



Community Based Care
of Brevard, Inc. d/b/a
Brevard Family
Partnership
Contract Monitoring
Report

On-Site Visit Completed: June 2019

Report Issued: October 2019

As required by section 402.7305 F.S., The Department of Children and Families completed an On-Site Contract monitoring of Brevard Family Partnership. The purpose of this monitoring is to report on the agency's system of care and whether the agency is meeting the terms and conditions of the contract.

Contract GJ401

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EXECUTIVE SUMMARY

This report provides findings for the contract monitoring of Brevard Family Partnership (BFP). The on-site monitoring was conducted the week of June 3, 2019 and focused on BFP's child welfare system of care. The monitoring process included a review of Brevard Family Partnership's programmatic and administrative operations. In addition, the Community Based Care contract monitoring team reviewed fiscal monitoring reports. Findings are based on an analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews, surveys, and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) continuous quality improvement process; (4) placement resources and process; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, subcontracts, critical incidents, Employment Eligibility Verification, Information Security documentation, and HIPPA Data Security, were administratively reviewed.

Significant findings of each category are below:

Leadership and Governance:

- *BFP's mission, vision and values are aligned with the Department's.*
- *The Board of Directors is kept apprised of critical incidents, performance measures, and qualitative data on a consistent basis.*
- *The Board of Directors is representative of the local community and comprised of a diverse array of disciplines.*
- *Leadership has clear directives delegated by the Board of Directors and will be evaluated on those objectives more frequently than once a year, at this time.*
- *BFP has a formal succession plan in place for the CEO and a Staff Development and Training Plan.*

Workforce Management:

- *Specialist positions created to address specific duties or tasks usually assigned to case management have been ineffectual due to case carrying status.*
- *To better facilitate information sharing, Training and QA now report to the same (Director). With the intent of QA reviews driving training development.*
- *QA weekly Tips are beneficial to case management.*
- *Feedback regarding pre-service is being collected to augment future pre-service trainings.*
- *There is a lack of training or job coaching specific to supervisory development.*

Continuous Quality Improvement Process:

- *Qualitative and quantitative data are used to address deficiencies in performance. However, this information is not processed down to the frontline level.*
- *Actions to address deficiencies, are not consistent or seen as effective, based on focus group interviews.*
- *Qualitative case reviews are conducted through a family centered and trauma informed lens.*

- *Eligibility determinations are streamlined. Supervisory staff recognized the lack of formal process flow and are actively addressing this.*

Placement Resources and Process:

- *BFP, in conjunction with DCF, has devised an action plan for recruitment and retention efforts to address children placed in group care and the lack of homes specific to teens, sibling groups, and children coming from the northern part of the county.*
- *Evaluation of the effectiveness of foster parent recruitment efforts are lacking.*
- *The placement process possesses many strengths, specifically the ability to maintain children within the county and availability of clinical staff to address stabilizations.*
- *Opportunities to fully support IL/EFC youth exist both through recruitment of extended foster care homes and through dedicated case management.*
- *Brevard Youth Thrive is a valuable community addition in which former and current foster youth are able to express needed supports, life skills, and community interactions.*

Child Welfare Practice:

- *While BFP strongly believes in the concepts of family centered practice and trauma informed care, those concepts are not consistently applied in day to day work with families.*
- *Brevard C.A.R.E.S. is recognized on the California Evidence-Based Clearinghouse for Child Welfare as readily using the Wraparound Family Team Conferencing model.*

Partnership Relations:

- *BFP and subcontracted providers enjoy a close beneficial relationship with the local domestic violence provider, the Guardian Ad Litem, and Children’s Legal Services.*
- *While having a mutually beneficial and respectful relationship, focus groups indicate the need to further develop relationships through a single point of contact, specifically indicating this contact from Brevard Family Partnership during case transfer staffings.*
- *BFP has embraced Brevard Youth Thrive and created several underlying entities in which current and former foster youth are actively engaged in child welfare advocacy.*

Community Relationships:

- *BFP is cultivating and maintaining strong relationships with the faith-based community through their Just ONE campaign.*
- *The current CEO uses various media channels to connect with the community and advocate for child welfare awareness and transparency of the family of agencies.*

Administrative Findings:

- **Incident Reporting**
 - *BFP’s incident reporting policy does not fully align with CFOP 215-6.*
 - *95% of critical incidents were entered into IRAS, of those 37% were entered late.*
- **Employment Eligibility**
 - *E-Verify was completed for 77% of the employees.*

- Information Security
 - 96% of employees with access to departmental data had completed security awareness training and 92% had signed the DCF security agreement form.
- Subcontracts
 - BFP's standard contract for their subcontractors does not include all required clauses.

SECTION 1: PERFORMANCE AT A GLANCE

The graphs on the following page are provided by Casey Family Programs. Casey Family Programs works in all 50 states, the District of Columbia, two US territories, and more than a dozen tribal nations. They actively work with Florida child welfare professionals to improve practice through use of evidence based programs and data analytics. The most up-to-date BFP performance is depicted later in this report.

Data Basics

Brevard Family Partnership

NOTE: Due to data source and timeframe presented, numbers may vary slightly from those presented in reports produced by FL DCFS.

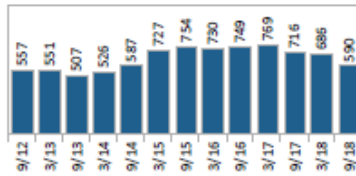
Produced by Data Advocacy, Casey Family Programs

Data source: state-submitted AFCARS and NCANDS files
Date prepared: 3/20/2019

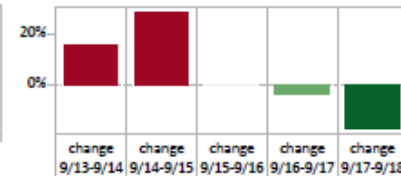
CBC Florida national

of children in care

(< age 18; as of last day of each month)

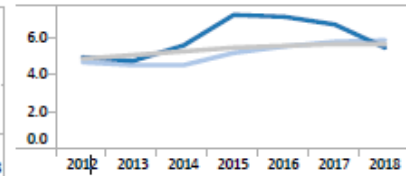


year over year change in the # in care



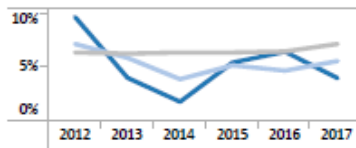
rate in care

(per 1,000, < age 18)

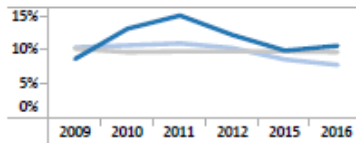


Safety

% children who experience repeat maltreatment within 6 months

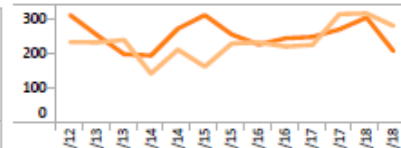


% children who experience repeat maltreatment within 12 months (note 2013-2014 data masked due to data quality)

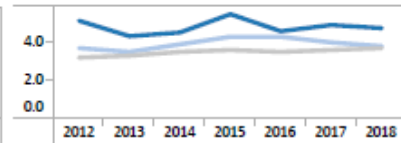


Entries

of children entering & exiting (6 month entry cohorts ending on each date)

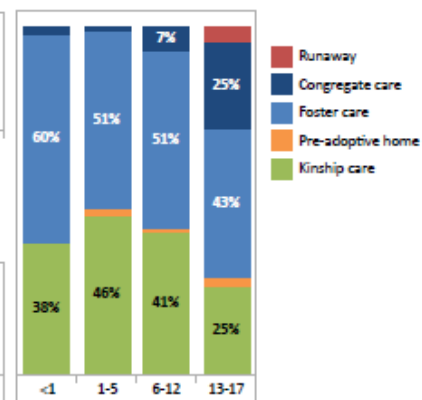


rate of children entering care (per 1,000)



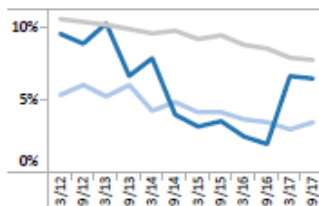
Placement

placement settings for children in care, by age (for all children in care on 9/30/2018)

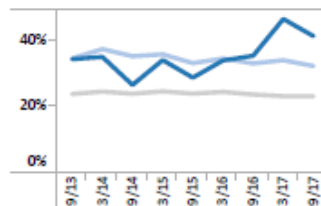


Timely & Stable Permanency

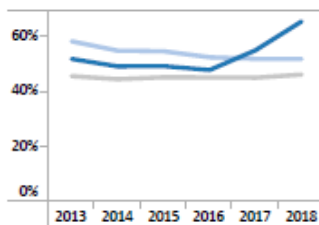
% permanency within 30 days of entering care (6 month entry cohorts ending on each date)



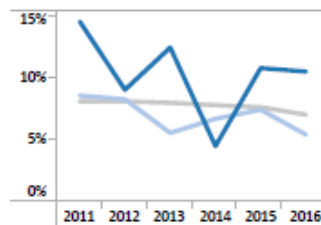
% permanency within 3-12 months of entering care (6 month entry cohorts ending on each date)



% permanency w/in 12 months for children in care 12-23 months



% re-entering care w/in 12 months of timely permanency

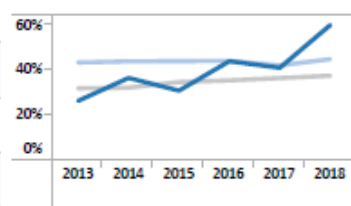


Children In Care 2+ Years (9/30/2018)

in care 2+ years

#	97
%	16%
state	19%
Nat'l (2018)	26%

% in care 2+ years at start of the year who achieve permanency w/in 12 months



profile of current caseload in care 2+ years

(for groups that represent at least 2% of the total; by age, placement type and case plan goal)

	ages 2-12		ages 13-17	
	Reunif	Adopt	Adopt	APPLA
Congregate care		8%	8%	
Foster care	5%	32%	11%	2%
Kinship care		21%	2%	
Pre-adoptive home		4%		

SECTION 2: CONTRACT MONITORING PROCESS

The monitoring process included a review of Brevard Family Partnership’s programmatic and administrative operations. In addition, the Community Based Care (CBC) monitoring team reviewed fiscal monitoring reports to assess potential impacts on programmatic activities. The review process included a review and analysis of child welfare performance indicators and quality assurance data and other information obtained through supporting documents, interviews, surveys and focus groups. The monitoring process included an in-depth assessment of the system of care in seven critical areas of operation: (1) leadership and governance; (2) workforce management; (3) continuous quality improvement; (4) placement resources and process; (5) child welfare practice; (6) partnership relations and (7) community relationships. Additionally, nine subcontracts were administratively reviewed, along with 20 critical incidents, 15 employee files for Employment Eligibility Verification, 25 employee files for Information Security, and HIPAA Data Security.

Supplementary information was provided by the Department’s Office of Financial Management Services, Community-Based Care (CBC)/Managing Entity (ME) Financial Accountability, Office of Child Welfare and the Northeast Region contract manager. Several documents were reviewed and analyzed including, but not limited to: quarterly financial viability reports, system adoption initiative gap analysis, service array assessment and stakeholder survey results. Additional information was gathered through interviews of BFP and DCF staff including leadership from the Central Region, BFP management level and specialist level staff, case managers, case manager supervisors and case management leadership, whether internal to CBC or subcontracted to case management organizations. Focus groups were held to obtain information from DCF child protective investigators, Children’s Legal Services, community partners, and foster parents.

The CBC monitoring team consisted of Department of Children and Families Community Based Care Monitoring Unit staff – Jessica Manfresca, René Gill, and Eric Wetzel, DCF Child Welfare representatives Hollie Bell - of the Northwest Region Family Safety Office, Diane Eaton - from the Office of Child Welfare and CBC representatives Jess Sternthal - Eckerd Connects Community Alternatives, Inc. and Sheree Tortora - ChildNet.

SECTION 3: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community Brevard Family Partnership serves, including US Census data, information on child welfare partners, Florida Department of Health birth and infant mortality rates, and DCF investigations of child fatalities reported to the Florida Abuse Hotline. Additional information may include data from the 2018 Florida Kids Count County Child Well-being Index attached to this report. BFP serves the children and families in Brevard County representing the 18th Judicial Circuit in the Central Region. The table below provides key US Census Facts for Brevard County as compared to the statewide percentages.

Household income in Brevard County exceeds the statewide income average and, while slightly below the average of the population with a college degree, Brevard County is 4% higher in residents with a high school diploma. Brevard County is equivalent to the statewide percent of population residing in poverty.

Census Facts		
US Census Facts	Florida	Brevard
Median Household Income	\$48,900	\$49,194
Percent of population living in poverty	14.7%	14.7%
Percent of population over 25 years old with a college degree	27.9%	27.7%
Percent of population over 25 years old with high school diploma	87.2%	91.2%

Table 1. Data Source: census.gov/quickfacts/(2012-2016 v2016)

CHILD WELFARE PARTNERS

The Department of Children and Families in Circuit 18 oversees Child Protective Investigations and Children’s Legal Services. Case management services are subcontracted to the family of agencies through Family Allies, as well as safety management and family support services through Brevard CARES. Extended foster care and independent living services are subcontracted through Crosswinds Youth Services. Adoptions and post-adoption services are subcontracted through Impower. There is not a current active Foster and Adoptive Parent Association.

CHILD FATALITIES

BIRTH AND INFANT MORTALITY RATES

Both the birth rate and infant mortality rate spiked in 2013, the birth rate slowly tapered to a rate of 9.2, below the statewide rate of 10.9. The infant mortality rate has bounced slightly above and below the statewide rate of 6.1, remaining below this rate in 2016.

County	Birth Rate per 1,000 Population - Statewide Rate in 2017: 10.9					Infant Mortality Per 1,000 Population - Statewide Rate in 2017: 6.1				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Brevard	9.1	9.2	9.5	9.3	9.2	6.6	6.9	5.5	6.3	5.5

Table 2. Source: fihealthcharts.com, Data Run: Feb 2018

CHILD FATALITY INVESTIGATIONS

From January 2009 through May 2019, there were 145 child fatality investigations in Circuit 18-Brevard County (see Fig. 1). Of the 145 child deaths, 16 had previous or current case management services at the time of the death. One case had an open services case involving the victim or a sibling within the past twelve months. However, this case did not result in a Critical Incident Rapid Response Team (CIRRT).

SECTION 4: AGENCY SUMMARY

Brevard Family Partnership was formed as an alliance of community agencies within Brevard County and solidified as the child welfare agency contracted by the Department of Children and Families by July

2005. BFP maintains placement, licensing, kinship and training functions in-house. Independent living services are subcontracted through Crosswinds Youth Services and adoptions and post-adoptive services are contracted through Impower. Safety management and family support services have been provided through Brevard CARES since 2009. Case management services have been provided through Family Allies since 2017. While Brevard CARES and Family Allies are separate agencies, they are considered under the umbrella of Brevard Family Partnership and referred to as the “family of agencies”.

Brevard Family Partnership is accredited through the Council on Accreditation (COA) an international, independent, nonprofit, human service accrediting organization that accredits the full continuum of child welfare, behavioral health, and community-based social services. Brevard Family Partnership is COA accredited through July 31, 2021, in the following areas:

- Family Foster Care & Kinship Care
- Network Administration

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

Between FY 15/16, FY 16/17 and FY17/18 the number of reports accepted for investigation by the Department’s Child Protective Investigations (CPI) increased incrementally as did the number of removals. Children receiving both in-home and out-of-home care services have increased over the last three fiscal years. Children receiving family support services have significantly decreased over the past three fiscal years. The number of young adults receiving services decreased as well.

Service Area Data		FY 2015/ 2016	FY 2016/ 2017	FY 2017/ 2018
Child Protective Investigations and Child Removals (Brevard County)	Reports accepted for Investigation by DCF (Initial & Additional Reports)	6,486	7,052	8,769
	Children Entering Out-of-Home Care	467	507	537
Children Served by CBC Brevard	Children Receiving In-Home Services	1,122	1,216	1,221
	Children Receiving Out of Home Care	1,196	1,234	1,272
	Young Adults Receiving Services	171	162	135
	Children Receiving Family Support Services	2,922	2,034	1,377

Data Sources: Child Protective Investigation Trend Report, Child Welfare Dashboard, FSN OCWDRU Report 1006. Table 3. Data Run Date: Nov 20, 2018

FINANCIAL VIABILITY SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures of Brevard Family Partnership based on the DCF 2017-18 CBC-ME Financial Monitoring Tool for Desk Reviews. The desk review period was for the period of October 1, 2017 to December 31, 2017. The report was published on May 16, 2018 with four findings identified, four observations noted, and provision of technical assistance for non-payroll related disbursement testing. All four findings were related to FSFN review related to noncompliance with Federal/State Regulatory Requirements. All findings were corrected at the time of the published report. Observations made included expenditure report not reconcile to FSFN, noncompliance with travel requirements and two instances of non-compliance with Federal/State regulatory requirements. All noted observations were addressed and corrected prior to issuance of the report.

For further details, please see the complete fiscal report – [2017-18 Brevard Family Partnership Financial Monitoring Report](#)

BFP applied for and received Risk Pool Funding during the 2015/16 fiscal year. In FY 15/16 and 17/18 BFP received CBC Operational costs from back of the bill funding. This has enabled BFP to have a carry forward surplus for FY 2018/19.

Comparison of Funding by Fiscal Year						
Brevard Family Partnership						
DCF Contract Funds Available (by Fiscal Year)	FY13-14	FY14-15	FY15-16	FY16-17	FY17-18	FY18-19
Core Services Funding	\$16,822,176	\$18,181,976	\$17,380,471	\$18,424,632	\$19,275,291	\$19,324,292
Other**	\$4,186,998	\$4,874,312	\$4,464,878	\$5,076,675	\$5,329,725	\$6,098,463
Total Initial Appropriation	\$21,009,174	\$23,056,288	\$21,845,349	\$23,501,307	\$24,605,016	\$25,422,755
Risk Pool Allocation			\$2,690,176			
CBC Operational Costs from Back of the Bill			\$196,184		\$397,573	
MAS from Back of the Bill						
Carry Fwd Balance from Previous Years	\$332,852	-\$189,989	-\$196,184	\$378,366	-\$196,437	\$298,239
Total Funds Available	\$21,342,026	\$22,866,299	\$24,535,525	\$23,879,673	\$24,806,152	\$25,720,994
** Includes as applicable Maintenance Adoption Subsidy (MAS), Independent Living (IL and Extended Foster Care), Children's Mental Health Services (Cat 100800/100806), PI Training, Casey Foundation or other non-core services						
Source: Comprehensive Review of Revenues, Expenditures, and Financial Position of All CBC Lead Agencies (11/1/18)						

Table 4

SECTION 5: PERFORMANCE INDICATORS AND QUALITY ASSURANCE DATA

This section provides a picture of BFP’s performance as captured by data indicators that are used to assess how well BFP is performing on contract measures and within the larger program areas of safety, permanency and well-being. The information in the following graphs and tables represents performance as measured through information entered into the Florida Safe Families Network (FSFN) and performance ratings based on the Department’s CQI case reviews.

The performance measures outlined in this report are accessible through the [Child Welfare Dashboard](#) and include both federal and state measures used to evaluate the lead agencies on twelve key measures to determine how well they are meeting the most critical needs of at-risk children and families.

Federal regulations require Title IV-E agencies to monitor and conduct periodic evaluations of activities conducted under the Title IV-E program to ensure that children in foster care are provided quality

services that protect the safety and health of such children (sections 471(a)(7) and 471(a) (22) of the Social Security Act). The Department of Children and Families has developed additional methods to evaluate the quality of the services provided by the lead agency using Rapid Safety Feedback (RSF) and Continuous Quality Improvement (CQI) reviews.

- Rapid Safety Feedback (RSF) assesses open in-home service cases. The RSF Tool focuses on safety and is used to review active cases that have specified high risk factors.
- CQI reviews are conducted on a random sample of cases that are both in home and out of home. The reviews are conducted by CBC staff and use the same review instrument as the Child and Family Services Review (CFSR).

In addition to the state developed quality assurance reviews, section 1123A of the Social Security Act requires the federal Department of Health and Human Services to periodically review state child and family services programs to ensure substantial conformity with the state plan requirements in Titles IV-B and IV-E of the Act. This review is known as the Child and Family Services Review (CFSR). After receiving the results of the CFSR review, States must enter a Program Improvement Plan (PIP) to address areas that the Children's Bureau determines require improvement (45 CFR 1355.34 and 1355.35).

- CFSR reviews are completed by CBC and DCF staff and consist of a case file review, interviewing case participants, and completing the on-line review instrument. In addition, these cases receive 2nd level reviews by the Office of Child Welfare and at times, 3rd level reviews by the Administration for Children and Families to ensure each case was accurately rated.

The results of the CFSR are considered baseline performance and the PIP goal is the level of improvement needed to avoid financial penalties. Therefore, the PIP goal may be lower than the overall federal and state expectation of 95%. The Department expects CBC agencies to strive toward 95% performance expectation on all CQI measures with focused activity around the federal PIP goals.

The quality ratings used throughout this report are based on the Department's CQI case reviews, including CQI/CFSR reviews and Rapid Safety Feedback reviews. The [CFSR On Site Review Instrument and Instructions](#) and the [Rapid Safety Feedback Case Review Instrument](#) are both available on the Center for Child Welfare website and provide details on how ratings are determined.

The Child Welfare Quality Assurance (QA) unit in the Office of Child Welfare was tasked with conducting secondary oversight of ongoing quarterly case reviews completed by Community-based Care lead agencies, specifically the Florida Continuous Quality Improvement (CQI) reviews which utilize the Child and Family Services Review (CFSR) on-line system review instrument and web-portal. The purpose of oversight of the reviews is to improve inter-rater reliability between CBCs and to provide guidance to QA who in turn transfer the learning to operations and child welfare professionals. The ratings on the Florida CQI reviews vary significantly between CBCs.

The QA team currently provides secondary oversight for each case monitored as a part of the state's Program Improvement Plan (PIP). The process used for second level oversight of the Florida CQI case reviews mirrors that of the PIP second level oversight. These reviews identify practice strengths and areas in need of improvement, and measure performance improvement.

The Child Welfare QA unit conducted secondary oversight of all nine of the Florida CQI reviews conducted by Brevard Family Partnership (BFP) during the third quarter of FY 2018/2019. Each case reviewed was returned for additional justification of the ratings and scores changed on one case one item from a Strength to an Area needing Improvement.

Common feedback provided involved:

- Strengthen justifications of ratings
- Item drift (rating multiple items with the same information)
- Applicability of mothers and fathers
- Including all children as applicable

The total responses rated a strength have been declining over the last three years, to significantly below the statewide performance. The most recent quarter, BFP scored 34.6% strength across all items compared to 67.9% for the state.

Compared to the state and the average Florida CQI and PIP scores, BFP scored significantly lower than the statewide performance for the 2107-2018 fiscal year; however, has been showing steady, incremental improvement during the current year. As noted above, the rating for only one item in one case was changed as a result of secondary oversight of all the Florida CQI reviews.

Action for Child Protection conducts fidelity reviews of 150 cases twice per year, 25 per region of which 13 transfer to case management. BFP has approximately three cases included per fidelity report which accounts for the variability in performance. Fidelity to the practice initially improved, then declined over time.

CONTRACT AND CBC SCORECARD MEASURES

During FY 17/18, BFP has met or exceeded their established contract target in eight of the thirteen measures including:

- M02: % of children who are not neglected or abused during in-home services
- M04: % of children under supervision who are seen every 30 days
- M05: % of children exiting to a permanent home within 12 months of entering care
- M06: % of children exiting to a permanent home within 12 months for those in care 12 to 23 months
- M08: Placement moves per 1,000 days in foster care
- M09: % of children in out-of-home care who received medical service in the last 12 months
- M11: % of young adults in foster care at age 18 that have completed or are enrolled in secondary education
- Adoption Measure: Number of children with finalized adoptions

With the exception of M05, these measures were successfully met in FY 16/17 as well. (See Table 5)

In the remaining five measures, BFP did not meet the established targets for FY 17/18. These measures are:

- M01: Rate of abuse per 100,000 days in foster care
- M03: % of children who are not neglected or abused after receiving services
- M07: % of children who do not re-enter care w/in 12 months of moving to a permanent home
- M10: % of children in out-of-home care who received dental services within the last seven months
- M12: % of sibling groups where all siblings are placed together

With the exception of M12, these measures were not successfully met in FY 16/17. However, it should be noted that though these have not met the target, they have all seen improvement. (See Table 5)

**Performance Measures
Contract Targets Compared to Federal Standards and Statewide Performance**

CBC Scorecard						
Scorecard Measure Number	Performance Measure	CBC Contract Measure Targets	Federal National Standard (Performance of Other States)	Statewide Performance (FY 2017/2018)	Brevard Family Partnership July 1, 2016-June 30, 2017	Brevard Family Partnership July 1, 2017-June 30, 2018
1	Rate of abuse or neglect per day while in foster care	<8.5	<8.5	9.45	● 13.0	● 10.4
2	Percent of children who are not neglected or abused during in-home services	>95%		97.20%	● 97.2%	● 96.2%
3	Percent of children who are not neglected or abused after receiving services	>95%		96.10%	● 94.3%	● 94.8%
4	Percentage of children under supervision who are seen every thirty (30) days	>99.5%		99.70%	● 99.7%	● 99.6%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care	>40.5%	>40.5% (12%-64%)	39.70%	● 33.6%	● 53.8%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months	>44%	>43.6% (25%-66%)	53.40%	● 49.0%	● 56.3%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home	>91.7%	>91.7% (83%-98%)	89.60%	● 88.4%	● 89.4%
8	Children's placement moves per 1,000 days in foster care	<4.12	<4.12 (2.7 - 9.8)	4.45	● 3.8	● 3.2
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months.	>95%		97.50%	● 96.6%	● 97.2%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months.	>95%		92.40%	● 93.4%	● 93.7%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education	>80%		89.00%	● 89.6%	● 85.4%
12	Percent of sibling groups where all siblings are placed together	>65%		63.70%	● 66.1%	● 60.2%
	Number of children with finalized adoptions (DCF Dashboard run date 8/14/2018)	FY 16/17: 66 FY 17/18: 77			● 98.0	● 140.0

A green dot denotes performance is above the CBC Contract Measure Target; a red dot denotes performance is below the CBC Contract Measure Target.
Table 5: CBC Scorecard, Run date: Aug 14, 2018

CHILD SAFETY

The figures and tables on the following pages depict BFP's performance related to safety in the following areas:

1. Rate of Abuse in Foster Care
2. No maltreatment after Family Support Services
3. No maltreatment during in-home services
4. No maltreatment after receiving services
5. Children seen every 30 days
6. Qualitative Case Review

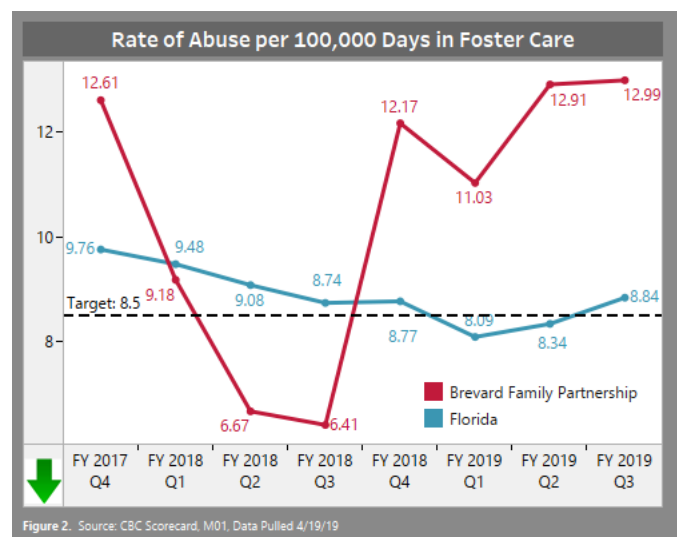
Brevard Family Partnership has failed to meet most of the safety related quantitative performance measures, except M02 and M04. Rate of abuse in foster care (M01) saw a slight increase in performance from FY 16/17 to FY 17/18 however for the past four quarters is trending negatively. CQI Item 3 (concerted efforts to assess and address the risk and safety of children in their own home or foster care), an associated qualitative measure for M01, shows a decline between the fiscal years as well and is below the federal PIP goal. Qualitative measures for both RSF and CQI declined during FY 17/18, with the exception of CQI Item 2 (ensuring concerted efforts are made to provide services to the family to prevent children's entry into foster care or re-entry after reunification) which saw a 6.2% increase.

RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): This graph depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days). This national data indicator measures whether the state child welfare agency ensures that children do not experience abuse or neglect while in the state's foster care system. It should be noted that this measure includes both licensed foster care and relative/non-relative placements.

The rate of abuse has increased overall in the last eight quarters. Improvement was noted from the last quarter of FY 16/17 to the third quarter of FY 17/18, but then spiked and has remained above the measure target and statewide performance for the most recent four quarters.

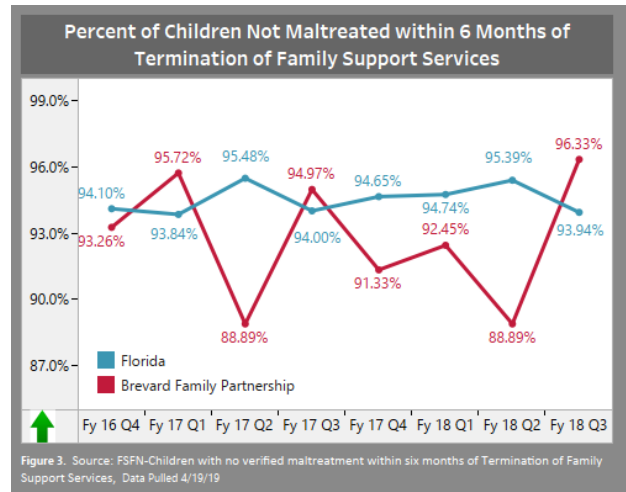
The CQI case review indicator (CQI Item 3) linked to child safety (making concerted efforts to address risk and safety) showed a 17% decline, below statewide performance, PIP goal, and federal and state expectations. (See Table 7)



NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

Percent of children not abused or neglected within six months of termination of family support services. This graph depicts the percentage of children who did not have a verified maltreatment during the report period. This is a Florida indicator that measures the CBC’s success in enhancing the protective factors in a family to ensure the children remain safe after family support services have ended.

BFP has performed above statewide performance in three of the previous eight quarters. As of October 2017 BFP, received a rating of “3” from the OCW for their FSS programs indicating that BFP has defined services, the program is aligned with the service array framework definitions and there is no capacity issues, however lack established methods to assess the quality and effectiveness of the services and has processes in place to address issues from those assessments.

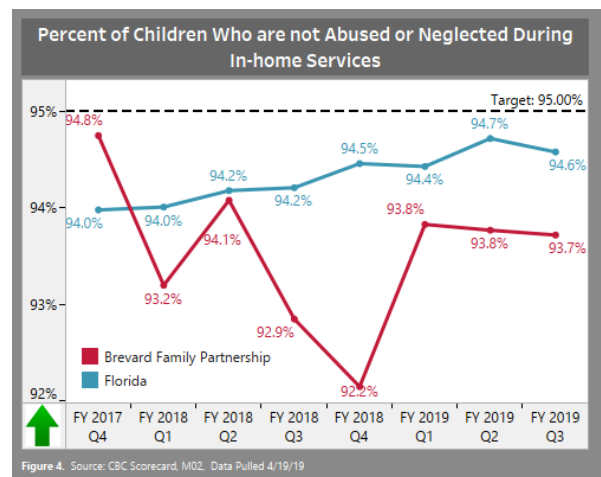


NO MALTREATMENT DURING IN-HOME SERVICES

Percent of children not abused or neglected while receiving in-home services (Scorecard Measure M02): This graph depicts the percentage of children who did not have a verified abuse or neglect maltreatment while receiving in-home services. This indicator measures whether the CBC was successful in preventing subsequent maltreatment of a child while a case is open and the CBC is providing in-home services to the family.

Although meeting this contract measure FY 16/17 and FY 17/18, BFP’s has struggled with performance in this measure, remaining below the measure target for the past eight quarters and below statewide performance for the most recent seven quarters.

Rapid Safety Feedback (RSF) data revealed that BFP scored below statewide performance in RSF 1.1 (ensuring the family assessments are sufficient), RSF 2.1 (quality of visits are sufficient to address safety concerns and evaluate case plan progress) and RSF 4.1 (ensuring safety plans are sufficient). (See Table 6)



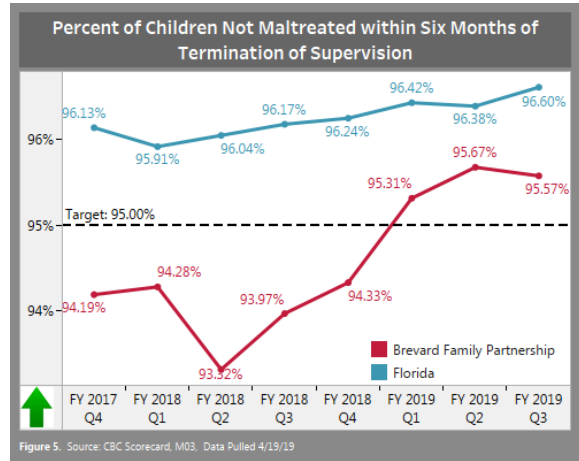
BFP’s performance on CQI Item 3 (making concerted efforts to address risk and safety), is below statewide performance, the PIP goal, and the federal and state expectation. BFP has trended negatively in performance on CQI Item 3, decreasing by 17% from the previous year. (See Table 7)

CHILDREN WHO ARE NOT NEGLECTED/ABUSED AFTER RECEIVING SERVICES

Percent of children with no verified maltreatment within six months of termination of supervision (Scorecard Measure M03): This graph depicts the percent of children who were not the victims of abuse or neglect in the six months immediately following termination of supervision.

BFP’s performance has improved over the last eight quarters, meeting or exceeding the target in the most recent three quarters.

Brevard Family Partnership’s performance increased by 6.2% on CQI Item 2 (ensuring concerted efforts are made to provide services to the family to prevent children’s entry into foster care or re-entry after reunification), scoring above statewide performance. (See Table 7)



CHILDREN SEEN EVERY 30 DAYS

Children under supervision who are seen every 30 days (Scorecard Measure M04): This graph depicts the rate at which children are seen every 30 days while in foster care or receiving in-home services during the report period.

Data for this measure was temporarily unavailable at the time of this on-site monitoring.

QA CASE REVIEW DATA

The table below provides the current performance in items related to child safety that are based on qualitative case reviews.

Rapid Safety Feedback (RSF) reviews show that from the period of July 1, 2017 through June 30, 2018, Brevard Family Partnership’s performance has declined in completing sufficient assessments, completing quality visits to address issues pertaining to safety and evaluate progress towards case plan outcomes, as well as completing sufficient safety plans to control danger threats. (See Table 6)

Florida CQI reviews indicate that BFP made concerted efforts to provide services to the family to prevent children’s entry into foster

Quality Assurance - Rapid Safety Feedback Item	Brevard Family Partnership FY 16/17 n=40	Brevard Family Partnership FY 17/18 n=39	Statewide RSF Performance FY17/18 n=830
RSF 1.1: Is the most recent family assessment sufficient?	27.5%	10.0%	52.4%
RSF 2.1: Is the quality of visits between the case manager and the child (ren) sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	30.0%	17.5%	60.1%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	54.1%	22.5%	55.6%

Green font denotes performance above the Statewide RSF Average; red font denotes performance below the Statewide RSF Average.
Table 6. Source: QA Rapid Safety Feedback; Data Run: April 24, 2019

care or re-entry after reunification in 100% of the cases reviewed, but did not make adequate concerted efforts to assess and address the risk and safety concerns related to the children in their own homes or while in foster care in 26.1% of cases reviewed. (See Table 7)

CQI Safety							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Brevard Family Partnership FY 2016/2017 n=55	Brevard Family Partnership FY 2017/2018 n=46	Percent Improvement	Statewide CQI/QA Performance FY 2017/2018 n=1,081	2016 Statewide Federal Child & Family Service Review 4/1/16-9/30/16 n=80	Federal and State Expectation	Federal Program Improvement Plan (PIP) Goal
CQI Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?	93.8%	100.0%	6.3%	90.9%	76.5%	95.0%	
CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?	90.9%	● 73.9%	-17.0%	89.8%	71.3%	95.0%	77.7%

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal.
Table 7. Source: ; Federal Online Monitoring System, Data Run July 19, 2018

PERMANENCY

The graphs and tables on the follow pages depict BFP's performance related to permanency in the following areas:

1. Permanency in 12 months
2. Permanency in 12-23 months
3. Permanency after 24 months
4. Placement stability
5. Percent not re-entering care
6. Siblings placed together
7. Qualitative case review results

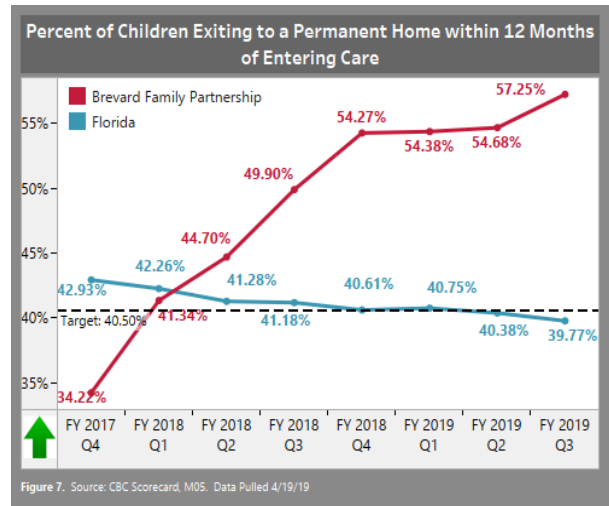
BFP is making efforts to ensure children achieve permanency in a timely fashion and decrease re-entries due to abuse/neglect. BFP consistently maintains placement stability for children. Qualitative data, however, is not reflective of the performance measures overall.

PERMANENCY IN 12 MONTHS

Percent of children exiting foster care to a permanent home within 12 months of entering care (Scorecard Measure M05): This graph depicts the percentage of children who entered foster care during the report period where the child achieved permanency within 12 months of entering foster care.

BFP has performed above the measure target in seven of the previous eight quarters; above target and statewide performance in six of the previous eight quarters. Performance has trended positively over the past eight quarters, increasing by 23.03%.

Quality data results do not reflect the positive trend noted in the performance measure data. CQI Item 5 (establishing permanency goals in a timely manner) show that BFP performed below statewide performance and the federal and state expectations, slightly declining by .7% during FY 17/18. Results from CQI Item 6 (making concerted efforts to achieve permanency) show a more significant decline in performance, below the statewide performance, the federal and state expectations, and the PIP goal by 26.8%. (See Table 8)

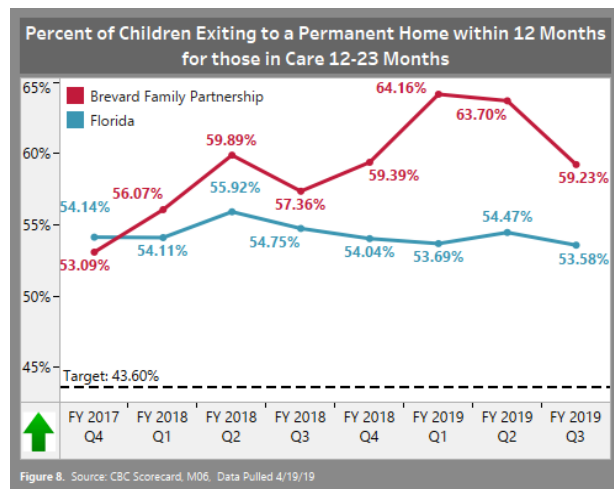


Results from CQI Item 12B (making concerted efforts to assess the needs of and provide services to parents to achieve case plan goals and adequately address the issues relevant to the agency’s involvement with the family) also show a decline in performance below statewide performance, the PIP goal, and federal/state expectations; a significant performance decrease of 33% during FY17/18. BFP also showed a decrease of 39% on CQI Item 15 (frequency and quality of visits between case workers and mothers and fathers sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals) during FY17/18, performing below the statewide performance and the federal and state expectations. (See Table 10)

PERMANENCY IN 12 – 23 MONTHS

Percent of children exiting foster care to a permanent home in 12 months for children in foster care 12 to 23 months (Scorecard Measure M06): This graph provides the percentage of children in foster care whose length of stay is between 12 and 23 months as of the beginning of the report period who achieved permanency within 12 months of the beginning of the report period.

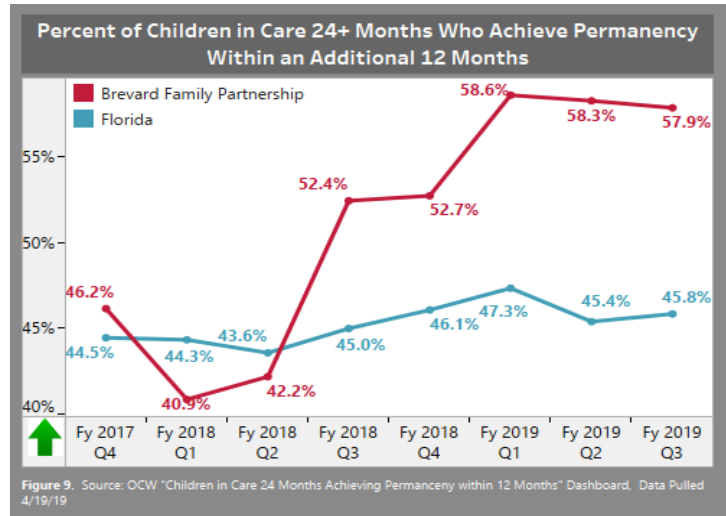
BFP has consistently performed above the measure target for the past eight quarters. The agency has performed above statewide performance in seven of the past eight quarters.



PERMANENCY AFTER 24 MONTHS

Percent of children in foster care for 24 or more months exiting to a permanent home: This graph depicts the percentage of children who were in foster care for 24 or more months and achieved permanency upon exiting foster care.

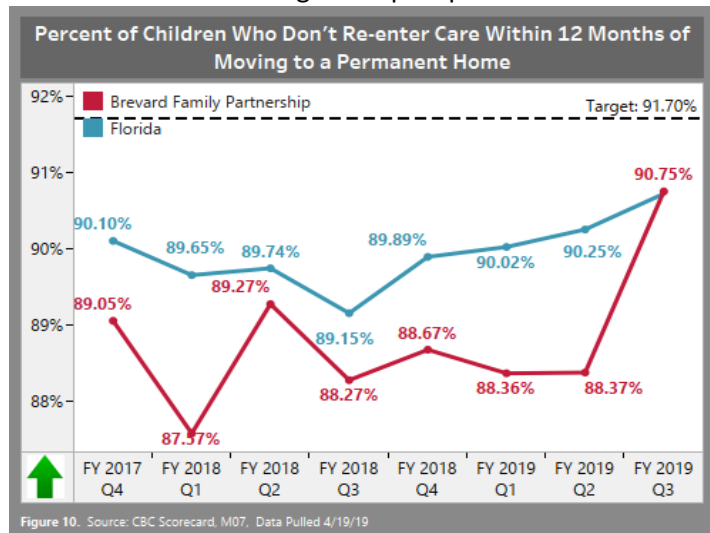
BFP has exceeded statewide performance in five of the previous eight quarters measured. BFP has had rapid improvement since Q1 of FY 17-18 and has subsequently leveled off in FY 18-19.



PERCENT NOT RE-ENTERING INTO CARE

Percent of children who do not re-enter foster care within 12 months of moving to a permanent home (Scorecard Measure M07): This graph depicts the percentage of exits from foster care to permanency for a cohort of children who entered foster care during the report period and exited within 12 months of entering and subsequently do not re-enter foster care within twelve months of their permanency date.

This performance measure has been a challenge for BFP, remaining below statewide performance and measure target. However, it should be noted that there is a positive trend over the past eight quarters and BFP met the statewide performance in the most recent quarter at 90.75%.



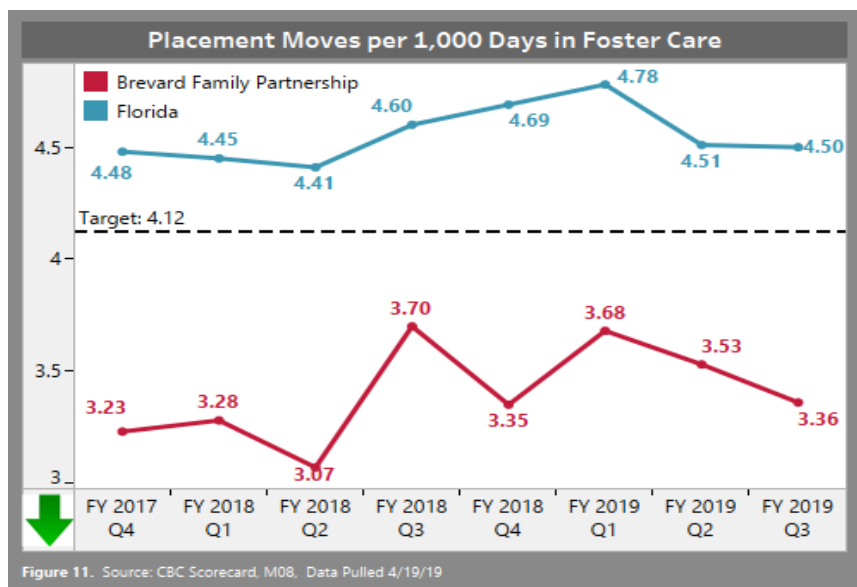
PLACEMENT STABILITY

Placement moves per 1,000 days in foster care (Scorecard Measure M08): This graph depicts the rate at which children change placements while in foster care during the report period.

BFP has excelled in this performance measure remaining below the target of 4.12 and below statewide performance for the past eight quarters.

Qualitative case reviews reflect improvements made over the past fiscal year. CQI Item 4 (ensuring stable placement and that any moves are in the best interest of the

child) indicates that BFP has increased in performance by 29.1% from FY 16/17 to FY 17/18. This remains below the statewide performance, the PIP goal, and the federal and state expectations however. (See Table 9)

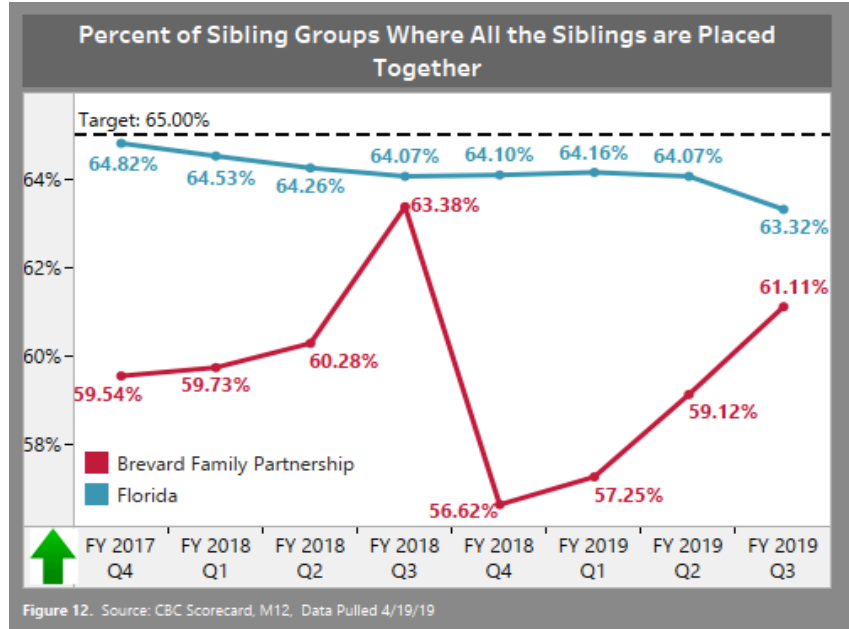


SIBLINGS PLACED TOGETHER

Percent of sibling groups where all siblings are placed together (Scorecard Measure M12): This graph depicts the percentage of sibling groups with two or more children in foster care as of the end of the report period where all siblings are placed together.

BFP has not met the target and performed below the statewide performance in eight quarters. There is overall improvement since FY 17/18 Q4 however.

BFP scored below statewide performance in CQI Item 7 (ensuring the agency is making concerted efforts to place siblings together while in foster care), though improved their overall score by 23.9% during FY 17/18. (See Table 8)



QA CASE REVIEW DATA

The table below provides the current performance in items related to permanency that are based on qualitative case reviews.

RSF reviews show that from the period of July 1, 2017 through June 30, 2018, BFP was not consistently completing visits of sufficient quality to address issues pertaining to safety and evaluate progress towards case plan outcomes with children, mothers, and fathers. (See Table 8)

Florida CQI reviews show BFP has improved performance regarding placement stability (CQI Item 4) and maintaining siblings (CQI Item 7). BFP has declined performance in all other CQI Items. CQI Items related to the Federal PIP, including CQI Item 4 and CQI Item 6, remain below the PIP goal at 80.7% and 58.1% respectively. (See Table 9)

Rapid Safety Feedback - Permanency			
Quality Assurance - Rapid Safety Feedback Item	Brevard Family Partnership FY 16/17 n=40	Brevard Family Partnership FY 17/18 n=39	Statewide RSF Performance FY17/18 n=830
RSF 2.1 Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	30.0%	17.5%	60.1%
RSF 2.3 Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	45.9%	23.7%	66.3%
RSF 2.5 Is the quality of visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress towards case plan outcomes?	34.8%	24.0%	52.6%

Green font denotes performance above the Statewide RSF Average; red font denotes performance below the Statewide RSF Performance.
Table 8. Source: QA Rapid Safety Feedback; Federal Online Monitoring System. Data Run: April 24, 19

CQI Permanency							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Brevard Family Partnership FY 2016/2017 n=55	Brevard Family Partnership FY 2017/2018 n=46	Percent Improvement	Statewide CQI/QA Performance FY 2017/2018 n=1,081	2016 Statewide Federal Child & Family Service Review 4/1/16-9/30/16 n=80	Federal and State Expectation	Federal Program Improvement Plan (PIP) Goal
CQI Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interest of the child and consistent with achieving the child's permanency goal(s)?	51.5%	● 80.7%	29.1%	81.6%	82.0%	95.0%	88.5%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	78.1%	77.4%	-0.7%	83.0%	81.8%	95.0%	
CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?	84.9%	● 58.1%	-26.8%	72.5%	74.5%	95.0%	75.4%
CQI Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	57.9%	81.8%	23.9%	83.8%	67.3%	95.0%	
CQI Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships and with these close family members?	51.7%	0.0%	-51.7%	62.9%	69.0%	95.0%	
CQI Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community faith, extended family, Tribe, school and friends?	81.8%	35.5%	-46.3%	75.1%	82.0%	95.0%	
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	78.1%	54.8%	-23.3%	80.9%	72.0%	95.0%	
CQI Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging visitation?	17.9%	0.0%	-17.9%	54.6%	60.0%	95.0%	

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal. Green font in the "Percent Improvement" column denotes positive improvement; red font denotes a negative change.

Table 9. Source: Federal Online Monitoring System, Data Run 7/19/18

WELL-BEING

The graphs and tables on the follow pages depict BFP 's performance related to well-being in the following areas:

1. Children receiving medical care
2. Children receiving dental care
3. Young adults enrolled in secondary education
4. Qualitative case reviews

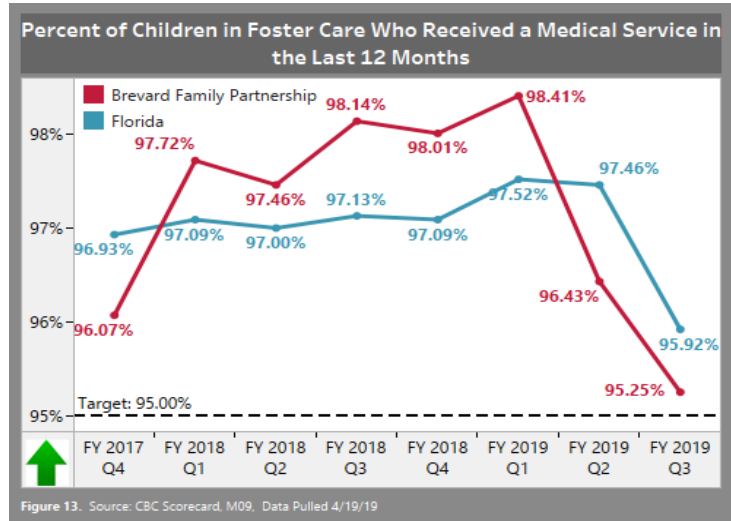
Quantitative performance measures for BFP are above target except for children in foster care who received a dental service in the last 7 months (M10,); however, a slight improvement was made from FY 16/17 to FY 17/18 on that measure. Qualitative data indicate that further efforts to improve performance is necessary with every CQI item related to well-being trending negatively.

CHILDREN RECEIVING MEDICAL CARE

Percent of children in foster care who received medical care in the previous 12 months (Scorecard Measure M09): This graph depicts the percentage of children in foster care as of the end of the report period who have received a medical service in the last 12 months.

BFP has consistently performed above the target in this area over the previous eight quarters. There is a noted negative trend since Q1 of FY 18-19.

BFP scored below the statewide performance in CQI Item 17: ensuring the agency addresses the physical health needs of children, including dental needs. BFP declined by 31.5% in FY 17/18, falling below statewide performance and federal and state expectations. (See Table 10)

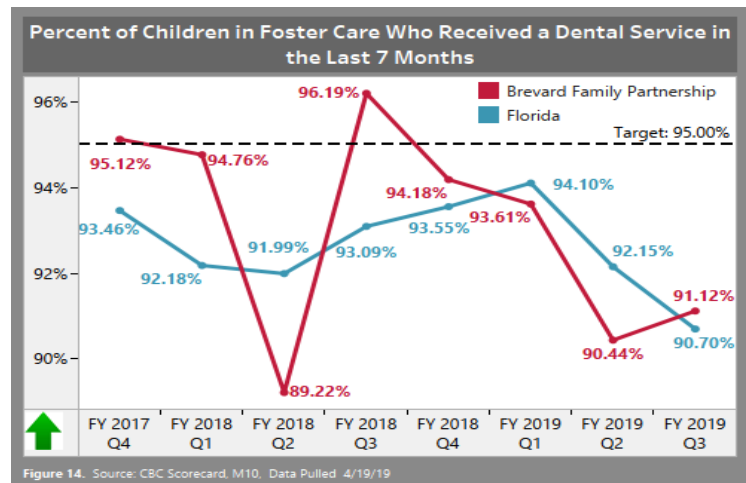


CHILDREN RECEIVING DENTAL CARE

Percent of children in foster care who received a dental service in the last seven months (Scorecard Measure M10): This graph depicts the percentage of children in foster care as of the end of the report period who have received a dental service in the last seven months.

BFP's has met or exceeded the target for this measure in two of the past eight quarters. Since FY 17/18 Q3, BFP has declined in performance by 5.07%.

BFP scored below the statewide performance in CQI Item 17: ensuring the agency addresses the physical health needs of children, including dental needs. BFP declined by 31.5% in FY 17/18, falling below statewide performance and federal and state expectations. (See Table 10)

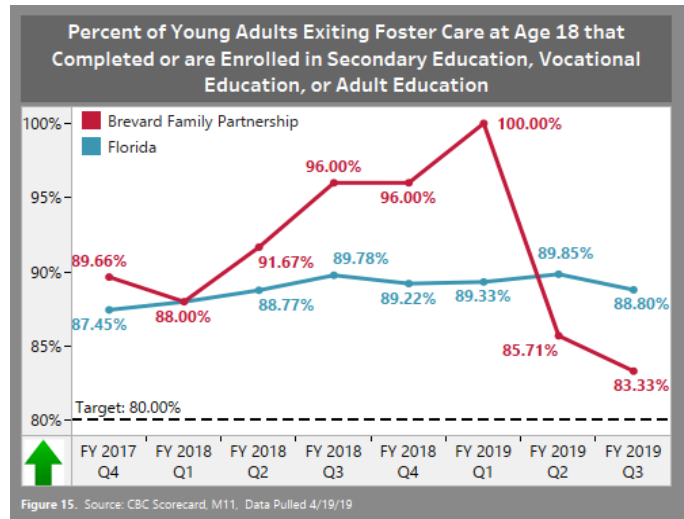


YOUNG ADULTS ENROLLED IN SECONDARY EDUCATION

Percentage of young adults who have aged out of foster care at age 18 and completed or are enrolled in secondary education, vocational training, or adult education (Scorecard Measure M11): This graph depicts the percentage of young adults who aged out of foster care who had either completed or were enrolled in secondary education, vocational training, or adult education as of their 18th birthday.

BFP has consistently performed above the target in this area over the previous eight quarters.

CQI Item 16 (ensuring concerted efforts are made to assess children’s educational needs appropriately address identified needs in case planning and case management activities), indicates a 17.1% decline in performance during FY 17/18. Scoring 69.6% in FY 17/18, BFP has fallen below statewide performance and remains below state and federal expectations. (See Table 9)



QA CASE REVIEW DATA

The table on the following page provides BFP’s performance in measures related to child well-being based on CQI case reviews.

Of the four Federal PIP CQI Items noted for CQI Child Well-Being, BFP is performing well in two of those items (CQI Item 12A and 12C). BFP met the PIP goal for CQI Item 12 B in FY 16/17 but performance declined 33% during FY 2017/18, dropping below the PIP goal. CQI Item 13 remained below the Federal PIP goal, falling another 37.8%. BFP has declined in performance for all other child well-being items. CQI Item 14, frequency and quality of visits between children and caseworker declined significantly over the past two fiscal years by 41.2%. This may be reflected through CQI Items 16, 17 and 18, all of which have also declined in performance by 17.1%, 31.5%, 24.2% respectively.

CQI Well-Being							
Quality Assurance - Florida CQI Item Assessment Based on Case Reviews by Child Welfare Professionals	Brevard Family Partnership FY 2016/2017 n=55	Brevard Family Partnership FY 2017/2018 n=46	Percent Improvement	Statewide CQI/QA Performance FY 2017/2018 n=1,081	2016 Statewide Federal Child & Family Service Review 4/1/16-9/30/16 n=80	Federal and State Expectation	Federal Program Improvement Plan (PIP) Goal
CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to children to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	96.4%	● 82.6%	-13.8%	86.4%	51.3%	95.0%	58.4%
CQI Item 12B: Did the agency make concerted efforts to assess the needs of and provide services to parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	78.0%	● 45.0%	-33.0%	64.0%	51.3%	95.0%	58.4%
CQI Item 12C: Did the agency make concerted efforts to assess the needs of and provide services to foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	100.0%	● 87.1%	-12.9%	88.3%	51.3%	95.0%	58.4%
CQI Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	66.7%	● 28.9%	-37.8%	60.5%	63.6%	95.0%	70.7%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the child (ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?	67.3%	26.1%	-41.2%	62.5%	72.5%	95.0%	
CQI Item 15: Were the frequency and quality of the visits between the case workers and mothers and fathers sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	54.0%	15.0%	-39.0%	38.7%	43.5%	95.0%	
CQI Item 16: Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?	86.7%	69.6%	-17.1%	80.3%	92.0%	95.0%	
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	90.9%	59.4%	-31.5%	76.8%	85.0%	95.0%	
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	38.5%	14.3%	-24.2%	69.3%	72.0%	95.0%	

A green dot denotes performance is above the federal PIP goal; a red dot denotes performance is below the federal PIP goal. Green font in the "Percent Improvement" column denotes positive improvement; red font denotes a negative change.

Table 10. Source: Federal Online Monitoring System, Data Run: 7/19/18

SECTION 6: SERVICE ARRAY FOR SAFETY MANAGEMENT AND FAMILY SUPPORT SERVICES

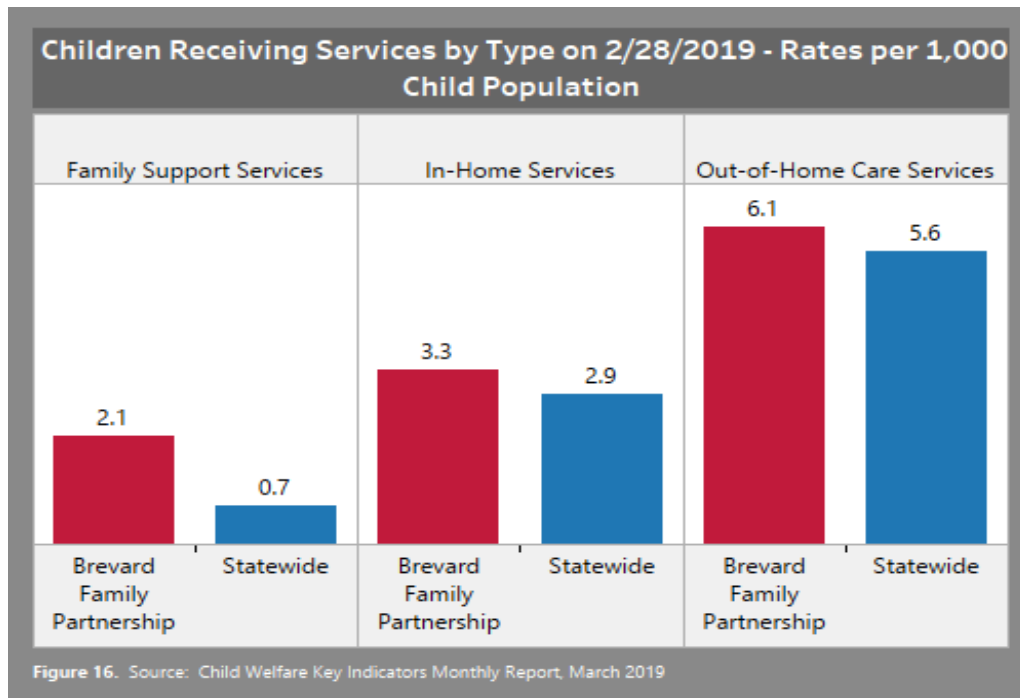
SUMMARY

In July of 2016, the Office of Child Welfare initiated a [service array assessment](#) with each CBC across the state. The assessment focuses on evaluating the availability, access and application of services for child welfare involved families. CBCs have the flexibility to create programs and services that meet the needs of children and families. CBCs should continuously monitor and analyze the success of programs they purchase or develop. This analysis should go beyond monitoring contract outcomes to also include analysis of outcomes for children and families related to safety, permanency and well-being. Prior to

modifying, implementing or purchasing a program the CBC should ensure there is research supporting the use of this program for the child welfare population.

The rating system is as follows:

- 0 - CBC has no defined service in this service domain.
- 1 - CBC has defined services in this domain, however they are not fully aligned with service array framework definitions.
- 2 - CBC has services in this domain in accordance with the service array framework definitions.
- 3 - CBC is providing the services consistently as defined, with no capacity issues as demonstrated by no waiting lists and access across all service areas.
- 4 - CBC is providing the services consistently as defined, with no capacity issues. CBC has developed methods to assess the quality and the effectiveness of the service and has processes in place to address issues identified from those assessments.



Brevard C.A.R.E.S. provides both FSS and SMS services to the Brevard County community. C.A.R.E.S. (Coordination, Advocacy, Resources, Education and Support) is listed on The California Evidence-Based Clearinghouse for Child Welfare (CEBC) with a high relevance to child welfare and scientific rating of 3, meaning there is promising research evidence. For more information about C.A.R.E.S. on the CEBC please see [C.A.R.E.S. \(Coordination, Advocacy, Resources, Education and Support\)](#).

Family Support Services - BFP has a rating of “3” for Family Support Services.

Family Support Service (FSS) referrals are received from child protective investigations, Department of Juvenile Justice (DJJ) and self-referrals from previously assisted clients. Cases with high or very high-risk

level, where children are determined safe from impending danger are staffed with the Child and Family Specialist from investigations to determine the appropriate service level based on the families need and complexity. On a case by case basis, families at low to moderate risk may be staffed for services as well. During this staffing, both the CPI and Specialist will attempt to contact the family together to begin the engagement process with the family. The FSS case is assigned to a Care Coordinator and a Family Partner. The program used to engage the family utilizes Wraparound Family Team Conferencing to engage and empower the family. Upon contact, the assigned Coordinator or Partner will schedule a time to meet the family and engage in the Strengths and Cultural Discovery assessment to address inclusion of natural supports, cultural norms and learn about the family's history, among other dynamics. This process is used to ensure that the next steps in Family Team Conferencing (FTC) is communicated in a way that is understood and is sensitive to the family's needs.

Cases are assigned within twenty-four (24) hours and within forty-eight (48) hours contact will occur with the family. The Family Partner completes the initial assessment, Strengths and Cultural Discovery, within five days of the accepted referral. A Family Team Conference is then scheduled to develop a care plan that will reflect the family's service needs. The care plan is uploaded into FSFN along with the date of the next scheduled FTC. The family and their identified supports attend the FTC, creating the care plan in partnership with the Cares team and are provided with the plan and instructions as to next steps in the process. All parties are aware that should an FTC be needed prior to the next scheduled FTC, any one of the participants may make this request. The Care Coordinator provides service linkage and referrals for additional supports as identified in the care plan. Care Coordinators are required to continually assess risk and at a minimum, conduct home visits every thirty (30) days. However, noted in during the on-site interviews, as part of the Wraparound model contact is made weekly for the first month.

Family Support Services can maintain engagement with the family for four to six months with the initial closure assessment completed in the fourth month. Brevard C.A.R.E.S. policy provides for the case to remain open for twelve (12) months and beyond with noted rationale for continuing services. The family is provided with an aftercare and transition plan upon successful completion of the program. If the family no longer wishes to engage in the service or is not making progress, the Care Coordinator informs the child protective investigator and supervisor. The Care Coordinator enlist the assistance of the CPI in order to address re-engagement through a joint visit. Should re-engagement fail a close the loop staffing is completed.

All case documentation including the FSS Family Assessment, home visit notes, care plan and any other pertinent case information is documented in the family support module of FSFN. FSS cases are monitored a minimum of bi-monthly, but with no more than 62 days between reviews. However, discussion between the supervisor and counselor occur quite often as noted during the on-site interview. This assists the counselor in addressing issues such as engagement and to determine what is working with the family and what still needs improvement. BFP maintains a close the loop process that includes a closure family meeting, provision of an individualized aftercare plan as noted above and clear documentation of all service outcomes for the family in FSFN.

BFP currently employs five coordinators and two family partners that manage up to fifteen (15) families each. A staffing specialist is co-located with the child protective investigations staff and available to

discuss referrals for both FSS and other auxiliary services as needed. There is no noted wait list for FSS, as over the last two years Brevard C.A.R.E.S. staff has nearly doubled. Currently, there are no capacity issues noted and if such did arise, other programs within the Brevard C.A.R.E.S. umbrella would be able to step in to assist. BFP monitors Brevard C.A.R.E.S. through their quality assurance department. Brevard C.A.R.E.S. reports an open and strength-based approach to process improvement through quality reviews and a peer review process.

The service array interview participants indicated that there are waitlists for community providers for in-patient substance abuse services as well as domestic violence shelter needs. The agency is involved with the Managing Entity to pilot in-home substance abuse assessments through the local provider, Aspire. Survey results and focus groups indicate that the current service array and the needs of the child welfare system through community collaboration requires further development.

Safety Management Services - BFP has a rating of "3" for Safety Management Services.

Brevard C.A.R.E.S. employs two Master's level clinicians, two Bachelor's level staff and one para-professional to make up the safety management services teams. The teams are assigned within 2-4 hours of acceptance of the case and are required to complete a face-to-face response in conjunction with the investigator within established timeframes or at a time requested by the CPI. This joint visit is to address the safety plan and identify immediate family needs.

The safety management team utilizes the same process of Wraparound Family Team Conferencing throughout their engagement and interactions with the family that is utilized through FSS. The Family Engagement Coordinator will conduct the Strength and Cultural Discovery assessment within two days of the initial face-to-face contact. In conjunction with the Strengths and Cultural Discovery, the safety management team also completes the Family Assessment of Needs and Strengths (FANS) with the family to assess progress to behavior change. The FANS is administered initially and subsequent to the transfer and/or closure of the case. If noted as needed, the safety management team, through the Family Peer Advocate, will provide Nurturing Skills for Families to strengthen parenting skills as identified. A Family Team Conference will be held within three days of the of the Strengths and Cultural Discovery assessment is completed.

The safety management team maintains face-to-face contact with the family three to five times a week but could be more depending on the safety plan. Contact is maintained with the child protective investigator throughout this process. Contacts with all safety service providers are also required on no less than a weekly basis. Contacts are also maintained with other persons involved with the child, such as school or day care, to continually assess the effectiveness of the safety plan. A supervisory consult is required within five days of case assignment. Safety management cases are reviewed on a weekly basis by designated DCF staff and Brevard C.A.R.E.S. staff to discuss each case specific situation and possibly anticipate needs of the family.

Due to the intensity of the program, safety management teams, are capped at ten (10) families per team or five (5) per Master's and Bachelor's level staff. There are no wait lists and no noted capacity issues. The families are served for up to 120 days, but usually close within 30-60 days upon investigations making their determination of impending danger. Based on this determination, the case is staffed for the most appropriate on-going services. BFP also maintains a non-judicial unit in which cases are staffed

based on the families identified as at risk of removal due to concerns of abuse or neglect. All cases including FSS, SMS and those under case management have access to the Mobile Response Team (MRT). The team is made up of Master’s level therapists available on a 24 hour, seven day a week basis for crisis management.

Based on interviews, there is an informal feedback loop that has assisted in the evolution of safety management services. CPI’s indicated they are able to address the programs components and there is continual open communication with Brevard C.A.R.E.S. about how to better serve families. Performance measures are utilized in order to define successful outcomes and gauge success for both family support and safety management services. These performance measures are delineated within the Brevard C.A.R.E.S. contract.

Mobile Response Team

Brevard Family Partnership has utilized the Mobile Response Team (MRT) as part of their service array for many years under Brevard C.A.R.E.S. Prior to the Marjory Stoneman Douglas High School Safety Act passed during the 2018 Legislative session, BFP maintained a crisis-response service for children in their community at risk for removal. Through collaboration with the Managing Entity, local law enforcement, school administrators and mental health experts and upon passage of this legislation, BFP added staff to increase capacity and further address community youth and young adults under the age of 25. MRT services are available to the county community at large and are accessed by FSS, SMS, case management, and post-adoption families as well. The team is made up of Master’s level therapists available on a 24 hour, seven day a week basis for crisis management. Response time by the MRT is within the mandated 60 minutes of the notification of a need.

ANALYSIS

BFP has defined family support and safety management services that are family centered and trauma informed. Brevard C.A.R.E.S. uses the Wraparound Family Team Conferencing Model that has been listed on the CEBC website. The services being provided are aligned with the service array framework and services are provided consistently across Brevard County with no capacity issues in addition to no wait lists. Performance measures are noted within the Brevard C.A.R.E.S. subcontract Attachment 1. There are wait lists and limitations within the community provider network, specifically for substance abuse and domestic violence services.

SECTION 7: LEADERSHIP AND GOVERNANCE

SUMMARY

This category focuses on alignment of BFP’s Mission/Vision/Values (M/V/V) to those of the Department and includes an assessment of resource and risk management, evaluation of the Chief Executive Officer and leadership development.

Mission/Vision/Values

Brevard Family Partnership’s Mission/Vision/Values are closely aligned with those of the Department and are cascaded throughout the agency. BFP’s mission statement is “It is our mission to protect children, strengthen families and change lives through the prevention of child abuse and the operation and

management of a comprehensive, integrated, community-based system of care for abused, abandoned and neglected children and their families.” BFP’s focus on children and families is also passed down to their family of agencies, Brevard C.A.R.E.S. and Family Allies, as well as the other subcontracted providers. Focus group with the community providers indicated that BFP is very child centered, advocating for children and families in Brevard County for service needs, as well as through provision of training, community forums, and events.

Resource Management

As the “parent” company in a family of agencies, BFP maintains an annual budget approval process and a monthly review of that budget to ensure alignment. BFP does fundraising annually through a Lip Sync Gala, raising unrestricted funds for the family of agencies to utilize where needed. Brevard C.A.R.E.S. and Family Allies maintain their own fundraising events as well as raising awareness related to child welfare issues within the community. The BFP Board indicated that through the Risk Sub-Committee much of the information pertaining to performance and qualitative data is used to inform out-of-home care costs and applications. The BFP Board also maintains a Marketing Committee focused on web-based applications to promote the family of agencies and continuous fundraising opportunities. BFP maintains fiscal responsibility through monitoring of contracts, utilization management, a sound financial viability plan and continuous review of high-end utilization.

Evaluation of CBC Leadership

The current Chief Executive Officer has most recently become a part of the BFP family in November 2018. The BFP Board indicated that though the CEO will be reviewed annually, there will also be a six-month review to address the nuances of having a CEO, for the first time, that was not from within the family of agencies. The Board expressed several aspects in which they intend the CEO to make progress in at the six-month mark. Some of those expectations include being more present in the community, internal review of the company’s culture, recruitment in every aspect of case management, and legislative goals. Each Board member will complete an analysis based on those identified areas and tally their scores. An annual 360 performance review model will follow. Following the individual analysis, the Board will discuss progress or lack of progress made and provide feedback to the CEO. The six-month review was in progress at the time of the on-site monitoring.

Risk Management

The Risk Sub-Committee is charged with ensuring those items that need mitigation are discussed and a resolution strategy is enacted. All incident reports are a part of a monthly report provided to the Board that outlines data and any anomalies associated with risk. Critical incidents are reported to the Board immediately through email communications. Mitigation plans are monitored, and risks are retired as they are resolved. For example, the Board was very involved with the Foster Youth Car Loan Program. During the inception and progression of this program, the Board was diligent in ensuring the program was not only feasible, but risk was mitigated.

Board Activities

The BFP Board is very involved in the support of BFP staff. A Board member serving on each of the family of agencies staff, including Family Allies, Brevard C.A.R.E.S. and The National Center for Innovation and

Excellence, sits on the BFP Board. Disclosures by the family of agencies Board members are noted at each meeting as required. There are several sub-committees (Marketing, Risk, Finance, Board Recruitment) in which aspects of agency functioning are a focus. The Board consists of fifteen (15) members in total with a broad array of skill sets. There are specific terms noted in the Board's bylaws for time served. The Board of Directors indicated that they feel well informed, are equipped to understand what they have to look at and determine necessary actions.

Leadership Development

BFP has a clear leadership development and a written formal succession plan in place.

ANALYSIS

The CEO is new to the role and is in the process of creating a culture shift within the agency. The Board of Directors is closely evaluating the CEO to ensure progress. BFP's mission, vision and values are aligned with the Department's and BFP staff are committed to providing services that impact meaningful change in the community. There is a clear leadership development and succession planning process for executive leadership staff.

SECTION 8: WORKFORCE MANAGEMENT

SUMMARY

This category focuses on workforce management, training, and development of case management supervisors.

Workforce Capacity

BFP has experienced a change in case management organizations, over the past several years. In 2017 Family Allies was born as part of their family of agencies and is currently the sole case management provider in Brevard County. Caseloads for Family Allies has fluctuated, as with all case management organizations, and is currently managing turnover rates to equalize caseloads. Brevard Family Partnership provides case management turnover information on a monthly basis through their website noted under [Contract Measures](#), the latest information available is for May 2019 at 71.1%. Workforce capacity has fluctuated and turnover rates have swung between 42% to 71% since May 2018. BFP utilizes a level system for case managers. Expectations are that caseloads at Level 4 and 5 are capped at fifteen cases, or 23 children. However, based on frontline staff interviews, most of the Level 4 and 5 staff caseloads well exceeded the capped amount. Reported case assignments included primary, courtesy and secondary assignments. Level 1 and 2 staff were within the indicated capped caseload assignments.

Based on data provided by BFP, if fully staffed in case management, the caseload capacity of 15-17 children per case manager would be achieved. Due to vacancies, the current average is 18.3. BFP monitors caseload sizes and vacancies monthly during their contract management meeting. During these and operations staff meetings, efforts to stabilize the workforce and ensure caseload equity are discussed. Family Allies completes a yearly recruitment and retention plan which is due August 2019. The plan includes several activities associated with recruitment of qualified applicants both internal and external. Retention efforts are those more associated with job duties and benefits, though there are

some extracurricular and culture building activities noted. Exit interviews are conducted by Family Allies and discussed with BFP for review.

Retention Activities

As indicated above, one of the more recent implementations of retention by Family Allies include those of “Leveling” case management staff from Levels 1-5. Interviews indicated that the levels set milestones and provide a ladder to leadership positions should the case manager want to proceed into those roles. Level 1 and 2 are trainees (non-caseload carrying) and provisionally certified case managers that are capped at five cases respectively, Level 3 certified case managers are capped at 20 cases, while Levels 4-5 are staff who are not only certified but also tenured serving as mentors and providing supervisory coverage when needed, are capped at 15 cases. Each level is associated with a pay increase as well as education of human trafficking requirements. There are also specialist positions in which case managers can aspire to fill. These specialist positions are not currently used as intended, based on interviews indicating caseload allocations to these positions due to workforce turnover.

Family Allies has also engaged a culture committee to increase staff morale, engagement, and to ensure consistency between the care centers. Frontline interviews indicate that while the culture committee is known, the monthly meetings may not happen consistently and there was some confusion as to whom actually sits on this committee. A lack of execution of events was also expressed.

Training

Training is held completely in-house with BFP. In September 2018, Quality Assurance and the Training Department were merged into one team of four staff, one manager and three specialists. The training department maintains a schedule of pre-service trainings and publishes opportunities for both in-service and pre-service training calendars on their website. Title IV-E training funds are used effectively to address gaps, updates, and enhancements to the training schedule. Development of a training database, through Mindshare, is in progress with the expectation to assist with tracking Title IV-E eligible trainings. Currently, BFP does not provide formal supervisory development training.

Pre-Service Training

Since QA and Training have merged, BFP has had their initial pre-service training with 13 trainees, all of which successfully completed the training. Pre-service training classes are offered four times a year, however, there is flexibility if more are needed or there is a need to overlap classes. BFP’s pre-service training utilizes the core curriculum and includes the case management specialty curriculum. Enhancements to the curriculum are incorporated for several subject areas such as domestic violence, sexual abuse, and wraparound training. BFP has also ensured presentation of the different departments within BFP, and CLS are able to provide guidance as to their roles within the system of care. Court preparation and observation is included in the pre-service training schedule. Case managers have five to six structured field days during pre-service training. Discussions within the classroom predicate field day activities. Trainees shadow Level 4-5 case managers during field days. Level 4-5 staff also act as mentors to trainees upon their successful completion of pre-service and entrance into field practice.

As a result of the initial pre-service class conducted by the relatively new QA/Training team, an informal feedback loop was utilized to assess the success of the program. Interviews with leadership staff

indicated several opportunities for improvement in the process and delivery and plans to implement an evaluation model to measure the effectiveness and impact of the pre-service training experience.

In-Service Training

In-service training needs are both formally and informally assessed through the training/quality assurance staff. While case managers indicated that they are not able to provide input as to in-service training needs, case manager supervisors and operations managers are encouraged to suggest needed skill enhancement training. Operations staff indicated follow-up with supervisors on a weekly basis and trainees upon entering field practice for feedback regarding concerns or need for further training. Frontline staff are provided with a variety of in-service training opportunities and are sent a list of trainings, some mandatory, sent timely to ensure participation. New or changing operating procedures are assessed by leadership staff as to whether an in-service training is necessary. Frontline staff indicated that operating procedures are disseminated via email.

Case Management Supervisor Development

Currently, BFP does not have formal training geared toward supervisory development, such as Supervising for Excellence training. However, BFP maintains a Staff Development and Training Plan that addresses continuing education of staff on all levels. The plan promotes COA standards through orientation, system of care training, continuing education, personal and professional growth through training opportunities as well as risk management and supervisory expectations.

ANALYSIS

BFP is experiencing high turnover for case management which contributes to higher caseloads. BFP is working in conjunction with Family Allies on case manager retention and bringing caseloads to their targeted range of 15-17 children. Case management retention activities are largely initiated and executed by Family Allies. Case manager turnover rates have increased over the past three months, signifying the need for continued recruitment and retention efforts. The quality assurance/training unit plays an integral role in supporting and enhancing the skills of frontline staff through pre-service and in-service trainings. There is a lack of formal training to support supervisory development through BFP.

SECTION 9: CONTINUOUS QUALITY IMPROVEMENT

SUMMARY

This category focuses on data analysis, performance improvement strategies, program development and quality of eligibility determination.

Data Quality

BFP's quality assurance staff and training staff recently merged into one unit. This unit of four is responsible for pre-service and in-service training scheduling and provision, file reviews, special reviews as requested or required and track performance on both qualitative and contractual measures. Data reports from FSFN and Mindshare are used to ensure exceptions are corrected. BFP employs a data specialist whose duties include pulling reports and providing comprehensive analysis to ensure timely and accurate data entry.

Data Analysis

File reviews, including quarterly CQI (25) and RSF (10), occur in accordance with DCF requirements. Feedback for these reviews is completed face-to-face, though may occur via phone if needed. The quality staff provide hands on assistance during debriefing sessions and follow up with staff within a 30-day timeframe if a request for action was issued. BFP believes that quality assurance and continuous quality improvement is everyone's responsibility. Case managers reported feelings of anxiety and an abundance of negative feedback in relation to debriefing activities. There was also indication that quality assurance staff were inconsistent in how constructive feedback was provided regarding the case reviews.

BFP utilizes reporting from FSFN, Mindshare, and internal tracking systems to assess compliance and drive performance improvement. Qualitative and quantitative data is shared with the Board of Directors and across leadership, however, does not appear to be cascaded down to frontline staff. BFP shares data with all system partners during weekly, monthly, and quarterly meetings. BFP plans to ensure front-line staff receive data through service center meetings on a monthly basis. While frontline staff are aware of performance measures, there is no connection as to how qualitative data feeds into or supports the quantitative data being generated. Frontline staff referred to not meeting performance measures as "being on a list". Frontline staff reported that while the data is available, it does not affect their day-to-day work.

Performance Improvement Strategy

The training team determines training needs through case reviews and performance measure analysis. Team members perform both quality reviews and training. This improves their ability to address needs identified through data analysis. Additionally, it supports more prompt information sharing. The team also considers the appropriate method for training as well. Options used include in-service training or a weekly tip. Front-line staff indicated weekly tips received via email are very beneficial.

Quality assurance staff track performance on all measures, even if BFP is doing well, and those that are not doing well are addressed. For example, BFP indicated that performance for rate of abuse (M01) has declined and complete an in-depth analysis as to why this was occurring. A leadership committee was assembled in collaboration with Family Allies and Department of Children and Families Regional staff to brainstorm where the barriers were. Each committee member brought their own perspective as well as analysis of the data, down to why/where each incident occurred to determine whether there may be a data entry issue or case involvement issue. After this analysis, it was determined that most of the incidents were occurring during parental visitations and questions around the supervision of visitations were noted. BFP has fully implemented and operationalized DCF's Operating Procedure 170-7 Family Time visitation guidelines. In addition, visitations are supported therapeutically through their subcontracted provider, Eckerd. BFP has also secured therapists to coach parents during visitations in each service center. These solutions have recently been implemented and outcomes have yet to be realized.

Front-line staff provided another example of performance improvement effort. BFP assembled a work group to address quality of contacts with fathers. The focus was to ensure that the contacts happen and that case managers engage fathers in activities to address conditions for return. While frontline staff indicated that meetings were happening, they were unsure of who was supposed to attend, so attendance was inconsistent. They also expressed that the meetings have thus far, been unproductive.

An area in which BFP may expand is incorporating customer, partner, and provider feedback throughout the system of care. Currently, there are no other systematic feedback loops to provide outside input into the improvement processes. Community partner survey results show that BFP is not inclusive in obtaining input or providing a venue in which feedback can be provided to address quality of services, input into resolution of child welfare issues, transparency in budgeting processes and receipt of performance data.

Brevard Family Partnership completed a self-assessment of their internal system of care several months prior to the contract oversight review in June 2019. This review encompassed many of the same principles that are covered within this report. As part of this review, BFP identified both strengths of the agency as well as opportunities for improvement. While not indicated on each strength or opportunity for improvement, many of the areas indicated in Section 15 have already been identified as needs to be addressed. There are several initiatives that are set to begin July 1, 2019 with the intention of correcting or encompassing further process and procedures to guide the system toward better outcomes.

Quality of Eligibility Determination

The Revenue Maximization unit consists of two specialists and a supervisor. There is expectation of an additional staff member to assist with the state Guardianship Assistance Program implementation on July 1, 2019. The supervisor of the Rev Max unit is new to the role but is tenured. Eligibility determinations are initiated by receipt of the shelter order and/or petition from the Intake and Placement Unit. Rev Max receives all orders, regardless of whether the child is entering out-of-home care or remaining with a parent. Specialists review all orders and begin the process of completing eligibility with the information located in FSFN and the various other programs available to staff. Medicaid and Master Trust accounts are set up accordingly as well. A review of the determination is made by the supervisor and subsequently sent for approval. Changes in placement are more challenging due to the lack of a notification process, specifically when the movement is to a relative or non-relative. However, the Rev Max unit receives all orders through the BFP Court Liaison and is able to adjust redeterminations accordingly. Staff reported there is very good rapport with Child-In-Care Economic Self Sufficiency Staff and can reach out to them for any assistance that may be necessary. Relationships with CPI and CLS are equally beneficial. FSFN reports are utilized and have been helpful in tracking eligibility timeframes. Penetration rates are tracked consistently with BFP reporting 62% IV-E penetration rate. BFP indicated during the interview process that eligibility penetration rates in their county are impacted by intact families and over income ratios. Frontline staff feel that Rev Max activities are streamlined. They indicate that Rev Max staff are helpful and address their needs as quickly as possible.

Eligibility specialists are afforded trainings that are provided to all staff. They participate in DCF provided Rev Max trainings and conferences as well. Rev Max staff provide training to case management through all-staff meeting as needed. BFP completes internal auditing as well as contracting with an external auditing company as part of checks and balances on an annual basis.

ANALYSIS

BFP has a data management process that allows for timely sharing of pertinent data. However, the data is cascaded to leadership levels within their family of agencies with a disconnect of that data filtering to the frontline staff. Development of procedures to ensure eligibility determinations, TANF completion and updates are timely and accurate may be beneficial to streamline and guide new Rev Max staff.

Opportunities exist to increase staff knowledge of the importance of qualitative data and the connection it has on day to day work product.

SECTION 10: PLACEMENT RESOURCES AND PROCESS

SUMMARY

This category focuses on available placement resources by reviewing family foster home recruitment and retention efforts, the placement process, group home quality, supports for relative and non-relative placements and services to transitioning youth and adults.

Family Foster Home Recruitment

In 2015, BFP brought recruitment and retention efforts in-house amid not having adequate foster homes to meet the growing need for foster families. BFP reported that there was little data used to address recruitment efforts. At that time, BFP, in partnership with DCF, began to implement data collection and analysis of recruitment needs for the county. This has led to the current recruitment and retention plan and has served BFP well in the continual addition of foster homes as noted on the [Child Welfare Foster Home Status report](#). The report shows that between July 2015 and March 2019 BFP had a net increase of thirty-seven (37) foster homes and while this number may seem small, this is significant for one county.

BFP's Licensing staff include an Initial Licensing Supervisor, three specialists and a foster parent recruitment specialist. There is also a Re-licensing Supervisor, six specialists and a foster parent navigator. Additionally, due to the state GAP implementation, a GAP Supervisor and three specialists will be added. Recruitment activities are multifaceted and are continually reviewed. These activities have included social media exposure through Facebook, Instagram and Twitter, internal and external printed material, social networking, association with all the local Chambers and the Brevard County School Board to promote and highlight foster home needs to the community. BFP also implemented the "Just ONE" initiative in which faith-based organizations are engaged in accessing their community for possible foster home recruitment and other tangible supports.

BFP licensing and public relations staff work very closely to ensure branding, messaging and follow up are consistent. BFP had set a goal of 65 homes for FY 18/19. Assessment of this goal was based on data collected from the previous year, homes gained or lost and those that are still in high demand, such as those specific to sibling groups. Interviews revealed that current projections provide BFP with a slight net gain of homes this year, but not meeting the projected goal. BFP has increased their number of new licensed homes generally more than those closing. BFP continues to track how recruitment efforts yield actual results. To this end, recent recruitment efforts have been focused on teen homes, homes in the northern end of the county and homes that can take sibling groups. BFP has an ultimate goal of having 200 active foster homes by the year 2021.

Upon inquiry, the foster parent recruitment specialist has one business day to contact the family encourage the family to attend an information session. These information sessions are held twice a month in the north and south areas of the county. At this time the family is provided with a questionnaire to fill out regarding their interest in moving forward. Upon receipt of the questionnaire, preliminary background checks are completed, and a home visit is scheduled with the family. Upon completion of the home visit, an invite is sent to the family to begin PRIDE training. Training is provided 12 times a year and is very

flexible as to where and when they are taken. BFP also has an accelerated course in which some classes can be taken on-line through training modules. During the training, prospective foster parents are fingerprinted and are generally licensed within 30-60 days of inquiry. Prospective foster parents are exposed to all facets of the child welfare system and there is a panelist discussion in which they can hear from former or current foster/adoptive parents, biological parents, and youth already in the system. Some of the most powerful tools used during training are these panelists, in particular the foster youth who challenge incoming foster parents as to their “why” of only wanting to foster younger children, rather than teens. Foster parents are encouraged to further the goal of reunification through the Quality Parenting Initiative (QPI) as well. Opportunities exist to engage those families that are not able to move through the licensing process as possible host homes for extended foster care youth.

Foster parent focus group indicated that the Pride training was beneficial in emphasizing co-parenting and other QPI tenants as well as trauma informed care and adverse behaviors. However, the focus group also indicated that there was a lack of really understanding how to care for the child in the home, specifically when there are extreme situations or behaviors. Foster parents felt there was not enough information on how to access resources once training was completed or how the system of care is structured. They indicated that the training was easily accessible, and schedule was convenient. On-line courses offered are convenient, but there is no way to ask questions, so this does bleed over into face-to-face training time. Foster parents felt that in-service trainings were readily available during their monthly support group sessions and are informed accordingly of upcoming trainings. However, the support group sessions are not perceived as actual support group time, but rather a time to receive trainings.

Family Foster Home Retention

BFP maintains several retention activities and approaches for foster parents. Data provided by BFP indicates retention rates of 77.5% for FY17-18 and 71.6% for FY 18-19. A foster parent advisory board and a foster parent mentoring initiative was established in 2015. The advisory board was created to ensure there was ongoing communication of support or improvements needed in the eyes of local foster parents. The foster parent board was also a conduit to ensure foster parents used their skills of being great parents to foster youth and to recruit other families they knew who had potential to being great foster parents through mix and mingle activities. The foster parent mentoring initiative is designed to improve retention by providing intensive training, supports and coaching on a short-term basis. The mentors reach out to newly licensed foster parents to offer guidance and support. The mentors are required to provide an activity form and are compensated monthly. Recently, a buddy system has emerged due to the intensive investment in getting foster parents initially licensed. Prospective foster parents are assigned a seasoned foster parent buddy in the third week of their training class to assist them through the licensure process. The buddy works in conjunction with the mentor once the family has been fully licensed. This process is intended to assist with the drop-out rate during training.

BFP also provides monthly support group meetings both in the northern and southern areas of the county. The support groups are designed to provide in-service training hours as well as ensuring foster parents are aware of all initiatives coming from BFP are communicated and foster parents included as collaborative partners. BFP also employs a foster parent navigator. This staff member is in constant communication with foster parents and can provide a myriad of services from providing court documentation, to fielding questions about the system of care, or how to access services. Foster parents

are encouraged to use their licensing specialist as their single point of contact to address placement, movement and respite needs. Foster parents also have support through a social media page in which questions can be posed and answered or advice can be sought.

Frontline and supervisory staff indicated knowing about recruitment and retention activities and efforts, but do not feel professionally responsible for being a part of either. Foster parents and case management expressed challenges around resolving conflicts. Case management feel that information provided to the licensing specialist regarding a conflict with a foster parent is sometimes not handled appropriately or ignored. The focus group indicated that discussions with the licensing specialist are shared with the foster parent and this does not promote good professional relationships. Suggestions from the focus groups include regular formal meetings between case management, licensing and foster parents as well as events in which case management and foster parents can get to know each other.

The foster parent focus group identified that case management staff lack skill development and understanding around how they impact foster parent retention. Foster parents' perceptions are that case managers are unresponsive and do not invite them to staffings. Foster parents also feel case management staff do not listen to their recommendations and do not think of foster parents as members of the team. Foster parents feel that there is a clear feeling of whether they are "liked" and treated preferentially, or not liked and do not feel supported. BFP has a Foster Parent Advisory Group that meets monthly comprised of foster parents and staff. All foster parents wishing to join in this monthly meeting are welcome to participate. This forum promotes foster parent input into agency decisions. For example, before the Annual Foster Parent Survey was distributed the Advisory Group was asked what questions should be added, deleted, reframed.

BFP holds foster parent appreciation events on a quarterly basis, celebrate foster parent appreciation week in February, hold a foster parent appreciation picnic or dinner in April/May, provide supplies through the back to school events and host Thanksgiving luncheon and breakfast with Santa events. Except for the support groups, in which training is indicated as its sole purpose, none of the appreciation events were noted during the focus group.

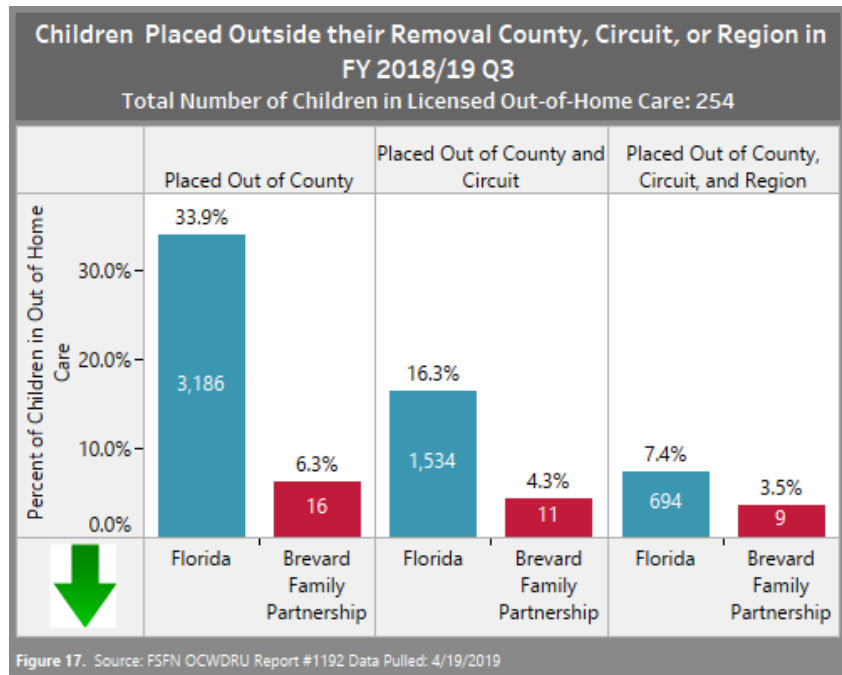
Foster parents indicated that there is a survey sent out twice a year in which feedback can be provided to BFP. The focus group indicated that the surveys are not sent to all foster parents and feel that those receiving the survey are selected. Foster parents do have access to a formal grievance process through client relations, and exit interviews are conducted when families request closure.

Placement Process

BFP's placement unit coordinates placements within Brevard County. BFP and DCF implemented shelter calls within the last year to assist with ensuring all avenues to prevent removal or placement in licensed out-of-home care have been exhausted. However, if a removal into licensed care is eminent, a pre-placement tool is completed by investigations to gather as much information about the child(ren) as possible. The CPI also begins an "All about me" profile with the child to gather more personalized information about the child. The pre-placement tool addresses the child(ren)'s demographic, behavioral, emotional, developmental and physical needs as well as connections to siblings and other affiliated agencies. This information is then utilized to match the child(ren) with an appropriate licensed

foster home based on their current available foster parent population. A spreadsheet is shared and used by all placement staff, updated in real time to ensure no overlap or cross placements occur.

The CPI focus group was very complimentary regarding the timely placements of children and the fact that most placements are in the same county. Placement staff attempt to make placements within county a priority and have maintained children within their county as noted in Figure 17. Brevard Family Partnership has excelled in maintaining children within their county, circuit and region. Placement staff maintain white boards with differing categories of children needing or requiring step down placements, children on run away status, placement changes and children that are dually served that may need placement. Children in group care or out of county are also noted. Interviews with placement staff indicated that they are continually discussing initial and changes in placement with the licensing staff. Many informal discussions of new homes being licensed, movements and openings occur daily. Currently, BFP’s number of children placed out of county and circuit are significantly below the statewide averages. (See Figure 17)



BFP maintains a trauma informed process for transition planning and placement stabilizations. Clinical staff reach out to the home, regardless of type of placement, to address any immediate mental health or therapeutic needs that can assist in maintaining the placement. Clinical staff can also provide expertise and assistance in cases where higher levels of care are necessary based on the child’s need. Placement staff encourage foster parents to facilitate transition planning between foster homes.

All staff members have been trained on child placing agreements and there are refresher courses offered. CPIs inform placement staff at removal that the child requires and has a child placement agreement. The agreement may be modified upon initial or subsequent placement or as needed. There is a specific clinical staff member that tracks child placement agreements and adjusts the agreements accordingly.

Group Home Care

BFP utilized group home placements as those of last resort. As noted in Figure 18, BFP is below the statewide average in every age category. BFP’s placement team meets on a weekly basis to review children in higher levels of care, this includes group home placements. Step down possibilities are reviewed weekly as well as anticipated step downs with timeframes noted. Permanency Round Tables are held under the placement umbrella and have been utilized to address placements for more challenging youth. Group homes are regularly reviewed through BFP’s contracts department to ensure

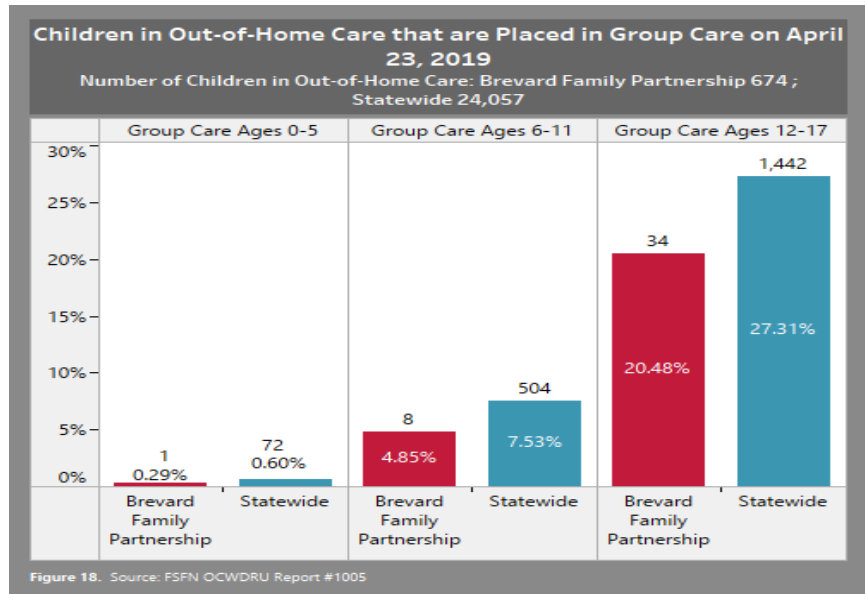
contractual compliance. Feedback is provided to the agency through a debrief discussion in which any further actions needed are addressed.

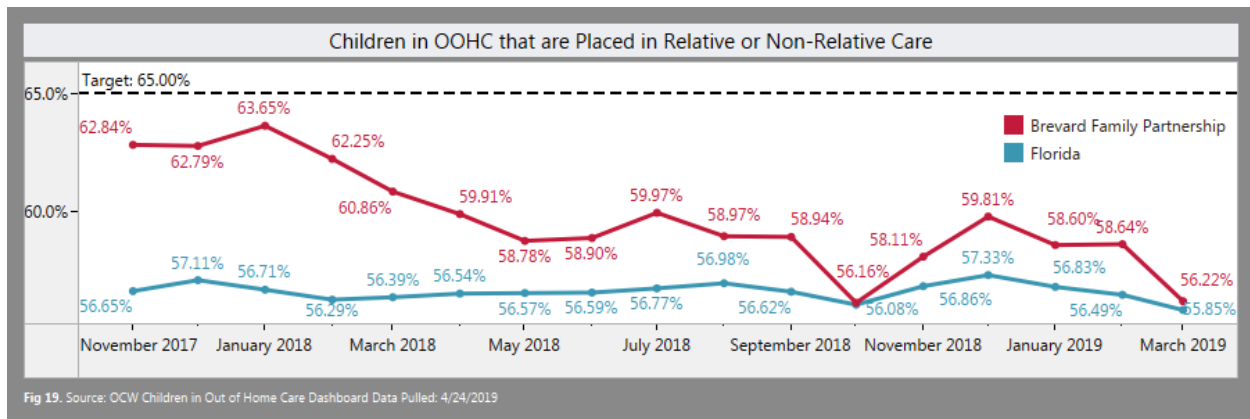
Placement interviews suggest that while there is much emphasis on getting children into the most appropriate placement within a foster home setting, there are children that are placed in group homes. Group homes were generally said to be qualitative in providing services to the children during the interviews. However, there were some comments made in which group home staff may

be more removed from the youth placed there, and therefore are not responsive to the needs of the youth. Concerns about quality expressed through the escalation process was generally thought to be ineffectual by frontline staff. Case management interviews indicated concerns with group home providers, specifically Crosswinds. The concerns encompassed the utilization of family centered and trauma informed concepts.

Relative/Non-Relative Caregiver Supports

BFP has been successful, remaining above the statewide average, in maintaining children with their relative and non-relative caregivers. As noted however in Figure 19, there has been a decrease over the past two years. Relative and non-relative caregivers have a multitude of supports through BFP. The most immediate is the assigned case manager. However, there is a designated kinship support coordinator that is utilized to address connections with community resources and provide tangible supports as necessary. The kinship coordinator informs the caregivers of available funding sources, Medicaid contacts through the Rev Max unit at BFP, they are also provided a caregiver handbook and community referrals. During the on-site review, there was clear expression of multiple supports provided both through BFP and the community.





Services to Transitioning Youth and Young Adults

Extended foster care and independent living (EFC/IL) services are subcontracted through Crosswinds Youth Services Inc. The EFC/IL program is currently staffed with three specialists and one supervisor. All EFC/IL specialists are assigned secondary to every youth age 15.5 and over. Monthly meetings are held with the staff and assignments of youth turning the specified age are assigned. Specialists indicated that if they have rapport built with a youth, they will opt to provide whatever service is needed for that youth in that month. There is no clear assignment for the specialists of whom they are responsible for on a consistent basis. Case managers assigned to these youth as primary workers can have children on their caseloads from 0-21 years of age. While this is seen as continuity of services, the specific needs of this group of children may not be addressed as adequately as necessary. Case managers maintain all court duties, responsibilities for provision and documentation of life skills trainings, special judicial review requirements, drive permanency for the youth, as well as traditional duties for case management. BFP has also indicated the start of life coaching for this population, further blurring the delineation of responsibilities.

EFC/IL specialists begin youth engagement at age 16 to complete the initial transition plan, provide information on the programs available and discuss discharge activities. Focus groups indicated that there is a completion of both Pathways to Success and the old transition plan to ensure all areas are covered with the youth. Specialists are required to meet with the youth twice a year until age 17.5, however, they do meet with them more often as circumstances dictate. Upon the youth being 3 months away from their 18th birthday, specialists meet with the youth monthly to ensure a smooth transition. The specialist is tasked with ensuring the child meets eligibility requirements for the independent living programs and guides the youth through transition meetings, discussing realistic expectations with the youth for optimal success. Life skills training is provided by the caregiver and the primary case manager. The Specialists will inform case management and caregivers of quarterly training opportunities through email and flyers. Licensed caregivers, upon provision of assessed life skills needs to a youth, are required to provide a life skills chart to specified staff at BFP. BFP's Youth Thrive, a subsidiary of the Youth Leadership Council, plays an important role in selecting the life skills being provided on a quarterly basis. A turning 18 binder is also provided by Crosswinds to the youth with community provider contacts and other pertinent information. This binder is not available electronically and may be an opportunity to ensure youth have consistent access if posted via a weblink or available by email.

Connections with community services for career or job sourcing and housing are limited and there are no formal avenues or points of contact. Recruitment efforts through licensing staff as well as placement contacts may be beneficial in cultivating options for youth aging out of care. The specialists do have the support of BFP's Foster Care Guidance Counselor as a point of contact to address any educational needs for the youth. Specialists are diligent in assisting the case manager in ensuring the youth becomes and maintains eligibility in the independent living programs. However, upon the youth becoming ineligible the youth are reminded of the discharge process and the specialist proceed according to operating procedures.

ANALYSIS

There is ongoing evaluation of recruitment activities and a streamlined use of staff to ensure smooth engagement and licensure process for both initial and re-licensures. Expansion of recruitment efforts to include extended foster care host homes may be beneficial. The placement unit works through a trauma informed lens and provides necessary supports to investigations, case management and foster parents through various avenues including access to clinical staff whom have proved invaluable at stabilizing placements and maintaining child placement agreements. Supports for relative/non-relative caregivers are available and sufficient. Subcontracted EFC/IL services are an area of needing continued focus to improve positive outcomes for youth and young adults transitioning to adulthood. There is strength in the Youth Leadership Council voicing life skills needs through youth selection.

SECTION 11: PRACTICE

SUMMARY

This category focuses on implementation of the Department's child welfare operating procedures, theory comprehension and practice competency.

Theory Comprehension

BFP's contracts department disseminate updates to Florida Statutes, Florida Administrative Code and Child and Family Operating Procedures (CFOPs) expeditiously. BFP's leadership team evaluates the updates to select the best platform in which the information should be provided, which include classroom trainings, e-mail distribution, flyers or through QA tips of the week. The information is discussed during all-staff meetings and any further clarification, if needed, is addressed. BFP's leadership exemplifies the use of family centered practices and trauma informed care throughout the levels of management. Leadership staff model the words and actions associated with these practices, while supervisory staff provide guidance through modeling and using a consultative supervision style. Frontline staff verbalized and demonstrated their understanding of trauma informed care but lacked the ability to verbalize and/or demonstrate family centered practices. BFP engaged ACTION training in 2017 and again in May 2019 to provide training around practice model tenets.

Practice Competency

BFP has adopted the Practice Model for cases opened upon transition to the practice model. BFP maintains legacy cases and will transition completely upon attrition of those cases, as well as those receiving new abuse reports. The most recent information regarding safety methodology implementation status can be located in the [Child Welfare Key Indicators Monthly Report - April 2019](#).

Staff are trained on the Practice Model during pre-service and provided with refresher courses through in-service training or through additional trainings as needed. BFP's leadership are committed to continuing efforts to identify gaps to improve and enhance understanding and application of core concepts.

Focus groups and interviews revealed a committed staff focused on providing trauma informed care, with continued improvement needed for family centered practices. BFP quality review scores would indicate further improvement needed in the application of family centered practice and trauma informed care principles. BFP has improved in maintaining sibling connections, though still below target and statewide average performance in this measure (see Figure 10). Quality assurance CQI data does show an increase of 23.9% in performance with this measure (see Table 9, CQI Item 7). BFP has excelled in maintaining a low number of placement moves over the past eight quarters (see Figure 12). Performance in this measure is supported by quality reviews (see Table 9, CQI Item 4), indicating a 29.1% improvement.

There have been areas where family centered practice has been challenging systemically. Focus groups from frontline staff indicate that, at times, families are not able to participate in case transfer staffings due to time constraints or lack of advanced notice. There is also indication of a disconnect from frontline staff in the investment of family centered practice, qualitative data and how it impacts their performance. Frontline focus groups did not exemplify family centered or trauma informed practices in working with families consistently. An example of this is case managers feeling that the expectation to "work for the parents who aren't making an effort" and investment in families when parents are difficult, uncooperative or where parents don't do their part is unrealistic.

ANALYSIS

All staff are trained on the Practice Model, trauma informed care and family centered practice principles from pre-service training to field application and beyond. However, qualitative data results indicate that trauma informed care and family centered practices are not being consistently applied or integrated into their daily work.

SECTION 12: PARTNERSHIP RELATIONS

This category focuses on established relationships with Child Protective Investigators (CPI), Children's Legal Services (CLS), the Judiciary, Guardian ad Litem (GAL), other governmental agencies, domestic violence providers, coordination of educational services and other area partnerships.

Child Protective Investigations

Child Protective Investigations is conducted by DCF in Brevard County. DCF Investigators and supervisors report having strong relationships, with the ability to work through difficult issues or differing opinions. Investigative staff are particularly appreciative for the relationship they have with Brevard C.A.R.E.S. in which there is open case discussion on a weekly basis to address situations or proactively prevent situations from manifesting. While focus groups indicates that case transfer staffings are unproductive and the information provided by investigations has not been read, surveys indicate that the quality of information discussed at the case transfer staffing is sufficient. Investigations staff report joint responses on open cases as needed. DCF and BFP recently implemented shelter calls in which if a removal is eminent, the call is to address any supports or exhaustive measures to safely maintain the child outside

of licensed care. These calls are reported to be beneficial for both BFP and DCF. Investigative focus group did indicate further rapport building with case management would be beneficial in enhancing communication and collaborative efforts. Investigative focus group also expressed concerns about facilitation of case transfer staffings and whom is present to facilitate them. Most participants voiced the benefit of having a staffing master from BFP to review the case and act as an intermediary and facilitator may be beneficial.

Children's Legal Services

CLS expressed that leadership from both BFP and Family Allies are responsive and do collaborate and communicate when there is a case specific issue. CLS reports inconsistency in experience, responsiveness, and thoroughness in case managers, however they are empathetic to the work demands of case managers and will assist when needed. CLS focus group indicated that there are limited substance abuse services available. Reliance on drug screens provided by case management causes challenges for CLS for evidentiary purposes. There are difficulties with case management in obtaining and providing progress notes from service providers as well as case managers inability, at times, to articulate behavior changes and how that impacts permanency. CLS feels responsible for driving permanency timeframes due to excessive turnover and lack of experienced workers. Frontline staff indicate having a good relationship with CLS and able to work through issues. It is especially beneficial that they are co-located in Rockledge making collaboration much easier. While they are not co-located in the Palm Bay service center, both frontline staff and CLS indicate that there is open communication about cases and willingness to assist each other as needed.

Judiciary

There is one Judge in Circuit 18, Brevard County. The judiciary has been generally unresponsive to BFP and CLS when requests to address barriers and discuss systemic issues have been proposed. On-site focus groups and interviews spoke of challenges with the judiciary indicating unpredictable behaviors and lack of practice model adherence. BFP maintains a Dependency Court Liaison position that has been beneficial. BFP and CLS have extended their requests to meeting with the judiciary to the new Judge coming July 2019 in hopes of establishing open communication and collaboration.

GAL

Relationships with GALs are sometimes challenging, but overall, they are generally positive, and some GALs are very helpful, for example, providing transportation for the child for various activities or acting as collaterals to monitor the safety plans. Focus groups indicated that some GALs "have their own agenda" on cases and often have unrealistic expectations for the families. Survey responses from GALs indicated they feel they are not included in staffings but are kept abreast of changes. GAL comments indicate that communication is the most significant breakdown.

Other Governmental Agencies

Department of Juvenile Justice

BFP Leadership indicates there is ongoing communication with DJJ as part of the Local Review Team calls addressing crossover youth. However, focus groups indicate that the current DJJ liaison is ineffectual and there is no point of contact through BFP to address issues with crossover children. Focus group

participants expressed frustration in communication efforts with DJJ and expectations of sheltering or taking a child into custody from DJJ facilities in a timely fashion. Community partners focus group indicated that there were proposed trainings to educate both case management and DJJ staff in what their respective roles are and each's abilities and limitations.

Managing Entity

Central Florida Cares Health System, Inc. (CFCHS) has the managing entity contract by DCF serving BFP's service area. A pilot project has been initiated to address the lack of in-patient substance abuse services available in Brevard County. Aspire is currently providing these services as an intensive out-patient style, but in the client's home. Outcomes of this pilot have yet to be realized.

Domestic Violence Service Providers

There are co-located DV Advocates available to participate in safety planning and staffings, including case transfer staffings. These experts provide on-going support and guidance to case management staff.

Educational Coordination

The Foster Care Guidance Counselor is co-located with Brevard Public Schools and serves as the educational liaison for children in out-of-home care. This counselor assists with Every Student Succeeds Act (ESSA) requirements as well as assisting case management and EFC/IL case managers to navigate educational needs of youth involved in the child welfare system. BFP utilizes Mindshare Provider Map function to assist the placement specialists in matching foster homes with schools to support ESSA decisions.

Other Area Partnerships

Brevard Youth Thrive

Brevard Youth Thrive is an advocacy group providing youth in foster care and those who have aged out of foster care a voice in the community to expand and promote opportunities for normalcy, build protective and promotive factors and improve outcomes for youth and their families. BFP is supportive of their identified areas of system improvement.

ANALYSIS

BFP works collaboratively with partners to ensure children and families are receiving needed services. Partnership meetings are held routinely to address concerns or issues. Continued effort to address relationships with the judiciary and frontline staff concerns in general is warranted.

SECTION 13: COMMUNITY RELATIONSHIPS

SUMMARY

This category focuses on relationships within the faith-based community, business community, local media and the Community Alliances and/or Children's Services Council.

Faith-Based Community

BFP has built some significant relationships throughout the faith-based community. Through the implementation of the Just ONE campaign, BFP has rallied supports, both through recruitment of foster homes as well as tangible supports, from the local faith-based community. The Just ONE campaign is established on the premise that if just one family in each faith-based organization becomes a foster home, Brevard Family Partnership would benefit from a diverse and significant selection of foster homes for best fit needs of the children coming into the child welfare system.

Business Community

The Board overseeing Brevard Family Partnership work in a vast array of disciplines within the community. This diversity of disciplines allows for strong relationships with businesses throughout the community. Board members utilize their professional and personal connections to further enhance and provide for the needs of the child welfare system. Thus, these relationships have created job opportunities, enhanced and expanded services, increased awareness, raised funds and provided countless tangible items.

Media Relationship

BFP actively engages media partners to showcase events, increase awareness of initiatives, and involve the community in their mission. BFP uses radio, television, newspaper/print, and social media in various ways. BFP is currently in the process of rebranding their website in order to ensure that the community is able to access the family of agencies from one centralized website. As part of the CEO's initial and ongoing tasks, one if to ensure the community is aware of child welfare issues and to articulate needs to the community as large, but also to continue to inform the community of Brevard Family Partnership's role in ensuring the children and families safety, permanency and well-being.

Community Alliance

Brevard Family Partnership is a part of a community collaborative effort known as Together in Partnership or TIP. Collaborative efforts with partners and providers to push child welfare issues, notate service array needs and articulate solution focused dialogue is continued through this quarterly meeting.

ANALYSIS

BFP's relationships with community providers are strong, particularly in the faith-based and business communities. There is a clear disconnect in how BFP views partnership within the family of agencies versus the community providers. BFP is encouraged to continue to establish, expand and nurture community partnerships.

SECTION 14: ACTIONS TAKEN IN RESPONSE TO PREVIOUS MONITORING ACTIVITIES

The CBC Monitoring Team completed a desk review in June for FY 17/18. The following is a summary of the findings and any actions taken by Brevard Family Partnership to improve. The full [Brevard Family Partnership Desk Review FY 17/18](#) monitoring report is available for reference.

Areas Needing Action Identified in Previous Report

- 1) Percent of children who are not neglected or abused after receiving services (M03)

- a) This finding was included as part of BFP’s financial viability plan.
 - b) *Improved Performance*: Performance improved by .5% from FY 16/17 to FY 17/18. After showing a downward trend from Q4 of FY 16/17 to Q2 of FY 17/18, BFP has improved over the last quarter (Q3 FY 17/18) by 7.44%.
 - c) *Summaries of Actions Taken*: Based on the financial viability plan, BFP is reviewing critical incident reports of in-home conversion cases and the risk committee is conducting retrospective trend analysis. Continued collaboration between quality assurance staff and Region DCF staff during monthly contract meetings are ongoing.
- 2) Percent of children who do not re-enter foster care within twelve months of moving to a permanent home (M07)
- a) This finding was included as part of BFP’s financial viability plan.
 - b) *Improved Performance*: Performance improved by 1% from FY 16/17 to FY 17/18. BFP has been trending positively over the past eight quarters and is just below the target by .95%.
 - c) *Summaries of Actions Taken*: Based on the financial viability plan, BFP is reviewing critical incident reports of in-home conversion cases and the risk committee is conducting retrospective trend analysis. BFP is also examining the quality of home visits and documentation thereof as well as supervisory reviews for those home visits to ensure qualitative information was obtained and documented as indicated during the Region meeting.
- 3) CQI Item 4: Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interest of the child and consistent with achieving the child’s permanency goal(s)?
- a) This finding was included as part of BFP’s financial viability plan.
 - b) *Improved Performance*: Performance on this QI Item has improved by 29.1% between FY 16/17 and FY 17/18.
 - c) *Summaries of Actions Taken*: BFP has expanded the Mobile Response Team (MRT) with two additional staff as well as using MRT as needed for placement stabilization.
- 4) CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?
- a) This finding was not included on a corrective action plan.
 - b) *Performance Declined*: Performance declined by .7% between FY 16/17 and FY 17/18.
 - c) *Summaries of Actions Taken*: Quality reviews are ongoing and providing guidance. Though not directly related, permanency within established timeframes are being addressed through the financial viability plan for both children in care less than 12 months and those in care over 18 months.
- 5) CQI Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?
- a) This finding was not included on a corrective action plan.

- b) **Performance Declined:** BFP has declined in performance for this CQI Item over the past three fiscal years. In FY 15/16 from 84.62% to FY 17/18 at 26.1%. The Federal Performance Improvement Plan Goal for this CQI Item is 70.7%.
 - c) **Summaries of Actions Taken:** This measure is affected by the issues surrounding Family Centered Practices that are challenging frontline staff. BFP has previously identified, through their self-assessment review, the opportunity to improve the cohesive knowledge and application of family centered practices used by frontline staff. This will help in embedding the provider's practice of the Family Team Conference (FTC) model across the family of agencies. Initiatives to be implemented July 1, 2019 will address this.
- 6) CQI Item 14: Were the frequency and quality of visits between caseworkers and the child (ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?
- a) This finding was not included on a corrective action plan.
 - b) **Performance Declined:** BFP has declined in performance for this CQI Item over the past three fiscal years. In FY 15/16 from 84.62% to FY 17/18 at 28.9%.
 - c) **Summaries of Actions Taken:** This measure, while not directly discussed, is affected by the issues surrounding Family Centered Practices that are challenging frontline staff. BFP has previously identified, through their self-assessment review, the opportunity to improve the cohesive knowledge and application of family centered practices used by frontline staff. Initiatives to be implemented July 1, 2019 will address this.

Opportunities for Improvement Identified in Previous Report

- 1) Rate of abuse or neglect per day while in foster care (M01)
 - a) This finding was included as part of BFP's financial viability plan developed by the Region and CBC.
 - b) **Performance Declined:** BFP made some strides in achieving and surpassing the target, however, over the past five quarters has trended negatively and is at a rate of 12.99.
 - c) **Summaries of Actions Taken:** This measure is part of ongoing discussions monthly between BFP and DCF. Analysis into this measure is ongoing as there have been issues with both data entry concerns as well as cases of actual abuse identified.

- 2) Percent of children exiting foster care to a permanent home within twelve (12) months of entering care (M05)
 - a) This finding was included as part of BFP's financial viability plan.
 - b) **Improved Performance:** BFP has surpassed the performance measure target as well as statewide average at 53.8%.
 - c) **Summaries of Actions Taken:** As stated in the financial viability plan, Family Allies conducts bi-monthly reviews on children in out-of-home care less than 12 months, with permanency staffings occurring at the 9th month in out-of-home care and ensuring condition for return are discussed at the case transfer staffing.

- 3) Percent of children in out-of-home care who received dental services within the last seven months (M10)
 - a) This finding was not included on a corrective action plan.
 - b) *Improved Performance*: While BFP has generally trended negatively over the last eight quarters, there has been some improvement in the last quarter. Fiscal year data shows a slight improvement of .3%.
 - c) *Summaries of Actions Taken*: Brevard Family Partnership has identified data sharing beyond leadership levels as an opportunity for improvement through a self-assessment completed prior to this review. Plans to implement data sharing beyond the leadership level is set for July 1, 2019.

- 4) Percent of sibling groups where all siblings are placed together (M12)
 - a) This finding was not included on a corrective action plan.
 - b) *Performance Declined*: BFP's performance has declined by 5.9% over the past two fiscal years. Quarterly data suggests improvement over the past four quarters.
 - c) *Summaries of Actions Taken*: BFP requires Family Allies to provide a detailed report of all separated siblings with an explanation of why the siblings were separated. Much of this analysis points to children's mental health needs as well as the differing placements based on maternal and paternal relative attachments.

- 5) CQI Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?
 - a) This finding was included as part of BFP's financial viability plan.
 - b) *Improved Performance*: BFP has improved by 6.3% over the past two fiscal years.
 - c) *Summaries of Actions Taken*: Based on the financial viability plan, BFP is reviewing critical incident reports of in-home conversion cases and the risk committee is conducting retrospective trend analysis. BFP is also examining the quality of home visits and documentation thereof as well as supervisory reviews for those home visits to ensure qualitative information was obtained and documented as indicated during the Region meeting.

- 6) CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?
 - a) This finding was included as part of BFP's financial viability plan.
 - b) *Performance Declined*: BFP has declined in performance by 17% over the past two fiscal years.
 - c) *Summaries of Actions Taken*: Based on the financial viability plan, BFP is reviewing critical incident reports of in-home conversion cases and the risk committee is conducting retrospective trend analysis. BFP is also examining the quality of home visits and documentation thereof as well as supervisory reviews for those home visits to ensure qualitative information was obtained and documented as indicated during the Region meeting. BFP has expanded the Mobile Response Team (MRT) with two additional staff as well as using MRT as needed for placement stabilization.

- 7) CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?
 - a) This finding was included as part of BFP's financial viability plan.
 - b) **Performance Declined:** Performance has declined by 26.8% from FY 16/17 to FY 17/18.
 - c) *Summaries of Actions Taken:* As stated in the financial viability plan, Family Allies conducts bi-monthly reviews on children in out-of-home care less than 12 months, with permanency staffings occurring at the 9th month in out-of-home care and ensuring condition for return are discussed at the case transfer staffing.

- 8) CQI Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?
 - a) This finding was not included on a corrective action plan.
 - b) **Improved Performance:** Performance has improved by 23.9% over the past two fiscal years.
 - c) *Summaries of Actions Taken:* BFP requires Family Allies to provide a detailed report of all separated siblings with an explanation of why the siblings were separated. Much of this analysis points to children's mental health needs as well as the differing placements based on maternal and paternal relative attachments.

- 9) CQI Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships and with these close family members?
 - a) This finding was not included on a corrective action plan.
 - b) **Performance Declined:** Performance declined by 51.7% over the past two fiscal years.
 - c) *Summaries of Actions Taken:* BFP has expanded staff to include Family Service Workers to provide transports to accommodate court ordered visitations that are a significant time constraint on case management.

- 10) CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?
 - a) This finding was not included on a corrective action plan.
 - b) **Performance Declined:** Performance has declined by 23.3%.
 - c) *Summaries of Actions Taken:* GAP training has been provided and BFP will be implementing a Kinship Unit to address Level 1 licensures and provide continued relative supports.

- 11) CQI Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging visitation?
 - a) This finding was not included on a corrective action plan.
 - b) **Performance Declined:** Performance has declined by 17.9% over the past two fiscal years.

- c) *Summaries of Actions Taken:* BFP has expanded staff to include Family Service Workers to provide transports to accommodate court ordered visitations that are a significant time constraint on case management. This measure, while not directly discussed, is affected by the issues surrounding Family Centered Practices that are challenging frontline staff. BFP has previously identified, through their self-assessment review, the opportunity to improve the cohesive knowledge and application of family centered practices used by frontline staff. Initiatives to be implemented July 1, 2019 will address this.
- 12) CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to children to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
- a) This finding was not included on a corrective action plan.
- b) *Improved Performance:* BFP has improved performance on this measure by 13.8%, surpassing the Federal PIP goal of 58.4%.
- c) *Summaries of Actions Taken:* Family Allies conducts bi-monthly reviews on children in out-of-home care less than 12 months, with permanency staffings occurring at the 9th month in out-of-home care and ensuring condition for return are discussed at the case transfer staffing.
- 13) CQI Item 12B: Did the agency make concerted efforts to assess the needs of and provide services to parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
- a) This finding was not included on a corrective action plan.
- b) *Performance Declined:* BFP declined performance on this measure by 33%.
- c) *Summaries of Actions Taken:* Quality assurance reviews are ongoing, and case debriefs serve as a valuable coaching mechanism to further case discussion.
- 14) CQI Item 15: Were the frequency and quality of the visits between the case workers and mothers and fathers sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?
- a) This finding was not included on a corrective action plan.
- b) *Performance Declined:* Performance has declined 39% over the past two fiscal years.
- c) *Summaries of Actions Taken:* Quality assurance reviews are ongoing, and case debriefs serve as a valuable coaching mechanism to further case discussion. A workgroup was assembled to address contacts with fathers. Participation in this workgroup was inconsistent.
- 15) CQI Item 18: Did the agency address the mental/behavioral health needs of children?
- a) This finding was not included on a corrective action plan.
- b) *Performance Declined:* Performance has declined by 24.2% over the past two fiscal years.
- c) *Summaries of Actions Taken:* Quality assurance reviews are ongoing, and case debriefs serve as a valuable coaching mechanism to further case discussion. The Mobile Response Team is also utilized for acute situations.

16) BFP should resubmit their assessment for family support and safety management services to address whether BFP has developed methods to assess the quality and the effectiveness of the service and has processes in place to address issues identified from those assessments.

a) This finding was not included on a corrective action plan.

b) *Summaries of Actions Taken:* Interviews indicated that there is a lack of a data collection program to accurately reflect methods to assess the quality and the effectiveness of the service and a process in place to address issues identified from those assessments.

SECTION 15: ON-SITE MONITORING SUMMARY

SUMMARY

BFP is a small community-based care agency serving Circuit 18 in Brevard County in the Central Region of Florida. BFP has experienced turnover in previously long tenured positions. This has left BFP in a state of rebuilding. While BFP has established policies, procedures and plans, they are not consistently utilized in daily business practices. There are strengths within and between the family of agencies, but there are also challenges imposed by this structure that have impacted the entire system of care. BFP has initiated steps through introspection and implementation plans associated with their self-assessment review. With BFP's commitment to quality performance and community engagement, further opportunities are anticipated.

Opportunities for system of care enhancement are inherent in all community-based care organizations. Renewed diligence and committed staff are an asset to Brevard Family Partnership and will serve them well as they endeavor to address the issues noted below.

AREAS NEEDING ACTION:

These findings represent areas that need prompt attention and action as they impact child safety, are violations of statute or administrative rule, or are areas where BFP has consistently underperformed:

1. Performance

a. Safety

i. Rate of abuse or neglect per day while in foster care (M01)

1. This measure has not been met since prior to FY 15/16 and has trended negatively for the past five quarters.

ii. CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?

1. The measure has declined over the past three fiscal years. There is decreased performance by 26.1% from FY 15/16 to FY 17/18.

b. Permanency

i. CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

1. This measure has not been met since FY 15/16 and has trended negatively. Performance has declined by 22.6% over the past three fiscal years.
 - ii. CQI Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?
 1. The measure has declined over the past three fiscal years. There is a drop in performance by 26.1% from FY 15/16 to FY 17/18.
 - iii. CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child?
 1. The measure has declined over the past three fiscal years. There is a drop in performance by 41.9% from FY 15/16 to FY 17/18.
 - iv. CQI Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships and with these close family members?
 1. The measure has declined over the past three fiscal years. There is a drop in performance by 66.7% from FY 15/16 to FY 17/18.
 - v. CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?
 1. The measure has declined over the past three fiscal years. There is a drop in performance by 25.2% from FY 15/16 to FY 17/18.
 - vi. CQI Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging visitation?
 1. The measure has declined over the past three fiscal years. There is a drop in performance by 66.7% from FY 15/16 to FY 17/18.
- c. Well-being
- i. CQI Item 12B: Did the agency make concerted efforts to assess the needs of and provide services to parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
 1. This measure was met in FY 15/16 and FY16/17, though there was a decline in performance. There has been a further decline in performance from FY 16/18 to FY 17/18 by 33%. Performance has declined by 45.9% over the past three fiscal years. BFP has fallen below the Federal Performance Improvement goal of 58.4%.
 - ii. CQI Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

1. The measure has declined over the past three fiscal years. There is a drop in performance by 55.7% from FY 15/16 to FY 17/18. BFP has fallen below the Federal Performance Improvement goal of 70.7%.
- iii. CQI Item 14: Were the frequency and quality of visits between caseworkers and the child (ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?
 1. The measure has declined over the past three fiscal years. There is a drop in performance by 58.5% from FY 15/16 to FY 17/18.
- iv. CQI Item 15: Were the frequency and quality of the visits between the case workers and mothers and fathers sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?
 1. The measure has declined over the past three fiscal years. There is a drop in performance by 69.6% from FY 15/16 to FY 17/18.
- v. CQI Item 18: Did the agency address the mental/behavioral health needs of children?
 1. The measure has declined over the past three fiscal years. There is a drop in performance by 85.7% from FY 15/16 to FY 17/18.

OPPORTUNITIES FOR IMPROVEMENT:

These findings represent areas where there is need for analysis and development of an agency improvement plan.

2. Performance

a. Permanency

- i. Percent of children who do not re-enter foster care within twelve months of moving to a permanent home (M07)
 1. Performance in this measure has not been met in the last three fiscal years, however there is a notable positive trend between the fiscal years. There is a generally positive trend noted in the quarterly data. BFP improved from 84.2% in FY 15/16 to 89.4% in FY 17/18.
- ii. Percent of sibling groups where all siblings are placed together (M12)
 1. Performance in this measure has not been inconsistent over last three fiscal years. BFP has declined in performance over the last fiscal year, below the target of 65%. There is a generally positive trend noted over the most recent eight quarters.
- iii. CQI Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends?
 1. Performance in this measure has not been inconsistent over last three fiscal years. BFP has declined in performance over the last fiscal year by 46.3%.

b. Well-Being

- i. Percent of children in out-of-home care who received dental services within the last seven months (M10)

1. Performance in this measure has not been met in the last three fiscal years, however there is a notable positive trend between the fiscal years. BFP improved from 90.1% in FY 15/16 to 93.7% in FY 17/18. However, there is a generally negative trend noted in the quarterly data.
- ii. CQI Item 16: Did the agency make concerted efforts to assess children’s educational needs and appropriately address identified needs in case planning and case management activities?
 1. Performance in this measure declined from 86.7% to 69.6% over the past two fiscal years.
- iii. CQI Item 17: Did the agency address the physical health needs of the children, including dental needs?
 1. Performance in this measure declined by 31.5% over the past two fiscal years.

3. Systemic

a. Workforce

i. Workforce Capacity

1. Several focus groups indicated the availability of specialist positions that are able to complete some case management tasks, but that provide an essential purpose, such as diligent searches. These positions, due to turnover, have been relegated to case carrying positions rather than those to enhance case management.

ii. Retention Activities

1. Family Allies currently holds a culture committee to address recruitment activities and staff morale. Frontline focus groups indicated inconsistency in execution of monthly meetings, attendees and the actual events scheduled.

iii. Case Management Supervisor Development

1. There is no available curriculum used to assist supervisory staff with development of both management skills and skills related to the practice model. Exploration of available curriculum, or development of curriculum targeting supervisory growth is encouraged.

b. Continuous Quality Improvement

i. Performance Improvement Strategy – Maturation of synthesizing data to include qualitative effects on performance measures, systematic and sustainable performance improvement measure and tracking is lacking.

1. Frontline staff are not knowledgeable of how qualitative measures effect performance. This will also further expand and saturate frontline staff with family centered practices encompassed within the practice model.
2. Strategies to improve performance are not consistently determined based on comprehensive data analysis. Targeted follow up analysis of strategy effectiveness is lacking.

- ii. Performance Improvement Strategy – Inclusion of feedback loops from providers, parents, partners and caregivers may provide for better understanding and enhancements to the system of care.
 - 1. Expansion of this strategy beyond surveying foster parents may prove beneficial in assessing and targeting service availability and community inclusion.
- c. Placement Resources and Process
 - i. Family Foster Home Retention Efforts
 - 1. BFP should re-evaluate the impact and effectiveness of current retention activities for foster parents. Further development or augmentation of those activities may be required.
 - ii. Group Care
 - 1. Family Centered and trauma informed practices were inconsistently applied by group care staff.
 - iii. Extended Foster Care Placement and Supports
 - 1. There are currently no active recruitment efforts in place for extended foster care placements, host homes or apartment complexes. Exploration of homes during the licensing process may be beneficial for those families unable to continue through the licensing process.
 - 2. Children aging out of care and young adults receive services from several individuals at BFP, including case management, IL/EFC specialist, and life coaches. Coordination between services providers is minimal and inhibits efficient service delivery.
- d. Practice
 - i. Theory Comprehension
 - 1. Family-centered and trauma informed care principles are not consistently evident in case management activities.
- e. Partner Relations
 - i. Child Protective Investigations
 - 1. Focus groups indicated that BFP is not present for case transfer staffings in any capacity. Focus groups and interviews suggest that a single access point in which the case transfer information is addressed and used to facilitate staffings would be beneficial.
- f. Community Relationships
 - i. Community Alliance (Together in Partnership)
 - 1. Continued engagement and further integration with this group to address agency transparency, child welfare advocacy and development of needed services within the community may be beneficial.

ADMINISTRATIVE FINDINGS:

The following administrative findings were identified during the monitoring:

Incident Reporting

Contract GJ401, S.C. 12. states if services to clients are to be provided under this Contract, the provider and any subcontractors shall, in accordance with the client risk prevention system, report those reportable situations listed in CFOP 215-6 in the manner prescribed in CFOP 215-6.

1. 5% (1 of 20) of critical incidents sampled was not entered into IRAS.
2. 37% (7 of 19) of critical incidents sampled were entered late into IRAS, between 1 and 4 days late.
3. The client's guardian, representative, or relative were not notified in 18% (3 of 17) of critical incidents sampled.
4. 16% (3 of 19) of critical incidents sampled did not have evidence that the incident was included in the provider's system for review of critical incidents to determine what actions need to be taken to prevent future occurrences. The same amount did not have evidence that the provider's policy was followed of reporting critical incidents to BFP's incident reporting coordinator within 1 business day of the incident becoming known.
5. BFP's procedure does not align with CFOP 215-6, as it allows reporting of critical incidents within one business day of the incident becoming known.

Employment Eligibility

Contract GJ401, S.C. 35. a. vi. States unauthorized aliens shall not be employed.

1. 8% (1 of 13) of I-9 forms sampled was completed after the date of hire.
2. 23% (3 of 1013) of I-9 forms sampled did not have an e-verify case created at all.
3. 15% (2 of 13) of I-9 forms sampled had the e-verify case created late.

Information Security

Contract GJ401, S.C. 28. States the provider and its subcontractors shall comply with data security requirements whenever the provider or its subcontractors have access to Department data system or maintain any client or other confidential information in electronic form.

1. 4% (1 of 25) of employee files sampled did not have evidence that BFP provided the latest Department Security Awareness Training.
2. 8% (2 of 25) of employee files sampled did not have a DCF Security Agreement form signed within the past year.

HIPAA Data Security

Contract GJ401, S.C. 27. States the provider or its subcontractors shall comply with 45 CFR s. 164.504(e) governing the safeguarding, use and disclosure of Protected Health Information created, received, maintained, or transmitted by the provider or its subcontractors.

1. The provider has policies and procedures safeguarding clients protected health information, there were no findings in this area.

Subcontracts

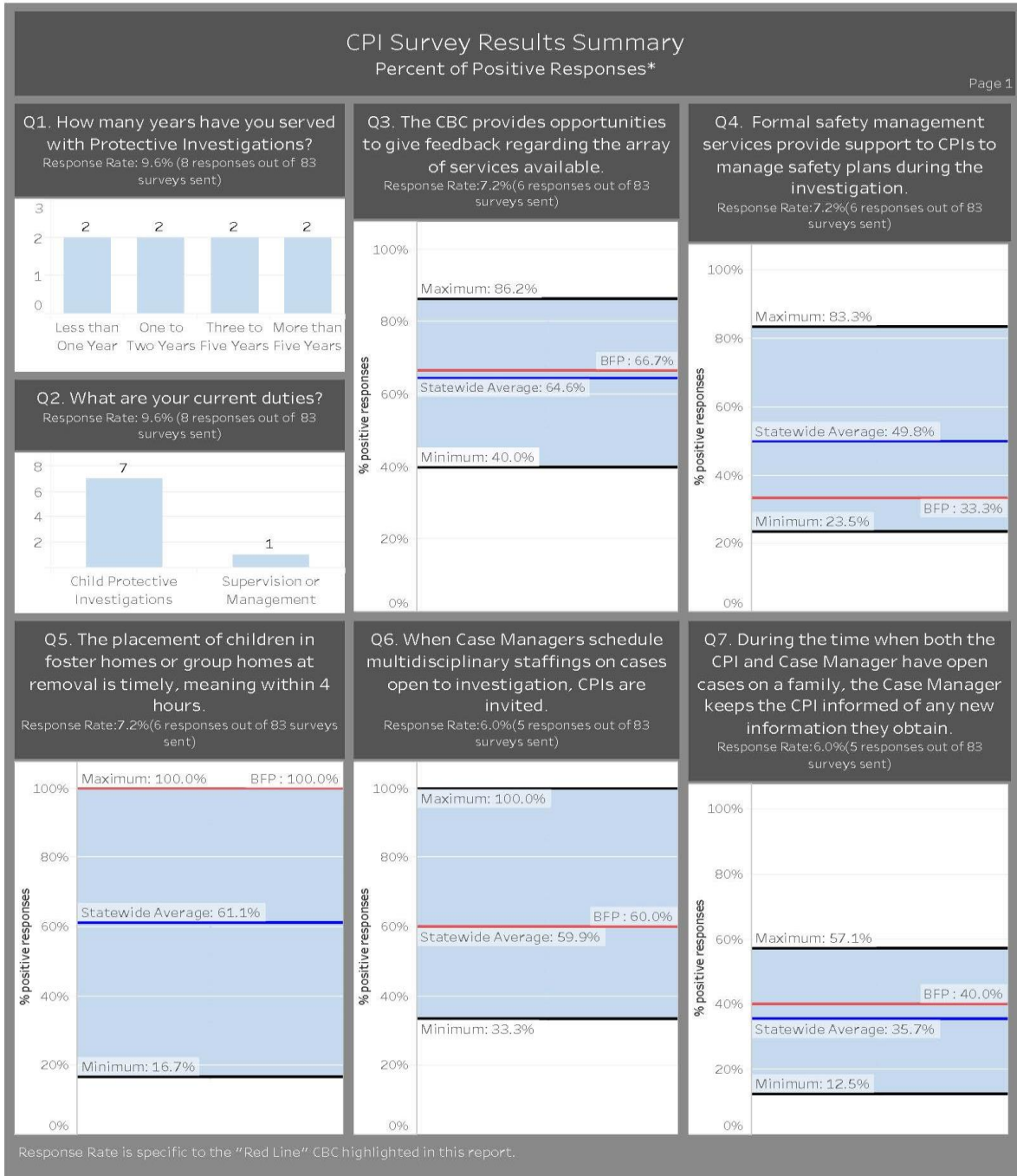
Contract GJ401, S.C. 8. and Attachment I,1.9.3.1 states the Lead Agency may subcontract for services unless specifically prohibited in this Contract.

1. 22% (2 of 9) subcontracts do not include the clause that employees shall be screened to include good moral character and level 2 screening standards.
2. 78% (7 of 9) subcontracts did not have an attachment with HIPAA requirements.
3. None of the subcontracts specified that employees complete the “latest” Department security awareness training.
4. 11% (1 of 9) subcontracts did not include the notarized affidavit for disqualifying conditions.
5. 78% (7 of 9) subcontracts did not contain insurance certificates naming the Department as the insurance certificate holder as required.
6. None of the subcontracts specify that “all intellectual property, inventions, written or electronically created copyrightable materials arising from the performance of the contract are works of hire for the benefit of the Department, paid for in full by the contract amount, and the subcontract may not claim any interest in the intellectual property rights.”
7. All of the subcontracts states to report critical incidents within one business day of becoming aware of the incident and not according to CFOP 215-6 which states within one business day of the incident occurring.

SECTION 16: INNOVATIVE PRACTICES

BFP is utilizing a program that is listed on the California Evidence-Based Clearinghouse for Child Welfare, that was also created by the agency:

- Brevard C.A.R.E.S. Program (Coordination, Advocacy, Resources, Education and Support)- C.A.R.E.S. is a community-based prevention and diversion program utilizing Wraparound Family Team Conferencing to successfully engage and serve families who are at risk of child abuse and neglect. This model is used throughout the agency as a standard part of family support services, safety management services and in some cases, case management.

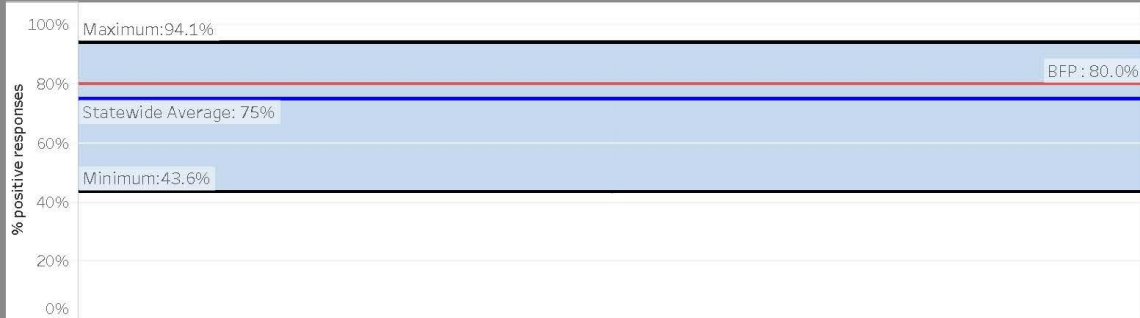


CPI Survey Results Summary

Percent of Positive Responses*

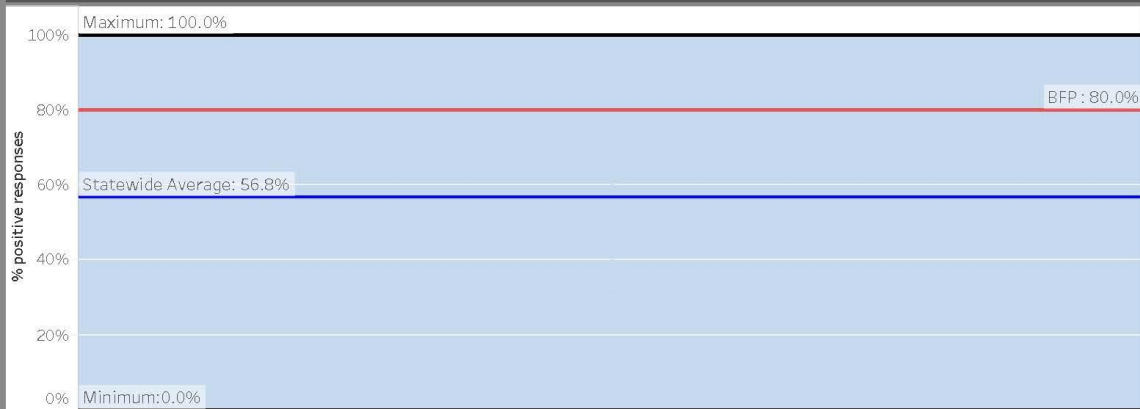
Q8. The case transfer process is clearly defined.

Response Rate:6.0%(5 responses out of 83 surveys sent)



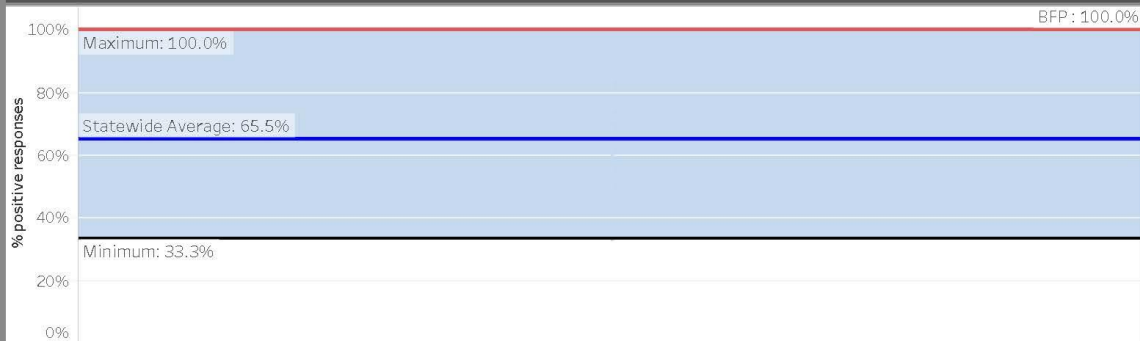
Q9. All relevant parties participate in case transfer staffings. This includes but is not limited to biological parents, caregivers, Case Managers, CPis, service providers, etc.

Response Rate:6.0%(5 responses out of 83 surveys sent)



Q10. The quality of information discussed at case transfer is sufficient.

Response Rate:6.0%(5 responses out of 83 surveys sent)

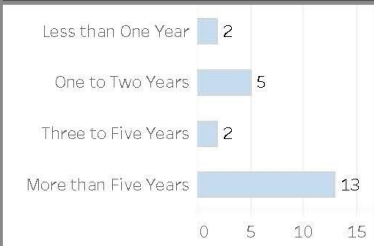


Response Rate is specific to the "Red Line" CBC highlighted in this report.

GAL Survey Results Summary

Percent of Positive Responses*

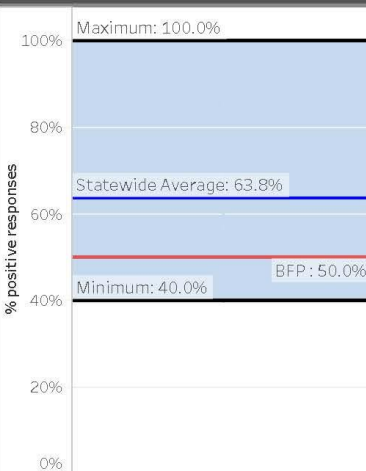
Q1. How many years have you served with the GAL program?
22 Responses



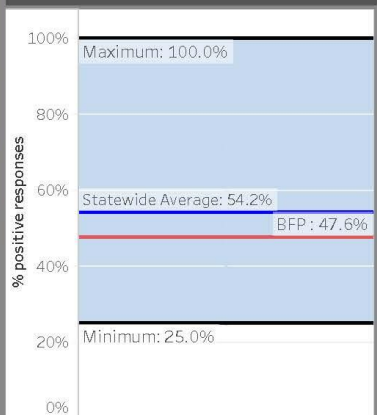
Q2. What is your role with the GAL program?
22 Responses



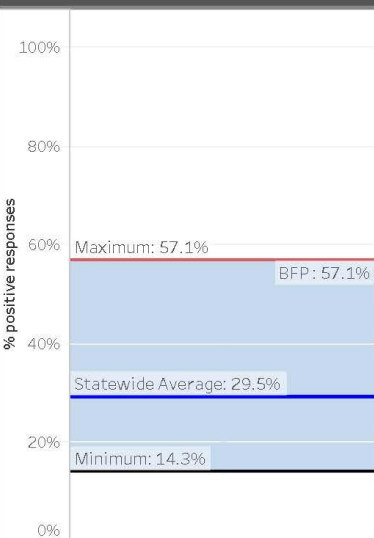
Q3. The GAL has the opportunity and is given sufficient notice to participate in staffings or service planning for children who are assigned to them.
22 Responses



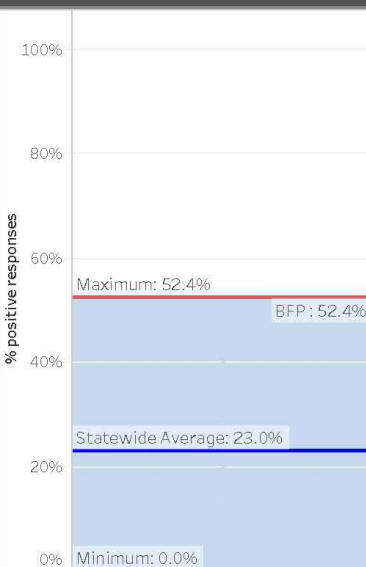
Q4. The GAL has the opportunity and is provided options that make it convenient to participate in staffings for children who are assigned to them. Options might include use of technology or flexible times.
21 Responses



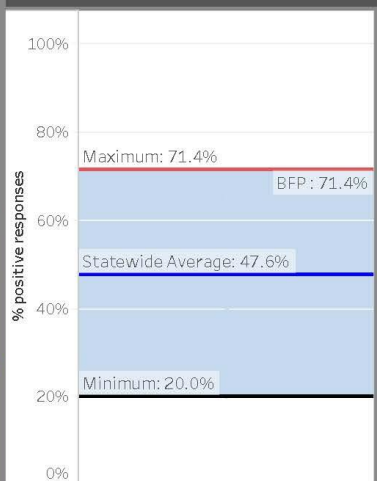
Q5. Case Managers respond to my communications within one business day.
21 Responses



Q6. The GAL is kept informed about developments in assigned cases.
21 Responses



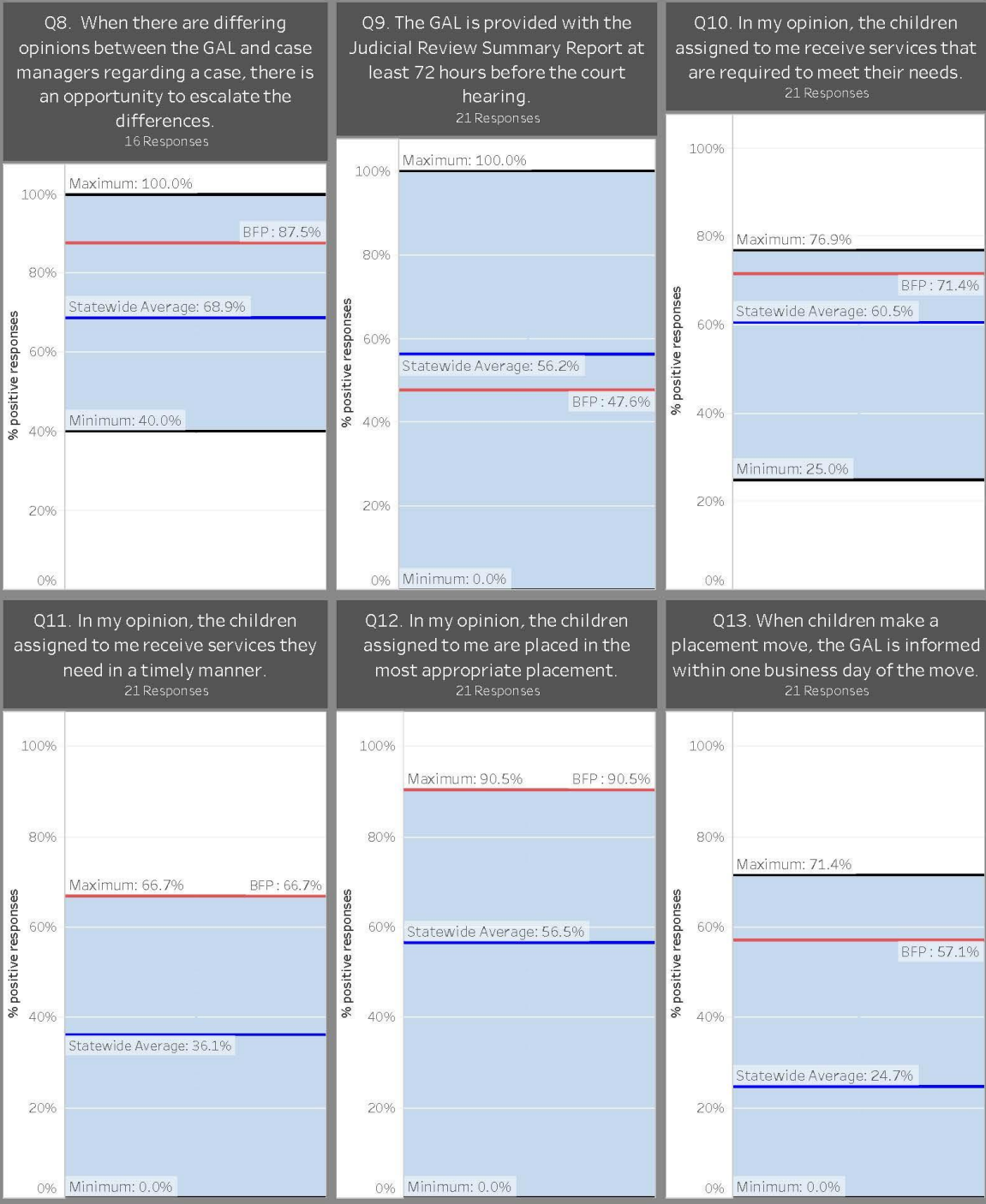
Q7. The GAL's recommendations are considered when decisions are being made about the children who are assigned to them, even if the agency has a different opinion.
21 Responses



*Response Rate is specific to the "Red Line" CBC highlighted in this report.

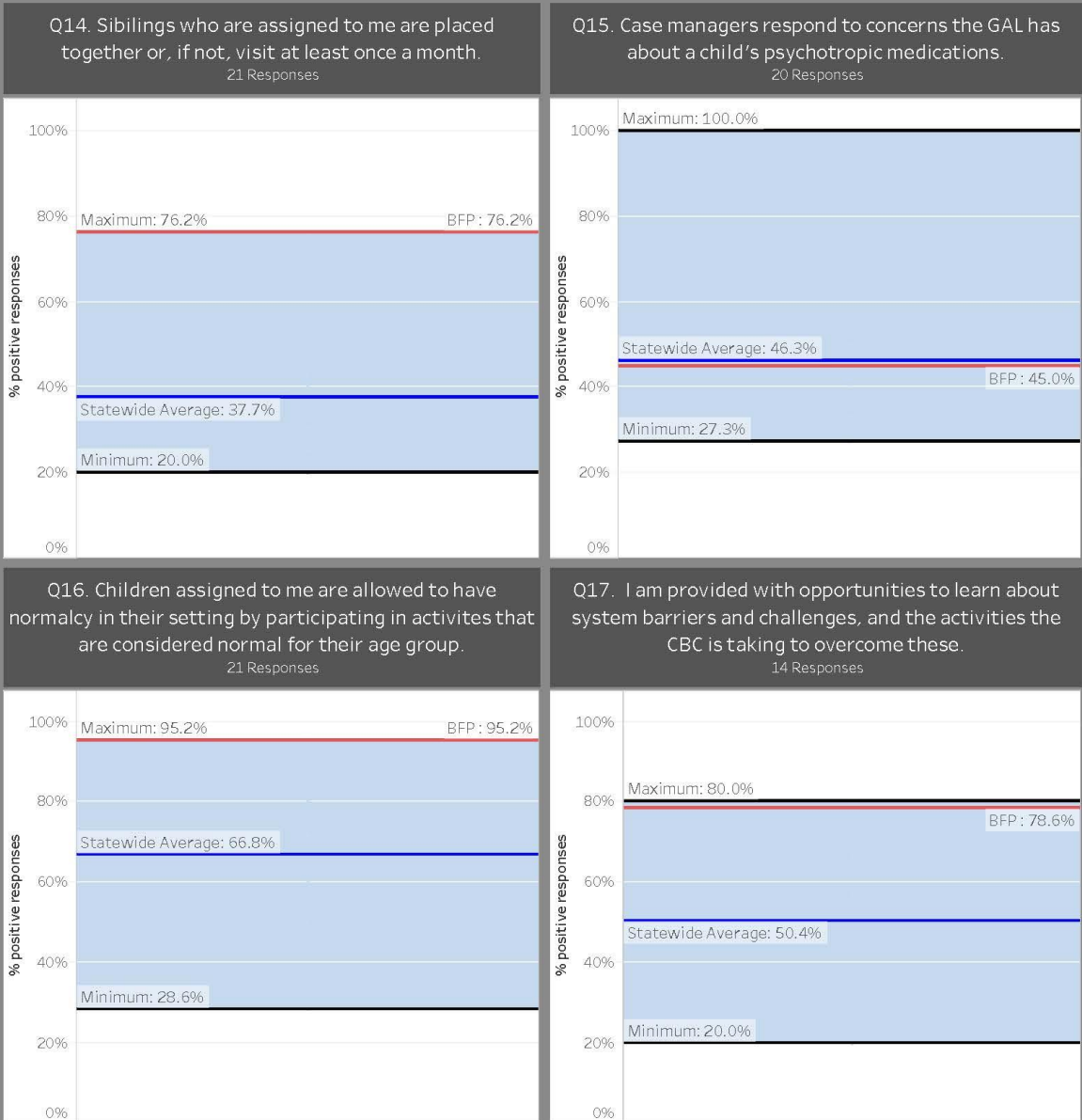
GAL Survey Results Summary

Percent of Positive Responses



GAL Survey Results Summary

Percent of Positive Responses



* Positive responses include "Strongly Agree", "Agree", "Frequently, about 70% of the time", "Usually, about 90% of the time", and "Every time". The percent of positive responses is calculated by dividing the number of positive responses for a CBC by the total number of responses.

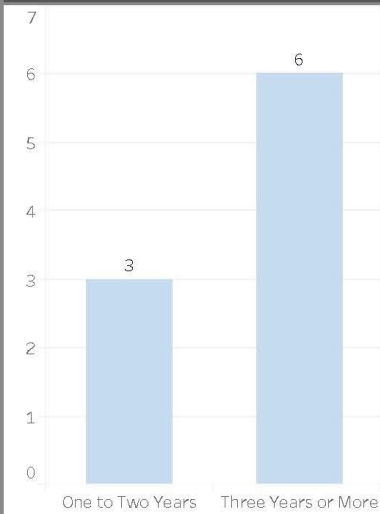
Notes: Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question during the FY. Response Rate is specific to the "Red Line" CBC and does not reflect any statewide averages. Statewide Average includes "Red Line" CBC.

Data Source: Surveys conducted by the CBC Monitoring Team during FY18/19.

CLS Survey Responses Percent of Positive Responses*

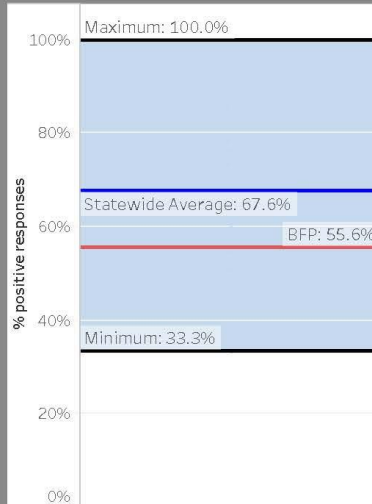
Q1. How many years have you served with the CLS program?

Response Rate: **81.8%** (9 responses out of 11 surveys sent)



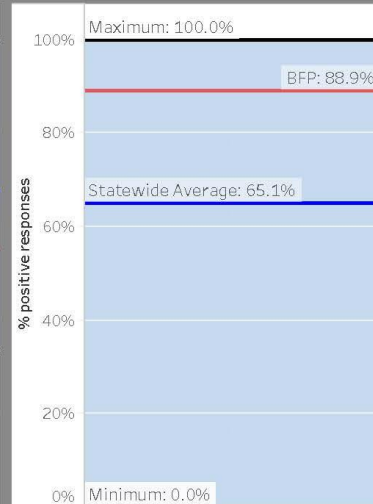
Q2. Case Managers effectively identify appropriate services to meet the needs of children.

Response Rate: **81.8%** (9 responses out of 11 surveys sent)



Q3. Case managers providing supervision to families are actively engaging with the families.

Response Rate: **81.8%** (9 responses out of 11 surveys sent)



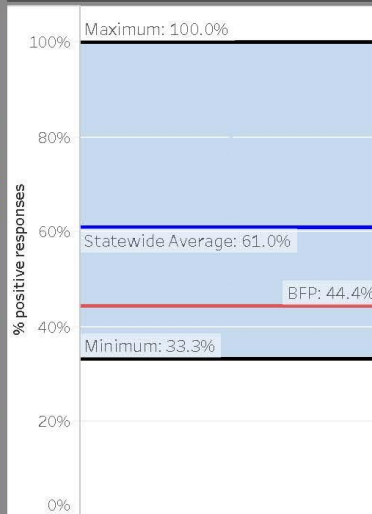
Q4. Case Managers consistently make reasonable efforts to assist families.

Response Rate: **81.8%** (9 responses out of 11 surveys sent)



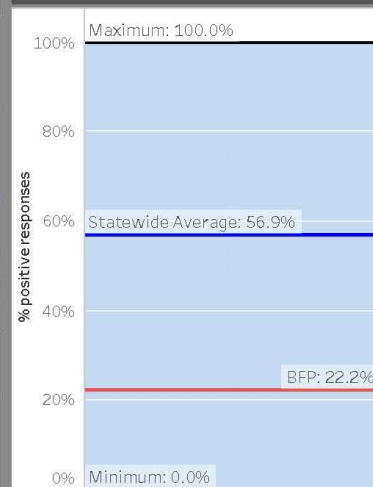
Q5. Case Managers work with families to construct individualized case plans.

Response Rate: **81.8%** (9 responses out of 11 surveys sent)



Q6. Case Managers gather quality information regarding case plan progress from service providers, including written progress reports.

Response Rate: **81.8%** (9 responses out of 11 surveys sent)

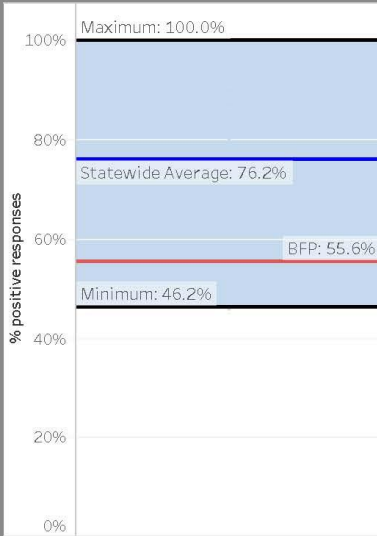


Response Rate is specific to the "Red Line" CBC highlighted in this report.

CLS Survey Results Summary

Percent of Positive Responses

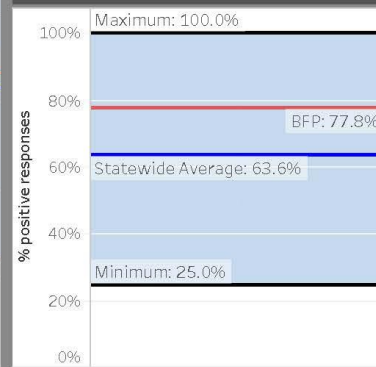
Q7. When requesting reunification, Case Managers provide sufficient proof to support their decision.
 Response Rate: 81.8% (9 responses out of 11 surveys sent)



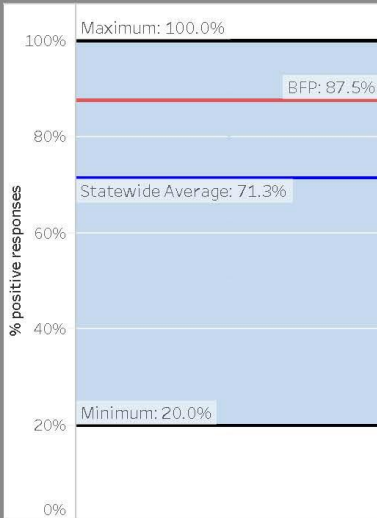
Q8. Case Managers are able to properly identify when an in-home safety plan has failed, and whether or not the failure of the safety plan would require an out of home plan.
 Response Rate: 81.8% (9 responses out of 11 surveys sent)



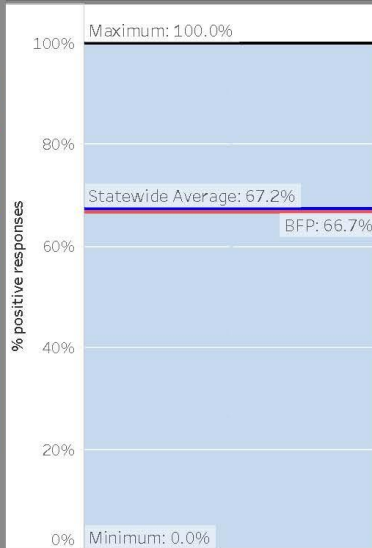
Q9. Outside partners such as foster parents, GAL, behavioral health providers and others with pertinent case knowledge are included in case staffing and decision making with respect to child welfare and safety issues such as permanency and placements.
 Response Rate: 81.8% (9 responses out of 11 surveys sent)



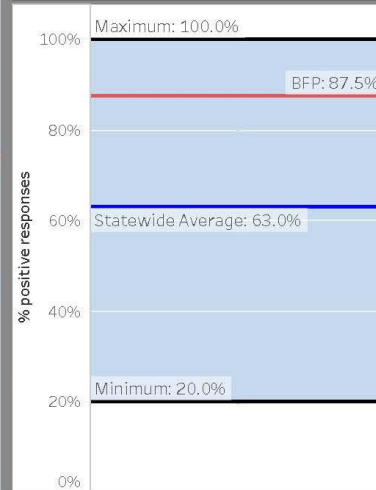
Q10. The CBC has an effective diligent search method to locate absent parents, supporting permanency for children.
 Response Rate: 72.7% (8 responses out of 11 surveys sent)



Q11. The CBC has an effective method to locate relatives, supporting family connection.
 Response Rate: 81.8% (9 responses out of 11 surveys sent)

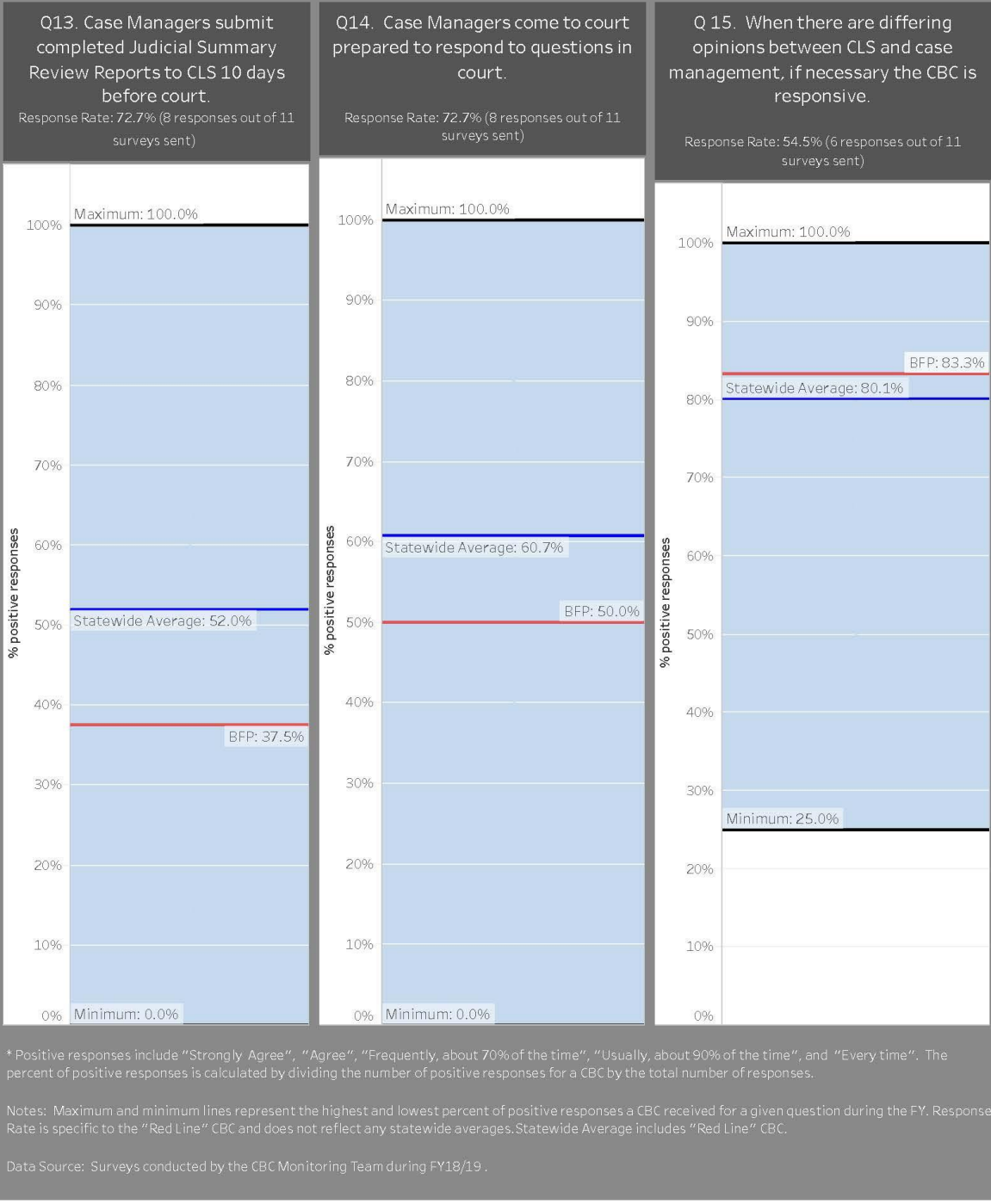


Q12. Case Managers consistently communicate with the attorney on a case and keep him or her informed of changes in the child or family's situation.
 Response Rate: 72.7% (8 responses out of 11 surveys sent)



CLS Survey Results Summary

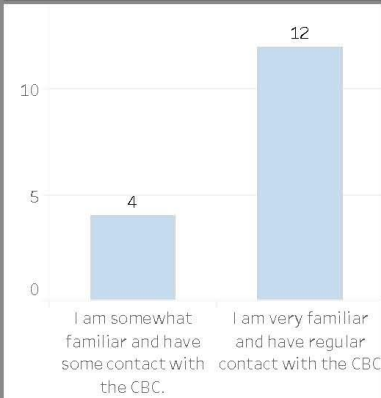
Percent of Positive Responses



Community Partner Survey Results Summary

Percent of Positive Responses*

Q1. Which statement best describes your knowledge and frequency of interaction with the CBC?
 Response Rate: 45.7% (16 responses out of 35 surveys sent)



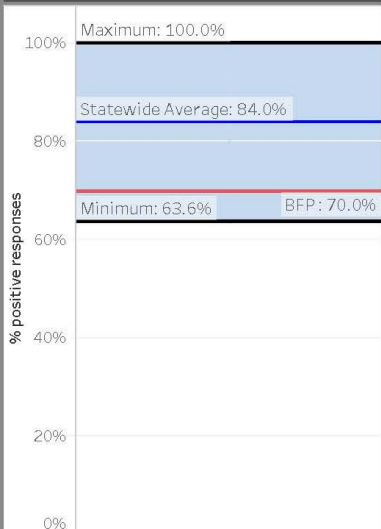
Q2. The CBC is responsive to the needs of my clients.
 Response Rate: 42.9% (15 responses out of 35 surveys sent)



Q3. The CBC collaborates with my organization to advocate for issues of mutual concern related to child welfare.
 Response Rate: 42.9% (15 responses out of 35 surveys sent)



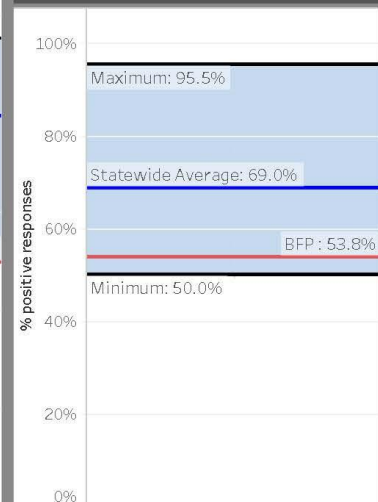
Q4. The CBC conducts ongoing public community meetings.
 Response Rate: 28.6% (10 responses out of 35 surveys sent)



Q5. The CBC coordinates child welfare services in their area well.
 Response Rate: 34.3% (12 responses out of 35 surveys sent)



Q6. The CBC seeks input and participation from my organization to improve the quality of services.
 Response Rate: 37.1% (13 responses out of 35 surveys sent)



*Response Rate is specific to the "Red Line" CBC highlighted in this report.

Community Partner Survey Results Summary

Percent of Positive Responses

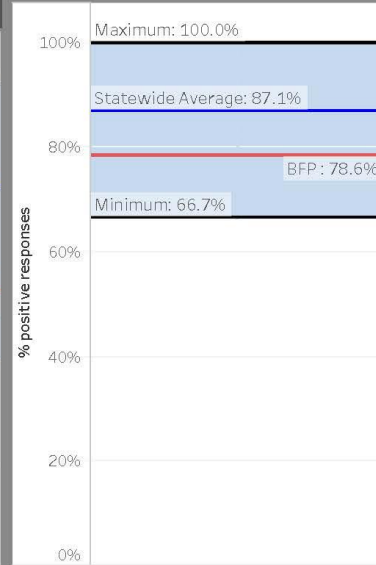
Q7. The CBC provides opportunities for community stakeholders to express satisfaction with services.
 Response Rate: 34.3% (12 responses out of 35 surveys sent)



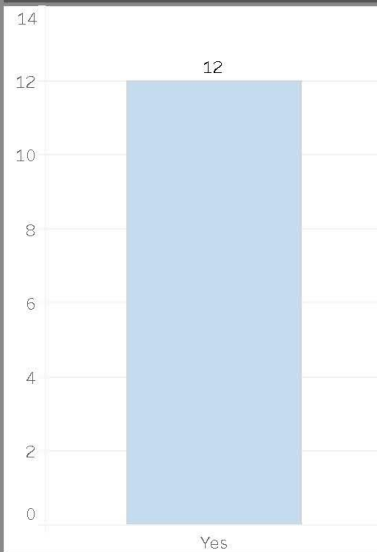
Q8. The CBC has an effective mechanism for resolving conflict with my organization.
 Response Rate: 25.7% (9 responses out of 35 surveys sent)



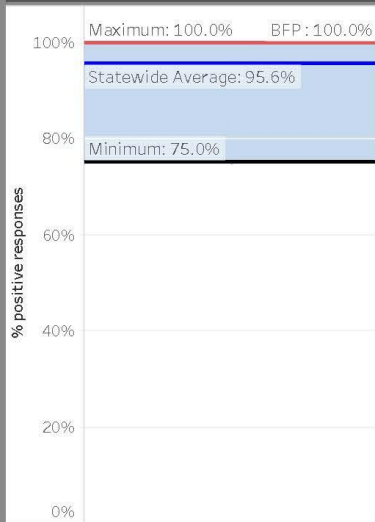
Q9. The CBC has a good working relationship with my organization.
 Response Rate: 40.0% (14 responses out of 35 surveys sent)



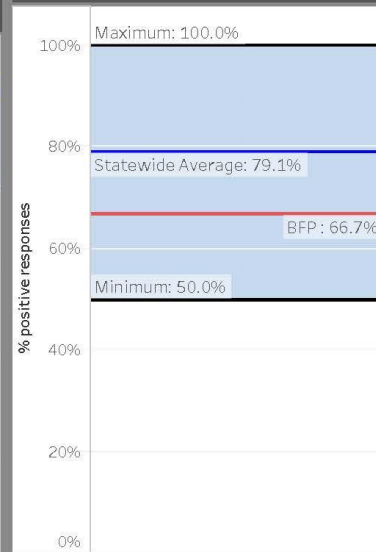
Q10. Does your organization have a contract with the CBC to provide services?
 Response Rate: 34.3% (12 responses out of 35 surveys sent)



Q11. The responsibilities of my organization as a contracted provider are clear and established in writing.
 Response Rate: 34.3% (12 responses out of 35 surveys sent)



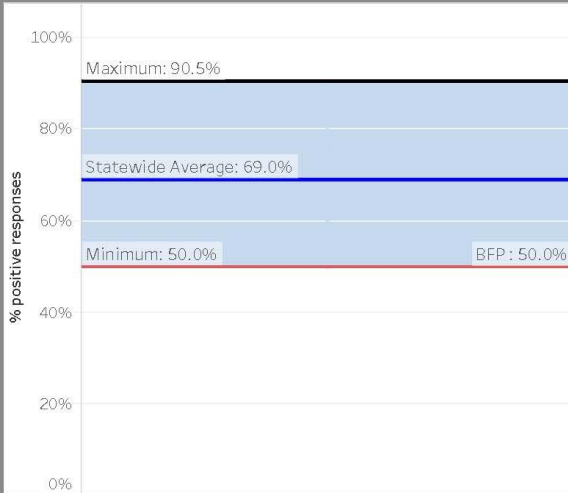
Q12. My organization is included in the CBC's child welfare strategic planning for our community.
 Response Rate: 25.7% (9 responses out of 35 surveys sent)



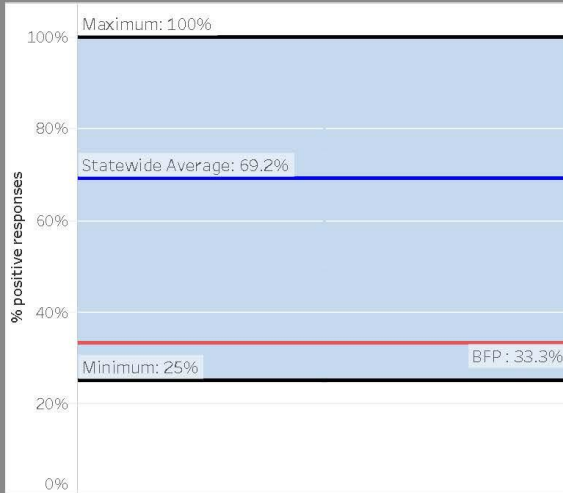
Community Partner Survey Results Summary

Percent of Positive Responses

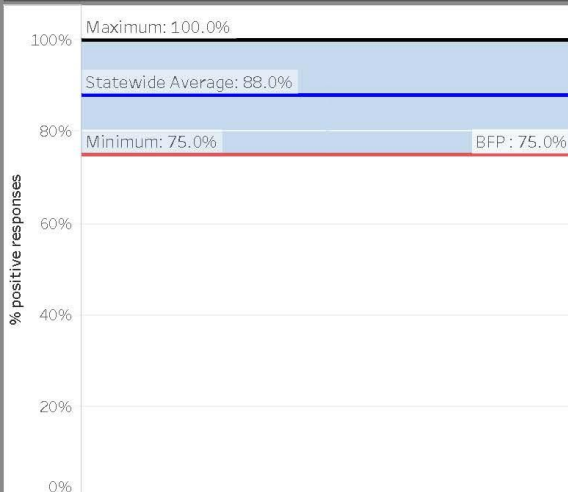
Q13. The CBC seeks my organizations input on how to best resolve child welfare issues in our community.
 Response Rate: 34.3% (12 responses out of 35 surveys sent)



Q14. The CBC's budgeting process and decisions are transparent.
 Response Rate: 34.3% (12 responses out of 35 surveys sent)



Q15. As a contracted provider, my organization receives performance data from the CBC.
 Response Rate: 34.3% (12 responses out of 35 surveys sent)



Q16. The CBC provides my organization with the opportunity to provide feedback to improve the provision or the quality of services.
 Response Rate: 31.4% (11 responses out of 35 surveys sent)



* Positive responses include "Strongly Agree", "Agree", "Frequently, about 70% of the time", "Usually, about 90% of the time", and "Every time". The percent of positive responses is calculated by dividing the number of positive responses for a CBC by the total number of responses.

Notes: Maximum and minimum lines represent the highest and lowest percent of positive responses a CBC received for a given question during the FY. Response Rate is specific to the "Red Line" CBC and does not reflect any statewide averages. Statewide Average includes "Red Line" CBC.

Data Source: Surveys conducted by the CBC Monitoring Team during FY18/19.

– 2018 FLORIDA CHILD WELL-BEING INDEX –

OVERALL COUNTY RANK

9

Brevard County



Keeping a focus on where counties can make life better for our children & families

ECONOMIC WELL-BEING DOMAIN BANK 17		Baseline Year	%	Current Year	%	Number	Change
	Children in poverty	2011	22.6	2016	21.7	22,864	Unchanged
Unemployment rate	2011	10.9	2016	5.2	13,574	👍	
High housing cost burden (>30% income spent)	2007-2011	37.7	2012-2016	31.8	71,414	👍	
Teens not in school and not working	2007-2011	8.3	2012-2016	6.4	1,636	👍	

EDUCATION WELL-BEING DOMAIN BANK 15		Baseline Year	%	Current Year	%	Number	Change
	3 & 4 year old children not enrolled in school	2007-2011	52.8	2012-2016	48.8	5,343	👍
4th grade students not proficient in English Language Arts	2014/15	69.0	2015/16	70.0	3,523	👎	
8th grade students not proficient in math	2014/15	85.0	2015/16	81.0	2,125	👍	
High school students not graduating on time	2011/12	14.8	2015/16	12.5	673	👍	

HEALTH WELL-BEING DOMAIN BANK 5		Baseline Year	%	Current Year	%	Number	Change
	Low-birthweight babies	2011	7.1	2016	7.8	412	Unchanged
Uninsured children	2010	11.5	2015	6.3	6,894	👍	
Overweight and obese 1st, 3rd & 6th grade students	2010/11	27.4	2015/16	29.0	4,348	👎	
High school teens who used alcohol/drugs (past 30 days)	2012	41.9	2016	29.0	187	👍	

FAMILY & COMMUNITY DOMAIN BANK 30		Baseline Year	%	Current Year	%	Number	Change
	Children in single parent families	2007-2011	29.6	2012-2016	35.1	32,340	👎
Children living in high poverty areas	2007-2011	3.3	2012-2016	7.2	7,557	👎	
Children with verified maltreatment (per 1,000)	2011/12	10.8	2016/17	8.9	955	👍	
Youth contacts with the juvenile justice system (per 1,000)	2011/12	29.2	2016/17	22.1	1,090	👍	

We all do better when Florida's children succeed. Find out how you can act locally and at the state level to ensure: (1) Children have access to health care; (2) Communities prevent child abuse, juvenile justice involvement, and substance abuse; and (3) Parents have educational and work opportunities that support their families.



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