



CONTRACT OVERSIGHT DESK REVIEW

Brevard Family Partnership GJ401

As required by section 402.7305 F.S., The Department of Children and Families performed a Desk Review for Brevard Family Partnership

Introduction	2
Performance at a Glance	2
Section 1: Service Area Description	4
Child Fatalities.....	4
Section 2: Agency Summary.....	5
Number of Investigations, Removals and Children Served.....	5
Financial Viability Report Summary	6
Section 3: Performance Measures and Quality Assurance Data	7
Contract and CBC Scorecard Measures	8
Child Safety	10
Permanency	13
Well-Being.....	19
Section 4: Practice Model Implementation	22
Section 5: Placement Services and Group Care	25
Section 6: Regional Feedback	27
Section 7: Corrective Action Plan.....	29
Section 8: Desk Review Findings	30
Areas Needing Action.....	30
Opportunities for Improvement	30

INTRODUCTION

The Department's Contract Oversight Unit performed a Desk Review for Brevard Family Partnership (BFP), Contract GJ401. BFP has provided child welfare services for Circuit 18, which encompass Brevard County in the Central Florida Region, since 2005.

PERFORMANCE AT A GLANCE

The charts and graphs on the following page are provided by Casey Family Programs. Casey Family Programs works in all 50 states, the District of Columbia, two territories, and with 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. Data on the following page provides information related to safety, permanency, length of time in care, placement, entries, and exits. From 2012 to 2017, BFP has had a higher rate of children entering care per 1,000 population than the state and national averages.

Data Basics

Brevard Family Partnership

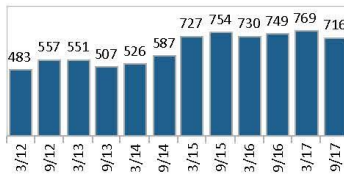
NOTE: Due to data source and timeframe presented, numbers may vary slightly from those presented in reports produced by FL DCF.

Produced by Data Advocacy, Casey Family Programs

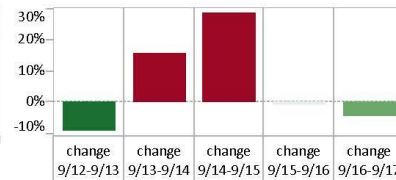
Data source: state-submitted AFCARS and NCANDS files
Date prepared: 1/8/2018

of children in care

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

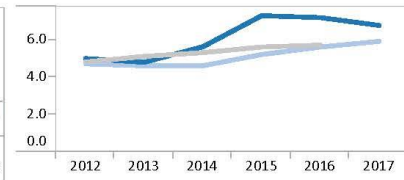


year over year change in the # in care



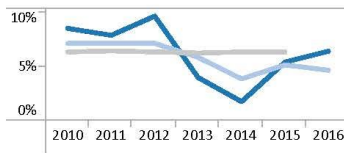
rate in care

(per 1,000, < age 18)

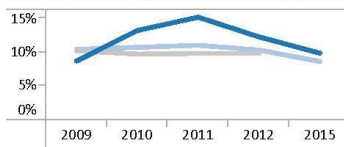


Safety

% children who experience repeat maltreatment within 6 months

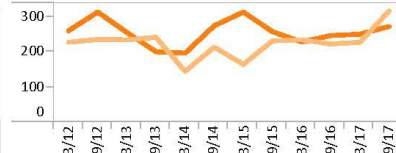


% children who experience repeat maltreatment within 12 months (note 2013-2014 data masked due to data quality)

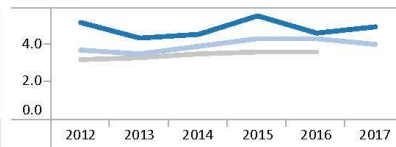


Entries

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

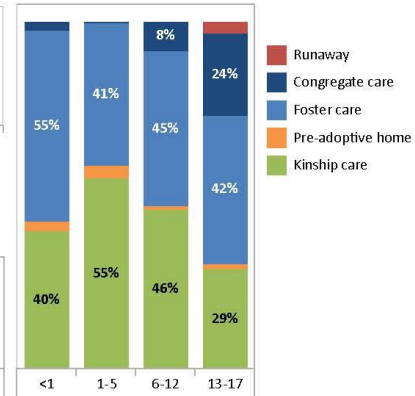


rate of children entering care (per 1,000)



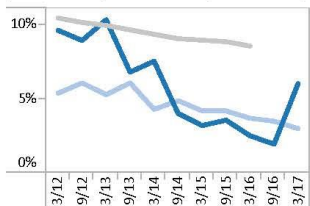
Placement

placement settings for children in care, by age (for all children in care on 9/30/2017)

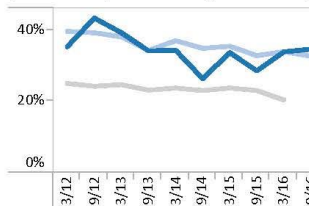


Timely & Stable Permanency

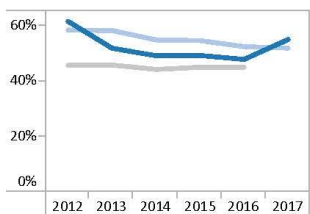
% permanency within 30 days of entering care (6 month entry cohorts ending on each date)



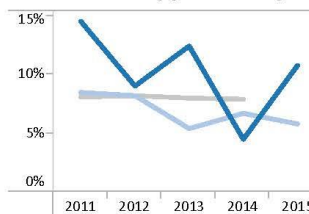
% permanency within 3-12 months of entering care (6 month entry cohorts ending on each date)



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



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

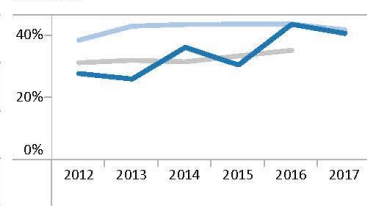


Children In Care 2+ Years (9/30/2017)

in care 2+ years

#	150
%	21%
state	17%
Nat'l (2016)	25%

% 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	Reunif	Adopt	APPLA
Congregate care		4%		7%	
Foster care		36%	2%	11%	3%
Kinship care	2%	22%		3%	
Pre-adoptive home		2%			

SECTION 1: SERVICE AREA DESCRIPTION

This section provides a snapshot of the community BFP serves, including demographic information, a description of the child welfare partners, and information about all child fatalities, including those investigated by the Department. BFP operates in Circuit 18 in the Central Region serving Brevard County. Brevard County mirrors statewide averages for population with college degrees and percent living in poverty. The county surpasses statewide averages for household median income and those adults with high school diplomas.

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

<https://www.census.gov/quickfacts> (2012-2016 v2016) Table 1

CHILD FATALITIES

INFANT AND CHILD MORTALITY RATES

The birth rate has remained stable and below the statewide rate over the past five years. The infant mortality rate has also remained relatively stable, dipping below the statewide rate in 2014 and 2016.

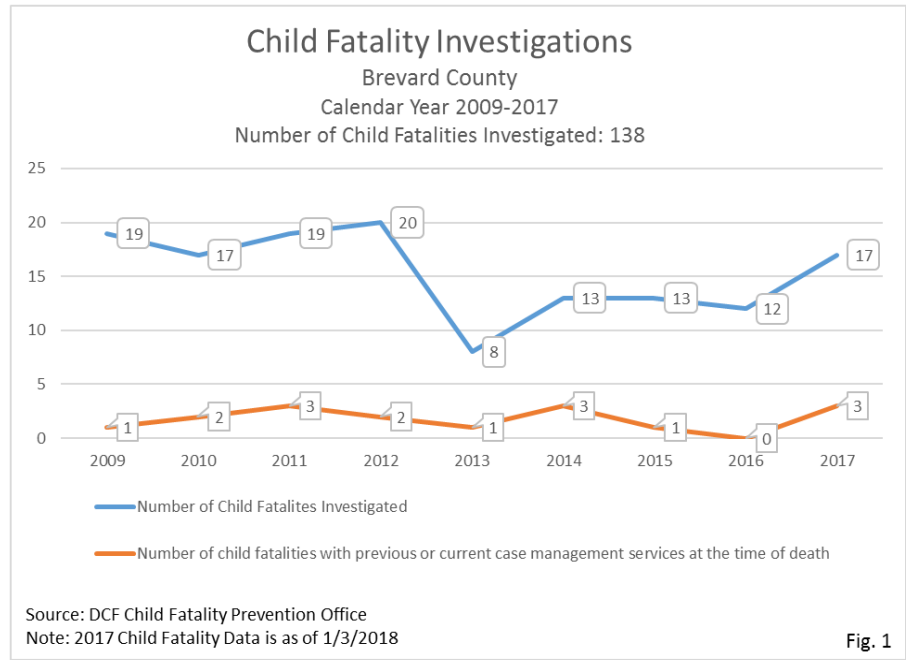
Year	Birth Rate per 1,000 population Statewide Rate: 11.1	Infant Mortality Rate per 1,000 live births Statewide Rate: 6.1
2012	9.1	6.6
2013	9.2	6.9
2014	9.5	5.5
2015	9.3	6.3
2016	9.2	5.5

Source: <http://www.flhealthcharts.com/FLQUERY/Birth/BirthRateRpt.aspx> (Run date 12-19-17) Table 2
and <http://www.flhealthcharts.com/FLQUERY/InfantMortality/InfantMortalityRateRpt.aspx>

CHILD FATALITY INVESTIGATIONS

Between January 2009 and March 2018, 138 child fatalities were investigated in Circuit 18. Of the 138 fatalities investigated, sixteen had previous or current case management involvement. Four cases were SIDS/SUID related deaths, two were deaths due to natural causes, four deaths were sleep related, two were the result of accidental trauma, three deaths had undetermined/other causes, and one case is pending investigation.

Two CIRRT (Critical Incident Rapid Response Team) reviews were completed in 2017. One of those CIRRT's is pending investigation and does not involve open case management services. The remaining CIRRT involved the death of a four-month-old child found unresponsive after the infant's mother fell asleep on the couch while holding the child. There was an in-home services case open due to a history of family violence and substance abuse for this family.



SECTION 2: AGENCY SUMMARY

Brevard Family Partnership was awarded the contract from the Department of Children and Families in 2005 to manage and provide all child welfare services for Brevard County. BFP works closely with community partners to provide an array of child welfare services including prevention, foster care, adoption, services for young adults, and continuous community outreach to families. Brevard Family Partnership is accredited through the Council on Accreditation (COA) in the areas of Family Foster Care & Kinship Care and Network Administration through July 31, 2021.

NUMBER OF INVESTIGATIONS, REMOVALS AND CHILDREN SERVED

Between FY 14/15 and FY 16/17, the number of reports accepted for investigation by the Department's child protective investigations increased by 12.3%. During the same time period, the number of children removed by the Department decreased by 12.3%. The number of children receiving in-home and out-of-home has steadily increased over the past three years, while the number of children receiving family support services has decreased. FY 16/17 shows the number of children receiving in-home and out-of-home services exceeds those being served through family support services by a little over four hundred children. The table below provides key data for investigations and services in Brevard County for FY2014/2015, FY 2015/2016 and FY 2016/2017.

Child Protective Investigations and Child Removals (Brevard County)	FY 2014/2015	FY 2015/2016	FY 2016/2017
Reports accepted for Investigation by DCF (Initial & Additional Reports) ¹	6,279	6,486	7,052
Children Entering Out-of-Home Care ²	578	467	507
Children Served by CBC Brevard³	FY 2014/2015	FY 2015/2016	FY 2016/2017
Children Receiving In-Home Services	953	1,122	1,216
Children Receiving Out of Home Care	1,080	1,196	1,234
Young Adults Receiving Services	163	171	162
Children Receiving Family Support Services	2,568	2,922	2,034

Data Sources:

Table 3

¹Child Protective Investigations Trend Report through June 2017 (run date 1-2-2018)

²Child Welfare Dashboard: Child Welfare Trends/Children Entering Out-of-Home Care/Distinct Removals (run date 1-3-2018)

³FSFN OCWDRU Report 1006 Children & Young Adults Receiving Services by CBC Agency (run date 1-2-2018)

FINANCIAL VIABILITY REPORT SUMMARY

The Office of CBC/ME Financial Accountability performed financial monitoring procedures, based on the DCF 2016-17 CBC-ME Financial Monitoring Tool for Desk Reviews, on BFP for the period of January 1, 2017 through March 31, 2017. The report was completed on July 19, 2017 and noted one area of noncompliance involving a client receiving room and board and allowance payments after their 21st birthday without a documented disability within the FSFN payment system. The recommendation to correct was addressed and BFP adjusted the service dates to reflect allowance paid prior to the clients 21st birthday and prorated the monthly room and board payment.

For further details, please see the complete fiscal report – [2016-17 CBC Desk Review Financial Monitoring Report](#).

BFP carried forward a deficit in FY 14/15 and FY 15/16. As indicated below, BFP is maintaining an operational surplus despite operating just outside of the initial appropriation for four of the last five fiscal years. Risk Pool and Operational CBC Costs from Back of the Bill funding in FY 15/16 appears to have provided BFP with a cushion to offset the deficit from the initial appropriation (see Table 4).

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
Core Services Funding	\$16,822,176	\$18,181,976	\$17,380,471	\$18,424,632	\$19,275,291
Other**	\$4,186,998	\$4,874,312	\$4,464,878	\$5,076,675	\$4,965,156
Total Initial Appropriation	\$21,009,174	\$23,056,288	\$21,845,349	\$23,501,307	\$24,240,447
Risk Pool Allocation			\$2,690,176		
CBC Operational Costs from Back of the Bill			\$196,184		
MAS from Back of the Bill					
Carry Fwd Balance from Previous Years	\$332,852	-\$189,989	-\$196,184	\$378,366	\$71,661
Total Funds Available	\$21,342,026	\$22,866,299	\$24,535,525	\$23,879,673	\$24,312,108
** Includes 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					Table 4

SECTION 3: PERFORMANCE MEASURES AND QUALITY ASSURANCE DATA

This section provides a picture of BFPs' performance as captured by data indicators 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 represent 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, Rapid Safety Feedback (RSF) reviews and Continuous Quality Improvement (CQI).

- 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 utilize the same review instrument as the Child and Family Services Review (CFSR) tool.

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 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 consist of completing a case file review, interviewing case participants, 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.

CONTRACT AND CBC SCORECARD MEASURES

During FY 2016/2017, BFP exceeded their established targets or federal standards for eight of the thirteen contract measures. BFP has exceeded statewide average performance on three of the twelve measures for which there is a statewide average calculated. There are five contract measures in which BFP did not meet the contract targets for the last FY 2016/2017, they are as follows:

- 1) **Rate of abuse or neglect per day while in foster care (M01):** Performance on this contract target was not met in the last two fiscal years.
- 2) **Percent of children who are not neglected or abused after receiving services (M03):** This measure has not been met for the past two fiscal years. There was a slight improvement in FY 2016/2017, but the measure remained below the target of 95%.
- 3) **Percent of children exiting foster care to a permanent home within twelve months of entering care (M05):** This measure has been below both contract target and the statewide average for the past two fiscal years. In FY 16/17, there was a decline in performance by 4.2%.
- 4) **Percent of children who do not re-enter foster care within twelve months of moving to a permanent home (M07):** This measure has improved by 5.8% over the past two fiscal years, however remains below target.
- 5) **Percentage of children in out-of-home care who received dental services within the last seven months (M10):** This measure has improved by 3.8% over the last two fiscal years. BFP has met this measure twice in the past six quarters, though the other four were relatively close.

SC	Brevard Family Partnership Performance Measures Contract GJ401	CBC Contract Measure Targets	Federal National Standard (Performance of Other States ¹)	Statewide Performance (FY 2016/2017)	Brevard Family Partnership	
					FY 2015-2016	FY 2016-2017
					July 1, 2015-June 30,2016	July 1, 2016-June 30, 2017
1	Rate of abuse or neglect per day while in foster care <i>(Source: CBC Scorecard)</i>	<8.5	<8.5	10.56	12.82	12.99
2	Percent of children who are not neglected or abused during in-home services <i>(Scorecard)</i>	>95%		97.20%	97.40%	97.10%
3	Percent of children who are not neglected or abused after receiving services <i>(Scorecard)</i>	>95%		95.60%	93.10%	93.50%
4	Percentage of children under supervision who are seen every thirty (30) days <i>(CBC Scorecard)</i>	>99.5%		99.80%	99.80%	99.70%
5	Percent of children exiting foster care to a permanent home within twelve (12) months of entering care <i>(Scorecard)</i>	>40.5%	>40.5% <i>(16%-61%)</i>	41.60%	37.20%	33.00%
6	Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months <i>(Scorecard)</i>	>44%	>43.6% <i>(21%-50%)</i>	53.70%	42.80%	48.60%
7	Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home <i>(Scorecard)</i>	>91.7%	>91.7% <i>(83%-98%)</i>	89%	84.20%	90.00%
8	Children's placement moves per 1,000 days in foster care <i>(Scorecard)</i>	<4.12	<4.12 <i>(2.6%-8.7%)</i>	4.33	3.03	3.73
9	Percentage of children in out-of-home care who received medical service in the last twelve (12) months. <i>(Scorecard)</i>	>95%		97.14%	97.29%	97.45%
10	Percentage of children in out-of-home care who received dental services within the last seven (7) months. <i>(Scorecard)</i>	>95%		92.70%	90.10%	93.90%
11	Percentage of young adults in foster care at age 18 that have completed or are enrolled in secondary education <i>(Scorecard)</i>	>80%		87.60%	85.80%	83.30%
12	Percent of sibling groups where all siblings are placed together <i>(Scorecard)</i>	>65%		63.90%	64.80%	66.20%
	Number of children with finalized adoptions <i>(DCF Dashboard run date 10/17/17)</i>	66/67			58	100

Source: CBC Scorecard-All Measures-Run 8/4/2017

Table 5

CHILD SAFETY

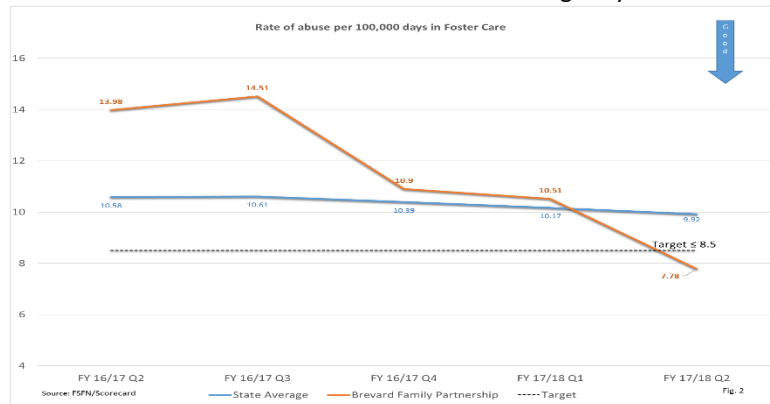
Ensuring children are not exposed to maltreatment is of utmost importance. The graphs and tables on the following pages depict BFP's performance related to child safety in the following areas:

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. CQI qualitative case review results

RATE OF ABUSE IN FOSTER CARE

Rate of abuse or neglect per day while in foster care (Scorecard Measure M01): The graph below depicts the rate at which children are the victims of abuse or neglect while in foster care (per 100,000 bed days) during the report period. This is a national data indicator that measures whether the child welfare agency ensures that children do not experience abuse or neglect while in the state's foster care system. The purpose is to hold states accountable for keeping children safe from harm while under the responsibility of the state.

Brevard Family Partnership has shown a positive trend in performance on this measure for the past four quarters and as of FY17/18 Q2, BFP has exceeded the performance target.

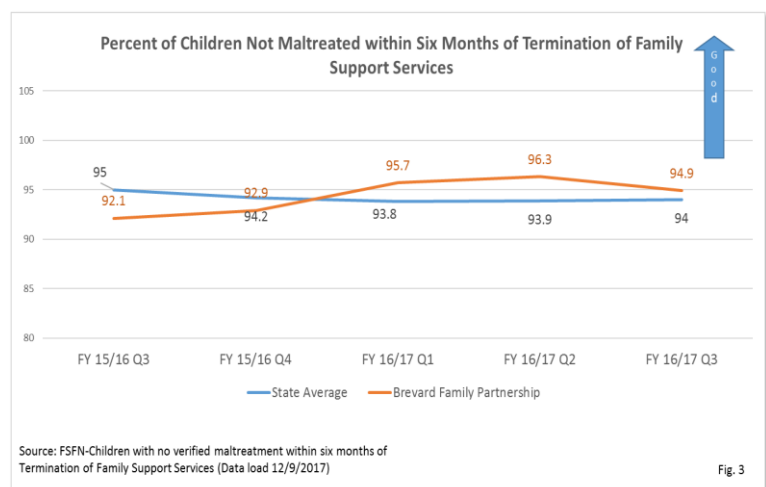


NO MALTREATMENT AFTER FAMILY SUPPORT SERVICES

Percent of children not abused or neglected within six months of termination of family support services.

Figure 3 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 keeping children safe after family support services have ended. BFP is currently performing above the statewide average, showing that BFP's family support services are making a positive impact on the families served.

The Department of Children and Families Office of Child Welfare has given BFP a service array rating of "3" for their family support services program. This service



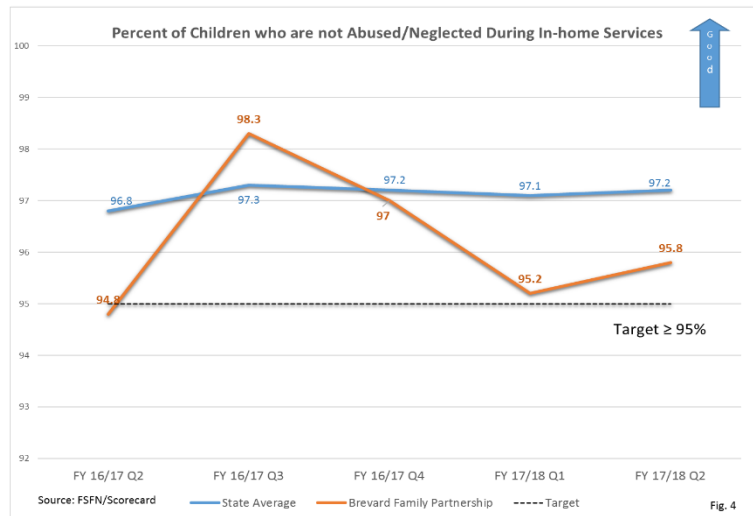
array rating indicates that BFP has family support services that are aligned with the child welfare practice model and they are available across the service area without capacity issues.

NO MALTREATMENT DURING IN-HOME SERVICES

Percent of children not abused or neglected while receiving in-home services (Scorecard Measure M02):

Figure 4 depicts the percentage of in-home service episodes during the reporting period where the child did not have a verified maltreatment while receiving services. This indicator measures whether the CBC was successful in preventing subsequent maltreatment of a child while the case is open and the CBC is providing in-home services to the family. BFP has performed above the target on this measure, for four of the past five quarters.

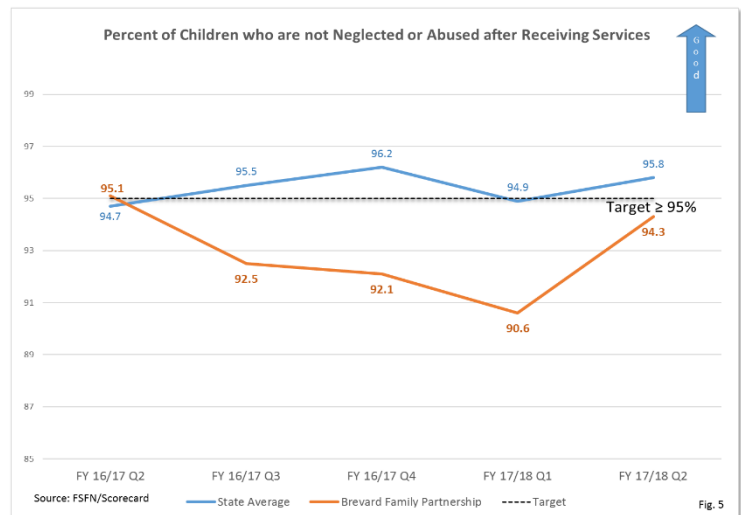
While the scorecard measure shows children are not experiencing repeat maltreatment during in home services, the most recent Rapid Safety Feedback (RSF) scores there are opportunities to improve the quality of safety plans during in-home cases.



NO MALTREATMENT AFTER RECEIVING SERVICES

Percent of children with no verified maltreatment within six months of termination of supervision (Scorecard Measure M03):

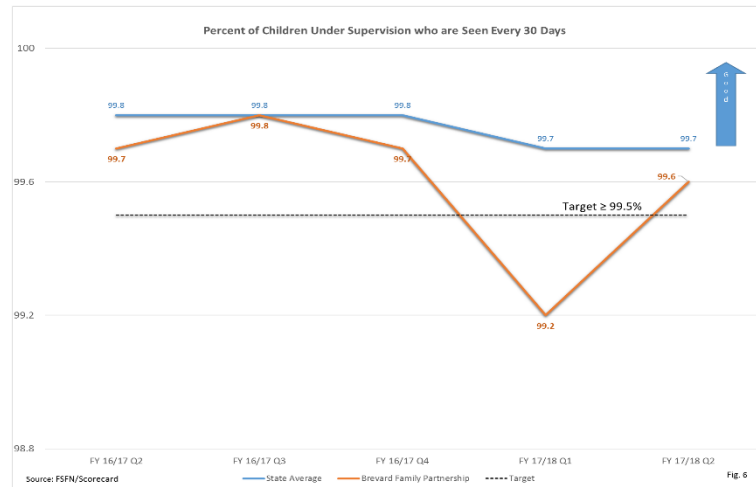
Figure 5 depicts the percent of children who were not the victims of abuse or neglect in the six months immediately following termination of supervision. BFP is struggling with meeting the target, reaching it once in the past five quarters. Additionally, BFP scored below the statewide average in RSF items 2.1, 2.3, and 2.5 indicating a need for improved quality of visits between the case manager and child and between the case manager and parents to address issues pertaining to safety. See Tables 6 and 7.



CHILDREN SEEN EVERY 30 DAYS

Children under supervision who are seen every thirty days (Scorecard Measure M04): Figure 6 depicts the rate at which children are seen every thirty days while in foster care or receiving in-home services during the report period.

BFP met the performance measure in four of the past five quarters, dipping below target in FY17/18 Q1 by .3%. Additionally, BFPs' performance in seeing children timely has been at or below the statewide average for the past five quarters. Quality case reviews show that there is improvement needed on the frequency and quality of contacts with children to ensure the safety, permanency and well-being of child(ren) and promote achievement of case plan goals. See Table 8.







QA CASE REVIEW DATA

The table below provides BFP's performance based on case reviews performed by child welfare professionals. Rapid Safety Feedback (RSF) reviews show that from the period of July 1, 2016 through June 20, 2017, that in only 27.5% of cases reviewed were case managers were completing visits of sufficient quality to address issues pertaining to safety and evaluate progress towards case plan outcomes (see Table 6, RSF 2.1). The sufficiency of safety plans and family assessments were also seen as in need of improvement during case reviews (see Table 6, RSF 1.1 and 4.1). Florida CQI reviews indicate that BFP is making concerted efforts to assess and address the risk and safety concerns related to the children in their own homes or while in foster care, though this has declined in performance from the prior fiscal year (see Table 6, CQI Item 3).

Quality Assurance - Rapid Safety Feedback Item	Brevard Family Partnership n=40	Statewide RSF Performance ¹ n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		
July 1, 2016-June 30, 2017		
RSF 1.1: Is the most recent family assessment sufficient?	● 27.5%	50.6%
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%	62.7%
RSF 4.1: Is a sufficient Safety Plan in place to control danger threats to protect the child?	● 54.1%	60.7%

Green dot denotes performance is above statewide RSF average; red dot denotes performance is below statewide RSF average

Quality Assurance - Florida CQI Item	Brevard Family Partnership	Brevard Family Partnership	Percent Improvement	Statewide CQI/QA Performance ¹	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
Assesment Based on Case Reviews by Child Welfare Professionals	FY 2015/2016 n=13	FY 2016/2017 n=55					
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?	100.00%	 93.75%	 -6.3%	93.0%	76.5%	85.2%	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?	100.00%	 90.91%	 -9.1%	77%	71.3%	77.7%	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 6

¹This date provides the statewide rating in each case review item for all CBCs

²This provides the performance rating for the state in each of the items as approved by the Administration for Children and Families.

³The PIP Goal is set by the Children's Bureau and is the expected level of improvement needed to avoid financial penalties.

⁴This is the overall federal and state expectation for performance.

Green dot denotes performance is above the federal PIP Goal; red dot denotes performance is below the federal PIP Goal.

PERMANENCY

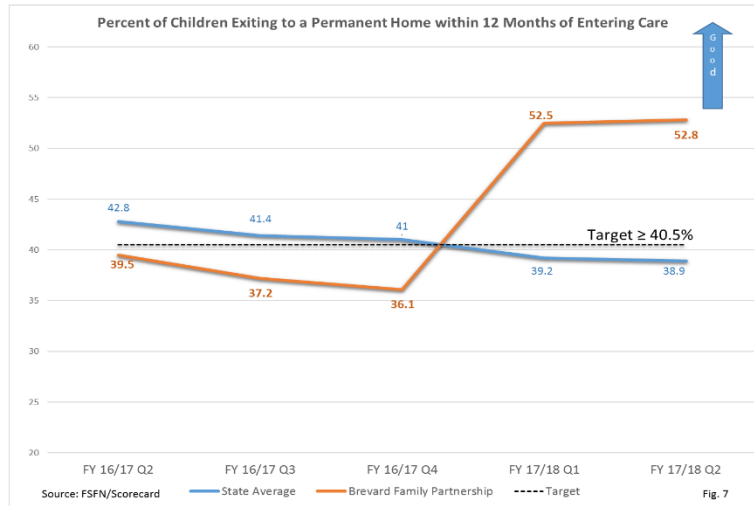
When children are placed in out-of-home care it is imperative that child welfare agencies find safe, permanent homes for them as quickly as possible. Helping children achieve permanency in a timely manner is extremely important to children as a year in a child's life is a significant amount of time. BFP is performing at or above target or trending positively in most permanency measures. However, RSF (Rapid Safety Feedback) and CQI (Continuous Quality Improvement) reviews highlight areas where continued efforts to improve performance are warranted.

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

PERMANENCY IN 12 MONTHS

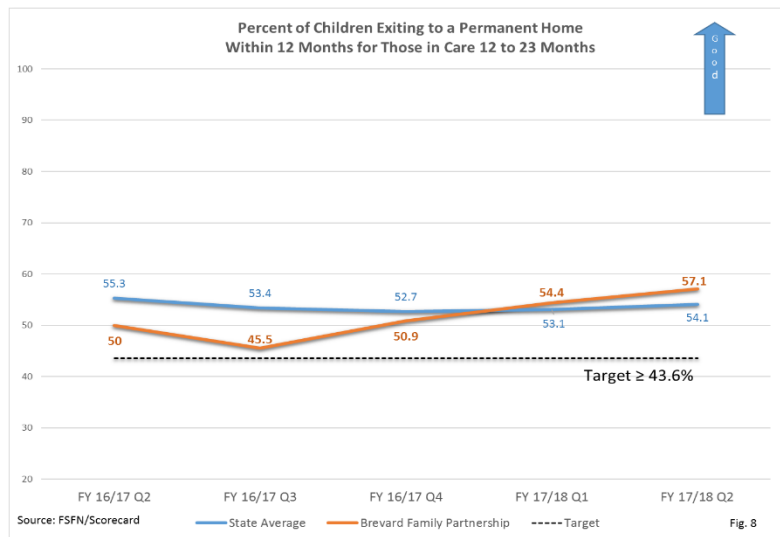
Percent of children exiting foster care to a permanent home within twelve (12) months of entering care (Scorecard Measure M05): Figure 7 depicts the percentage of children who entered foster care during the report period where the child achieved permanency within twelve months of entering foster care. BFP has rebounded from below target performance through the last three quarters of FY 16/17 to exceed the target in the first two quarters of FY 17/18. Based on qualitative reviews, BFPs' scores on CQI Items 5 and 6 show a need to improve performance in establishment of permanency goals in a timely manner and making concerted efforts to achieve permanency for children. CQI Item 6 is above the federal PIP goal, however, there was a 15.2% decline in performance. See Table 7.



PERMANENCY IN 12 – 23 MONTHS

Percent of children exiting foster care to a permanent home in twelve months for children in foster care twelve to twenty-three months (Scorecard Measure M06): Figure 8 provides the percentage of children in foster care, as of the beginning of the reporting period, whose length of stay is between twelve and twenty-three months and who achieved permanency within twelve months.

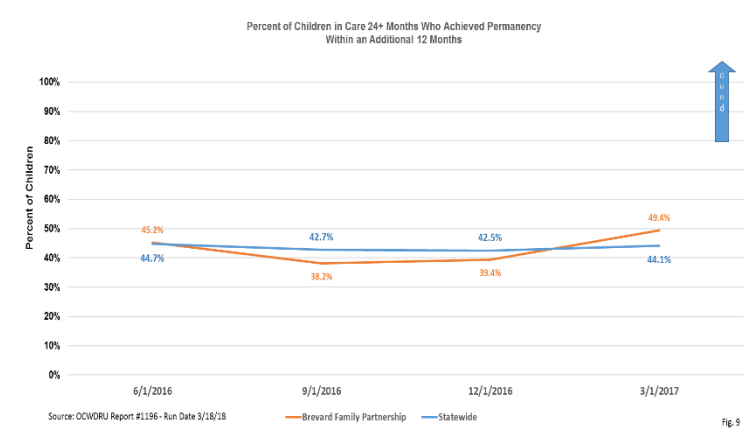
BFP consistently performed above the state target for the past five quarters.



PERMANENCY AFTER 24 MONTHS

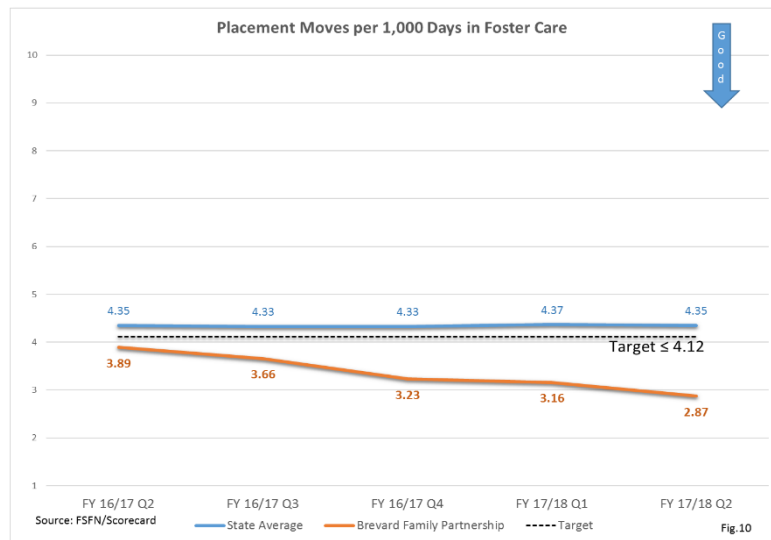
Percent of children in care 24+ months who achieved permanency within an additional 12 months: Figure nine provides the percentage of children in foster care whose length of stay is twenty-four months or more as of the report period begin date who achieved permanency within twelve months of the beginning of the report period.

BFP was below the state average in two of the last four quarters, but exceeded the state average in the most recent reporting period.



PLACEMENT STABILITY

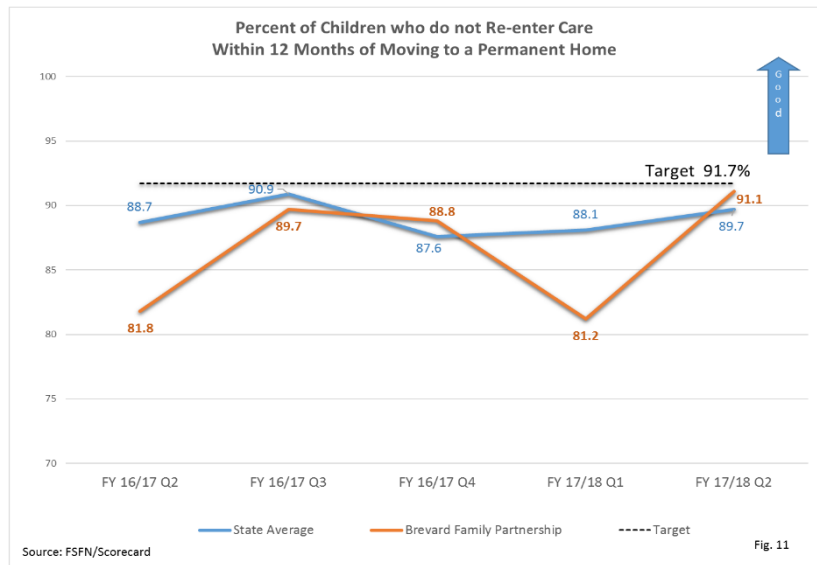
Placement moves per one-thousand (1,000) days in foster care (Scorecard Measure M08): Figure 10 depicts the rate at which children change placements while in foster care during the report period. Data indicates that BFP is excelling in reducing placement moves for children in out-of-home care, currently under the target of 4.12 at 2.87 per 1,000 days in foster care (FY17/18 Q2). Placement moves made by BFP are less frequently than the statewide average of 4.35.



PERCENT NOT RE-ENTERING INTO OUT-OF-HOME CARE

Percent of children who do not re-enter foster care within twelve (12) months of moving to a permanent home Scorecard Measure (Scorecard Measure M07): Figure 11 depicts the percentage of exits from foster care to permanency for a cohort of children who exited within twelve months of entering, and subsequently did not re-enter foster care within twelve months of their permanency date.

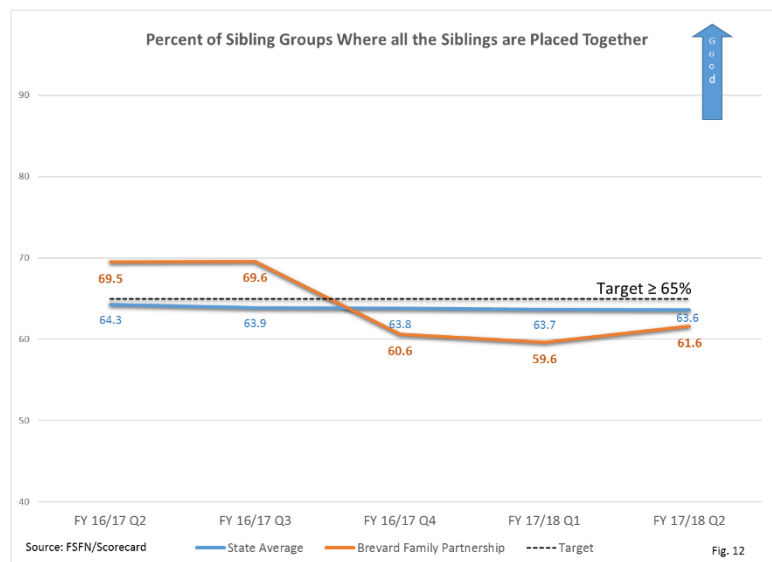
BFP has failed to meet this measure in the past five quarters. However, in the most recent quarter (FY17/18 Q2), BFP made progress and fell just short of meeting the measure by .6%.



SIBLINGS PLACED TOGETHER




Percent of sibling groups where all siblings are placed together (Scorecard Measure M12): 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 is depicted in Figure 12.

BFP has failed to meet the performance target in three of the past five quarters. This is mirrored in FY 16/17 CQI reviews for 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?) showing that efforts to place siblings together were made 57.89% of the time. This is a decline in performance by 42.1% from the previous fiscal year. See Table 7 for further details.



QA CASE REVIEW DATA

The table below provides BFP’s performance based on case reviews completed by child welfare professionals. Rapid Safety Feedback (RSF) reviews show that from the period of July 1, 2016 through June 20, 2017, BFP case managers were completing visits of insufficient quality in 30% of the cases reviewed, to address issues pertaining to safety and evaluate progress towards case plan outcomes (see Table 7, RSF 2.1, 2.3, and 2.5). Florida CQI reviews further support that BFP was not making concerted efforts to ensure children were placed in a stable placement and subsequent moves were in the child’s best interests (see Table 7, CQI Item 4). Additionally, establishment of an appropriate permanency goal in a timely fashion declined in performance and was below the federal PIP goal of 82.1%. Performance in achieving reunification, guardianship, adoption, or other planned permanent living arrangement declined from FY 15/16 to FY 16/17, but was still above the Federal PIP goal and statewide average (See Table 7, CQI Item 6).

Quality Assurance Item	Brevard Family Partnership n=40	Statewide RSF Performance n=851
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>		Performance for FY 2016/2017
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%	62.7%
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%	67.7%
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%	55.1%

Green dot denotes performance is above statewide RSF average; red dot denotes performance is below statewide RSF average

Quality Assurance - Florida CQI Item	Brevard Family Partnership	Brevard Family Partnership	Percent Improvement	Statewide CQ/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	FY 2015/2016 n=13	FY 2016/2017 n=55					
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)?	100.00%	51.52%	-48.5%	83.0%	82.0%	88.5%	95.0%
CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?	100.00%	78.13%	-21.9%	84.0%	81.8%	82.1%	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?	100.00%	84.85%	-15.2%	81.0%	74.5%	75.4%	95.0%
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?	100.00%	57.89%	-42.1%	64.0%	67.3%	None	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?	66.67%	51.72%	-15.0%	69.0%	69.0%	None	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?	60.00%	81.82%	21.8%	79.0%	82.0%	None	95.0%
CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate?	80.00%	78.13%	-1.9%	83.0%	72.0%	None	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?	66.67%	17.86%	-48.8%	61.0%	60.0%	None	95.0%

Source: QA Rapid Safety Feedback; Federal Online Monitoring System

Table 7

¹This date provides the statewide rating in each case review item for all CBCs

²This provides the performance rating for the state in each of the items as approved by the Administration for Children and Families.

³The PIP Goal is set by the Children's Bureau and is the expected level of improvement needed to avoid financial penalties.

⁴This is the overall federal and state expectation for performance.

Green dot denotes performance is above the federal PIP Goal; red dot denotes performance is below the federal PIP Goal.

WELL-BEING

Ensuring that children’s physical, development and emotional/behavioral needs are met has a significant, lifelong impact on a child’s future and is one of the system of care’s most important responsibilities. In FY 16/17 BFP met the targets for children receiving medical care and young adults’ enrollment in secondary education. They did not meet the target for children receiving dental care but are improving. Based on CQI qualitative case reviews, BFP’s performance in assessing educational and medical health needs was above the statewide average. Areas identified as needing improvement were: including the parents, and children when appropriate, in case planning activities; visitation between case manager and child were sufficient quantity and quality; and addressing mental/behavioral health needs of the child.

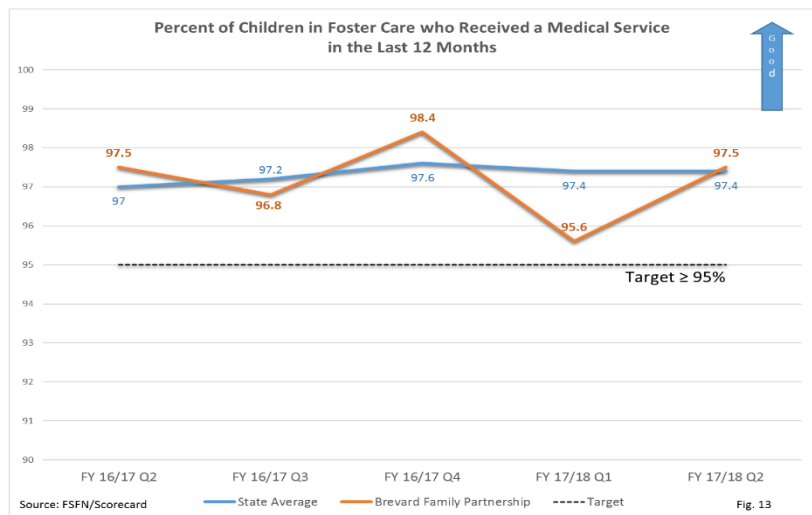
The graphs and tables below depict Brevard Family Partnership’s performance related to well-being in the following areas:

1. Children receiving medical care
2. Children receiving dental care
3. Young adults enrolled in secondary education
4. Qualitative Case Review Results

CHILDREN RECEIVING MEDICAL CARE

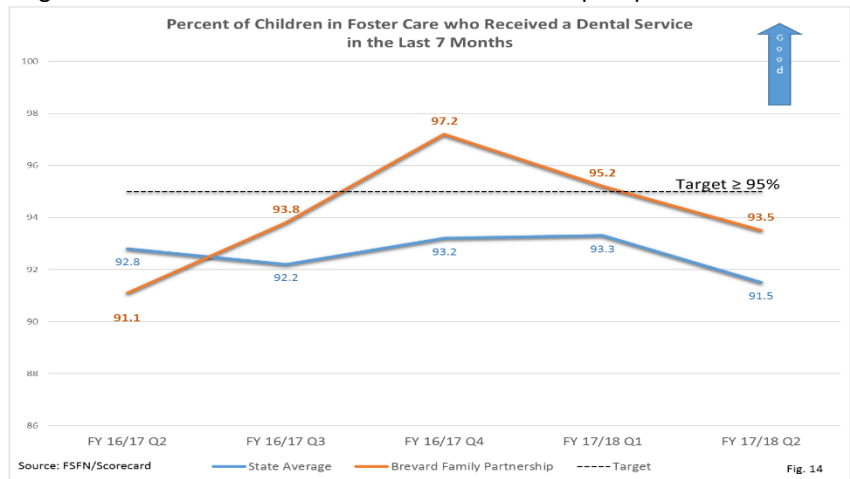
Percent of children in foster care who received medical care in the previous 12 months (Scorecard Measure M9):

This measure is the percentage of children in foster care as of the end of the report period who have received a medical service in the last twelve months. Brevard Family Partnership’s performance in this area has been consistently positive, meeting the measure in all of the past five quarters. This is mirrored in CQI case reviews indicating that BFP performed above the statewide average in ensuring that children’s physical health needs are being met. (See Table 8, CQI Item 17)



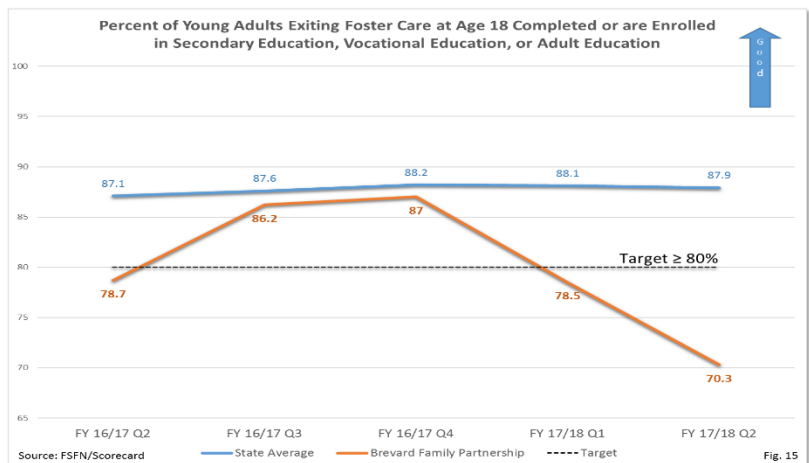
CHILDREN RECEIVING DENTAL CARE

Percent of children in foster care who received a dental service in the last seven months (Scorecard Measure M10): This measure shows 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 performance is currently below the state target of 95% but above the statewide average. BFP met or exceeded the target in two of the past five quarters. CQI case reviews indicate that BFP performed above the statewide average in ensuring that children's physical health needs are being met. (See Table 8, CQI Item 17)



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 measure is 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 eighteenth (18) birthday. BFP has performed above the target in two of the past five quarters and is currently on a downward trend. BFP has remained below statewide average for the past five quarters and is below both statewide target of 80% and the statewide average at 70.3%.



QA CASE REVIEW DATA

The table below provides BFPs' performance based on quality case reviews. Of the six Florida CQI Items in which there is a Federal PIP goal, BFP is meeting or exceeding the target in all but two: CQI Items 13 and 14. These items are related to the involvement of parents and child in case planning activities and the frequency and sufficiency of visits between case managers and the children. In addition, BFP has fallen 61.5% between fiscal years on CQI Item 18 in which the agency is addressing the mental/behavioral health needs of the children.

Quality Assurance - Florida CQI Item	Brevard Family Partnership	Brevard Family Partnership	Percent Improvement	Statewide CQI/QA Performance FY 2016/2017 n=1,290	2016 Statewide Federal Child & Family Service Review ² 4/1/16-9/30/16 n=80	Federal Program Improvement Plan (PIP) Goal ³	Federal and State Expectation ⁴
<i>Assesment Based on Case Reviews by Child Welfare Professionals</i>	FY 2015/2016 n=13	FY 2016/2017 n=55					
CQI Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to <u>children</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	100.00%	96.36%	-3.6%	89%	51.3%	58.4%	95.0%
CQI Item 12B Did the agency make concerted efforts to assess the needs of and provide services to <u>parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	90.91%	78.00%	-12.9%	73.0%	51.3%	58.4%	95.0%
CQI Item 12C Did the agency make concerted efforts to assess the needs of and provide services to <u>foster parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	100.00%	100.00%	0.0%	88.0%	51.3%	58.4%	95.0%
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?	84.62%	66.67%	-18.0%	66.0%	63.6%	70.7%	95.0%
CQI Item 14: Were the frequency and quality of visits between caseworkers and the <u>child (ren)</u> sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?	84.62%	67.27%	-17.4%	67%	72.5%	78.9%	95.0%
CQI Item 15 Were the frequency and quality of the visits between the case workers and <u>mothers and fathers</u> sufficient to ensure the safety, permanency and well-being of the children and promote achievement of the case goals?	72.73%	54.00%	-18.7%	48.0%	43.5%	51.1%	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?	84.50%	86.67%	2.2%	84%	92.0%	None	95.0%
CQI Item 17: Did the agency address the physical health needs of children, including dental needs?	87.50%	90.91%	3.4%	77%	85%	None	95.0%
CQI Item 18: Did the agency address the mental/behavioral health needs of children?	100.00%	38.46%	-61.5%	75%	72%	None	95.0%

Source: Federal Online Monitoring System

Table 8

¹This date provides the statewide rating in each case review item for all CBCs

²This provides the performance rating for the state in each of the items as approved by the Administration for Children and Families.

³The PIP Goal is set by the Children's Bureau and is the expected level of improvement needed to avoid financial penalties.

⁴This is the overall federal and state expectation for performance.

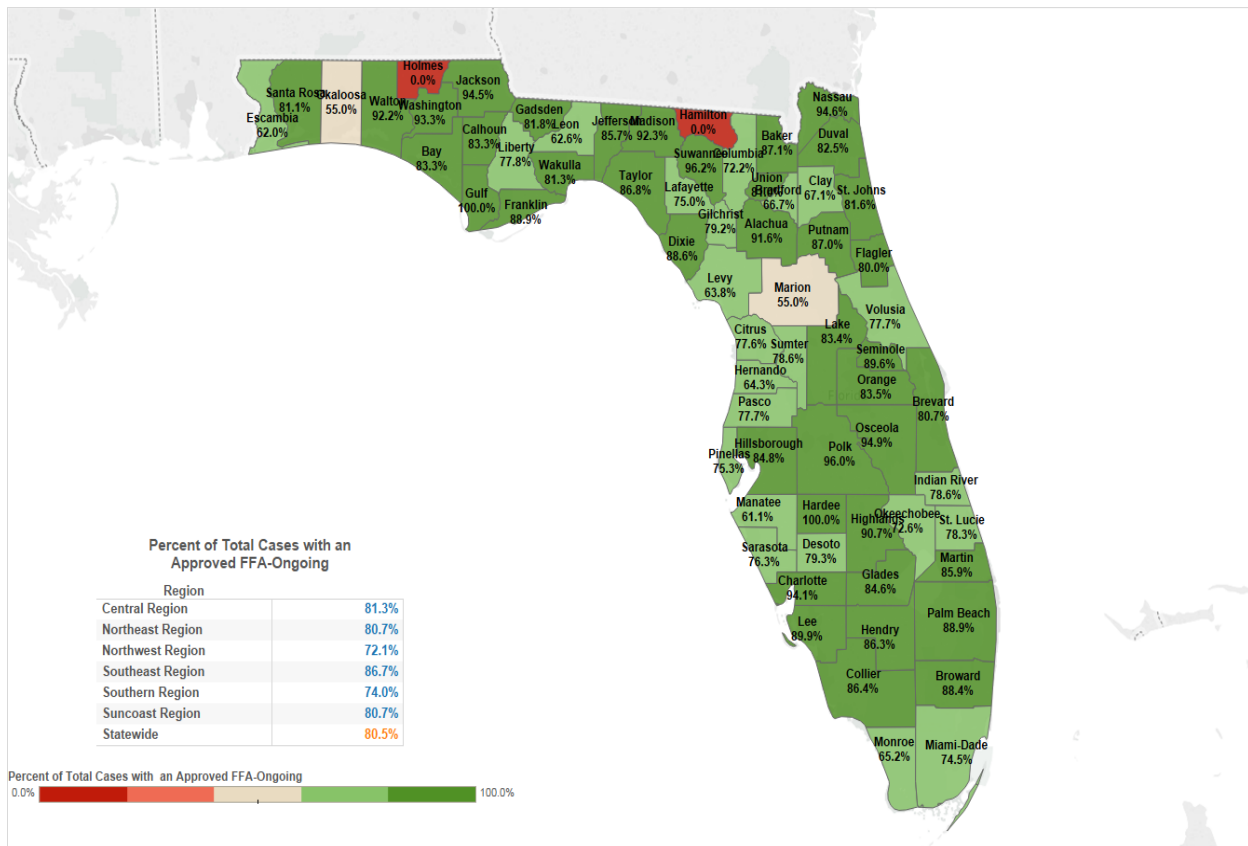
Green dot denotes performance is above the federal PIP Goal; red dot denotes performance is below the federal PIP Goal.

SECTION 4: PRACTICE MODEL IMPLEMENTATION

IMPLEMENTATION STATUS

As of 01/21/2018, BFP has almost fully implemented the practice model and stands at 80.7%, just above the statewide average. BFP employs a data team that researches, collects, and disseminates detailed data from Florida Safe Families Network (FSFN) to ensure timeframes are maintained for completion of both Family Functioning Assessments (FFA) and FFA-Ongoing. BFP has sought further direction and knowledge from other lead agencies to improve case compliance. BFP has also engaged Action 4 Child Protection to provide comprehensive training related to the safety methodology practice model. During FY 16/17 training focused on components of the family assessment such as: crafting case plan outcomes, assessing impending danger, assessing and scaling caregiver capacities, and child's needs. BFP received an additional intensive safety plan training resourced from DCF. To further develop skills surrounding safety methodology of supervisory staff, BFP utilized Action 4 Child Protection to provide specialized training on core concepts such as safety planning and supervisory consults. BFP anticipates providing continued supervisory training aimed at increasing supervisory knowledge and oversight of safety methodology concepts. The safety methodology concepts are integrated into BFP's quality assurance process, providing one-on-one feedback loop for Rapid Safety Feedback reviews.

Ongoing Services Safety Methodology Implementation Status as of 01/21/2018



Source: FSFN report Active Cases with an Approved FFA-Ongoing – OCWRU #1084
 Notes: Small number of cases assigned to the county will affect percentages. Based on location of primary worker. Counties with no cases assigned to them will not appear in the map.

(Source: Child Welfare Key Indicators Monthly Report, January 2018)

TRAUMA INFORMED CARE

The policies, practices, and procedures utilized by Brevard Family Partnership reflect the use and application of trauma informed care during interactions with children and families across the provider network. Training is provided to staff during pre-service as well as to current foster parents to use in their daily interactions. This could contribute to the minimal placement moves noted in Fig. 10. By ensuring best placement match at removal, BFP also ensured children are not continually traumatized through placement moves while in out-of-home care. However CQI Item 7, concerted efforts by the agency to ensure siblings are placed together unless contrary to their well-being, indicates that further efforts by the agency are warranted in minimizing separation.

FAMILY CENTERED PRACTICE

BFP currently uses Wraparound and Family Team Conferencing as part of their family centered approach to child welfare practices. Incorporation of this into BFP's system of care has enabled them to enhance family engagement from the individual to the family and ultimately, to the community level. The principles adopted by BFP include individualized, culturally competent case planning that is family driven, collaborative, team/strength/outcome based, and unconditional, integrating natural supports to sustain the family after case closure. BFP uses all parties of the child welfare system including case managers, care coordinators, and family partners to provide a continuum of support from entry to exit.

SERVICE ARRAY

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. Currently BFP has a rating of "3" in both Family Support Services and Safety Management Services, which indicates that they have these services available, aligned with the practice model, and with no capacity issues preventing access across the entire service area.

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.

In 2011, BFP conducted an overall assessment of their own system of care using outside sources, the Rady's Children's Hospital and the California Evidenced Based Clearinghouse (CEBC). This assessment encompassed the entire service array. The assessment provided an extensive roadmap that identified three other evidence based

services that BFP's system of care would benefit from and BFP subsequently procured the following year. In addition to the services identified in the roadmap, BFP has integrated the Brevard C.A.R.E.S. program that complements their service array. Coordination, Advocacy, Resources, Education and Support (C.A.R.E.S.) has a scientific rating of "3" within the CEBC, indicating promising research evidence. To ensure the service continuum is robust, BFP conducts a bi-annual services analysis and needs assessment to identify gaps to the services array. They also conduct surveys that address current services, needs, capacity, and satisfaction. Information collected is used during the annual budgeting process; gaps are discussed and any modifications or additions identified are then included. BFP monitors services within their system of care using several venues. Providers in the network complete satisfaction surveys for their consumers and report the subsequent outcomes on a quarterly basis. Quarterly reports are produced by BFP to ensure services are being used. Regular meetings are scheduled by BFP with network providers and subcontractors to discuss performance and identify challenges.

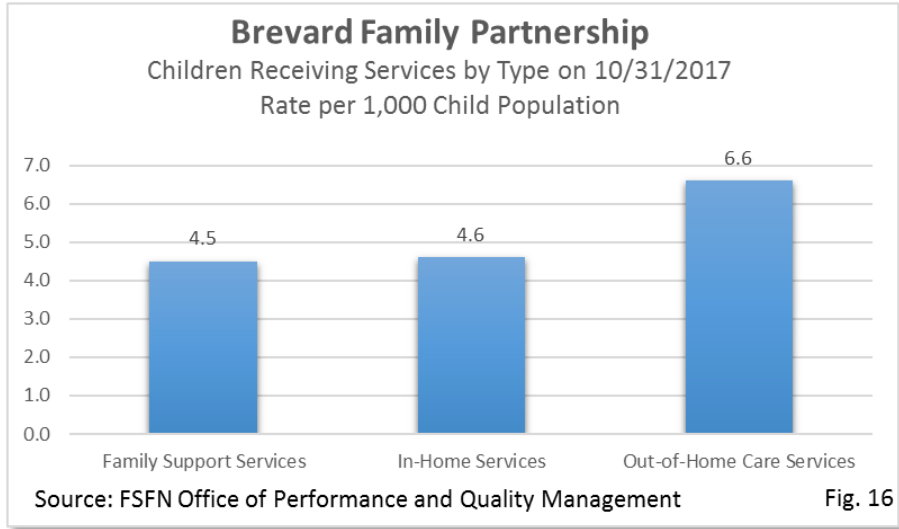
BFP has created the Safety Management Services Team or SMST for short, to provide immediate family intervention when present danger is identified. The team is available within two hours of need during business hours and four hours of need on nights and weekends. SMST is staffed by two masters degree level therapists and a paraprofessional who work in tandem with the child protective investigator. The team provides the family with services tailored to address the family dynamic and current situation with the addition of therapeutic, family centered intervention. The assigned Family Engagement Coordinator, along with the CPI and family, facilitates a safety plan, identifying immediate family needs and the circumstances that resulted in the child being unsafe. The SMST is accessible twenty-four hours a day, seven days a week for support of children and families served. This includes home visits three to five times a week, including nights and weekends, to assist in managing the safety plan. Adaptations and revisions of identified child and family needs are constantly and consistently addressed by the SMST. BFP internally tracks figures for this program and reported that sixty-five (65) families have been served by SMST so far this fiscal year. Data on SMST as follows:

- 92% of the cases that received SMST did not result in a removal while open to SMST
- 92% of the sibling groups were maintained in their home
- 93% of the cases with at least 1 child under the age of 5 were maintained in their home
- 96% of the cases that received SMST had not experienced a removal within 90 days of closure to SMST
- 100% of the families experienced an improved overall rating on their post - Family Assessment of Needs and Strengths Assessment

Family Support Service is provided by Brevard C.A.R.E.S. using a strength based, highly individualized, and family driven approach. The Care Coordinator facilitates Family Team Conferencing (FTC), authorization of required services, and community linkages for families. The Care Coordinator also functions as the case manager within the network of service providers, maintaining a list of resources and how to access them, for the family being served. The Care Coordinator, through a web based interactive database (Mindshare), can provide both initial and reauthorization for services including duration and frequency. Mindshare automatically provides confirmation that the provider has received the authorization and services have started with two days of receipt. Upon initial contact with the family, the provider can enter progress notes, provider contacts, and the provider's participation in the FTC process. The service provider verifies within two weeks whether the service is appropriate.

SERVICES MIX

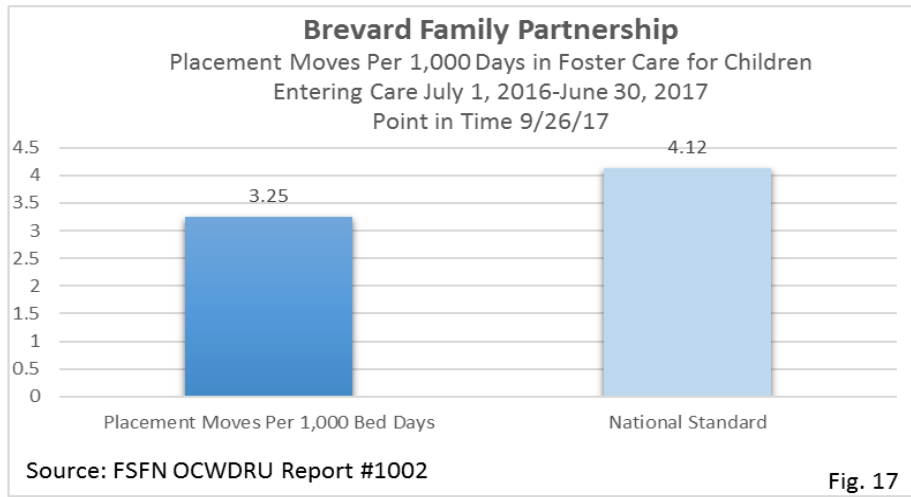
The graph below provides the rate of children receiving services by type. This illustrates the mix of services between Family Support Services, In-Home Services, and Out-of-Home Services. Children receiving in-home and family support services is notably almost equal at BFP.



SECTION 5: PLACEMENT SERVICES AND GROUP CARE

PLACEMENT MOVES

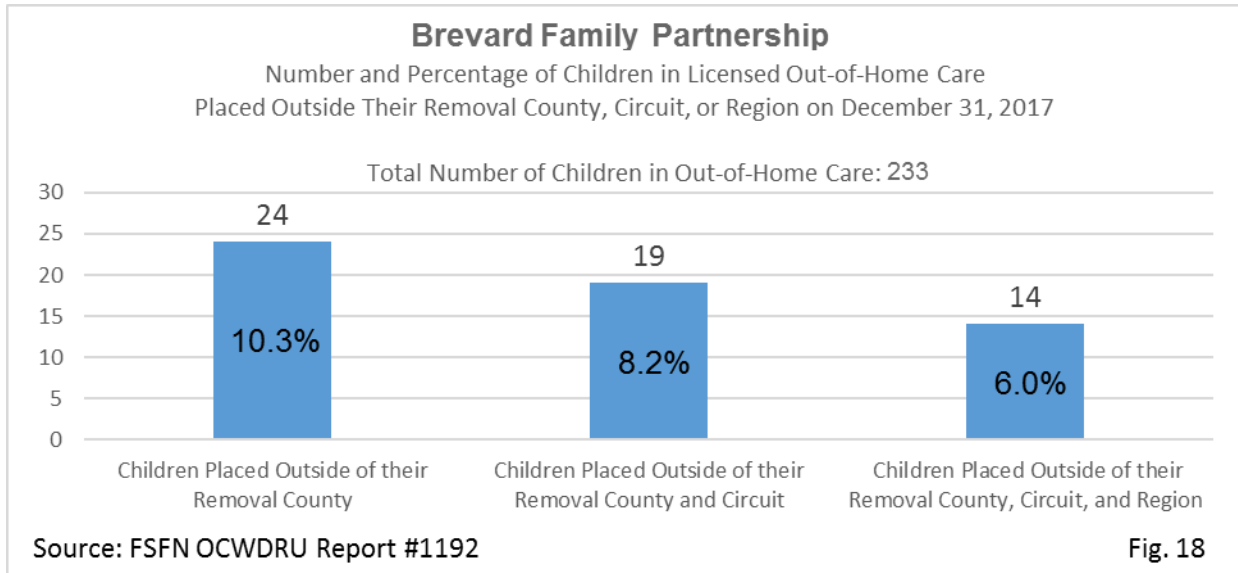
From July 1, 2016 through June 30, 2017, BFP moved children at a rate lower than the statewide average and below the statewide target. See Fig. 10 & Fig. 17. As mentioned above, BFP has excelled in ensuring movement during out-of-home care is minimal, thus abating further trauma experienced by the child(ren).



CHILDREN PLACED OUTSIDE THEIR REMOVAL CIRCUIT

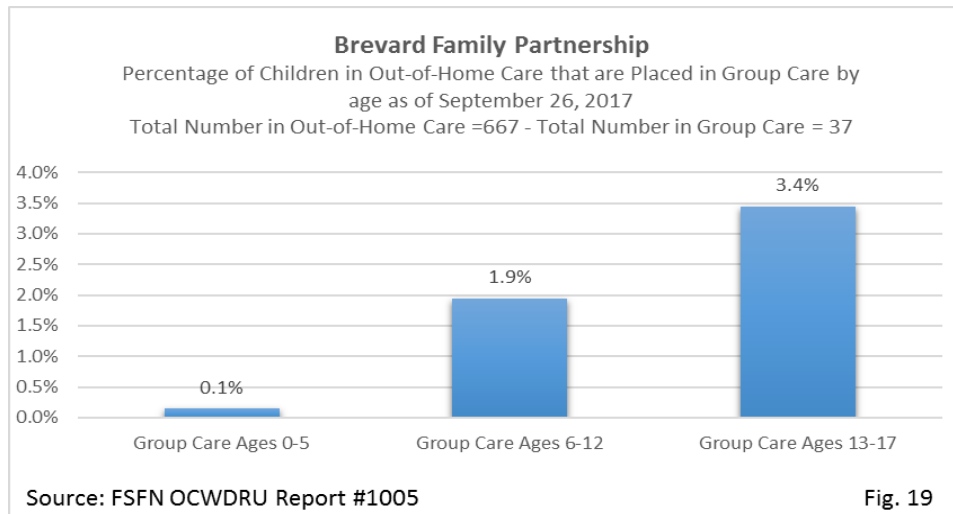
BFP has been able to keep the majority of their children within the removal circuit. As of December 31, 2017, 6.0% of BFP's children in out-of-home care were placed outside of the region. In comparison, the statewide average for all children placed outside of county, circuit or region is 10.5%. A little over 8% of BFP's children were placed

outside of their removal circuit. This is below the statewide average of 19.3% and shows that BFP is making concerted efforts to keep children closer to home.



CHILDREN IN GROUP CARE

BFP had fourteen children under the age of twelve in group settings as of September 2017, including one under the age of five. Based on their total population and the number of children in group settings, BFP appears to be ensuring children are in the most family-like setting possible. BFP had 5.4% (equivalent to 37 children) of the children in out-of-home care in a group care setting.



ADOPTIONS

The adoption target for the FY 17/18 is seventy-seven (77) children. This number was the culmination of negotiations between the Office of Child Welfare, Brevard Family Partnership, and the Department of Children and Families. Several factors went into the target determination including some beyond BFP's control, such as a change in the judiciary.

The Adoption Applicant Review Committee (AARC) is convened to review any complex case, however, for cases in which health, abuse history, and criminal history are factors, the AARC is required. The AARC consists of at least three adoption competency trained individuals. The members that make up the AARC are from the agency, the Department, and the community. In cases where there is a denial of a homestudy based on the national criminal results, a Department of Children and Families staff member familiar with adoptions and with the knowledge of the criminal/registry history is involved. The Brevard Family Partnership's Director of Programs or designee, acts as the chairperson for the AARC. The Director of Programs convenes the committee, participates in the committee's discussions, and ultimately provides written recommendations based on the committee's actions, along with the adoption home study, to BFP's Chief Executive Officer within thirty days of the request.

Separated sibling reviews are held, along with the quarterly permanency reviews. During this review, those parties involved in the day-to-day management of the children discuss progress towards placing siblings together and when that is not feasible, ensuring the children maintain connections through regularly scheduled visits. The Intake and Placement Supervisor ensures that these reviews take place. There is also a tracking mechanism in place to ensure the reason for separation and the date of the most recent sibling visit is recorded. For siblings in which adoptive parents have been identified, but are separated, a team meeting is convened to address next steps or separation determination. Participants of this meeting include the adoptions support coordinator and supervisor, case manager and supervisor, assigned Guardian Ad Litem, and CBC representative. Presentation of case history, reason for separation, current sibling visitation, placement and/or placement history, and any other pertinent information is discussed. From this meeting, possible tasks are delineated and further discussion of permanency option for the siblings is arranged with the team.

In order to provide further care and resources to adoptive families after the adoption has finalized, Brevard Family Partnership has contracted with Brevard C.A.R.E.S. to provide post adoption support care coordination. This position is responsible for the management of post adoption funds; oversees the authorization and utilization of services, post adoption community linkages, and crisis intervention; completes assessments; and coordinates and facilitates family team conferences when needed. BFP's myriad of services can be requested and utilized by post adoption families, some of which include the Mobile Response Team, post adoption support groups, substance abuse counseling and clinical intervention programs to name a few.

Adoption competency training is provided by BFP's system of care providers and private community adoption providers. As part of Brevard Family Partnership's Five Year Child Abuse Prevention Plan there is a focus on increasing the number of adoption competent trainers and professionals, increasing the use of post adoption support services, and increasing local adoption support groups. Staff from Brevard C.A.R.E.S. and Circle of Friends have provided adoption competency training. BFP staff as well as community partners that are interested in participating in adoption competency are alerted to any trainings that may be occurring both locally and statewide.

TRAINING

BFP's training staff are integrated into the Quality Assurance (QA) team. The QA team consists of seven staff members: the Senior Executive of Compliance, the Chief Risk and Compliance Director, a Quality Assurance Specialist, a Compliance Specialist, a Training Specialist and QA Manager. The QA team provides training inclusive of pre-service, in-service, those elements noted by quality, and field derived concerns. Continual analysis of training gaps, including an in-service survey, ensure staff are provided support and guidance. BFP also maintains a centralized Training Center offering classroom and computer lab access.

BFP uses the Council on Accreditation standards as the foundation with which to ensure development of frontline and supervisory staff. This includes orientation of new personnel, personal development and training needs, training content (certification requirements), risk management, and supervision. BFP contracted with Action 4 Child Protection to provide further supervisory development of the Safety Methodology Practice Model. These specialized trainings enhance supervisors' ability and skills surrounding safety planning and supervisory consultative methods. BFP staff are encouraged on an on-going basis to continue professional development and growth by attending workshops, conferences, and seminars, as well as attending all in-house provided trainings by the QA Team. BFP also uses an internal Leadership Team, facilitated by the Chief Executive Officer (CEO). This team is peer nominated and tackles ongoing agency needs and policy development. This allows nominated individuals to become involved in community and legislative issues outside of their current job function.

BFP has used the CORE case management and licensing pre-service specialty training since inception. BFP also adopted the PRIDE curriculum for foster parent training. BFP has an extensive training array in which several differing aspects of child welfare are provided through a family centered, trauma informed lens and are accessible to not only BFP staff, but also to case management agencies, provider network, foster parents, and the community at large. Some of these trainings include, Human Trafficking, Wraparound services and Car Seat training. BFP incorporates the Quality Parenting Initiative (QPI) to ensure the caregivers have a voice. This also ensures that foster parents are supported and trained to address some of the more challenging behaviors that may manifest from traumatic experiences. In addition, BFP uses Non Abusive Psychological and Physical Intervention (NAPPI) as a way to de-escalate behaviors through relationship building and redirection strategies. Foster parents are required to complete this training annually beginning in 2017.

Annual trainings are offered on concepts from which child welfare staff will continually benefit, including safety planning and monitoring of safety plans. BFP meets regularly with subcontracted provider leadership to assess and address areas needing improvement based on qualitative practices and findings and craft a training plan. Pre-service training with specialized components and in-service training are incorporated into the training plan. Training around specialized areas are integrated as identified, such as inclusion of Action 4 Child Protection. All training is reviewed for compliance with Title IV-E requirements and are documented on the quarterly IV-E training report. The information is verified prior to submission to BFP Finance for processing.

STATEWIDE PERFORMANCE

The State of Florida is currently underperforming in the following three federal measures:

- Rate of Abuse in Foster Care
- % of Children who do not re-enter care within 12 months of moving to a permanent home
- Placement moves per 1,000 days in foster care

While the state is underperforming overall in these three measures, BFPs' performance has been trending positively in recent quarters. There is a noted improvement in the rate of abuse per 100,000 days in foster care over the past four quarters from 14.57 in FY 16/17 Q1, with the most recent quarter meeting the statewide target at 7.78 FY 17/18 Q2. For the percentage of children not reentering out-of-home care, BFP made notable progress in the most recent quarter, reaching 91.10%, just below the target of 91.70% . BFP has consistently excelled at maintaining children in their placement and has remained under the target for the past five quarters.

BFP holds weekly leadership and monthly operations meetings to discuss and strategize on how to meet or exceed the performance measures. Performance data and case detail information is being continuously provided and shared among case management and BFP leadership. This information is tracked and used at the monthly system of care meetings. Continual communication and data sharing enables all facets of the system to be reviewed and changes/additions to be made accordingly.

FSFN DATA ENTRY

Brevard Family Partnership maintains staff to ensure data entry, integrity, and reconciliation are a continual process. The FSFN Data Clerk performs upfront functions to ensure data is gathered, entered correctly and timely, and any subsequent needs to address changes are completed. Part of the FSFN Data Clerks role is also to ensure placement information is recorded on a ongoing basis in FSFN. The position functions as the centralized point of contact for placement entry and movements when they occur. BFP also maintains a Special Projects Coordinator whose responsibility is to provide BFP and community stakeholders with consistently updated information. The Special Projects Coordinator duties include pulling data from FSFN, Mindshare and other platforms, organize the data into manageable reporting formats, and provide visual statistical reports to drive performance improvement. Data is pulled on a monthly basis and is assessed and validated by using the Key Indicator Report provided by the Region and the Child Welfare Dashboard. BFP has implemented timeframe specific reports to assist with and address medical, dental, children seen, parental contacts, supervisory reviews, and completion of family functioning assessments. Other time specific reports pulled to improve performance include finalized adoptions, licensed homes, bed capacity, and children in residential group care.

BFP Revenue Maximization Team is responsible for most facets of Title IV-E, TANF, and Medicaid eligibility determinations. This includes requesting and collecting missing information, updating eligibility status, completing applications, informing and coordinating with case management or investigators of Social Security Income information, and application for benefits. Any changes in eligibility status or placements are reported to the BFP Rev Max team by case management or investigators for FSFN update accordingly.

The system adoption initiative was used as a collaborative process across the system of care for Brevard Family Partnership to review protocols and operating procedures related to FSFN functionality. Based on the system adoption initiative, there were seven topics in which BFP was not aware of the expectation to upload documentation related to the topic. The other eleven topics included those issues related to systemic barriers, BFP's business needs in which FSFN could not support, and some known FSFN functionality issues.

REGIONALLY IDENTIFIED TOPICS

There were no additional regionally identified topics.

SECTION 7: CORRECTIVE ACTION PLAN

There is no active corrective action plan for BFP.

SECTION 8: DESK REVIEW FINDINGS

Based on the limited desk review of Brevard Family Partnership, Contract GJ401 the following areas with critical need for improvement and opportunities for system enhancement were found.

AREAS NEEDING ACTION

These findings represent areas that need prompt attention and action as they impact child safety or are measures where BFP has been significantly underperforming.

1. Conduct analysis of the following performance measures to determine potential root causes and develop countermeasures to positively impact performance:
 - a. Percent of children who are not neglected or abused after receiving services (M03): This measure has not been met for the past two fiscal years. There was a slight improvement in FY 16/17, but the measure remains below the target of 95%.
 - b. Percent of children who do not re-enter foster care within twelve months of moving to a permanent home (M07): This measure has not been met in the past five quarters. There was some improvement in FY 16/17, but the measure remains below the target of 91.7%.
2. The following quality measures have either seen a decrease between FY 15/16 and FY 16/17 or are below our federal program improvement plan (PIP) goal, therefore need improvement:
 - a. 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)? Item 4 dropped by 48.5%. This item is below the federal PIP goal of 88.5%.
 - b. CQI Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner? Item 5 dropped by 21.9%. This item is below the federal PIP goal of 82.1%.
 - c. 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? Item 13 dropped by 18%. This item is below the federal PIP goal of 70.7%.
 - d. 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? Item 14 dropped by 17.4%. This item is below the federal PIP goal of 78.9%.

OPPORTUNITIES FOR IMPROVEMENT

These findings represent areas that there is need for analysis and based on those findings, actions to improve should be integrated in an agency improvement plan.

3. Conduct analysis of the following performance measures to determine potential root causes and develop countermeasures to positively impact performance:
 - a. Rate of abuse or neglect per day while in foster care (M01): This measure was not met in four of the past five quarters. However, there has been a consistent positive trend for the past four quarters and BFP has exceeded the target in the last quarter.
 - b. Percent of children exiting foster care to a permanent home within twelve (12) months of entering care (M05): This measure was not met in three of the past five quarters. However, there has been a consistent positive trend over the past five quarters and BFP has exceeded the target in the most recent two.

- c. Percent of children in out-of-home care who received dental services within the last seven months (M10): This measure was not met in three of the past five quarters. There was improvement in FY 16/17.
- d. Percent of sibling groups where all siblings are placed together (M12): This measure was not met in three of the past five quarters. There was improvement in FY 16/17.
- e. 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? Item 2 dropped by 6.3%. This item is above the federal PIP goal of 85.2%.
- f. 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? Item 3 dropped by 9.1%. This item is above the federal PIP goal of 77.7%.
- g. CQI Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child? Item 6 dropped by 15.2%. This item is above the federal PIP goal of 75.4%.
- h. 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? Item 7 dropped 42.1%. There is no federal PIP goal for this CQI Item, however, BFP is at 57.89%, which is below the statewide average CQI performance and CFSR review.
- i. 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? Item 8 dropped by 15%. There is no federal PIP goal for this CQI Item, however, BFP is at 51.72%, which is below the statewide average CQI performance and CFSR review.
- j. CQI Item 10: Did the agency make concerted efforts to place the child with relative when appropriate? Item 10 dropped by 1.9%. There is no federal PIP goal for this CQI Item, however, BFP is at 78.13%, which is below the statewide average CQI performance but above the CFSR review.
- k. 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? Item 11 dropped by 48.8%. There is no federal PIP goal for this CQI Item, however, BFP is at 17.86%, which is below the statewide average CQI performance and CFSR review.
- l. 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? Item 12A dropped by 3.6%. This item is above the federal PIP goal of 58.4%.
- m. 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? Item 12B dropped by 12.9%. This item is above the federal PIP goal of 58.4%.
- n. 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? Item 15 dropped by 18.7%. This item is above the federal PIP goal of 51.1%.

- o. CQI Item 18: Did the agency address the mental/behavioral health needs of children? Item 18 dropped by 61.5%. There is no federal PIP goal for this CQI Item, however, BFP is at 38.46%, which is below the statewide average CQI performance and CFSR review.
- 4. 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. Currently, BFP has received a rating of “3” for both safety management services and family support services.