Quality Assurance Regional Model.

**CBC Front Line Practice Reviews (3a)**
Brevard Family Partnership care manager supervisors (CHS & Devereux) will conduct case reviews bi-monthly for every case assigned to their unit and document the review in the Florida Safe Families Network (FSFN) system. Supervisors will provide guidance to and follow-up with care managers to assure all necessary interventions and services are provided to identify and reach case goals. Brevard Family Partnership currently monitors supervisor reviews and has seen the need to gain consistency across the units. Brevard Family Partnership will use the supervisory discussion guide described in DCF’s QA model to guide the supervisors in their reviews and perhaps focus only on specific areas of the guide during any given quarter. If specific areas of the discussion guide are to be a focus, all supervisors will focus on the same criteria for consistency across reviews during the quarter. As deemed necessary, Brevard Family Partnership will add to the supervisory discussion guide based on needs identified in part 3b of the plan.

**CBC QA Base Reviews (3b)**
CBCs will conduct a case file review of service process compliance and quality in a manner similar to that used by Chapin Hall for assessment of pilot CBC service delivery. The 25 file reviews will be done quarterly using a random selection with the following stratification. A purposive sample selection methodology will be used. The following criteria for selecting within the permanency goals has been provided as a general guide, but the distribution may be amended based on local rationale, as mutually agreed upon by region and CBC QA managers. Maintain and Strengthen – Randomly select four (4) cases involving children under six (6) years of age and randomly select four (4) cases involving children over six years of age. Reunification – Randomly select eight (8) cases of children in
out-of-home care with a permanency goal of reunification. Adoption – Randomly select four (4) cases of children in out-of-home care with a permanency goal of adoption. Permanent Guardianship – Randomly select one (1) case involving a child in out-of-care with a permanency goal of guardianship. Permanent Placement with a Relative – Randomly select two (2) cases involving permanent placement with a permanency goal of relative placement. Another Planned Permanent Living Arrangement (APPLA) – Randomly select two (2) cases involving children in out-of-home care with another planned permanent living arrangement permanency goal. Once the quarter’s sample has been defined, the Brevard Family Partnership QA manager will assign a total of 17 cases to the identified Brevard Family Partnership staff to be reviewed during the quarter. The 17 cases will be reviewed during the first 60 days of the quarter. The remaining 8 cases will be reviewed in a side-by-side review between Brevard Family Partnership QA staff and DCF, described below (3c) Reviewers will submit their results to the QA manager who will then consolidate the data and report the findings in the manner determined by DCF.

**CBC and Regional QA Side-by-Side Reviews (3c)**
To support internal CBC and regional quality assurance oversight of practice compliance and quality, provide information for practice improvement, and promote knowledge building among region and CBC staff, Brevard Family Partnership and DCF regional staff will conduct case file review of a subsample of 8 from activity 3b (above), in a side-by-side manner similar to that used by Chapin Hall for assessment of pilot CBC service delivery. The facilitator of the side-by-side reviews will be a DCF individual, as determined by the Region Family Safety Program Office. A Brevard Family Partnership QA staff member will pair up with a DCF QA reviewer to review a case together with a regional DCF QA facilitator present. The reviewers will be chosen quarterly to give every QA reviewer within the agency an opportunity to participate in the side-by-side process. The QA manager will be responsible for coordinating with the regional DCF QA contact to confirm the dates, locations and participants for the reviews and define how the review data will be tracked, analyzed and reported. Brevard Family Partnership has partnered with DCF to draft the following schedule for fiscal year 10-11.

<table>
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<tr>
<th>Quarter</th>
<th>Week Scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 10-11</td>
<td>August 2, 2010</td>
</tr>
<tr>
<td>Q2 10-11</td>
<td>November 1, 2010</td>
</tr>
<tr>
<td>Q3 10-11</td>
<td>January 18, 2011</td>
</tr>
<tr>
<td>Q4 10-11</td>
<td>May 9, 2011</td>
</tr>
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**In-Depth Quality of Practice Reviews (3d)**
Regions will conduct an in-depth review of the quality of practice by CBCs for a small subsample of cases from activities 3b and 3c. These reviews will delve deeper into the quality of casework by using interviews with case-specific informants and other techniques (focus group, survey, etc.) to supplement the case file review conducted on the subsample in activity 3c. Systemic factors covered by the federal Child and Family Services Review (CFSR) will also be covered through appropriate additional stakeholder interviews and other techniques such as document review. The DCF regional QA contact participating in the side-by-side activity (above) and the Brevard Family Partnership QA manager will choose 2 out of the 8 cases reviewed in the side-by-side to be reviewed by DCF QA staff. The cases chosen will be cases that had needs identified that warrant further review and in-depth analysis. The in depth interviews will be conducted in partnership between DCF QA staff and BFP QA staff. The region will identify need for and conduct performance improvement based on the results of these reviews.

**CBC agency management of quality assurance (3e)**
Regions will provide technical assistance to CBCs in developing an annual quality assurance plan according to statewide criteria, will review and approve those plans.

**Executive Management Discretionary Reviews (3f)**

To support department leadership in assessing topics of concern and supplement information obtained from other QA processes, each year the Department will determine through various data analyses and other critical factors such as a Performance Improvement Plan which programmatic areas, functions, or processes might require a more focused review than provided by the more general quality assurance activities. Based on quality assurance review results or other information, the Secretary or other member of the Department’s executive management may specify at any point during the year that a statewide focused topic review will be conducted and provide guidance on the requirements. The Family Safety program director will consult periodically with the Secretary and Assistant Secretary for Programs to select focus areas based on particular circumstances or trends. Where relevant to the directed topic, existing/in development tools for various program components (e.g., licensing, independent living, adoptions) will be reviewed and completed or revised. Brevard Family Partnership will work in cooperation with DCF to coordinate review efforts and ensure any review requests are completed in a timely manner.

**Psychotropic Medication for Children in Foster Care (3g)**

Care Center Managers will conduct reviews of children in out-of-home care that have been prescribed psychotropic medication. The reviews will include verifying that the physical file contains all relevant forms documenting a valid medical plan, informed consent by the parent, or a valid court order to administer the current medication. These reviews will occur frequently enough to ensure that each file is reviewed a minimum of two times per year. Each Care Center Manager will maintain a log of files to be reviewed and update the log monthly. The data integrity manager weekly pulls all data available through the DCF web portal to identify potential defects.

**Florida Safe Families Network (3h)**

Florida Safe Families Network is our system of record. Accuracy of captured data will be done in conjunction with scheduled quarterly case file reviews and any additional special reviews identified to ensure accuracy of data input into FSFN.

**ORGANIZATIONAL STRUCTURE AND RESOURCES**

Brevard Family Partnership is responsible for managing a comprehensive Quality Assurance Program. Roles and responsibilities as defined here for Brevard Family Partnership staff, Case Management Agencies, Network Providers, employees of the network, the community leaders, and stakeholders. The agency believes that the delivery of superior services requires the commitment and involvement of the CMAs: staff, supervisors, directors, and leaders and Brevard Family Partnership: staff, supervisors, directors, vice presidents and CEO, as well as the Board of Directors. A successful QA Program is all-inclusive; involves all levels of agency staff that actively strive to monitor, evaluate, and enhance their respective services as well as implement appropriate changes or improvements when warranted. We believe that everyone has something exceptional and significant to contribute to the quality improvement process.

The importance of providing superior services is also outlined in all employees’ job descriptions. Newly hired staff receives Pre-Service Training and intensive orientation from their supervisors ensuring that job expectations and quality indicators are clearly understood. This is followed by the expectation that employees will continue to develop professionally throughout their tenure with the
agency availing themselves of training opportunities offered both internally and externally. The agency supervisory and performance appraisal process ensures that constructive feedback is provided on an ongoing basis. Consequently staff skills are enhanced which result in improved service delivery to our clients.

Along with the agency-wide commitment to QA, there are also specific areas of responsibility for individuals in the Case Management Agencies and Brevard Family Partnership as part of the ongoing quality improvement process.

**Case Management Agency Frontline Staff and Supervisors**

Supervisors and staff are responsible for the implementation of sound, ethical practices to ensure that activities in their service areas are meeting compliance standards as well as the individualized needs of our clients. They must be committed to delivering the highest quality of services possible in order to meet program, contractual, and outcome goals. They must be open to constructive feedback and be willing to implement necessary changes to improve quality. Supervisors and staff must be actively involved in specific quality improvement activities, such as Peer Review teams, Quality Improvement Teams, and the Satisfaction Survey process. Supervisors have the responsibility for being the team leader for their respective programs, and are therefore involved in an ongoing process of motivating, empowering, facilitating, and encouraging change in their program staff and services. Supervisors are expected to meet with their staff on a weekly basis and closely monitor all cases with their respective workers. A record of the reviews and supervision issues are to be documented and maintained by the supervisor in supervisory log notes. Supervisors and staff are also responsible for identifying and removing obstacles to quality service delivery at the program level by establishing concrete action plans to address the areas of concern.

**Case Management Agency Directors and Leaders**

Directors and CMA Leaders are responsible for the monitoring and supervision of the staff and supervisors in their programs. It is part of their commitment to the quality improvement process to be aware of any systemic or programmatic issues that have surfaced in their respective programs. They are further responsible for helping staff and supervisors resolve any issues that cannot be resolved at the program level and for ensuring program, contractual, and outcome goal compliance. Directors and CMA Leaders are a critical link in the feedback loop. They ensure accountability for the staff and supervisors on quality improvement issues, and encourage change when warranted. They participate in CQI activities by reviewing those activities, assisting the staff supervisors to identify and remove obstacles in their programs, as well as communicating necessary information to the Brevard Family Partnership Lead Agency.

The Care Center Manager Lead for Quality Assurance is delegated responsibility and authority for the coordination of the Brevard Family Partnership QA Program. This position serves as the focal point for all quality improvement activities and is responsible for coordinating all agency quality improvement functions. This individual is responsible for overseeing the development, implementation, and maintenance of quality improvement activities, and for providing reports to the Chief Operations Officer. It is the role of the Quality Assurance Team to create a positive quality culture and encourage staff ownership of quality work. Other functions of the Quality Assurance Team include tabulating quality improvement data, generating meaningful reports, tracking follow-through on processes, and offering suggestions for agency-wide quality improvement needs on an ongoing basis. The Quality Assurance Team is responsible for the orientation of new agency staff to the agency-wide quality improvement process.
Brevard Family Partnership Chief Operations Officer
The Chief Operations Officer (COO) is responsible for addressing quality improvement issues for the Lead Agency and its providers. As part of the commitment to continuous quality improvement, the COO will receive vital information from the respective Directors regarding any quality issues that have surfaced within the programs. The COO can then evaluate the information from outcome goals to look for trends or patterns that are occurring at a regional level. The COO will strive to identify and remove obstacles to quality service at this level with the participation of the Directors across the organization, who will in turn involve their program staff as appropriate. Concrete action plans will be developed at this level to implement change in the identified areas.

Brevard Family Partnership CEO and Board of Directors
As part of their commitment to continuous quality improvement, the CEO and Board will support the agencies’ participation in the quality improvement process, and will offer feedback, ideas, and suggestions to the Quality Assurance Division. The CEO will receive reports on QA activities throughout the agency from the Quality Assurance Division. These reports will identify patterns and trends in service delivery, highlighting agency strengths and deficits with recommendations for improving the quality of service delivery. The QA Division will also report on priority incidents and any other pertinent information to the CEO on an ongoing basis.

Brevard Family Partnership QA Staff and Organization Structure
The Brevard Family Partnership Quality Assurance (QA) staff consists of a Chief Operations Officer (COO), Administrative Assistant to the COO, two and a half FTEs for Care Center Managers, three FTEs for Administrative Assistants to the Care Center Managers, three FTEs for the Care Center Receptionists—one FTE Data Integrity Manager, two FTE Rev Max Specialists, one FTE Training Manager, 1 FTE Training Specialist. The Care Center Manager from the North Care Center will assume the role of the QA Manager and will be the primary contact working with DCF in all things related to the new QA Process. In addition, there will be a QA/QI Representative from each Care Management Agency.
In order to complete the number of reviews and audits required within the QA plan, the staff may be augmented as necessary by peer reviewers and outside consultants.

QUALITY ASSURANCE/QUALITY IMPROVEMENT CONCEPTS AND DEFINITIONS
The concept of Continuous Quality Improvement (CQI) calls for perpetual organizational reexamination, not only of “problem” areas but even those areas that are running smoothly. It presumes that times change, customer needs change, organizational resources change – and these changes require adaptation to stay on a quality path and perhaps even reach higher levels of achievement. Internal activities intended to improve child service delivery by studying systems and processes and making them more efficient are generally referred to as Quality Improvement or “QI.” External evaluation, feedback, and correction are categorized under the heading Quality Assurance or “QA.” QI and QA do, and should, overlap and complement each other. Importantly, both QI and QA assist in taking the pulse of an organization and provide information for short and longer term planning.

THE QUALITY ASSURANCE PLAN
Brevard Family Partnership will adapt and use an internal Continuous Quality Improvement (CQI) philosophy that will span every aspect of program operations and will unite Brevard Family Partnership, contract providers, and families in a continuous upward spiral of quality planning, action,
and evaluation. Through the CQI process, Brevard Family Partnership will be able to use data to drive the follow-up and resolution process, yielding higher satisfaction for all partners.

Quality Assurance (QA) is the systematic integrated review of Quality Assurance and Improvement activities. The primary purposes of the Brevard Family Partnership Quality Assurance System are to strengthen practice; improve the timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families. Brevard Family Partnership will seek to identify in-process and end-process measurements that align with these goals while also ensuring substantial conformity with federal requirements of the Adoptions and Safe Family Act (ASFA) and achievement of the Contract Performance Measures set forth in the Brevard Family Partnership contract.

The Brevard Family Partnership assumption is that the commitment to the continuous improvement in quality services and outcomes for children and families of Brevard County is shared throughout the community: from the Brevard Family Partnership Board of Directors, Together in Partnership, Leadership Roundtable, case management agencies, contract providers, and in the community at large. The Brevard Family Partnership Board of Directors is a group of community members either appointed by the Brevard County Commission or voted in by the board itself. Brevard Family Partnership will continually provide information and request and solicit reciprocal input and feedback from the community. Brevard Family Partnership recognizes that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produce the best outcomes for children and families.

The information that is gathered through the QA process will be shared as appropriate with the community, contract providers and care management agencies for the purposes of planning (program improvement, contracting, policy and procedural changes), identifying training needs, and reallocating or enhancing funding sources. The process of gathering, sharing, evaluating, and acting upon information will be continuous because the needs of the population of clients receiving child welfare prevention and intervention services changes over time and because the funding for services and the availability of services changes as well. Continual evaluation of performance and other data elements will provide the basis for defining quality assurance activities that both supports and encourages quality improvement activities.

FOUNDATIONS OF THE QUALITY ASSURANCE PLAN
Quality service delivery and accountability to the Department of Children and Families, children and families, and the communities we serve is the key to success for Brevard Family Partnership. To that end, the QA plan has been developed not only to the minimum standards required by federal, state, and accreditation guidelines, but also to the much higher standards of best practice and community expectation. QA activities involve collecting, reviewing, analyzing and using data from key areas of operations to ensure compliance with standards, contracts, and best practices in order to continually improve what we do.

The following basic principles serve as a foundation for the Brevard Family Partnership Quality Assurance plan:

- The program is community-based and stakeholder driven.
- The program is outcome-focused.
- Data will drive decisions.
- Quality will always improve.
- Positive outcomes are achieved through consistent monitoring, evaluation and sharing of best practices.

In addition to community input, Brevard Family Partnership’s QA plan will rest upon the following foundations:
• The terms of the Brevard Family Partnership/DCF contract.
• Brevard Family Partnership’s vision and mission.
• Together in Partnership (TIP) Best Practice Standards
• Federal legislation, to include (but not necessarily limited to):
  • Adoption Assistance and Child Welfare Act of 1980
  • Child Abuse Prevention and Treatment Act of 1974 (CAPTA)
  • Family Preservation and Support Services Act of 1993
  • Adoption and Safe Families Act of 1997 (ASFA)
• Federal Title IV-B/IV-E Regulations
• State legislation, to include (but not necessarily limited to):
  • Florida State Statute, Title V, Chapter 39
  • Florida State Statute, Title VI, Chapter 63
  • Florida State Statute, Title XXX, Chapter 409
  • Florida Administrative Code, Chapter 65
• Requirements from accrediting and licensing agencies.
• Previous reviews, recommendations, and best practice, including the Child and Family Services Review (CFSR) and the resultant state Performance Improvement Plan (PIP).

In summary, it is the intention of Brevard Family Partnership to provide the highest possible level of service to children and families in Brevard County. The Quality Assurance plan, therefore, will be designed to assure that the services provided are the most appropriate services for the needs; that they are delivered in an efficient, effective, culturally competent manner; that all staff members demonstrate a deep commitment to the children and families whom they serve; that provider organizations have the resources to complete their jobs and that they remain dedicated to the mission of Brevard Family Partnership. A discussion of each of the elements of that process follows in the remainder of this document.

INTERFACE BETWEEN BREVARD FAMILY PARTNERSHIP AND DCF 18th CIRCUIT QA AND QI

It is believed that a commitment to cooperation and partnership is essential to the success of community based care in Brevard. With that perspective in mind, the Brevard Family Partnership DOO and/or QA Manager shall meet regularly with the DCF Central Region Quality Assurance staff to assure a seamless program that meets all reporting requirements while providing essential data to assist in the development of policy and procedure and in decision-making. Brevard Family Partnership will also communicate the results of any QA audits or reports to the DCF Circuit Administrator on a regular basis to assure that information continues to flow seamlessly between both organizations.

NATIONAL ACCREDITATION PLAN

Brevard Family Partnership recognizes the need for national accreditation for the purposes of providing yet another layer of quality assurance and for the purpose of enhancing the organization’s credibility among clients, providers, and stakeholders. Brevard Family Partnership earned COA accreditation in July 2009. In accordance with COA standards, the Brevard Family Partnership QA plan describes processes and activities required by COA including: stakeholder participation, long-term planning, short-term planning, internal quality monitoring, case record review, outcomes measurement, customer satisfaction, feedback mechanisms, information management, and corrective actions. Brevard Family Partnership Chief Executive Officer works with the Brevard Family Partnership Board of Directors to develop a strategic plan and interim short term goals. The CQI efforts are planned and implemented to support the organization’s and system’s vision, mission, and core values. It also embraces best practice efforts and state-of-the-art designs in the field of quality improvement; the approach calls for involving consumers and stakeholders in program planning, case
planning and case review, as well as convening teams to provide assistance and support in the activation of improvement initiatives.

The Performance and Quality Improvement committee formed for the COA process is considered a permanent committee that will continue when the COA process is over and includes participants from every department. The committee is currently working to construct satisfaction surveys that span the agency’s activities and a calendar showing when the different surveys will be distributed and collected. We currently survey BFP employees after monthly all staff meetings, overall employee satisfaction annually and participants from performance review quarterly. Over the next year, we will start surveying consumers, stakeholders or participants in our accounting department, IT support, Intake, clinical reviews, independent living, contract monitoring, weekly ops calls, and bi-monthly provider meetings. The results will be analyzed by the committee to see where Brevard Family Partnership can improve its processes and meetings.

STAKEHOLDER PARTICIPATION

The Leadership Roundtable is the Community Alliance for Brevard County, as established in FL Statute 20.19 (6). The Leadership Roundtable tasked Together in Partnership (TIP) with the development of the service philosophy and approach for Brevard County. In addition, TIP established best practice standards, service philosophy, created an emergency response model and conducted a comprehensive analysis of the service delivery network currently in place in Brevard County. The recommendations of TIP were approved and accepted by the Leadership Roundtable. Brevard Family Partnership has and will continue to integrate the planning, assessment and community outcome goals as determined by the Leadership Roundtable throughout the development of the system of care and throughout the ongoing Quality Assurance Process.

The Brevard Family Partnership QA process is agency and system-wide and involves staff and stakeholder groups across Brevard Family Partnership organizational units and across the community. All phases of CQI emphasize participation, communication, and cooperation. The participation of stakeholders is fundamental to a well-designed and implemented CQI process. Stakeholders include:

- Children and families served;
- Staff members
- Board members
- Contract Providers
- Leadership Roundtable
- Together in Partnership (TIP)
- Department of Children and Families (DCF)

With non-Brevard Family Partnership personnel, Brevard Family Partnership will use focus groups and/or task-oriented work groups to engage stakeholders in the ongoing CQI process. These include:

- Performance Reviews Team
- Quality Assurance Board
- Partners, Advocates, Liaisons, Supporters
- Provider Network
- Child Placing Agency Partnership

These groups are described in detail later in this plan. Brevard Family Partnership will use surveys and may utilize public hearings, planning groups, etc. to gain broad, meaningful and ongoing stakeholder involvement if deemed necessary.

LONG-TERM PLANNING
As an overarching basis for all of its QA activities, Brevard Family Partnership has developed a long term or strategic plan. The Brevard Family Partnership strategic plan, developed with the Brevard Family Partnership Board of Directors and with input from the community, projects five years into the future and is reviewed and updated annually. Brevard Family Partnership uses data from FSFN, the DCF performance measure dashboard, satisfaction surveys and local databases to determine performance and identify areas for improvement. Data from every department within Brevard Family Partnership is distributed to every board member.

**SHORT-TERM PLANNING**

The interim short term (one year) plans will be developed as building blocks toward achieving the longer term goals. Progress toward achieving the annual goals will be monitored quarterly by Brevard Family Partnership with the Quality Assurance Board. This will provide information on progress as well as an indication of whether each short term goal is appropriate or if it needs adjustment. This feedback will help refine the process and make it more useful.

**SERVICE ARRAY**

Brevard Family Partnership has created a continuum of services that has the capacity to deliver within our provider network a range of services that include in-home services; out-of-home services; adoption services; residential and placement services; contracted client services; and prevention services.

**FAMILY TEAM CONFERENCING, UTILIZATION MANAGEMENT, AND UTILIZATION REVIEWS**

The utilization management process will link children and families with the appropriate level of service within the following service guidelines. Services must:

- Be adequate to meet identified needs;
- Be least restrictive placement possible;
- Must fall within approved protocols and pathways;
- Must be family-focused, and,
- Must be community-based and as close to home as possible.

When the services are identified, the Care Coordinator will approve the utilization of services. The parties work together to assure that planned services are (1) necessary, (2) linked to the case plan, (3) appropriately based on child/family need, and (4) delivered in the correct setting, for the necessary length of time. The Care Coordinator makes the authorization decision and provides instructions to the providers regarding the timelines for continued stay reviews. Once the authorization has been granted, the Care Coordinator will identify the appropriate provider and contact the provider to initiate services. An authorization form will be submitted to the provider by fax or online. When invoices are submitted, each provider in the network submits a summary of each unit of service delivered along with the authorization form.

In addition to the monitoring that occurs in the Family Team Conference and by the Care Manager and supervisor, Brevard Family Partnership will use utilization reviews to monitor the provision of services by the network. The frequency of utilization reviews will be determined by the Care Coordinator but will occur at a minimum of every 90 days.

Utilization reviews will be attended by the Brevard Family Partnership Utilization Review Specialist that administered the CAFAS for the child. The CAFAS will be administered as frequently as quarterly. This ongoing review will ensure that the children placed in a level of care above a traditional foster
care setting are there for appropriate clinical needs that could not be met in a less restrictive setting. It will also be quite important to examine placements in high levels of care for children under 12 years of age. For all children in restrictive placements, reviews are important to insure that as needs change; children can be safely stepped down to a lower level of care or served in home with therapeutic supports.

In addition to monitoring the appropriate level of care, the Utilization Review will also review the effectiveness of the services previously authorized. If services are deemed ineffective, the services will not be reauthorized. If additional service units are warranted, the service will be reauthorized to be reviewed at a subsequent utilization review.

The UR will function, not so much as a mechanism to restrict care but rather, as another vehicle for monitoring the appropriateness of care. UR will help to ensure that children get the services they need, when they need them, in the right amount—no more and no less.

There will be three types of providers recognized by Brevard Family Partnership in the Provider Network:

- **Category A providers**: Providers who perform a core system of care service, usually governed by local, state or federal regulatory requirements and normally funded by Brevard Family Partnership directly. These providers will have a contract with Brevard Family Partnership.
- **Category B Providers**: Providers who perform a vital or mainstream system of care service, normally reimbursed outside of Brevard Family Partnership (such as Medicaid Reimbursement, SAMH funding, Title IV-E, TANF etc.) These providers may have a contract (if funded by Brevard Family Partnership) or a Memorandum of Understanding with Brevard Family Partnership.
- **Category C Providers**: Providers who perform an important, necessary service which supports the system of care, usually considered informal or a natural extension of a service or agency (such as faith based groups, food pantries, homeless shelters etc.) These providers may or may not have a Memorandum of Understanding with Brevard Family Partnership.

Brevard Family Partnership believes the PI should encounter no barriers in referring children and families for services as soon as the need is apparent. We further believe that the sooner the Care Manager can begin to engage and work with the child and the family, the more successful we will be in attaining safety, permanency, and well-being goals.

The PI will be able to refer children for placement services 24/7, 365 days a year. We will create a streamlined intake process providing a single point of accountability for the coordination of services and supports for all children and families referred. The centralization ensures that information is gathered, documented in state data systems and communicated to relevant parties to facilitate the initiation of placements and services. The expedited timeframe ensures that children and families do not have to wait for services that could vastly improve their chances for success.

**INTAKE, DIVERSION AND ASSESSMENT**

Brevard Family Partnership will accept referrals from the PI for all children and families in need of services, supports, or placement, including the following:

**Low risk cases (Referred for Information and Referral)**—PIs sometimes have cases where there is no evidence of abuse or neglect and no identified need for “formal” services. At the same time, the PI may see a need for linkage to community resources to improve child or family functioning and reduce future risks.

The system of care “model”, developed by TIP and approved by the Leadership Roundtable, recommended that the lead agency support information and referral for front-end prevention efforts to
ensure at-risk families who may not require entry into the system will receive adequate support and resources to prevent a future episode. Brevard Family Partnership works collaboratively with the community and stakeholders to achieve this goal.

We developed a two-tiered approach:

**Families in Need of General Information:** If the PI believes that families are in need of general community referrals, the PI will refer the family to Brevard Family Partnership for linkage to “FIRST CALL FOR HELP” (211) for free access to health and human services in their communities. These 211 services provide a critical connection between individuals and families in need and the appropriate community based organizations and government agencies. They provide callers with information about and referrals to services such as:

- Basic human need resources – food banks, clothing closets, shelter, rent assistance, utility assistance.
- Physical and mental health resources – health insurance programs, Medicaid, Medicare, maternal health, Kid Care, crisis intervention services, support groups, drug and alcohol intervention and rehabilitation.
- Work supports – financial assistance, job training, transportation assistance, education programs.
- Supports for elder and persons with disabilities – adult day care, congregate meals, Meals on Wheels, respite care, home health care, transportation, homemaker services.
- Children, youth and family supports – child care, after school programs, Head Start, summer camps, family resource programs, mentoring, tutoring, protective services.

**Families Needing More Support:** If the PI believes the family needs a more personal approach and face-to-face contact, the PI can make a referral to Brevard Family Partnership for facilitated access to community resources. In those cases, the Intake Specialist will refer the family to the Brevard CARES Program who will then help the family identify natural supports and develop a family prevention plan. The Intake Specialist will refer the case to an appropriate agency, such as 211, or to the Brevard CARES Program to help families identify and access community services. Within 14 days of initial referral, the Intake Specialist will follow up with families to ensure that referrals for services were provided and helpful. The results of this call will be documented in the Brevard Family Partnership system. If no other services or referrals are needed, the case will be closed in the Brevard Family Partnership system (and the PI notified).

**In-Home Services**—The PI will get an in-home non-judicial service agreement signed by the family when a determination is made that the family can safely remain together with services but without court involvement. If the family is willing to accept services, the PI will secure the agreement and make the referral to Brevard Family Partnership. A Case Transfer Team staffing (formerly ESI) will be scheduled at the Care Center. Mandatory participants include designated Brevard Family Partnership staff, the Case Management Agency Supervisor and the PI. After the case is reviewed and the case transfer task list is completed, the Care Manager will assume responsibility for case management and will make contact with the family within 24 hours.

At the time of referral, the Intake Specialist will review the intake/enrollment checklist with the PI and identify information that is required before accepting the referral.

When Brevard Family Partnership receives the signed agreement and all other required information, the Intake Specialist will accept the case and make a referral to the appropriate Care Center Manager for assignment of a Case Management Agency. Once the Care Manager has been assigned there will be no other staffing prior to assumption of case management responsibilities.
The family’s participation will be totally voluntary. During the course of interaction with the family if circumstances warrant, the CM will advise the PI and CLS of any information that might indicate a higher level of supervision and court-involvement are needed.

**Protective Supervision In-home**—When the PI determines that the child can remain at home with court supervision the PI will initiate the non-shelter dependency petition and make the referral to Brevard Family Partnership for further assessment of service needs and ongoing case management. CLS will file the non-shelter petition within 72 hours of receipt of a completed packet from CPI. A Case Transfer Team staffing (formerly ESI) will be scheduled at the Care Center within 48 hours after the non-shelter petition is filed. Mandatory participants include designated Brevard Family Partnership staff, the Case Management Agency Supervisor and the PI. After the case is reviewed and the case transfer task list is completed, the Care Manager will assume responsibility for case management and will make contact with the family within 24 hours.

**Children Placed in Relative/Non-relative Care**—When the PI decides that placement with a relative or non-relative caregiver is the appropriate decision, the PI will photograph and fingerprint the child, screen for bruises or other visible signs of injury that might require immediate attention, and briefly assess the child for health, mental health or behavioral problems that might jeopardize placement or that might require immediate services following placement. When the PI has all the information needed to complete the Intake/enrollment checklist, the PI will call the Brevard Family Partnership Intake Specialist, provide enrollment information, and review any information that might require immediate assessment or services following placement with relatives/non-relatives.

When the child’s enrollment is complete, the Intake Specialist will contact the Care Center Manager for Care Management Agency assignment and relay all of the intake information. The CMA will assign a Care Manager within 24 hours of referral.

For completion of the case transfer, a Case Transfer Team Staffing will be held (as described below). After the staffing, the Care Manager will accept case transfer and initiate contact with the child and the relative within 2 days of relative/non-relative placement (or sooner if required by court orders) to arrange for any additional screening or assessments not previously arranged by the PI.

Following the case transfer, the Care Coordinator will make a referral to the Brevard Family Partnership Caregiver Liaison (described in a later section) for relatives/non-relatives needing extra support. The Caregiver Liaison will make contact with the family within 72 hours of the child’s placement to discuss Brevard Family Partnership services and to identify the need for any immediate services or support to stabilize the placement.

**Shelter and Foster Care Placements**—When the PI has determined that the child must be taken out of his/her home and there is no immediate or appropriate relative available for placement, the PI will request placement services and supports from Brevard Family Partnership and file a shelter petition.

The PI will photograph and fingerprint the child, screen for bruises or other visible signs of injury that might require immediate attention, and briefly assess the child for health, mental health or behavioral problems that might jeopardize placement or that might require immediate services following placement. When the PI has all the information needed to complete the Intake/enrollment checklist, the PI will call the Intake Specialist and provide enrollment information.

If it is clear at the time of referral what level of placement is needed for a child, Brevard Family Partnership will identify the appropriate type of placement and match the child to an appropriate placement—when possible in traditional foster care settings, with therapeutic services wrapped around the child if indicated.

If at the time of initial request for placement it is unclear what the child’s clinical and safety needs are, Brevard Family Partnership will use the information available at the time to match the child to the most appropriate emergency shelter home or facility where the child will remain until a functional assessment can be completed by the Brevard Family Partnership Utilization Review Specialist.
When the child’s placement has been made, the Intake Specialist will notify the Care Center Manager for Care Management Agency assignment and relay all of the intake information. The CMA will assign a Care Manager and a case transfer staffing will be held within 24-48 hours of the request for staffing by the PI. After the staffing, the Care Manager will accept case transfer and initiate contact with the child within 48 hours.

Brevard Family Partnership is interested in creating and managing a seamless case transfer process. Brevard Family Partnership has a case transfer team staffing. Mandatory participants would include the assigned Care Manager, PI, CLS, and designated Brevard Family Partnership staff. The team staffing ensures consistency in reviews of all decisions that affect the care and custody of the child. It provides the checks and balances needed to ensure that decisions made are in the best interest of the child and consistent with federal and state policies and practices.

At the team staffing, the case is reviewed and agreement is reached on court recommendations and remaining tasks/responsibilities. It is at this time that the preliminary findings from the initial investigation will be reviewed along with the plans for visitation and for services to the child and family. The checklist will be completed, indicating primary responsibility for completion of required tasks leading up to disposition—including data and records collection and coordination of court-related activities.

At the Team Staffing, discussion is held regarding the history and current status of the case, services that are in place or are needed, status of the investigation, etc. All parties attending the staffing identify and assign tasks to facilitate service initiation and closure of any outstanding issues identified at the staffing including identifying/ transferring responsibilities for the remaining steps in the initial response/assessment to the assigned Care Manager, including:

- Protection of the child, collateral contacts, fact finding, and notifying the state attorney, law enforcement, and the Human Rights Advocacy Committee;
- Drafting the case plan with the family;
- Assisting the PIs and legal services with court activities that may be needed including arraignment and review hearings, adjudicatory hearing, predisposition hearing, case plan approval/disposition hearing, priority placement home study request, order of compliance as well as documentation of those activities.
- Arranging additional meetings (family members, protection teams, school, and case review committee) that are pertinent in finalizing the disposition, documenting the outcome of those meetings, and implementing the recommendations.
- Stabilizing crisis situations.
- Providing and documenting the services in the case plan.
- Participating in all decisions about the case until disposition.
- Keeping the PI informed of any information which is provided by the child, parents, relatives or others which would be relevant to the court at the time of disposition.

At the conclusion of the discussion, Brevard Family Partnership/designee makes a final decision as to the appropriateness of the legal status, initial case plan, date of acceptance of the case, and CMA and Care Manager Assignment. (Note: If the Brevard Family Partnership staff person or Care Manager believes the case is not appropriate or the transfer packet is not complete and they believe that the case should be “denied”, the Chief Operations Officer will be contacted immediately. If the COO agrees that the case transfer should be postponed, the designated staff person for DCF will be contacteded. If DCF overrides the Chief Operations Officer, the transfer will be accepted. Each time this occurs, the situation will be reviewed at the next monthly Interagency Meeting of Brevard Family Partnership and DCF in order to identify and remedy potential barriers to the smooth transfer of case management responsibility.

The Brevard Family Partnership representative attending the team staffing record all decisions on the Team Staffing Log and will ensure that information becomes a part of the child and family case file.
within 24 hours of the staffing. After the Team Staffing, all case management responsibilities will transfer to the designated care management agency. The investigator will continue to support Brevard Family Partnership with shared information and input until disposition and investigation report closure.

The process requires a high level of mutual respect and shared accountability. The PI need to remain engaged and continue to provide information until the investigation is closed. An expedited case transfer process might also mean that the PI would need to prioritize the gathering of essential information that is needed for case transfer sooner in the investigation process.

Additional Supports

Adoption Support
At the time that adoption is the goal and TPR has been achieved, Care Managers will be able to turn to adoption subcontractors for support—while still retaining primary responsibility for case management. Based on our strong belief in the importance of a single care management model, this approach to contracting for adoption support is the most appropriate.

Permanency Reviews
A Permanency Planning Review Team (PPRT), convened by the Brevard Family Partnership meets periodically to review every case. The initial review will occur no later than 150 days after custody or placement and at regular intervals following the first review, no longer than 180 days between reviews. These teams are charged with ensuring that every child in foster care placement achieves permanency within one year.

Permanency Planning Review Teams are open, non-adversarial forums for focusing on casework practice and planning. The Permanency Planning Review process allows each party involved to have input into service needs of the child and family; to document progress of the parents in improving the conditions that led to foster care placement; to develop the most appropriate permanent plan; and to ensure that permanency is achieved for every child. The review team process also ensures that the plan that is developed will be followed regardless of changes in staff or providers. In addition, parties with disagreements can address them prior to court hearings, helping each to understand the position of the others, and thus providing the opportunity for informed negotiation.

The Permanency Planning review team provides an unbiased, objective, and thorough review of all elements of a child's permanency plan. To ensure that the process is objective, it will be led by Brevard Family Partnership staff such as the Care Center Managers who do not have direct responsibility for case management. Participants who will be invited to the PPRT reviews include (but are not limited to) the following:

- Care Managers
- Providers or foster parents of the case under review
- The child's parent(s), unless parental rights have been terminated;
- The child (age 10 years or over, if appropriate);
- CLS;
- The Parent’s attorney; and
- The Guardian ad Litem

Parents will receive adequate notice of the meetings and they will also be informed that they have the right to present information from their perspective. Every effort will be made to meet at a time and location that enables parental participation, including scheduling evening and/or weekend meetings and/or offering remote linkage through teleconferences. Notification to parents and other required participants will be documented in the case record and signatures of all persons attending the PPRT meeting will be recorded on the Case Plan.
The primary purpose of the Permanency Planning Review Team is to ensure that reasonable efforts to achieve a safe, permanent home for a child are being pursued actively. Specifically, the team shall determine:

- The need for continued custody of the child;
- The need for continued placement of the child;
- The appropriateness of the child's current foster care placement;
- If reunification is the plan, the extent of progress made by the parents toward improving the conditions that caused the child to be removed;
- The barriers or safety issues that prevent reunification from being achieved;
- The services that have been provided to help the family achieve the goals identified in the Case Plan;
- The services that are still needed to help the family achieve the goals identified in the Case Plan;
- The extent of compliance with the Case Plan;
- The most appropriate permanent plan for the child and how to achieve the plan;
- The most appropriate alternative permanent plan for the child; and/or
- The expected date by which the permanent plan will be achieved.

**Separated Sibling Reviews**

These staffings are now held in conjunction with permanency staffings and will be reviewed quarterly. When siblings are separated, a staffing involving the Care Manager, Supervisor and Brevard Family Partnership staff are to occur quarterly to review progress made towards placing the sibling group together, and to ensure that separated siblings maintain connection through regular visitation. A tracking of separated siblings is maintained. Reasons for separation, and the date of the sibling visit.

**Clinical Reviews**

The Brevard Family Partnership Director of Operations for Clinical Services will collaborate to organize a weekly review of children and families identified as having complex needs and requiring high levels of intensive services (i.e., those cases are outside the norm for a specific level of care).

**Mental Health Services**

The following mental health services will be sought in varying degrees for children in Brevard Family Partnership custody, based on level of care criteria placement.

a. **Targeted Case Management (TCM)**: Targeted Case Management (TCM) services can be provided for any child under Brevard Family Partnership custody with complex clinical mental health needs only when this service is not considered duplicative or fragmented. If it is determined that a Targeted Case Manager is needed, a joint plan will be developed that delineates each of their responsibilities. The addition of a TCM should promote continuity and stability of case management services for the child and the family.

b. **Crisis Stabilization Units (CSU)**: These are designed to provide short term residential evaluation and crisis stabilization for persons experiencing an acute mental or emotional crisis. Children admitted to these facilities are those believed to meet criteria for a Baker Act and ultimately require inpatient psychiatric care during a period of crisis.

c. **Day Treatment**: This is an integrated program of academic, therapeutic and family services that can be school based or provided at other community sites. Day treatment may be necessary for children who are not able to attend school in a public forum.

d. **Family Wraparound Plan**: This plan is developed at the initial Family Team Conference and primarily is designed to enable the child to remain in their home (whenever possible) foster home or other community setting. Services include both traditional and non
traditional supports as well as highly individualized community support services, including the purchase of needed goods and services identified in the service plan.

e. **Outpatient Treatment**: Provision of individual group or family treatment including the use of mental health therapists, psychologists and psychiatrists.

f. **Respite Care**: Planned period of relief for child’s caregiver assuming the duties of caregiving for several hours, overnight or for several days.

g. **Assessments**: Brevard Family Partnership has various assessment options woven into the system of care. Consistent with the unique and customized approach to care planning, parameters of assessment can include family, home, functional behavioral, intelligence tests, medication, neuropsychological, occupational, parenting, personality testing, psychiatric, psychological, psychosexual, fire setting, speech, language, substance abuse and trauma evaluations.

h. **Flex supports**: Brevard Family Partnership has a network of providers that create a continuum of services and resources. These supportive services are specific to the family needs and authorized “flexibly” within the context of the Family Team Conference. Service description includes family, group and individual therapy, behavior management, sexual abuse counseling, case management, parent support and advocacy, teen groups, anger management, batterer’s intervention, domestic abuse counseling and advocacy, educational support, therapeutic recreation, crisis management, family mentoring and social skills groups.

Brevard Family Partnership recognizes that minimization of trauma associated with a removal from a child’s home is imperative for healthy developmental functioning. Children that experience multiple placements within the foster care system are exposed to conditions that place them at risk of developing an attachment disorder. Sudden separation from a primary caretaker, confounded with these variables, teaches a child that the world is unsafe. The Intake, Unit’s placement philosophy is based on a number of key governing principles:

- Brevard Family Partnership has a 24/7 line Intake line available to access the Mobile Response Team and licensed placements including the Welcome Center at 321-752-3226
- Brevard Family Partnership will ensure that substitute care homes consist of safe, stable environments that do not have early identifiable issues indicative of placement disruption.
- Each family foster home will meet the child’s specific needs and ensure the child’s safety and well-being.
- Each family foster home is given the responsibility of a surrogate parent, assuming responsibility for the child’s educational, medical, social, recreational and emotional health.
- Each home shall be consistent with the child’s best interest, special needs and cultural characteristics.
- Children will be placed within their home county and same school zone to preserve the child’s community connections and to allow close proximity to biological families.
- Whenever possible, children will be placed with their siblings. Any sibling group that is separated will be staffed quarterly to expedite the facilitation of a placement together.

Before a child is placed in foster care, non custodial parents, relatives and non relatives will be given first consideration and subsequently will have been ruled out as a placement resource. Once it has been determined that licensed care is required, Brevard Family Partnership Intake Specialist will contact each Child Placing Agency (CPA) to determine the most appropriate, family like placement based on the child’s need.

**Mechanisms to Determine Level of Care**
Traditionally, the child welfare system has been categorical in service provision and required a child to fail up into higher level placements. Seldom are children assessed accurately at the front door. For these reasons, each child will be evaluated by a Brevard Family Partnership Utilization Reviewer, (Masters level therapist) through the administration of a tool called the Child and Adolescent Functional Assessment Scale (CAFAS) and the Pre School and Early Childhood Functional Assessment Scale (PECFAS) designed by Dr. Kay Hodges. The following domains of the child’s life will be assessed: School/Work, Community, Home, Behavior towards Others, Moods/Emotions, Thinking, Substance Abuse and Self Harmful Behavior. Each child will be evaluated at intake, quarterly and at discharge. Any behavioral challenges that the child has experienced will be communicated to the primary Care Manager. Clinical issues will be incorporated into the care planning process. Each child’s strengths and goals will be identified and new goals will be introduced progressively. Brevard Family Partnership Utilization Reviewers will collaborate with multiple informants throughout this process.

The Brevard Family Partnership System of Care has blended internal expanded placement alternatives with current Substance Abuse and Mental Health (SAMH) placement options to create a leveling system responsive to each child’s individualized needs. Each placement level is characterized by a corresponding CAFAS/PECFAS score, plan of action, compensation for foster parent, placement review frequency, requirements of foster parents, criteria of child and finally requirements of Child Placing Agencies.

The following family care levels are encompassed:

<table>
<thead>
<tr>
<th>Name/ Type of Home</th>
<th>Initial Licensure</th>
<th>Re-licensure training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pathway Home</strong></td>
<td>Traditional Foster Care</td>
<td>MAPP</td>
</tr>
<tr>
<td><strong>Connections</strong></td>
<td>Therapeutic Foster Care</td>
<td>MAPP plus 10 hours</td>
</tr>
<tr>
<td><strong>Passages</strong></td>
<td>Enhanced Foster Care</td>
<td>MAPP plus 30 hours</td>
</tr>
<tr>
<td><strong>SAMH Specialized Therapeutic Level 1</strong></td>
<td>Based on SAMH requirements</td>
<td>Based on SAMH requirements</td>
</tr>
<tr>
<td><strong>SAMH Specialized Therapeutic Level 2</strong></td>
<td>Based on SAMH requirements</td>
<td>Based on SAMH requirements</td>
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**Mechanisms to Assist in the Prevention of Placement Disruptions**

Although there are multiple reasons why children disrupt, at times it is a result of the lack of access to the child’s identified services. As a result of the child not engaging in services, the child destabilizes and the foster parent subsequently becomes frustrated. Brevard Family Partnership will offer additional supports to primary Care Managers to ensure that there are not any barriers to a child receiving the necessary and required services. Brevard Family Partnership Care Coordinators will function as resource specialists and will authorize services in a prudent yet effective manner to ensure that adequate resources exist to serve each child’s needs. Professional contracted providers will be utilized in addition to the community resources that already exist in Brevard County and with whom working agreements have been pre arranged.

Each appropriate family with the goal of reunification or under the supervision of Brevard Family Partnership will also engage in the Family Team Conference (FTC) Process. The initial strengths discovery to initiate the FTC process will be held within 14 days of Brevard Family Partnership receiving the referral and each subsequent utilization review will address the child’s and family’s progress. Any child that is experiencing potential placement disruption will automatically be scheduled for an emergency FTC to discuss what additional supports can be deployed to stabilize the child in their current placement. Each family’s network of supporters (called the Family Care Team) will
provide input into the planning process. All informal and natural supports will be utilized. Each CPA will have representation at the FTC and every resource must have been exhausted before consideration is given to change placement. If a placement change is required, the affiliated CPA will replace the child within their own network and same school zone.

Another reason for placement disruption can be a lack of support to the foster home. The experience of a foster parent unable to receive help can be isolative and often causes an ultimatum to be given. Brevard Family Partnership will provide crisis intervention to each foster home through the Mobile Response Team (MRT). MRT will be available 24 hours per day, 7 days per week for de-escalation of a crisis that might result in placement disruption. In addition the following supports can be accessed through this comprehensive model:

- Assessments and Written Recommendations
- Psychological Evaluations
- Home Based Interventions
- Paraprofessional Support/Parent Education
- Psychiatric Evaluation/Medication Management
- Behavior Management/Support
- Safety and Crisis Planning
- Home Based Therapy
- Dialectical Behavior Therapy
- Cognitive Behavior Therapy
- Trauma Treatment and Evaluations
- Psychosexual Evaluation and Treatment

CASE RECORD REVIEW

Brevard Family Partnership will employ a case record review system. Brevard Family Partnership QA staff will be augmented by staff members from Care Management Agencies, contract providers or other interested stakeholder agencies as appropriate. Inclusion of these peer reviewers will serve several purposes, as follows:

- To help to assure integrity of the process.
- To allow for System of Care partners to learn from both the mistakes and the best practices of other organizations.
- To reinforce the philosophy of full partnership in the QA process.
- To provide for a sense of ownership of the QA process.

The record review/audit process will be viewed as a comprehensive multi-leveled process that includes basic record reviews as part of good supervision; QA reviews of sample records; utilization reviews, reviews of children with complex needs; and annual reviews of contract provider records.

Care Manager Case Record Reviews (Supervisor Reviews)

CMA care managers and their supervisors will be involved in continuous self-review of all open cases. Upon assignment of the case (within 30 days of case effective date), the care management supervisor will complete a review of the case record to provide case direction to the care manager as well as to immediately assess child safety, well-being and permanency. At the time of this initial review, the supervisor will also validate that the information contained within Florida Safe Families Network (FSFN) is complete and accurate. Ongoing supervisor reviews will be conducted at a minimum every 60 days from the date of the initial review. This subsequent review will also ensure child safety, well-
being, and permanency are being addressed and that the record (case file and FSFN) contains complete and accurate documentation. Each child's case plan will be reviewed at least quarterly and will include an evaluation of the family’s progress toward achieving service goals. This review will be input within FSFN as a Supervisor Review within 48 hours of the review. In addition to the 25 quarterly reviews, each Care Center Manager will review 2 supervisory reviews per month to ensure qualitative discussions are occurring.

Due to the critical nature of maintaining contact with the children under supervision, any child that does not receive a face-to-face visit during the calendar month will be considered at high risk. This high risk population will require a supervisor review each month the child not contacted. There are various reasons for being unable to complete a visit and all will warrant supervisory oversight. This reason will also direct the review. For example, if the child is missing, the supervisor will review to ensure reasonable efforts are being completed to locate this child. Another example is the child is out of state. Within this review, the supervisor will review efforts to initiate Interstate Compact Placement of Children (ICPC) and insure casework activities support ongoing efforts to insure the child’s safety and well-being. These children will be immediately identified at the conclusion of each calendar month and the supervisor review will be completed and input into FSFN by the 5th of the following month.

Contract Provider Case Record Reviews

Case file reviews will be a core element of the annual on-site review of contract provider agencies. In developing the customized monitoring scope, the BFP Contract Manager will determine whether to examine the universe of records maintained by the Provider or to examine a sample, or limited number, of these records. It is appropriate in many situations for monitors to gather information by examining a limited number of records. It is not generally necessary to gather a sample that meets statistical significance. The monitoring team will exercise good judgment to make common sense decisions regarding sample size. It is reasonable to adjust the sample size during a monitoring. It may be reasonable to reduce sample size if results are extremely consistent for the first records reviewed. Sample sizes may be increased if the team identifies a problem in a high-risk area.

For each claim to be reviewed, the Contract Manager will: 1) verify documentation of the delivered service, and 2) analyze the quality and compliance levels of the delivered service based upon standardized requirements that will be made available to the provider upon execution of a contract, and 3) assess the effectiveness of the services purchased.

INFORMATION MANAGEMENT

The Brevard Family Partnership servers, routers, switches and other network connectivity equipment, are installed, managed and maintained in accordance with the server standards, policies and procedures. Security systems have been implemented to meet state and HIPAA policies and procedures. These include network systems and remote access security methodology, formal data access request procedures, network and data activity and logging systems and analysis. Software is run on all servers, installed on each workstation, and configured to check program files, email and all incoming files for viruses. Brevard Family Partnership’s Information System provider will be responsible for server backups utilizing a broad range of tape backup devices, including high end tape library systems. The contract will also insure the provider maintains and annually updates a Disaster Recovery Plan that encompasses sites, network and data security, hardware, software applications and data backup, redundancy and recovery systems. An extensive daily, weekly and monthly tape backup system and rotation policy is maintained for each site, including an off-site tape backup service to ensure data recovery capability.

Brevard Family Partnership is aware of the importance data integrity has for clients to receive appropriate and timely care. Brevard Family Partnership’s Data Integrity Manager will review,
compare and update data contained in Integrated Child Welfare Services Information Systems (ICWSIS), Florida Safe Families Network (FSFN), Adoption and Foster Care Analysis and Reporting System (AFCARS), Adoption Exchange System (AES) and other state data systems to ensure accuracy, proper data entry procedures, and utilize a number of tools to evaluate the data in each system. The Data Integrity Manager will coordinate with state technology personnel to enable accurate data transfer between state data applications into new technology systems and runs reports in each system to compare data, process updates and improve data entry procedures. The Data Integrity Manager will also reconcile statistics produced by Brevard Family Partnership with those the State of Florida produces to ensure accuracy. By doing the above mentioned processes, the data is validated on a regular, ongoing basis.

The critical elements of Data Management are as follows:
- FSFN vs. ICWSIS reconciliation
- Demographic Data Validity
- Timely and Valid Data Input

**Timely and Valid Input**

The Care Manager is the responsible party to update the Case Record as outlined in Brevard Family Partnership OP 42.

To increase the validity of the information, the pre-service training should be restructured to support this model. Brevard Family Partnership assumed responsibility for Pre-Service and Certification on January 1, 2006. The Brevard Family Partnership Training Manager has re-designed the pre-service curriculum to integrate the content training with the functionality training for FSFN. This integration will support the timely and valid input within the Case Record.

Ongoing Quality Assurance reviews of various data elements already in place will be monitored for compliance within each CMA, Care Center and Unit. This will be completed by the Brevard Family Partnership Data Integrity Manager and supported in the field by the Care Center Managers. Ultimate oversight of this will be monitored by the COO.

The Brevard Family Partnership Data Integrity Manager is available to provide training and direct technical support to the staff as needed.

**INTERNAL QUALITY MONITORING**

**Quality at the Direct Service, CMA and Lead Agency Levels**

Brevard Family Partnership recognizes that quality measurement for a Lead Agency or a Care Management Agency (CMA) is different from quality measurement at the level of direct provision of services.

Quality at the Lead Agency/CMA level will focus on outcome measurements relevant to the overall health of the organization (macro level). Quality at the direct service level will include a macro level approach as well as a focus on customer satisfaction, in process measurements and drill down to review performance at the unit and care manager level (micro level). The Brevard Family Partnership QA process is designed to ensure all staff that impact the system of care understand their role a have ownership in the QA process. Staff at all leadership levels will be presented information regarding the systemic performance through the following:
- Performance Reviews
- QA Board
- Partners, Advocates, Liaisons, Supporters
• Provider Network
• Child Placing Agency Partnership
• Weekly Operations calls

This approach is intended to dovetail with the state’s QM regional model. Subcontracted agencies will be required to have a comprehensive QA Plan in place within their own organizations. When their contract is monitored, evidence of their QA Plan will be sought and its effectiveness evaluated. The TIP best practice standards acknowledge that not all qualified sub-contractors have the resources necessary to garner and sustain national accreditation. Therefore, to maximize the number, type, quality and appropriate match of services available and accessible, national accreditation for sub-contractors shall be addressed during contract negotiations with each sub-contractor. Contract aware considerations will be outcome-focused to include selection standards that reflect the sub-contractor’s demonstrated organizational capacity, effectiveness, efficiency and stability.

Performance Review

To assure that the quality of services to children and families continues to improve, the Brevard Family Partnership COO has established a quarterly Performance Review, comprised of representation from Brevard Family Partnership, DCF, Care Management Agencies, contract providers, and other interested stakeholders. Membership will be as follows:

• Brevard Family Partnership COO
• Care Center Managers
• Case Management Agency Directors
• Brevard Family Partnership Data Integrity Manager
• Quality Improvement Representatives from each Case Management Agency
• DCF Contract Manager
• Brevard Child Protective Investigation Program Operations Administrator (CPI POA),
• Together in Partnership Representative

The parties shall meet quarterly to review data collected during the previous quarter, analyze the data for trends, identify areas for improvement, and provide guidance to affected organizations regarding performance improvement plans. The performance review will also review contract measurements and report data in a manner consistent with the state’s Program Improvement Plan. It shall be incumbent upon the affected organizations to develop improvement plans for those areas identified as eligible for improvement. The attendees will retain authority for the approval of those plans and for monitoring their progress to completion. Because of the expertise of its members, one of the most critical functions of this group is to prepare recommendations for the QA Board concerning the addition or deletion of outcomes and indicators from the QA program, and concerning the application of quality measurement instruments. The date, time and location of the pending performance review will be posted on Brevard Family Partnership’s web site at http://brevardfp.org

The QA Board

As explained earlier, Brevard Family Partnership is community-centered and stakeholder driven. With that in mind, the QA process will include a QA Board, comprised of representation from Brevard Family Partnership, the Department of Children and Families (DCF), Care Management Agencies, contract providers and the community. The Brevard Family Partnership Chief Operations Officer will lead this board comprised of the following members:

• Children’s Home Society Chief Executive Director
• Devereux Director of Research and Development
• Brevard Family Partnership Compliance Officer
This board shall meet annually to review the structure and management of the Brevard Family Partnership QA program, to make recommendations regarding changes to policy and procedure to enhance the effectiveness of the program, to provide feedback on the direction of the QA program, and to assure program integrity. The QA Board will evaluate outcomes to assure their continued relevance and will identify performance indicators relevant to identified outcomes. They will also evaluate performance measures against their applications at least annually to assure that data collected is put to use within the organization. This Board has the ability to recommend additions or removals of either outcomes or performance indicators, as long as there is no higher statutory or administrative rule requirement for their continued measurement. The Board can also recommend re-evaluation of the QA data collection instruments and to make adjustments as appropriate, as long as there is no higher statutory or administrative rule requiring the use of a particular instrument. In considering recommendations for outcomes, indicators, and instruments, the QA Board shall consider the recommendations and input of the Performance Review Team, as described in the proceeding section.

**Provider Network**

There will be three types of providers recognized by Brevard Family Partnership in the Provider Network:

- **Category A providers:** Providers who perform a core system of care service, usually governed by local, state or federal regulatory requirements and normally funded by Brevard Family Partnership directly. These providers will have a contract with Brevard Family Partnership.
- **Category B Providers:** Providers who perform a vital or mainstream system of care service, normally reimbursed outside of Brevard Family Partnership (such as Medicaid Reimbursement, SAMH funding, Title IV-E, TANF etc.) These providers may have a contract (if funded by Brevard Family Partnership) or a Memorandum of Understanding with Brevard Family Partnership.
- **Category C Providers:** Providers who perform an important, necessary service which supports the system of care, usually considered informal or a natural extension of a service or agency (such as faith based groups, food pantries, homeless shelters etc.) These providers may or may not have a Memorandum of Understanding with Brevard Family Partnership.

Brevard Family Partnership Director of Operations for Utilization Management and Wraparound will host regularly scheduled provider meetings to provide a venue for announcements, updates, and discussion of provider successes and concerns. Brevard Family Partnership will structure the agenda to explore issues related to network performance and to identify and problem-solve any barriers to quality care. The ongoing opportunity to share strategies and address challenges will build a more cohesive provider network and lead to innovative new practices. The members of the provider network will also review performance and utilization.

**Child Placing Agency Partnership**
The Child Placing Agencies utilized within the Brevard Family Partnership system of care will meet on a monthly basis. The Director of Child and Family Services will facilitate this network meeting. These regularly scheduled meeting will provide a venue for discussion specific to Child Placing Agencies. As with the Provider Network, this will provide an ongoing opportunity to share strategies and address challenges while building a cohesive network. The members of the CPA Partnership will review performance and utilization.

**Frequency and Intervals of Quality Monitoring**

It is anticipated that while some measures must be collected in a regular, on-going manner, others require longer intervals before re-measurement. To accommodate these considerations, as well as to provide for the most well-rounded quality picture of the organizations, Brevard Family Partnership has determined to monitor according to the following schedule:

**Daily:** Supervisors will provide direct oversight to Care Managers and Senior Care Managers to ensure compliance with key Brevard Family Partnership processes. Care Center Managers will manage the flow of intake into the care center. The Care Center Manager will evaluate case distribution and assess the Care Center workforce to insure caseloads remain within COA standards on a daily basis.

**Weekly:** The Director for Utilization Management and Wraparound will monitor utilization based on authorizations completed by the Care Coordinators. This information will be forwarded to all contract providers on a weekly basis. Brevard Family Partnership will ensure key performance remain in compliance such as compliance with supervisor reviews and client contacts. These critical measures will be reviewed during the weekly Operations Conference Call with CMA and Brevard Family Partnership leadership. Deficiencies identified will immediately be brought to the attention of the CMA Program Director. Clinical Reviews of children and families identified as having complex needs and requiring high levels of intensive services will be conducted by Brevard Family Partnership leadership.

**QUARTERLY:** Brevard Family Partnership will analyze data to determine trends regarding key in process measures and outcome measures. When trends are identified, additional analysis and drill-downs will be conducted and presented during the quarterly Performance Review.

**Bi-Annually:** QA tool will be integrated and completed on a quarterly basis. Aggregate information regarding Critical Incident Tracking and Client Complaint Tracking will be analyzed for trends by the Risk Management Committee. This information is gathered to look at how the CMAs are doing in compliance with Federal and State Statutes, as children move toward permanency while ensuring children’s safety and well-being.

**Annually:** Contract Monitoring of Category A providers will include record reviews, interviews and on-site observations will be completed by the Brevard Family Partnership Contract Manager. In developing the customized monitoring scope, the BFP Contract Manager will determine whether to examine the universe of records maintained by the Provider or to examine a sample, or limited number, of these records. It is appropriate in many situations for monitors to gather information by examining a limited number of records. It is not generally necessary to gather a sample that meets statistical significance. The monitoring team will exercise good judgment to make common sense decisions regarding sample size. It is reasonable to adjust the sample size during a monitoring. It may be reasonable to reduce sample size if results are extremely consistent for the first records reviewed. Sample sizes may be increased if the team identifies a problem in a high-risk area. Review may include personnel records, client records, agency financial documentation and administrative policies and procedures of the contracted providers.
The CFSR validation review will be conducted by DCF Central Office on a random selection of cases annually.

**TRAINING**

The State of Florida Child Welfare curriculum has been finalized and distributed to the Department of Children and Families, Sheriff’s Office and Community Based programs in the State. The delivery of the new integrated curriculum begins on July 1, 2010. The length of Pre-Service training has increased as well as included new and improved On-Line Instructional Courses and FSFN Labs for both Child Protective Investigators (CPI) and Case Managers.

The responsibility and provision of all staff training by Brevard Family Partnership has been in effect since January 1, 2006. Brevard Family Partnership is committed to the delivery of a high quality training program that supports the ongoing development of all child welfare professionals within Brevard County. This training program is inclusive of Case Management and Licensing Agency staff. The Case Management Agency needs and provision thereof will be delivered as set forth in this plan.

The responsibility for the delivery of training is now within the scope of the community based care agencies; DCF has retained responsibility for curriculum content and for the standardization of the curriculum, certification of trainers, and certification of field staff, across all lead agencies.

The training provided by Brevard Family Partnership will be inclusive of pre-service, in-service, and field training components. Brevard Family Partnership will be conducting the pre-service training primarily at the Central Care Center in Rockledge.

**Pre-Service Classroom Training**

Pre-Service training will be delivered within a nine-(9) week period for Care Managers/Licensing. Time frames may increase due to holidays and other training commitments during a training cycle.

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Dates</th>
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<tbody>
<tr>
<td>1</td>
<td>09/13/2010 – 11/17/2010</td>
</tr>
<tr>
<td>2</td>
<td>03/15/2011 (tentative start date)</td>
</tr>
</tbody>
</table>

Pre-Service training will be delivered within at the minimum of a nine-(9) week period for Care Managers and Child Placing Agency (Licensing) staff. Time frames may increase due to holidays and other training commitments during a training cycle. The Pre-Service Training component will consist of classroom instruction, Florida Safe Families Network (FSFN) training lab sessions, Shadowing, Field Guide activities and On-Line Instructional Courses. Within the pre-service training there are at the minimum of eight-(8) days of Shadowing of experienced workers in the field, four-(4) courses of On-Line Instructional Courses and nine-(9) FSFN lab sessions. Within the curriculum Field Guide Activities have been developed that will address major Child Welfare training components.

<table>
<thead>
<tr>
<th>Classroom Topic</th>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>0.5</td>
</tr>
<tr>
<td>Legal I (Legal Basis for Child Protection)</td>
<td>1.0</td>
</tr>
<tr>
<td>Legal II (Court Process)</td>
<td>1.0</td>
</tr>
<tr>
<td>Family Preservation</td>
<td>0.5</td>
</tr>
<tr>
<td>Maltreatments (plus FSFN Lab)</td>
<td>6.0</td>
</tr>
</tbody>
</table>
In addition to the current curriculum, Brevard Family Partnership will be including supplemental training that reflects the lead agency philosophy and system of care. The Pre-Service Training Curriculum will include this training and also, training on Intake and Placement procedures and car seat training.

As stated previously, On-Line Instructional modules will continue to be available. On-Line Instructional Course work days have been included into the Pre-Service schedule. Due to potential limitations to computer access, these times will be offered to ensure the trainees have ample time to complete the On-Line Instructional courses required for preparation for the Post Test.

<table>
<thead>
<tr>
<th>On-Line Instructional Course Title</th>
<th>Approved Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare Standards/Values/Practice</td>
<td>0.5</td>
</tr>
<tr>
<td>Human Trafficking</td>
<td>0.5</td>
</tr>
<tr>
<td>Staffings</td>
<td>0.5</td>
</tr>
<tr>
<td>Placement Tasks</td>
<td>0.5</td>
</tr>
</tbody>
</table>

All referrals for training will be made to the BFP Training Manager. Each Agency is responsible to complete a Pre-Service Registration Form and send to the BFP Training Manager at least 12 business days prior to the first scheduled day of classroom training. Once the registration form has been received; the BFP Training Manager will email to the trainee’s supervisor a ‘zip’ drive containing resources and job aides, Training Code of Conduct and a listing of the Field Training Activities. On the first day of Pre-Service Classroom Training the trainees will be provided with expectations of the pre-service training, delivery of training and the participation and assessment of the new trainee. All information concerning trainees who are not participating in classroom, FSFN lab session or other mandatory Pre-Service requirements, contact will be generated by the BFP Training Manager to that trainee and their assigned Supervisor. The BFP Training Manager will provide a written report if requested by the Agency.

Field Training Segment (Case Management and Child Placing (Licensing) Agency)

The Case Management Agency and the Child Placing Agency will be afforded field training appointments by an assigned BFP Training Team Trainer upon request from the trainee, supervisor and/or classroom trainer. Field Training consists of a Trainer working one-on-one with the trainee.

These meetings will consist of accompanying the trainee to complete home visits, commencement of cases, court appearances and other field activities. Also, the BFP Trainer will work with trainee on the identified ‘needs’ to increase and enhance development to increase competency. Following field training activities, the trainer will verbally ‘brief’ the trainee on the strengths and needs observed during the field activity. Verbal and/or written feedback will be provided by the BFP Trainer to the trainee’s supervisor to enhance ongoing development by the Supervisor

In-Service Training (Case Management Agency)
Brevard Family Partnership will also be offering in-service trainings to our Case Management Agencies and Child Placing Agencies (Licensing) for advanced skill-based training; such as, Interviewing, Sexual Abuse, Substance Abuse; and, Domestic Violence. There will also be available throughout the year opportunities for in-service training and labs on Family Assessment, FSFN, Quality Case Management skills and other needs as identified. Brevard Family Partnership also will offer in-service trainings that are specific; such as the Supervising for Excellence Training Program, Interdependent Living Training Program and the Model Approach to Partnership in Parenting (MAPP) Training Program. In-service training courses will be developed based on ongoing needs assessment and surveys completed with the Case Management and Child Placing Agency staff.

**Certification of Trainers**

Brevard Family Partnership currently has three-(3) certified trainers who were certified through the Child Welfare Training Academy. The Training Academy will administer and provide for the delivery of a certification course for trainers and establish a network of certified trainers qualified to deliver the Child Welfare Pre-service Curriculum.

**Child Protection Professional Certification Plan (Case Management Agencies)**

The State of Florida reinstated the Field Based Performance Assessment (FBPA) training standards on 12/29/2006. Brevard Family Partnership initiated the FBPA Plan to be used for all Case Management Agency staff in order to obtain the State Certification as a Child Protection Professional.

For the Field Based Performance Assessment (FBPA) Certification Plan the following is required for all Case Management staff to complete:

<table>
<thead>
<tr>
<th>Certification Requirement</th>
<th>Date Requirement is Due</th>
<th>Form Required by CBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Attendance to Pre-Service Training or successful completion of a Waiver Test.</td>
<td>Upon Employment with CMA</td>
<td>Registration required prior to start of Pre-Service Training cycle or successful completion of a Waiver Test prior to Pre-Service training start date.</td>
</tr>
<tr>
<td>Passed the Phase One Written Assessment (Post Test) with a minimum score of 80</td>
<td>Completion of Pre-Service Training</td>
<td>Skillnet documentation</td>
</tr>
<tr>
<td>100% Mastery on FBPA Interpersonal Skills</td>
<td>Between the 4th &amp; 8th month from the employees ‘hire date’.</td>
<td>Trainer will complete written FBPA Interpersonal Skills form.</td>
</tr>
<tr>
<td>100% Mastery on Randomly selected Case (FBPA – Judicial Review, Case Plan and Documentation)</td>
<td>Trainee will successfully complete all requirements of the FBPA Certification by their 12th month from the employer ‘hire date’.</td>
<td>Trainer will complete written FBPA Case Review form once it is graded by the trainee assigned Supervisor.</td>
</tr>
</tbody>
</table>

Once the trainee has successfully completed the requirements of the Field-Based Performance Assessment (FBPA) no later than their 12th month past their hire date into the position, the trainee’s assigned Supervisor will provide their name and date of FBPA completion to the Brevard Family Partnership Training Manager. At that time, the Training Manager will submit the trainee’s name to Tallahassee to be registered and obtain a Certification of Child Protection Professional.

Brevard Family Partnership Training Division is responsible for tracking and submitting training hours for all Child Protection Professional credentialed employees within Brevard Family Partnership, Brevard C.A.R.E.S., Child Placing Agencies (Licensing) and Case Management Agencies (CHS and Devereux) for consideration and eligibility for recertification.
RECRUITMENT AND RETENTION OF FOSTER AND ADOPTIVE HOMES

Introduction

Brevard Family Partnership implements this Plan in order to achieve our goal of having ample, qualified foster homes for every child in the Brevard Family Partnership system of care. Brevard Family Partnership strives to match each child with a home that best suits that child’s needs, considering all of the domains that impact a child’s quality of life, including family bonds, sibling bonds, education, friends, cultural, ethnic, and religious values and practices, physical, medical, nutritional, and developmental needs, emotional well-being, mental health and personal growth and development.

Brevard Family Partnership recognizes that minimization of trauma associated with a removal from a child’s home is imperative for healthy developmental functioning. Children that experience multiple placements within the foster care system are exposed to conditions that place them at risk of developing an attachment disorder. Sudden separation from a primary caretaker, confounded with these variables, teaches a child that the world is unsafe. Brevard Family Partnership has implemented an Intake, Diversion and Assessment Unit. Brevard Family Partnership has employed two Intake Specialists with the primary responsibilities of ensuring successful placement. Brevard Family Partnership placement philosophy is based on a number of key governing principles:

- Brevard Family Partnership will ensure that substitute care homes consist of safe, stable environments that do not have early identifiable issues indicative of placement disruption.
- Each family foster home will meet the child’s specific needs and ensure the child’s safety and well being.
- Each family foster home is given the responsibility of a surrogate parent, assuming responsibility for the child’s educational, medical, social, recreational and emotional health.
- Each home shall be consistent with the child’s best interest, special needs and cultural characteristics.
- Children will be placed within their home county and same school zone to preserve the child’s community connections and to allow close proximity to biological families.
- Whenever possible, children will be placed with their siblings. Any sibling group that is separated will be staffed on a monthly basis to expedite the facilitation of a placement together.

Brevard Family Partnership has executed contracts with four Child Placing Agencies. Brevard Family Partnership values the collaboration that each Child Placing Agency contributed to the development of the Family Care Leveling system in which Brevard County children are placed. With the addition of each new level comes the opportunity for a child to remain safely in the community, while being “wrapped” with services and supports.

Child Placing Agencies

- Children’s Home Society
- Devereux
- Intervention Services
- Florida Mentor
In order to insure the safety, security, and well being of every child in Brevard County, we believe that a continuum of child welfare services must be provided for our children and families to address the prevention, intervention and treatment of child abuse and neglect. We believe it is essential that each child receive face-to-face contacts in order to promote safety, build trust, and facilitate the child achieving permanency.

We recognize the importance of achieving permanency for every child with either their biological families or through adoption and that child welfare services must continue afterwards, in either case, to insure stability and continuity of care for children. We believe that securing and mobilizing adequate resources is the responsibility of the entire Brevard community. We are committed to the development of a child welfare system in which community resources are shared within Brevard County, between counties, and partnerships established to achieve our mission.

Brevard Family Partnership embraces a strength based philosophy that focuses on the strengths rather than deficits of the family. We are building a comprehensive child welfare service delivery system in Brevard County to serve children who have been abused and/or neglected, or who are at risk of abuse and/or neglect that includes the following:

The safety, well-being and permanency of the child's living arrangement and the continuity of relationships for the child must be the primary goals of the service delivery system (F.S. Chapter 39).

- A single point of entry approach to the child welfare system should be implemented to assure children and families access to treatment and consistency of treatment. This should facilitate a reduction of duplication of services, a match of children and their alternative care provider to allow for a successful placement, and establishment of a plan of service based upon a comprehensive assessment of the child's needs.

- There should be an individualized case plan for each child and family receiving services in the child welfare system. A family case conferencing model should be utilized in the development and on-going review of the case plan to direct and insure the appropriate course of intervention throughout the life of the case. Parties involved in the family case conferencing process throughout the case should include but not be limited to; the child, caseworker, family, extended family, friends or neighbors for support when appropriate, substitute care takers - foster parents, relatives or non-relatives, service providers, guardian ad litem, and attorneys.

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Brevard Family Partnership Additions to the Levels of Care

The Brevard Family Partnership System of Care has blended internal expanded placement alternatives with current Substance Abuse and Mental Health (SAMH) placement options to create a continuum of care responsive to each child's individualized needs. Each placement level is characterized by a corresponding CAFAS/PECFAS score, plan of action, compensation for foster parent, placement review frequency, requirements of foster parents, criteria of child and finally
requirements of Child Placing Agencies. Mentoring, training and other incentives will be offered to Brevard’s foster parents.

In addition, Brevard Family Partnership has executed a separate contract for foster and adoptive homes for the recruitment of special families to meet the children of Brevard’s needs such as homes for sibling groups and hard to place children and youth’s.

Brevard Family Partnership will work closely with the Department of Children and Families Central Region Licensing Office to ensure that each Child Placing Agency complies meets required performance standards and procedures, consistent with the Florida Administrative Codes 65C-13, 14 and 15.

Brevard Family Partnership values the needs and lives of children and we are committed to doing our very best for every child in every placement. Foster home care provides an opportunity for a child who has been removed from his or her parents to be placed in a unique, home-like setting. Foster care allows for flexibility – the more homes that are licensed, the more variety the system contains in terms of location, home size, race and ethnicity, religion, age appropriateness, educational supports, therapeutic supports, recreational opportunities, etc. Sufficient foster homes will allow placement flexibility to meet the location needs of children in terms of proximity to their family home, friends, school, extracurricular activities, and family

Recruitment Strategies

Brevard Family Partnership will use various media outlets to recruit foster homes. A recruitment strategy with Brevard Family Partnership “Got Love” campaign has delivered consistent images and messages designed to complement the advertising plans already in place by providing additional exposure and awareness through radio, TV, outdoor, as well as direct and targeted media vehicles. Brevard Family Partnership will track the source of referral on all fostering inquiries. As of July 1st, 2010, BFP will be implementing the Quality Parenting Initiative in conjunction with the Youth Law Center, Eckerd Family Foundation, and the Department of Children and Families.

Brevard Family Partnership continues to implement the following recruitment strategies:

- Implement Staff Training Programs for Recruitment, Referral and Intake
- Develop and Implement Schedule of Recruitment events for prospective foster and adoptive families
- Develop, coordinate, produce and print materials for direct mail, events and key distribution points
- Direct mail to child care providers, churches, parents and family focused community organizations
- Distribute print materials to child care providers locations and other key partner sites
- Incorporate Family Home recruitment in existing event schedule; Quarterly provider meetings and Children’s Festival
- Implement targeted print and web based advertising utilizing family focused advertising vehicles
- Expand on “Got Love” Campaign in cooperation with CBC through Additional Mass Market vehicles, radio, TV, outdoor
- Identify and secure additional resources including in kind and volunteer services
- Implement referral incentive program
- Finalize and implement expanded capabilities as licensed CPA, licensing, staffing, training
- Develop a consistent presence at community events including fairs and festivals, seasonal functions, etc.
• Contact local community groups, such as the Junior League and the Rotary Club, educational organizations including the Florida Institute of Technology and Florida Metropolitan University and governmental groups, such as the Brevard County Board of Commissioners, for their support and recognition of our effort to recruit and support quality foster homes
• Establish Community Forum Public Speaking including at least one representative from a partner agency and one from Brevard Family Partnership, along with a licensed foster parent. The group will attend community events and other recruitment activities to present different perspectives and information about fostering.
• Target specific audiences including: medical professionals, school and day care personnel, parent/teacher associations, faith organizations/faith community, minority social organizations, civic groups, government agency and provider organization staff, foster parent associations
• Four staff that have completed the “train the trainer” MAPP Training
• Established protocols and procedures and developed forms and tracking systems for identifying, verifying and processing prospective families through direct contacts and referrals
• Negotiating media agreements with Bright House Network, Florida Today and Crossroads for public service announcements
• Orientation meeting scheduled on an ongoing basis, 1st Thursday of each month in Central and 2nd Thursday of each month in South Brevard
• Established relationships with Foster Care Association and regular representation at association meetings

Additional Supports

In addition, Brevard Family Partnership, through our partners and subcontracted providers will perform the functions of:
• Increasing the number and types of foster care beds available,
• Recruiting new foster families prior to transitioning services,
• Expanding the capacity of Child Placing Agencies,
• Contracting with CPA’s to license and train their families,
• Offering both pre and post adoption support for families,
• Partnering with neighboring CBCs to create a regional recruiting campaign, and
• In addition, Brevard Family Partnership has employed specialized staff supports such as the Caregiver Liaison to coordinate the response.
• Brevard Family Partnership Caregiver Liaison supports and

Family Foster homes that can accommodate children with special behaviors challenges, sibling, groups, and teens are being sought.

The Mobile Response Team

Brevard Family Partnership has contracted to provide a mobile crisis intervention team at various times during the life of a case. There are multiple ways this service could be accessed and used. This service could be requested by the PI at the time of the initial investigation to prevent removal and work with the family to reduce the level of risk to enable the child to stay safely in the home. These services will also be available to support children and families enrolled in the Brevard Family Partnership system of care during times of stress or crisis that could threaten child safety or a current placement’s stability. Often time placement disruptions occur with relatives, non relatives and licensed foster care providers because of additional stressors on the caregiver and lack of support. The Mobile Response Team could be deployed to deescalate crisis and stabilize the family unit. The Mobile Response Team will offer short term intervention 24 hours per day, 7 days per week. Referrals for the Mobile Response Team will be funneled through Brevard Family Partnership Centralized Point of Access, the Intake Unit.
Retention

Brevard Family Partnership and the Child Placing Agencies address retention to be inclusive of the following:

- Foster Parent Appreciation Banquets, luncheons and picnics
- Door prizes and gifts for foster parents
- Foster Parent Training Opportunities
- Funding that allows four Brevard County foster parent representatives to attend the National Foster Parent Conference
- Support for Foster Parents that allow in kind donations to support children in home including food, supplies, computers, beds, furniture etc.
- Monthly foster parent meeting and training event
- Participating of children in activities and events monthly
- Flex funds for special requests
- Respite: “Partner family” team up with another foster family for added support to spend an evening out, dinner, movie with gift certificates to be provided by the Child Placing Agency
- Public acknowledgement of significant events in foster parents’ lives card, flowers, gifts etc.
- Funds to send foster children to summer camps

Homestudy Process and Tracking

Each Child Placing Agency completes the required homestudy and licensing process that will result in a thorough assessment and proper preparation of the family in the shortest possible time. For example the homestudy process will begin during MAPP training. Each agency will keep a thorough record of the licensing process for each applicant, from the initial inquiry through licensure or other exit from the process, including dates that activities were initiated and completed and documenting any delays in the process. If a foster parent must be selected out of the process or chooses to select themselves out, the partner agency will thoroughly document the reason for selecting out the applicant.

Once the homestudy is completed in FSFN and licensing packet are completed by the Child Placing Agency and signed by the prospective foster parents, the packet is forwarded to the BFP Licensing Specialist who reviews each packet to determine if it meets the minimum standards for licensure. The licensing specialist with then attest that the file meets the minimum requirements, then the packet will be forwarded to the DCF Central Region Licensing Office at 400 W. Robinson Street in Orlando. DCF Central Region Licensing reviews the packet and notifies Brevard Family Partnership of the status. Brevard Family Partnership is copied and made aware of all communication regarding the home between Brevard Family Partnership and the Child Placing Agency. If DCF is unable to approve the packet, DCF will contact the Brevard Family Partnership Adoption Program Manager and indicate the reasons the packet cannot be approved and changes needed to correct the problem. In the event DCF determines that the problem cannot be corrected, DCF will discuss the concerns with the Brevard Family Partnership Director of Child and Family Services. DCF will contact the applicant to advise them of the decision and to inform the applicant of their right to appeal under F.S. 120.

Brevard Family Partnership has chosen to include re-licensing as part of the Child Placing Agencies responsibilities. All new and currently licensed homes will continue to be assigned to a Child Placing Agency for re-licensing and support. All active and closed foster home files will be maintained within each Child Placing Agency in a secure area. The re-licensure process including forms and requirements for re-licensure is initiated at least 90 days prior to the expiration of the license. Requests for an annual health, radon, and fire inspections will also be sent at this time. The counselor responsible for re-licensure will contact the family for information regarding any changes in the household over the past year (new or department household members, children reaching the age of 12 or 18, additions or changes to the home, etc.). Requests for updated background screens will
be submitted. The re-licensing counselor will make at least one home visit within the 90 days prior to license expiration, compile all of the paperwork and reports, and complete the re-licensing homestudy. Re-licensing packets will be submitted to DCF at least 30 days prior to expiration of the license. In the event DCF has any concerns, the process described above for initial licenses will be followed for re-licensing concerns.

As of July 1st, Brevard Family Partnership hired a Licensing Specialist who will review and approve all licensing and relicensing applications. This position will also assist on-site monitoring of CPA’s and will visit a sample of homes from each CPA to ensure the application is representative of the home.

Complaints/Concerns

Brevard Family Partnership will be apprised of all staff inquiries, abuse reports, and other complaints or concerns about a foster home. The re-licensing counselor will summarize all information in the relicensing study, including any steps taken to resolve complaints or concerns. In the event of an abuse allegation against a foster parent, the assigned licensing counselor will cooperate with the protective investigator to ensure the safety of the children in the home and to address any concerns arising from the report. The licensing counselor will be responsible for informing the Intake, Diversion and Assessment Unit of any concerns about or changes in the licensure of a foster home. If necessary, the licensing counselor will also be responsible for developing a corrective action plan with the foster family to address the complaint/concern and ensuring the foster family’s compliance with the plan. Any staffing required surrounding foster parent concerns with be attended by Brevard Family Partnership.

Closure

In the event of a foster home closure, whether voluntary or involuntary, the Child Placing Agency will complete a closure form, specifying the reason for closure, summarizing the foster parent’s service (i.e. duration of license, number and/or type of children served, primary compliments/concerns, etc.) and including a recommendation for or against future licensure. A copy of the closure form will be forwarded to DCF and a copy maintained in the foster home file.

Involvement in Family Team Conferencing

Brevard Family Partnership considers foster parents an important part of the team. As such, foster parents will invited and encouraged to be a member of the Family Team and will be encouraged to participate in Family Team Conferences. Foster parents will be invited to attend every Family Team Conference and will receive advance notice of each scheduled meeting.

Brevard Family Partnership has talked with and listened to current foster parents. Brevard Family Partnership understands the frustration foster parents feel regarding constraints they have faced in deciding to travel, getting a child’s haircut, or obtaining medical care. Brevard Family Partnership will work with foster parents to increase their flexibility while also understanding and respecting their role as substitute parents. For example, while a haircut can be a matter of hygiene, it can also dramatically change a child’s appearance. Whenever a child’s biological parent retains parental rights and seeks reunification, Brevard Family Partnership will encourage the biological and foster parent to develop a partnership in caring for the child. Foster parents can be a great resource and role model for biological parents. Additionally, Brevard Family Partnership will help foster parents understand and abide by statutory restrictions on their decisional authority.

Foster Parent Association
Brevard Family Partnership has representation at the Foster Parent Association monthly meetings. Brevard Family Partnership, CPA and members of the Foster Parent Association establish contact and communication on an ongoing basis. Brevard Family Partnership will work with each FPA to develop membership, organize goals, and develop initiatives to achieve those goals. Whenever possible, Brevard Family Partnership will assist the FPA in obtaining financial support and donations. Brevard Family Partnership will work with each association to plan activities appropriate to their area to recruit, support, and recognize foster parents in their areas. Possibilities include Christmas toy drives, recruitment/appreciation picnics, book clubs, clothing closets, foster child welcome kits, foster parent mentoring programs, etc.

Communication and Training

Brevard Family Partnership supports the Foster Parent Association in the distribution of a newsletter for foster parents. The newsletter provides information about upcoming training and meetings, recruitment activities and ways for foster parents to assist in recruitment efforts, appreciation activities, Foster Parent Association activities, resources, and contact information.

Exit interviews

Exit interviews with children that leave shelter/foster homes will be conducted in a manner consistent with CFOP 175-61. Children aged 5-18 will be interviewed by their assigned Dependency Care Manager each time they leave the care of a licensed foster home where they have been placed for 30 consecutive days or more, regardless of the reason for removal. The movement of children meeting these criteria is tracked monthly in ICWSIS, and validated against Florida Safe Families Network data. The information is then forwarded to the Brevard Family Partnership Caregiver Liaison, who then forwards the request for exit interviews to the Program Directors at the contracted Case Management Agencies. The Case Management Program Directors are required to reconcile the monthly report against the completed exit interviews to ensure that all are completed. Exit interviews are conducted by the Dependency Care Managers, and then forwarded back to the Caregiver Liaison. The forms will then be forwarded to the Brevard Family Partnership Program Manager for review with copies provided to Child Placing Agencies, who provide the regulatory function. The Program Manager and Caregiver Liaison will discuss any concern regarding a foster home with the CPA and any pattern of concern regarding the homes licensed by the CPA’s will be discussed in the Contracted Provider meetings that occur monthly.

Licensing, Recruitment, and Retention Coordination

The Department of Children and Families (Central Region) has developed a licensing review plan which details their semi-annual review of 25% of Each Child placing Agencies files to include: 100% of newly licensed homes, all homes under corrective action or with an open abuse investigation. The remainder of the reviewed homes will be randomly selected from the other licensed homes. The Central Region licensing office will inform Brevard Family Partnership of any findings from the review specific to a Brevard foster home or of any finding that impacts the overall functioning of the Child Placing Agencies capacity to perform or provide quality oversight of their operation. CPA’s are contractually required to advise Brevard Family Partnership of the outcomes of their quality reviews.

Additionally, the Department of Children and Families (Central Region) has detailed in the Central Region Licensing Office “Service Level Agreement” the requirement of the Department to notice Brevard Family Partnership of any institutional staffing involving a foster home licensed by a Brevard County Child Placing Agency. The department is required to provide a written record of the outcome of the staffing within two (2) days of the staffing. The CPA and Brevard Family Partnership Director of Family Services will attend the staffings and ensure follow-up to any licensing corrective actions deemed necessary.
The CPA contract with Brevard Family Partnership requires that the CPA notify Brevard Family Partnership through incident reporting any foster home referral, abuse report, complaint on a foster home received. The CPA is also required to notify Brevard Family Partnership of any corrective action they implement, or any revocation request or license surrender they request or recommend to the Central Region Licensing Office.

**FEDERAL FUNDING**

Brevard Family Partnership currently has a Revenue Maximization unit that consists of one Data Integrity Manager and two Rev Max Specialists. The Brevard Family Partnership Data Integrity Manager provides supervision and review of the cases assigned to the Rev Max Specialists. Brevard Family Partnership will implement a standardized case review tool to be utilized by the Data Integrity Manager while conducting the supervisory review. A peer review process within the unit will also be implemented to improve quality and insure accuracy in eligibility determinations. In addition, the COO will coordinate and external review with the use of the Quality Assurance Team to insure the integrity of the reviews being conducted with the unit. Data will be collected and analyzed as a part of the standardized review process.

The Brevard Family Partnership Rev Max Unit will maintain ongoing communication with the Central Region Specialist as well as the Central Office Specialists in Revenue Maximization to ensure current and up to date requirements are integrated into the Brevard Family Partnership process. Trainings will be offered by the Brevard Family Partnership training staff, in conjunction with the Rev Max Specialists to ensure that care managers, supervisors and effected staff are kept informed of federal funding policy changes and FSFN user requirements for reporting eligibility.

Currently the Rev Max Specialists track eligibility and send out reminders to staff on a monthly basis when updated documentation is due (i.e. court orders, TANF forms). They will continue to do this monthly so initial eligibility and re-determination of eligibility time frames are met.

**OUTCOMES MEASUREMENT**

Brevard Family Partnership will have outcome measurements that evaluate individual progress and program effectiveness as indicated in the COA standard for Continuous Quality Improvement (G2.7). Brevard Family Partnership acknowledges that there are several undeniable sources of outcomes that must be considered in the development of the QA plan. Specifically, the Adoption and Safe Families Act (ASFA) of 1997 prescribed seven outcome measures which must be accomplished nationally. Those seven outcome measures – broken down into three domains of Safety, Permanency, and Well-Being – are as follows:

- **Safety 1 (S1):** Children are protected from abuse and neglect in their homes whenever possible.
- **Safety 2 (S2):** The risk of harm to children will be minimized.
- **Permanency 1 (P1):** Children will have permanency and stability in their living arrangement.
- **Permanency 2 (P2):** The continuity of family relationships, culture, and connections will be preserved for children.
- **Well-Being 1 (WB1):** Families will have enhanced capacity to provide for their children’s needs.
- **Well-Being 2 (WB2):** School-age children will have educational achievements appropriate to their abilities.
- **Well-Being 3 (WB3):** Children will receive adequate services to meet their physical and mental needs.

In addition to the ASFA outcomes, a 1998 project conducted by a consortium including the Annie E. Casey Foundation/Casey Family Services and The Casey Family Program, The American Humane Association, the American Bar Association Center on Children and the Law, and the Institute for Human Services Management, identified twenty-three core items that represent a baseline set of indicators essential to child welfare assessment. When those indicators are categorized against the
seven ASFA outcomes, another outcome domain emerges: Customer/Client Satisfaction. With that in mind, the Brevard Family Partnership QA plan will include the following eighth outcome measure:

- **Customer/Client Satisfaction (CS):** The customer will be satisfied that the services provided have either met or exceeded expectations.

A standardized assessment tool will also be used to help determine the appropriate level of care, as well as track clinical outcomes and evaluate program efficacy. The Child and Adolescent Functional Assessment Scale (CAFAS) will be completed by Brevard Family Partnership Utilization Reviewer. This tool will be used immediately upon the child entering a licensed placement. The CAFAS will also be administered during the child’s time in care to evaluate appropriateness of placements. The use of this tool will also be used to track improvements in the child’s well-being. This tool will be used to monitor performance of the care managers, contract providers as well as the Child Placing Agencies. Contract providers will complete monthly progress reports as well as a quarterly outcome reports that will be submitted to the Brevard Family Partnership Contract Manager (reports to Chief Compliance Officer). These reports will be used to gather data to track performance as outlined in the specific contract. The Brevard Family Partnership Contract Manager will also complete annual on-site monitoring to insure accuracy in reporting.

As part of the continuous quality improvement process, Brevard Family Partnership will continually assess the data, identify potential problems and proposed and test solutions. Brevard Family Partnership examines and reports on additional outcomes identified through collaboration of the QA Board, and the COO.

In addition to the outcomes and indicators required under the services contract, the COO will work with the Performance Review Team to determine specific indicators and appropriate targets based on the needs of the current system and the mission of Brevard Family Partnership. The COO will evaluate the current performance of the system and address areas of improvement based on the identified needs. Once this is determined, the Performance Review Team will be utilized to recommend short-term and long-term targets. This process will continue during the life of the services contract. Brevard Family Partnership will review the priorities as set by the Secretary of the Department of Children and Families and the Circuit 18 Administrator and integrate these priorities into the performance indicators and outcome measures as appropriate.

**Service Contract Performance Measures**

1. The percentage of children serve in out of home care who are not maltreated by their out of home caregiver shall be at least **99.68%**.
2. The percentage of children entering out-of-home care who are re-entering care within 12 months of a prior reunification or release to relatives shall not exceed **12.9%**.
3. The percentage of children reunited who were reunified within 12 months of the latest removal shall be at least **76.2%**.
4. The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least **36.1%**.
5. At least **adoptions shall be finalized during the state fiscal year 2010-2011.**
6. **100%** of children under supervision who are required to be seen each month shall be seen each month
7. The percentage of children in out of home care between 8 days and 12 months with 2 moves or less will be **86%**.
8. The percentage of children in out of home care 24 months or longer on July 1, 2009 who achieved permanency prior to their 18th birthday and by June 30, 2009 shall be **29.1%**.
9. The percentage of children under supervision who are required to be seen every 30 days who are seen every 30 days shall be at least **TBD this is a baseline year.**
Brevard Family Partnership has identified a number of measures we consider to be best practice and these measures are presented quarterly during the performance review.

MEASUREMENT OF CONSUMER SATISFACTION

Questionnaire and Satisfaction Survey Process
The Brevard Family Partnership Data Integrity Manager will coordinate the Questionnaire and Satisfaction Survey process. A database will be designed to coordinate an automated process to generate surveys based on set timelines. The results of all surveys will be recorded in the database and will be used to generate, at minimum, annual reports for analysis. These reports will be designed in consultation with and used by the Brevard Family Partnership Performance Review Team, Partners, Advocates, Liaisons, Supporters and Provider Network in their review of overall quality in meeting the needs of children and families and other stakeholders.

There will be 6 different categories of surveys/questionnaires:
- Satisfaction Surveys for Parents/Child(ren)
- Exit Interviews for Children in Shelter/Foster Care over the age of 5 (Brevard Family Partnership OP #61)
- Satisfaction Surveys for Adoptive Parents
- Satisfaction Surveys for Foster Parents
- Satisfaction of Providers
- Community Stakeholder Satisfaction (Courts, GALs, Leadership Roundtable, TIP, etc.)

Child and family satisfaction surveys will include questions that are directed at the services the clients received, the professionalism of the staff, the ease with which services were provided, whether or not the clients felt that they received the help they needed, whether the facilities were convenient and comfortable, and the like. Surveys will be aggregated and reviewed by all members of the Performance Review Team, Partners, Advocates, Liaisons, Supporters, Provider Network as well as the QA Board. This information resulting from the reports is used to develop new programming, change existing services, change staffing patterns, and to strategically plan.

Consumer satisfaction surveys will be administered to those agencies/individuals who work with Brevard Family Partnership. This data will also be aggregated by Brevard Family Partnership and reviewed by all members of the Performance Review Team, Partners, Advocates, Liaisons, Supporters, Provider Network as well as the QA Board. The information will be used to identify any issues that consumers have not otherwise communicated in order to secure the most positive working relationships between agencies and caregivers with the ultimate beneficiary being the children served. Data will be presented with annual comparisons with the goal of continually improved relations with other consumers.

Satisfaction Surveys

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<tr>
<th>Category</th>
<th>Responsible Party</th>
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<tbody>
<tr>
<td>Satisfaction Surveys for Parents/Child(ren)*</td>
<td>Case Management Agency (CMA)</td>
</tr>
<tr>
<td>Exit Interview for Children in Shelter/Foster Care</td>
<td>Care Managers within each CMA</td>
</tr>
<tr>
<td>Satisfaction Surveys for Adoptive Parents*</td>
<td>Client Relations Specialist</td>
</tr>
<tr>
<td>Satisfaction Surveys for Foster Parents*</td>
<td>Child Placing Agency (CPA)</td>
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Critical Incident Tracking and Client Complaint Tracking
Brevard Family Partnership, its care management agencies and provider agencies will comply with the Brevard Family Partnership Operating Procedure #215-6, Incident Reporting and Client Risk Prevention. This operating procedure establishes guidelines and procedures for identifying and reporting information related to client risk prevention and incidents. All incidents which meet the criterion for a child abuse/neglect/abandonment report continue to require that a report be immediately generated based on reason to suspect that abuse/neglect has occurred by a person responsible for the child’s care; and an incident report filed with Brevard Family Partnership does not substitute or otherwise negate this responsibility. Nor does it replace the responsibility of reporting applicable incidents to the local advocacy committee as required by law.

Incidents that rise to the level of “critical” require that the reporting person immediately verbally notify the Brevard Family Partnership Chief Executive Officer (or designee) and the DCF Circuit Administrator (or designee) and within 24 hours send written notification.

All potential media involvement will be reported to Brevard Family Partnership and then reported to the Department of Children and Families in accordance with contractual requirements. Information that is reported through incident reports and client complaints will be tracked by provider, number, type and outcome. The information will be analyzed and shared with the Risk Management Committee, Performance Review Team, and Provider Network. Both incident reports and client complaints provide insight into the agencies internal operations that might otherwise be overlooked.

Client and Grievance Procedures
Brevard Family Partnership desires to create an environment that encourages any person, client, community partner or stakeholder to communicate freely with Brevard Family Partnership. The communication may take the form of an inquiry (information or clarification is needed about a service, provider contract, eligibility, or care manager assignment etc), concern (caller is providing information about a potential issue that does not directly relate to a particular staff person or provider) or a complaint (dissatisfaction with the service provision, care management staff or provider, or child welfare system). Brevard Family Partnership will advise all clients and providers of the process for filing a complaint.

Any formal compliant or grievance received through the Circuit 18 Client Relations office or Brevard Family Partnership main office will be tracked by the Client Relations Specialist. The Client Relations Specialist will maintain a tracking system for resolution of all client calls that are received that are designated by the caller as a service complaint. Each complaint will be assigned an intake number. If the complaint lodged is against a contract provider (other than the CMA) the complaint will be forwarded to the contract manager for resolution. If the complaint is against the CMA staff the complaint will be forwarded to the Care Center Manager to coordinate the response with the CMA Program Director. On a quarterly basis the Client Relations Specialist of Brevard Family Partnership will assess all complaints and grievances filed within the quarter. This data will be analyzed for trends at the Care Manager and provider level. Results will be brought to the attention of Brevard Family Partnership’s Risk Management Committee, and reviewed. Timeliness of resolution, corrective actions taken, and customer satisfaction with the resolution will be evaluated.

FEEDBACK MECHANISMS
Consistent with COA standards, the COO is responsible for ensuring that clear, accurate, and timely information regarding all aspects of the QA process are provided to its service recipients, board, staff, and community stakeholders. Through the Performance Review Team, Provider Network, CMAs and QA Board, Brevard Family Partnership will share this information.

Absolutely essential to the success of the QA program is the ongoing process by which data leads to continuous quality improvement. Data collected without analysis serves no purpose; analysis with no action results only in wasted time and resources. With that in mind, Brevard Family Partnership will chair the Performance Review to assure that the data that are collected fuel the drive toward increased quality. This committee will meet at least quarterly to review and interpret data, determine areas for improvement, set plans of action and milestones for improvement initiatives, assign responsibilities for accomplishment of those actions, track results, and report back to stakeholders for further consideration as needed. Only by feeding information back into the system can significant results be achieved.

**CORRECTIVE ACTION**

When deficits are noted in any cases that are reviewed, the case will be referred to the COO for further review. Results of case reviews will be shared at the monthly Performance Review Team and with the QA Board. Changes in policies and procedures may be instituted based upon the quality reviews. If significant problems are identified within CMAs (or with particular Care Managers or supervisors), the Director of Child and Family Services in collaboration with the COO may meet with the CMA Program Director or quality staff to examine and explore the problem areas and propose corrective actions to address problems. The CMA QA Representatives will ensure that results of any corrective actions are reviewed within the timeframes agreed to by the parties. If a corrective action is warranted for a contract provider, the Contract Manager will review and monitor as outlined in the Contract Management Plan.