



# **Brevard Family Partnership**

Protecting Children, Strengthening Families, Changing Lives.

# **System of Care 2012**

**Community Based Care of Brevard**

**DBA Brevard Family Partnership**

**2301 W. Eau Gallie Blvd., Suite 104**

**Melbourne, FL 32935**

**(321) 752-4640**

**[www.BrevardFP.org](http://www.BrevardFP.org)**

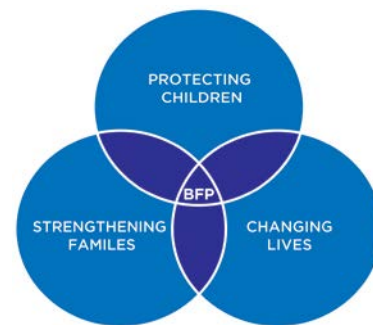
## Introduction

BFP is a 501(c)(3) nonprofit organization, founded in 2003 through a partnership of the Brevard County Board of County Commissioners, Children’s Home Society of Florida and Devereux Florida for the sole purpose of establishing an organization to respond to the DCF ITN and become the Lead Agency to deliver child welfare services in Brevard County, Florida. BFP is governed by a local board of directors, comprised of community leaders and volunteers who give of their time, talent and resources to provide governance and fiduciary oversight of the agency.

BFP has a proven history of high performance, positive outcomes and efficient operations through its strong community partnerships, innovations, technology solutions, predictive analytics, and focus upon excellence. BFP is a progressive organization, continually planning for the future through the use of forecasting and analyzing current and emerging trends to proactively implement systemic changes and improvements.

It is through the collective effort and initiative of community stakeholders, business leaders, elected officials and citizens that BFP came into existence in 2003 as Community Based Care of Brevard. With nearly a decade of experience as a mature, high performing Lead Child Welfare Agency, BFP has successfully transformed the local child welfare system into a seamless, family-centered continuum of care, from entry to exit. Our mission (Figure 1) fulfills the needs of the DCF as specified throughout this ITN.

BFP’s mission is 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.



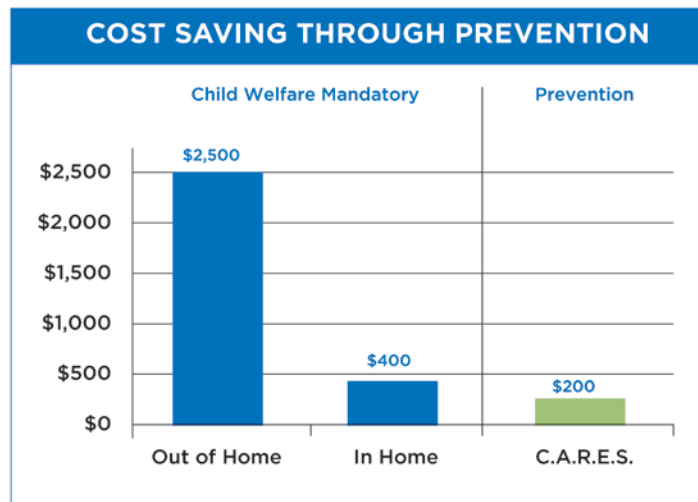
**Fig. 1**

To achieve the objectives outlined in our vision, mission and purpose, our system of care has and will continue to engage and empower individuals, families, and neighborhoods to promote the safety and improve the well-being of Brevard’s vulnerable children. To that end, BFP has proven that community based care works. In partnership with DCF, our case management agencies - Devereux Florida and Children’s Home Society of Florida - and a local provider network of over 50 child and family-serving human service agencies, ***BFP has and will continue to successfully deliver, manage, and coordinate an integrated child welfare system of care.***

The transformation of Brevard’s child welfare system began with the formulation of an anti-stigma campaign, resulting in the creation of an intensive, front-end prevention, diversion, and family preservation program known as Brevard C.A.R.E.S. (Coordination, Advocacy, Resources, Education and Support). This program has enabled BFP to reach at-risk families before the stressors they are experiencing reach the threshold of abuse. Through the implementation of a new family-centered, strength-based approach to intervention, families can seek assistance without fear of reprisal or the threat of entering the formal child welfare system.

By implementing this new level on the continuum, BFP has successfully reduced the number of children in the dependency system by nearly 50%, from a high of more than 1,530 children in 2004 to approximately 850 today. Each month, nearly 650 children and their families on average receive care coordination and community-based services through Brevard C.A.R.E.S. that successfully divert them from entry into the system. In essence, BFP continues to serve approximately 1,500 children each year but in a more innovative, efficient and cost-effective manner.

Since inception of the Brevard C.A.R.E.S. program, more than 13,000 children have been safely diverted from entry into the child welfare system. The costs to taxpayers when a child enters the system are approximately \$2,500 per month, per child, in comparison to the \$200 it costs per month for those receiving services through the C.A.R.E.S. program. In total BFP has diverted over 10,500 families' thereby using taxpayer's resources in a more cost effective and efficient manner while at the same time keeping children safely sustained within the community. Figure 2 illustrates compared costs, on an average per child/per month expenditure rate.



**Out-of-home Care Costs: \$2,500 per month    Prevention Costs: \$200.00 per month**

**Fig. 2**

BFP has consistently demonstrated a fiscally responsible system of care and organizational infrastructure that has produced a cost savings to DCF of nearly \$1 million over the past two years, while also shifting and reinvesting millions of dollars from the dependency system into front-end enhancements that focus upon intensive family preservation efforts. As a result, BFP has increased service capacity to assist families before they require entry into the judicial system.

Through extensive knowledge of the Federal IV-E Waiver, which allows for flexible use of formerly restricted funding, BFP leadership pioneered efforts to maximize the use of these funds through implementation of the national systems of care model of flexible supports (an unbundled service delivery system to a unit rate methodology). Following the decision by the state of Florida to implement and apply for the Federal Child Welfare IV-E Waiver in 2006, BFP's leadership assisted in crafting the waiver application and delivered the statewide leadership training to DCF and CBC leadership, and authored the Service Array Guide for submission with the state of Florida Federal IV-E Waiver application. These pioneering efforts have since been implemented with the technical assistance of BFP leadership in other community based care lead agencies across the state, thereby increasing child welfare cost-savings and reinvestment practices outside of Brevard County.

Since transition in 2005, BFP has consistently ranked among the top-performing Lead Agencies in the state of Florida.

- BFP has maintained placement stability targets that average 89% and exceed the Federal measure of 86.1%, which translates into better care of children, the maintenance of critical connections, and improved educational outcomes for children and youth in care.
- Caseload ratios have decreased from the high of over 1:50 at transition in 2005, to below an average of 1:18 today, a reduction of 64%. Stable caseloads result in more meaningful and seamless case management and the delivery of timely interventions. According to the Academy of Educational Development in Washington, D.C., from 2006-2010 BFP's caseworker turnover was among the lowest in the nation, averaging below 7% while the statewide average was reported at over 35%.
- Since transition, the percentage of children reunified with their family within twelve months has improved over 90%. In FY 2003-2004, only 28% of children were reunified within twelve months. In FY 2010-2011, that percentage increased to 53%.
- In December 2011, BFP celebrated its 500<sup>th</sup> child adopted into a "forever family" and for the seventh straight year has exceeded its goal for adoptions. Using traditional as well as emerging social media and creating community awareness through its Heart Gallery and community outreach activities - such as its annual Walk for Love and "Got Love" campaigns - BFP maximizes opportunities for Brevard's children to find permanency.
- In July 2009, BFP achieved national accreditation status through the Council on Accreditation (COA), achieving the highest level of quality review, an indication that its programs, services and operations met or exceeded all measured criteria.
- Over the past three years, BFP has operated on an average of 5.6% Administrative Overhead, thereby ensuring that funding for service provision is a chief priority for the system of care.

BFP staff, partners, case managers, and volunteers are passionate, dedicated child advocates who embody the concept of "community based" care, and each day live out BFP's mission to make a difference in the lives of vulnerable children.

## Services Network Management

BFP delivers state-of-the-art child welfare services for at-risk children, youth, and families in Brevard County. As the Lead Agency for the past eight years, BFP has and will continue to build upon its social capital, and foster and maintain strong collaborative partnerships. BFP has and will continue to provide leadership and oversight, strategic direction, technical assistance and training, and use clear channels of communication through our integrated IT solutions to *effectively guide the delivery, management, coordination and integration of the local community-based child welfare system*. BFP staff and leadership have and will remain actively engaged in the community of practice on a daily basis, guiding all processes from entry to exit in a supportive, yet accountable manner.

***This section defines our methods and processes for ensuring an engaged, fully mature and system-wide approach through the provision of foster care and related services.*** BFP continually integrates our approach and processes with ongoing analysis and achievement of positive outcomes (child, family, program and process outcomes) into a system of care that empowers individuals, families and neighborhoods to promote the safety and improve the well-being of Brevard's children.

The foundation of our system of care begins with system-wide integration of the basic tenets of family-centered practice that guide and shape the service delivery system approach using family engagement strategies, Family Team Conferencing, and the development of outcome-based care planning. These core values align with the family-centered practice principles defined by the Department and are achieved through regular communication, trainings, and accountability systems in place for all staff, subcontractors and community partners. The following are BFP's System of Care core values and driving principles of practice:

- *Family-Centered and Youth-Driven Care* - The strengths, needs and vision of each child and family drive all planning processes.
- *Community Based* - Efforts are made to keep children and services as close to home as possible.
- *Individualized* - services, support and responses are designed to meet the unique needs of the child and family.
- *Inclusive* - Parents, youth, and families will be included and welcomed partners on every level of planning.
- *Team Based Planning* - All parties, both formal and informal are welcome partners on the child and family team.
- *Culturally Sensitive* - Engagement and services are in keeping with the cultural, religious, and traditional norms of the family.
- *Services are Flexible, Non-Categorical* - Frequency, duration, day, time and location meet the unique needs of the families.
- *Unconditional* - Leadership and staff demonstrate a willingness to do *whatever it takes* to foster and promote success.
- *Outcome Oriented* - Case and care plans outline incremental, measurable and achievable goals to which the family has agreed; progress towards goals is recognized and celebrated.
- *Integrated* - All processes and services are efficient and effective, to maximize use of taxpayers resources and funding streams, and to prevent duplication.

Our commitment to family-centered, youth-driven practice is embedded into the system on every level. This occurs from intake to exit, to promote family voice, choice, and ownership in the planning process to empower, strengthen, and motivate youth and families to succeed while at the same time ***holding families accountable*** to the outcomes in their plan in which they participated in developing.

BFP routinely collects and analyzes survey data collected and analyzed to ensure our values are widely accepted and are integrated as standard practice across the continuum. Results of these surveys reveal a high degree of adherence to the core values and successful integration of family-centered practice across the system of care. These core values will continue to serve as the framework of the system of care, along with the values of the new child safety framework included in the child welfare transformation currently being implemented statewide by DCF.

Data indicates overall satisfaction has remained high. Results reported from 2011 indicate that of 479 participants, consisting of 142 participants in the first quarter, 118 in the second, 107 in the third and 112 participants in the fourth:

- 100% affirmed the FTC focused upon their strengths.

- 100% stated they had an equal voice in the development of their plan.
- 99.5% said the FTC was held at a time that was convenient for their family.
- 100% report being supported by their team.
- 100% were overall “satisfied” with the process.

## Continuum of Care

This section of our response begins with an entry-to-exit “road map” describing the child and family’s journey through our system of care and addresses each component of the continuum in a sequential manner.

### *Prevention and Diversion*

The goal of an effective system of care is to streamline access to services through clearly defined referral pathways that ensure those accessing the system of care are able to do so with ease. BFP has structured its continuum to respond to referrals in the most effective and efficient manner possible, enabling real-time response for those in need. Access to our system begins with a call to 211 Brevard which serves as the “first responder” for information and referrals.

When information and/or a referral are not sufficient and the DCF Child Protective Investigator (CPI) has received a “parent in need of assistance” referral or conducted an investigation where an abuse allegation is not substantiated but the need for support exists, BFP has co-located a Resource Coordinator with the DCF CPIs at two sites to provide early intervention for families in need of support. Resource Coordinators partner with the DCF CPIs to assist with system navigation, creating community linkages, coordinating services, and managing flexible funding for families. Resource Coordinators also supply DCF CPIs with on-site tangible supplies, such as portable cribs and car seats.

### 1) *CPI Access to Intensive In-Home Protective Services*

When CPIs determine a family is in need of support and intervention, and the family is willing to voluntarily engage as an active part of the solution, a referral is made to Brevard C.A.R.E.S. The C.A.R.E.S. program engages the family in a strength-based, solution-focused, short-term intervention, when safe and appropriate to do so, utilizing intensive care coordination and Family Team Conferencing as an alternative to entry into the dependency system. As an integral new level on the continuum of care, Brevard C.A.R.E.S. provides High Fidelity Wraparound Family Team Conferencing, intensive care management, community-based service coordination and support to at-risk families so that they may remain safely in their homes, community and schools, and prevent entry into the dependency system. Upon intake to Brevard C.A.R.E.S. families are screened for being low, moderate or high-risk, and appropriate response times are then determined based on the level of risk; services for high-risk families are expedited.

On average, families are served for a period of four months and have access to the same array of services as families receiving court-ordered services in the dependency system. Recidivism is tracked at six, twelve, eighteen, and twenty-four months and demonstrates positive outcomes for those families served. In fiscal year 2011-2012, of 649 families served:

- 100% of families remained intact\* at the six-month follow up
- 89.5% of families remained intact at the twelve-month follow up
- 88.2% of families remained intact at the eighteen-month follow up
- 86.71% of families remained intact at the twenty-four-month follow up

(\*Intact is defined as no verified findings of abuse at follow up.)

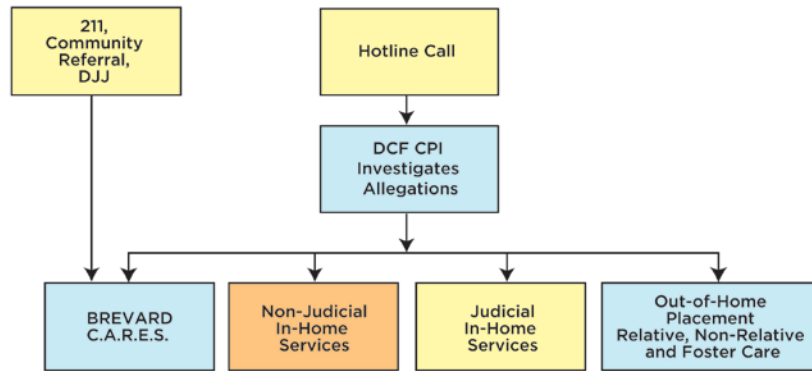
An independent evaluation, conducted in February of 2011 by the Academy of Educational Development (now operating as FHI 360) validates the findings of families served during July 2009 through January 2010. The study measured the Healthy and Safe Children and Strong Families outcome of children not experiencing physical, psychological or emotional abuse. Specifically, it measured how effective Brevard C.A.R.E.S. was at reducing future incidences of maltreatment and found that only 10% of families who successfully completed the program experienced maltreatment at the six-month follow up, compared to 70% of the families who did not complete the program experiencing maltreatment during the same period (the study examined 308 families). These findings met the standard for “statistically significant.”

To respond to the emerging and changing needs of the population served, a new pilot project is underway in partnership with DCF CPI, BFP, Brevard C.A.R.E.S. and Devereux Florida. This pilot, referred to as the Family Assessment Stabilization Team (FAST), will enhance access to and services of the 24/7 Mobile Response Team (MRT) with the intent to divert children from entry into out-of-home care. The FAST will provide the CPI the opportunity, during the assessment phase, to ascertain a parent’s protective capacity and child vulnerability while the family is receiving *intensive, in-home, family preservation services*. In this new model, FAST will be deployed upon request of the CPI to not only stabilize a crisis but to: conduct an assessment; make face-to-face contact with the family during weekends and holidays until the service provider is engaged with the family; craft a crisis/safety plan; and make appropriate expedited referrals for services.

## 2) ***Intake and Entry into the BFP System***

Entry into the System of Care begins with our centralized intake unit serving as the Single Point of Access. Outlined below is an overview of the pathway into the system of care and the continuum of services and placement options available.

- *Intake*: The centralized intake unit provides ease of access for all parties making referrals whether in need of information and referral, prevention and family preservation services, or non-judicial or judicial services. In partnership with the referring entity, BFP Intake Specialists determine how to best meet the immediate needs of the child and family, including the ability to immediately authorize services and make placement. (Figure 3)



CPI OR COMMUNITY MEMBER REFERS CASE TO INTAKE, DIVERSION AND ASSESSMENT UNIT

**Fig. 3**

- *Mobile Response Team (MRT)*: Subcontracted MRT services are available 24 hours per day, seven days a week to prevent placement disruption, stabilize in-home and community crisis, and to assess emergent needs of at-risk families. The MRT is comprised of Masters Level Therapists available at any time prior to and during the life of a case. The MRT can be accessed via the BFP Centralized Intake Line. MRT services can be requested through community systems such as Brevard Public Schools, the Department of Juvenile Justice and the local community mental health center.
- *After Hours Support*: BFP, Brevard C.A.R.E.S., the MRT, CPAs and Case Management staff are on call 24 hours a day, 7 days per week to provide needed assistance.

### 3) **Case Management**

- Non Judicial In-Home Services (NJIS)*: When a family is in need of case management and agrees to voluntarily work with the Case Management Agency, Brevard C.A.R.E.S., and/or service providers, NJIS is provided. Intensive care coordination, Family Team Conferencing and family preservation services are coordinated, monitored and delivered to families.
- In-Home Protective Services/Supervision - Judicial In-home*: When the CPI determines that the child can remain safely at home - with court supervision - the CPI will initiate the non-shelter dependency petition and make the referral to BFP for ongoing Case Management and related services. Child visits are monitored by BFP weekly to ensure children are seen timely and able to remain safely at home. BFP has implemented a visitation protocol which prescribes the required frequency of visits, based upon a set of risk indicators. Family preservation services, Family Team Conferencing and protective supervision are available and coordinated for children, youth and families receiving these services.
- Case Plan Services*: The Case Plan is developed within seven days of case transfer or prior to arraignment and is based on the decisions made by the Family Team or the initial Standing Team/Case Planning Conference (outlined on page 25). All parties work together with the family to assure that planned services are: 1) necessary; 2) linked to the case plan developed at the FTC; 3) appropriate based on the child/family need; and 4) delivered in the correct setting, for the necessary length of time.



- d) *Family Assessment*: The assessment process is one that begins at initial contact with the family and continues throughout the time BFP is serving the family. The process involves the care manager and family jointly identifying the family strengths, needs and resources, as well as factors that contribute to child safety risks. Assessments occur at a minimum of every six months and at all critical junctures, throughout the life of the case and are outlined in the monitoring and modifying services section of the ITN.
- e) *Family Team Conferencing*: FTC is utilized with families with complex needs who are multisystem involved, have a limited support network, and are engaged with multiple service providers to better coordinate care. The intent of creating a Family Team is to enlarge the circle of care around the family to successfully support and sustain them beyond discharge. The family team membership is developed with the family and includes the family's natural support network, informal supports, professionals, and all mandated parties to the case. Measurable outcomes are clearly defined and monitored and services are flexed and tailored to the changing needs of the child and family.

#### 4) **Placement**

Out-of-home care placement is available 24 hours per day, 7 days per week. BFP is committed to ensuring the placement stability of children, as demonstrated by our performance and consistently exceeding the federal standards.

The BFP Intake Specialists make authorization decisions for all licensed placements, except in cases where the dependency court judge has ordered a placement disposition. BFP administers the Child Adolescent Functional Assessment Scale (CAFAS) to determine, modify, and monitor placement. Decisions are based on placement protocols and guidelines that ensure children are placed appropriately upon entry into the system and maintain stability throughout their time in care.

*Foster Home Supervision* - Devereux Florida serves as the subcontracted Child Placing Agency (CPA), responsible for recruitment, management, licensing and relicensing of foster homes. As the CPA that provides foster home supervision, Devereux also is contracted to provide licensing specialists who are responsible for conducting home studies, ensuring compliance with foster home licensing requirements, and coordinating the training and monitoring of foster parent homes.

In keeping with the DCF Foster Parent Recruitment initiative, *Fostering Florida's Future*, BFP has forged a partnership with community stakeholders to expand the number of quality licensed foster homes, through a combined marketing and public relations effort in cooperation with Devereux, the Florida State Foster and Adoptive Parent Association, the Space Coast Foster and Adoptive Family Alliance, and the Brevard Interfaith Coalition.

To further enhance this effort, BFP has submitted a grant request to the TJX Foundation and has budgeted for stipends to be paid to individuals across the system who actively and successfully recruit new foster parents. Stipends will be paid upon the first placement in the recruited home.

Currently, there are 114 licensed Foster Homes in Brevard County with placement capacity for 271 children. It has been and will continue to be a chief priority for Brevard's children to remain in Brevard. Upon transition to community based care in 2005, 25% of Brevard's children were placed outside of Brevard; today 4.6 % of the children placed in licensed care are placed outside of Brevard County, most often due to specialized placement service needs that are unavailable within the county.

To address the vital role and importance of licensed caregivers as a valued part of the professional

network, and in an effort to enhance and rebrand the recruitment of quality foster parents, BFP has partnered with DCF and the Youth Law Center to implement the *Quality Parenting Initiative* (QPI). The QPI elevates expectations and the professional standards of foster parents to ensure children receive the highest quality of care and experience normalcy during their stay in foster care. Foster parents play an active role in the system of care and service delivery system and are encouraged to participate in team staffings, court hearings, and family team conferences, as well as trainings and events.

*Licensed and Non-Licensed Placements* - Children entering licensed out-of-home care will be placed within four hours of receipt of the Pre-Placement Tool. When the CPI has determined that the child must be removed from his/her home and there is no immediate or appropriate relative available for placement, the CPI will request placement services and support from the BFP Intake Specialists during normal business hours and Devereux CPA after-hours for placement identification and to file a shelter petition. BFP has entered into a MOU with DCF and Brevard Health Alliance to create a Medical Home (one, central healthcare provider to house all of the child's medical records) for children in out-of-home care. All children entering out-of-home care are seen within 72 hours at one of five BHA clinics in Brevard County. At that time BHA Pediatricians make referrals for identified treatment needs, immunization records are checked and updated, and dental appointments are made. Brevard Health Alliance is the Federally Qualified Medical Center and remains the medical home for children when reunified.

Additionally, all children in out-of-home care receive a Comprehensive Behavioral Health Assessment (CBHA). The CBHA is an in-depth and detailed assessment of the child's emotional, social, behavioral and developmental functioning within the family home, school, and community. The CBHA is completed within thirty days of placement. Given the time between entry and the receipt of the CBHA, this assessment is used to guide placement and the service needs of the child going forward.

The goals of a comprehensive behavioral health assessment are to:

- Provide assessment of areas where no other information exists;
- Update pertinent information not considered to be current;
- Integrate and interpret all existing and new assessment information;
- Provide functional information, including strengths and needs, to the referral source, child and family that will aid in the development of long and short-term, culturally sensitive intervention strategies to enable the child to live and receive his or her education in the most inclusive environment;
- Provide specific information and recommendations to accomplish family preservation, reunification, or re-entry and permanency planning;
- Provide data to promote the most appropriate out-of-home placement, when necessary; and
- Provide information for development of an effective, individualized, strength based, culturally sensitive, comprehensive services plan and a Medicaid community behavioral health services individualized treatment plan, when indicated.

CBHA's are funded through Medicaid reimbursement.

The placement level continuum is based upon the needs of the child, identified across eight domains of life covered by the CAFAS, as well as other supporting documentation and placement guidelines. To promote successful placement of children and to prevent unnecessary disruption, BFP has created a continuum of care to address the many special needs children may present, in addition to child safety concerns.

*Emergency Shelter* - BFP does not operate an emergency shelter but rather focuses upon the placement of children in the appropriate level of care upon entry to ensure placement stability and the least possible disruption for the child. BFP contracts with Crosswinds Youth Shelter to provide respite for youth and families in need of stabilization during times of disruptive behavior that may jeopardize the youth's placement or ability to remain at home with their family or in their foster home. The placement continuum consists of nine levels of care, all of which have predetermined training requirements of foster parents and congregate care providers. The higher the level of care, the more intensive the services and support provided to the child and/or family. Foster parents have the option to provide the level of care of their choice and are required to complete all specialized trainings associated with the level/levels of care selected. To encourage foster parents to maintain a child in their home - once the child is identified as ready to step down by the multidisciplinary team - BFP provides a performance incentive for those who successfully maintain the child in their home at the reduced level of care for six months. To ensure that group care providers possess core competencies, staff have been trained and certified by the Academy for Competent Youth Work. Figure 4 depicts the placement disposition of children in care.



**Fig. 4**

*Placement Levels in the Continuum of Care:* BFP provides several levels of care for children, based on their individual needs. In an effort to de-stigmatize foster care, it has renamed each level of care.

- a) *Traditional Foster Care/Pathway Home:* This level of care addresses the needs of children with a CAFAS score of 0-80. The child/youth placed in the Pathway Home typically displays minimal or no impairments in daily living activities. The child may require outpatient services and community coordination for support and reinforcement. The child is stable in his or her current living environment and may reside in a foster home with one or two parents present.
- b) *Enhanced Foster Care/Connections:* This level of care addresses the needs of children with a CAFAS score of 80-120. The child/youth placed in the Connections level of care typically presents with mild impairment that may result in sporadic episodes of emotion regulation and distress tolerance deficiencies. The child requires a customized behavioral and treatment plan and services and displays the capacity to adhere to a behavior management plan. Foster parents must be specially recruited and trained in interventions to meet the child's needs and participate in ten hours of specialized training.
- c) *Enhanced Foster Care/Passages:* This level of care addresses the needs of children with a CAFAS score of 120-160. The child/youth placed in the Passages level of care typically presents with moderate impairments, which may consist of a history of non-compliance, emotion regulation and distress tolerance deficiencies. The child may demonstrate some difficulty

complying with reasonable rules and expectations within the home but typically accepts and processes consequences for undesirable behavior. The child benefits from structure and frequent support, and skill development. It is recommended that at least one parent be available twenty-four hours per day to provide support and intervention and a two parent household is strongly recommended. Twenty hours of specialized training is required.

- d) *Group Care:* This level of care addresses the needs of children with a CAFAS score of 120-180. The child/youth placed in Group Care typically demonstrates a need for a gender specific placement, specialty services, a structured milieu and behavioral management, as well as ancillary support services such as family therapy, individual and group therapy, psychiatric services, medication management, and educational programming. Group Care may serve as a step-down from residential treatment and/or to provide structure and consistency for children who are in need. Outlined in Figure 5 is an overview of the number of children in group care as compared to capacity.

Brevard Group Home Capacity/Children			
BREVARD GROUP HOMES	CAPACITY	BREVARD CHILDREN	LOCATION IN COUNTY
Country Acres	24	11	Titusville
Crosswinds	28	7	Cocoa
Hacienda Girls Ranch	12	4	Melbourne
The Haven	31	5	Satellite Beach
Royal Priesthood	5	4	Palm Bay
<b>TOTAL</b>	<b>100</b>	<b>31</b>	

**Fig. 5**

- e) *Medical Home Care:* Medical foster homes are managed by Children’s Medical Services Network (CMS). Medical foster families must meet traditional licensing requirements as well as complete the medical training and meet Medicaid requirements to have medically complex children placed in their homes. Children are deemed medically eligible through the Children’s Multidisciplinary Assessment Team (CMAT) staffing process. While these homes are managed by the CPA they have additional oversight and requirements that must be met ongoing by CMS. Medical foster parents are expected to provide transportation to all medical appointments, therapy, and family visits, as needed. CMS homes are trained to care for children with minimal medical needs to children identified as severely medically needy. Due to the complexity of caring for children with medical needs, CMS foster parents capacity is expected to remain low.
- f) *Specialized Therapeutic 1:* This level of care addresses the needs of children with a CAFAS score of 120-140 and meets Medicaid criteria. It is alternatively funded by the Child Welfare Pre-Paid Mental Health Plan (CWPMHP). Medicaid Necessity Criteria for placement in a STFC/I home is defined by the Community Behavioral Health Services Coverage and Limitations Handbook, which identifies a child with a serious emotional disturbance including a mental, emotional or behavior disorder diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Children in this level of care typically present with a history of delinquent acts and are diagnosed with a serious emotional disturbance. The child may display impaired self-concept, emotional immaturity or extreme impulsiveness, and immaturity impairs decision making and places the

child at risk if in a non-therapeutic community setting; or there is a history of abuse and neglect and serious emotional disturbance.

- g) *Specialized Therapeutic II:* This level of care addresses the needs of children with a CAFAS score of 160-180 and meets Medicaid criteria. It is alternatively funded by the CWPMHP. STFC/II services are provided for children who meet the criteria for Level I and exhibit more severe maladaptive behaviors such as destruction of property, physical aggression toward people or animals, self-inflicted injuries and suicidal ideations or gestures, or an inability to perform activities of daily and community living due to psychiatric symptoms. The child requires more intensive therapeutic interventions and the availability of highly trained specialized therapeutic foster parents. Specialized therapeutic foster care services may be used for crisis intervention for an enrollee for whom placement must occur immediately in order to stabilize a behavioral, emotional or psychiatric crisis.
- h) *Specialized Therapeutic Group Care:* This level of care addresses the needs of children with a CAFAS score of 120-200 and meets Medicaid criteria. It is alternatively funded by CWPMHP and is defined by the Community Behavioral Health Services Coverage and Limitations Handbook as having an International Classification of Diseases ICD-9-CM diagnosis as specified. The child either has been enrolled in a special education program for the seriously emotional disturbed or emotionally handicapped, or have scored 50 or below on the Axis V Global Assessment of Functioning Scale or “GAF” within the past six months. The child must be diagnosed by a psychiatrist or other licensed practitioner of the healing arts as having a moderate to serious psychiatric, emotional or behavioral disorder, and due to the emotional or psychiatric symptoms is exhibiting severe maladaptive behaviors or an inability to perform activities of daily living. The child must require intensive, structured, mental health interventions and the availability of highly-trained therapeutic group care staff. The child must have reached the maximum health benefit from a more restrictive setting or a less restrictive treatment option may have been tried or considered and not found sufficient to meet safely the child’s treatment needs.
- i) *Residential Group Care/ Sub-acute Inpatient Psychiatric Program (SIPP):* This level of care addresses the needs of children with a CAFAS score of 200-240 and is funded through the Agency for Health Care Administration Medicaid. Per Florida Statute 39.407 a child must be deemed suitable for residential treatment by having received a Suitability Assessment by a Qualified Evaluator prior to admission. No child can be placed in this level of care without this required assessment. A determination concerning the child or adolescent requires that each of the following criteria is met:
- The child requires residential treatment;
  - The child is in need of a residential treatment program and is expected to benefit from mental health treatment; and
  - An appropriate, less restrictive alternative to residential treatment is unavailable.
- j) *Relative/Non-relative Care:* When the CPI determines that placement with a relative or non-relative caregiver is the appropriate option, they will call the BFP Intake Specialist, provide enrollment information, and review any information that might require immediate assessment or services following placement with relatives/non-relatives. Additionally, the BFP Client Relations Specialist (CRS) assists relative care givers in navigating access to cash assistance, food stamps, Medicaid and relative caregiver funds. When a relative caregiver accepts a child into their home, a packet is immediately sent to them, providing the caregiver with resources and contact information for the CRS who can provide support and solutions to problems that may arise in

accessing necessary benefits in order to support the child or children in their home. This immediate support assists in ensuring placement stability for children placed in the home of the relative.

**5) *Independent Living (IL) Services***

Independent living is a chief priority for youth in care and is an expansion of the permanency planning process. All youth, regardless of their case plan goal, must be prepared to live independently. Services are in place to provide a continuum of tangible and intangible skills and knowledge that support youth in making a successful transition to adulthood. Pre-independent living services include but are not limited to: life skills training, educational field trips, preparation for post-secondary training and education, and conferences. Life skills services include but are not limited to: independent living skills training, including training to develop banking and budgeting skills interviewing skills, parenting skills, educational support, substance abuse prevention, and employment training. Other services include but are not limited to: assistance in obtaining a high school diploma through the innovative FastTrack GED program, career exploration, job placement and retention, counseling, mentoring, and developing community linkages.

All youth in foster care who have reached 13 years of age but are not yet 18 are assessed for and receive pre-independent living services and life skills services. Young adults exiting foster care at age 18 are staffed for eligibility through the Road to Independence, Transitional Support Services, and Emergency Aftercare Services. There are currently over 80 young adults receiving these services on a monthly basis.

- Young adults who apply for these benefits and are determined eligible are care-managed by Crosswinds IL Care Managers. Crosswinds IL staff serve as the point-of-contact for the young adults requiring assistance with service needs.
- The Foster Care Guidance Counselor co-located at the Brevard Public Schools is especially helpful with assisting these young adults in arranging services for education completion, and in applying for post-secondary educational and vocational opportunities.
- Young adults who attend FastTrack GED have been linked with Brevard Workforce which enrolls the students in the NextGen program; this program provides Workforce linkages to assist with employment, as well as incentives for positive completions. Through September 2012, 32 young adults have received their GED through the FastTrack program.

**6) *Long Term Foster Care/ Another Planned Permanent Living Arrangement (APPLA)***

BFP holds that children deserve to grow up in a safe, loving, and stable environment where family connections will remain with them long-term. As such, BFP does not promote APPLA as a viable permanency option until all other options have been exhausted and a team of professionals concur that APPLA is an appropriate goal. There are currently 22 of 468 children placed in out-of-home care with a goal of APPLA. These children are minimally staffed twice per year by a team of professionals consisting of: the youth, their support network, the care manager, care manager supervisor, CLS attorney, GAL, service providers, IL staff, and current caregivers. This staffing team convenes to identify and explore any alternate permanency options and/or permanent connections that may be available for the youth when they exit the foster care system. Through efforts to more aggressively pursue alternate permanency options for youth in care, BFP has reduced the number of children with a goal of APPLA from 55 in December 2008 to 22 children as of October 1, 2012.

**7) *Post Placement Supervision/ Reunification***

To promote permanency and prevent the likelihood of reentry into the system, the CMAs are required to conduct a reunification staffing, inclusive of all parties associated with the family, to assess protective factors to ensure the child's safety upon return home. In Fiscal Year 2011-12 an average of 75% of Brevard's families had a goal of reunification and were reunified in an average of eight months. In addition to post reunification supervision that consists of a minimum of six months care management supervision, including mandatory FTC/STC to ensure that services to the family are in place to avoid the children returning to out-of-home care, families have ongoing access to and the support of their family team. Brevard C.A.R.E.S provides post-discharge alumni support and utilizes the State of Florida Ounce of Prevention Parent Leadership Ambassador Training (PLAT) Curriculum. Brevard C.A.R.E.S. is a DCF Access Center and provides a Family Resource Center that serves as a training hub and drop-in site. Tertiary support is also available for post-adoptive families.

**8) *Adoption***

The recruitment and licensing of adoptive families is managed through a subcontract with Intervention Services, Inc. The adoption process focuses upon identifying family connections for dependent children to enable them to achieve permanency and a sense of belonging, while at the same time providing safety, stability and healthy development to ensure their success. The adoption and post-adoption support process includes:

- Involvement with Adoptive Placement Matching and Selection activities;
- Open, transparent and frequent communication with the child's "permanency team";
- Visibility of Post-adoption Support Specialists in the community, adoption recruitment events, and adoption finalizations;
- Collaborative partnerships with DCF CPI, CMAs (Children's Home Society of Florida and Devereux Florida), and service and community providers;
- Commitment to adoptive placement stability;
- Provision of high-quality, post-adoptive support that is timely, responsive and respectful of client needs;
- Early engagement of post-adoption support services by qualified, adoption-competent and experienced staff;
- Collaboration with community providers to facilitate and secure post-adoption services including Family Team Conferencing and coordination with the Substance Abuse and Mental Health (SAMH) office for community SIPP placement, when indicated; and
- Development of post-adoption support services and support groups for adoptive families and children, including in-home services.

BFP places a high priority upon the achievement of permanency for children and youth in care and since inception has annually met and exceeded its adoption target. The adoption goal in FY 2011-12 was 60; BFP achieved 71. To focus upon permanency for youth in care who have been in placement for an extended period of time, BFP annually establishes additional performance targets to concentrate on the recruitment of families for legacy youth. Adoptions of children in out-of-home care in Brevard County are handled by the BFP staff attorney.

Adoptive families may receive aftercare support through Intervention Services, Inc., Brevard C.A.R.E.S. and by participating in the foster and adoptive parent associations. BFP coordinates and manages the adoptive subsidy payment process to assist new adoptive parents in the care of their child.

### **9) *Post Adoption Services***

The Brevard C.A.R.E.S. Post-Adoption Support Care Coordinator assumes the primary role of supporting the adoptive family and is responsible for providing and coordinating post-adoption services for adopted children and their families. Intervention Services, Inc. Adoption Support Coordinators maintain responsibility for the families on their caseload, leading up to and following the adoption and ensuring adoptive families are fully informed of how to receive assistance. Post-adoption services are customized to meet the needs of each child and family. The post-adoption support program provides a variety of services such as:

- Engagement and general support, beginning with an initial letter providing specific contact information for post-adoption service needs;
- Monthly contact for a minimum of 90 days, including a home visit;
- Telephone support to provide information and education to families requesting assistance with general questions regarding adoption Medicaid, subsidies, services providers, school, requests for post-adoption funds when special and specific non-Medicaid needs arise, etc.;
- In-home assistance for families with complex needs or who are experiencing crisis issues or adoption stability concerns; and
- A needs assessment to families with more in-depth and complex needs such as medical, individual, and family therapy. In these situations, a referral is made to Brevard C.A.R.E.S. to facilitate Wraparound FTC and coordinate more intensive post-adoption services including but not limited to therapeutic treatment, educational placement and planning, respite, and other in-home supports.

### **10) *Appropriately Related Services - Diversion of Department of Juvenile Justice Youth at Risk of Abandonment from Entry into the Foster Care System***

Brevard C.A.R.E.S. has forged a joint effort and partnership with the Department of Juvenile Justice (DJJ) to divert entry of DJJ youth into the Dependency system by reaching out to these families early in the commitment phase. In 2011- 2012 approximately 220 referrals were received with the primary referral reason being “ungovernable behavior.” Through provision of Brevard C.A.R.E.S. staff in attendance at DJJ staffings, youth at risk of abandonment are identified early in the commitment. Identified families are then engaged by C.A.R.E.S. staff who implement aggressive family preservation services and supports, FTC, and a reintegration plan for the family that will enable the youth to safely return home. Brevard C.A.R.E.S. staff accompanies the family to the subsequent Delinquency Court appearance to report on Brevard C.A.R.E.S. role and the plan and services in place for the youth and family.

Additional services and placement options delivered within the system of care, not specified in the ITN, include:

- Supervised Visitation
- Therapeutic Visitation
- Coaching and Mentoring Visitation
- Family Finders
- Respite
- Crisis Stabilization Placement
- DCF ACCESS site for Public Assistance Benefits and relative caregiver fund application submission
- Cribs for Kids
- Alumni groups
- Foster and Adoptive Parent Support Groups
- Public Private Partnership for IL Youth



## Service Delivery System

A mature system of care demonstrates that successful reunification occurs - and permanency is best achieved - when transition planning begins upon entry into the system. For this reason, BFP begins transition planning early in the process and focuses upon use of family engagement strategies to positively engage and build rapport with families upon initial contact. Permanency and concurrent case planning (working on two goals simultaneously) are central to all decision making processes and occurs at critical junctures throughout the life of the case. Figure 6 outlines the case plan goals of the current population.

Primary Permanency Goals for Current Caseload (N=831)		
PRIMARY GOAL	CHILDREN	PERCENT
Maintain Child in Home	220	26.5%
Reunification	377	45.4%
Adoption	95	11.4%
Another Planned Permanent Living Arrangement/IL	22	2.6%
Permanent Guardianship	20	2.4%
Case Goal Not Established	97	11.7%
<b>TOTAL</b>	<b>831</b>	<b>100%</b>

**Fig. 6**

To enhance the quality of care provided in congregate care settings, group care providers have received training and been certified through the Youth and Child Care Certification Board; BFP Trainers have been trained in the Train the Trainer model to maintain the competencies of group care staff.

To best serve children and youth who have experienced trauma and to mitigate the probability of practices that may inadvertently re-traumatize the child following removal, BFP is raising awareness, sensitivity and competency in use of Trauma Informed Care (TIC) practices. Providers have been oriented and initially trained in the approach; partner agencies have individually incorporated training among their staff. To develop a fully integrated TIC network over the next six to eighteen months, BFP is working with renowned developmental child psychologist, Dr. Andrew Schneider-Muñoz to devise the framework to implement a comprehensive, cross-system Trauma Informed Care integration plan. Dr. Muñoz is a Harvard-trained, nationally recognized expert and consultant in the field of child welfare. This plan includes outlining the core competencies of TIC practices that will be embedded across all facets of the system of care. It will entail training and the formation of an interagency TIC workgroup, inclusive of former foster youth, consumers, front-line staff, managers and supervisors, foster and adoptive parents, caregivers, community leaders, and executive leadership.

To address the needs of victims of sexual exploitation and human trafficking in accordance with the “Florida Safe Harbor Act”, BFP is in the process of forming a local Safe Child Commission. The Commission will be comprised of law enforcement, providers, judiciary, DCF, faith leaders and a cross-section of community members possessing knowledge and expertise in the sexual exploitation of children. The Commission is charged with: establishing a local emergency rapid response protocol; procuring training for group care providers, case management, foster parents and service providers; identifying available resources; developing a checklist of steps or activities to be completed when a victim is brought to our attention or suspected to be a victim; and outlining communications between

agencies. It is intended that each subcontracted provider within the system of care will appoint a designee to serve as the subject matter expert and liaison to the commission to ensure all staff remain well-versed in policies, protocols and the services available to ensure the safety and well-being of victims.

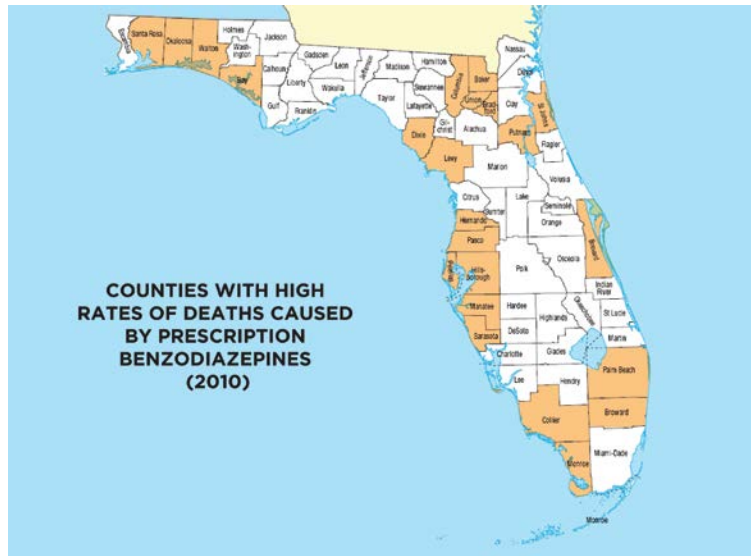
To ensure clients receive the highest quality services empirically proven to be effective, BFP has strategically guided the development of its provider network from evidence-informed to an Evidence Based Practice (EBP) standard. Through a subcontract with Evidence Based Associates and the Chadwick Center at Rady Children’s Hospital which operate the California Evidence Based Clearinghouse, an analysis of capacity and roadmap to achieve and build evidence-based capacity was crafted. As part of the second phase of the implementation of EBP standards, the provision of technical assistance and training is being provided to partner agencies. As of this writing BFP has procured and awarded EBP capacity building grants to three of its provider agencies including: Crosswinds Youth Services, Children’s Home Society of Florida, and Intervention Services, Inc. As a result of this effort, BFP has recently added Brief Strategic Family Therapy, Functional Family Therapy, Trauma Focused Cognitive Behavioral Therapy, and Child-Parent Psychotherapy to its continuum of care. Figure 7 illustrates the science behind EBP used as the standard definition for BFP.

BFP Evidence Based Practice Definition

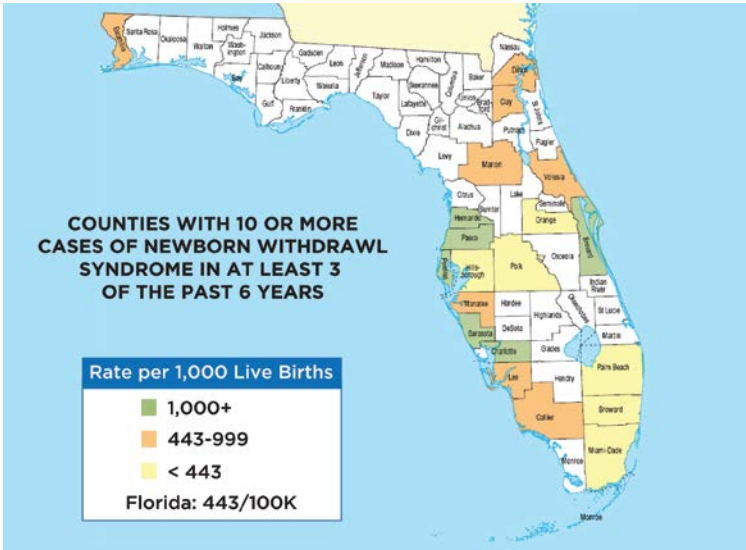


Fig. 7

Brevard County, best known as Florida’s Space Coast is 72 miles long and 26 miles at its widest, and located along the I-95 corridor on the east coast of Central Florida. Limited transportation access and the geography of the County make it challenging, at best, for some families to access needed services. In addition, due to its location on the I-95 Corridor, a major artery for the drug trafficking industry en route to and from South Florida, substance abuse remains a key factor in the entry of children into out-of-home care. Additionally, Brevard County has one of the highest reported incidences of prescription drug abuse in the state of Florida (Fig. 8).The county is also one of the top five in the state for the number of newborn children who suffer from withdrawal syndrome (Fig. 9).



**Fig. 8**



**Fig. 9**

To ensure accessibility for families, BFP utilizes a “one stop shop” co-location model whereby BFP Care Center Managers, along with subcontracted substance abuse and domestic violence specialists, adoption support coordinators, FTC Care Coordinators, DCF Children’s Legal Services (CLS), and CMA staff are all housed at the same location. BFP operates four locations throughout the County, all located along the public bus route. These include two Care Centers, one in the north/central part of the county and one in the South part of the county, both of which incorporate the co-location model, as described above. Brevard C.A.R.E.S. is centrally located in the County and BFP’s Administrative Office is in close proximity to I-95. Similarly, for ease of access, Brevard C.A.R.E.S. utilizes a co-location model and serves as a DCF ACCESS partner site. It provides on-site assistance to families in need of computer access and/or help with completing Public Assistance Benefits applications, as well as phone use for their scheduled follow-up interview.

Co-location fosters a culture of open communication, immediate access to technical assistance, and training by Lead Agency staff and subject matter experts to achieve the common goal of serving children and strengthening families in a well-organized and coordinated manner.

Parent/child visits are vitally important to both the caregiver and the child in care. BFP works with our partners to ensure visitations occur as specified in the case plan and that any barriers to visitation are proactively addressed and removed to ensure the parent/child connections are maintained. On-site family visitation rooms are available at the Care Centers to conduct supervised visits and for families requiring more intensive oversight, direction, coaching and mentoring during visits, BFP subcontracts with Eckerd to conduct Therapeutic Supervised Visitation.

Using a family-centered, strength-based and needs-driven model that adheres to the “10 Principles of High-fidelity Wraparound” across the continuum of care, preexisting categorical “one-size-fits-all” fixed-price service contracts have been unbundled into a flexible-support, unit-rate menu of services and assessments; this is in keeping with national systems of care practices as defined by Sheila Pires in *Building Systems of Care*, second edition, where she states, “a system of care, by definition, is non-categorical, in that it crosses over agency boundaries and approaches the services and support requirements of families and youth holistically.” Services are flexed and tailored to fit the unique and changing needs of each child and family throughout the life of the case. BFP’s Flexible Support Services array includes:

- Alumni Support and Services
- Anger Management Group
- Assessments and Evaluations
- Basic Needs
- Batterers Intervention
- Behavior Management
- Brief Strategic Family Therapy
- Camp
- Child-Parent Psychotherapy
- Clinical Consultation
- Cognitive Behavioral Therapy
- Crises Intervention
- Child Care
- Dialectical Behavior Therapy
- Diversion & Coordination of Services
- Domestic Violence Services: Advocacy for Victims/Witness to DV, Adolescent perpetrators, specialty services
- Early Childhood Services
- Educational Stabilization
- Family Therapy
- Family Support
- Faith Based Services
- Father specific groups/service/support
- Mentoring
- Flex Funding
- Functional Family Therapy
- Individual Therapy
- Intensive Care Coordination
- Intensive Family Preservation Services
- Mobile Response
- Outreach to Families
- Parenting Groups
- Parent Support and Advocacy
- Parenting With Love and Limits
- Post Adoption Services
- Reactive Attachment Therapy & Interventions
- Respite
- Social Skills Groups
- Specialized After School Programs
- Substance Abuse Counseling
- Suboxone Treatment
- Therapeutic Recreation
- Tutoring
- Trauma Focused Cognitive Behavioral Therapy
- Trauma/Recovery Services
- Therapeutic/Supervised Visitation

As a result of the cost savings and efficiency associated with purchasing services using a unit-rate payment methodology, BFP has annually been afforded the ability to increase its service capacity to meet

the changing needs of the children and families in Brevard, and to address any gaps that may exist. Service enhancements include but are not limited to: Mobile Response, Dialectical Behavioral Therapy, the Brevard Interfaith Coalition, Evidence Based Practice programs, Parenting With Love and Limits, Brief Strategic Family Therapy, Family Finders, Suboxone Treatment, Onsite Substance Abuse and Domestic Violence Assessments, FastTrack GED, Youth Liaisons, Public Private Partnership for Independent Living Youth with Paxen Learning Corporation, Healthy Start, and Healthy Families. In an effort to maximize all resources accessible to children and families served, BFP will work in close concert with the Managing Entity to ensure referrals for substance abuse and mental health services are coordinated and delivered in a timely manner.

BFP provides the support needed to safeguard child well-being, while at the same time fostering an environment conducive for families to experience positive change. Rather than place blame upon parents for their problems, BFP actively includes and engages parents/caregivers in being part of the solution. All staff and community partners receive training in Wraparound FTC, Family Centered Practice, and the System of Care principles and core values, the basic tenets upon which the system is founded. Each staff member and partner agency staff member agrees to fully observe the values of the BFP child welfare system of care. MOU and interagency agreements specify the core values and Family Centered Practice principles espoused in order to assure all participants understand, respect and align with the approach. Additionally, all partners sign an annual attestation to operate under the core values of the BFP system of care.

In addition to the aforementioned overview, our approach to working with children, youth and families within a Family Centered Practice framework across the system of care is outlined below.

### ***Engaging Families***

Families served in the BFP system of care are welcomed, involved, and included in every aspect of planning. Upon initial contact with the family a Strength and Cultural Discovery tool (a copy of the Strength and Cultural Discovery Tool can be found in the Supplemental Binder, TAB 3) is used to promote and ensure family voice, empowerment and success; it also helps to ensure that positive outcomes are attained. Research indicates that early engagement of youth and families contributes toward positive outcomes of improved school functioning, a decreased length of stay in care, and placement in less restrictive levels. Family engagement is an essential component in rapport-building and is an expectation of case management, care coordinators, and all service providers and staff. BFP is committed to and promotes an open and inclusive culture of diversity and respect across our community of practice, founded upon our vision and mission of “*protecting children, strengthening families, changing lives.*” Our philosophy of a family-centered, youth-driven practice is embedded into the system on every level to promote family voice, choice and ownership in the planning process, empowering and motivating youth and families to succeed. To further ensure the operation of a *culturally sensitive environment* for families of diverse ethnic backgrounds, BFP has translated handbooks and literature into Spanish, has linguistic capacity to translate when needed, and has formed an Interfaith Coalition to support and sustain families of various faith affiliations.

### ***Assembling Families in Individual Teams***

The convening of individual, customized, family teams serves as the catalyst to successfully engage and include families in a supportive manner. The team helps the family to identify their strengths and needs and form a family vision statement of “life will be better when...” The team explores access to informal supports and learns about the family’s culture, religious orientation, traditions, and norms. BFP subcontracts with its CMAs to provide Wraparound Care Coordination and Utilization Management (UM) to ensure immediate, real-time access to services that are customized to meet the unique needs of the children and families served. The automated Mindshare Technology Solution system enables all

parties to the case access to review and input service and assessment-related data that is housed in one secure location to ensure the child and family are engaging in and benefiting from services, as intended. The Care Coordinator, in concert with the family, is responsible for assembling the family team, which is comprised of informal and formal supports identified with and by the family. The team shares in the decision making and planning process in a strength-based, solution-focused and outcome-oriented manner.

### ***Collaboratively Developing and Implementing Case Plans***

The BFP child welfare system of care focuses upon cross-system collaboration to ensure the child and family's success, to the fullest extent possible. To that end, case planning and service coordination goes hand-in-hand, with all parties involved with the family invited and included in all planning processes. The BFP approach is founded upon a holistic framework that fosters cross-system collaboration and interagency partnerships using high fidelity Wraparound FTC. This promotes shared decision making, information sharing, and pooled resources to prevent the fragmentation and duplication that so often occurs with multisystem-involved children, youth and families. The inclusion of interagency partners and subject matter experts promotes the development of effective case plans and the use of integrated resources, while minimizing practices that often times results in conflicting and duplicative cross-system case plans.

### ***Involving and Supporting Caregivers in Decision Making***

The Wraparound FTC process is a family-driven, inclusive process, regardless of whether the families are categorized as being low, moderate or high risk. This includes not only supporting and involving caregivers in decision making, but also ensuring they have sufficient access to needed services, voice in the process, and ownership of their plan. To promote successful outcome for families, services are designed to be flexed and tailored with the changing needs of the family. The frequency of FTC is determined by the acuity of the family and urgency of need; they can occur outside the prescheduled meeting format, as needed, upon the request of any team member. As families stabilize and respond favorably to services, the frequency of meetings decrease and successes are celebrated. Unique to the BFP system, family's needs are factored into the planning process to determine when, where and how often services will be delivered. This helps to ensure full cooperation and participation in the services provided and that all barriers to engagement are identified and addressed proactively. These practices are applied to and available for foster parents and all caregivers involved in the system of care.

### ***Advocating for Families***

To ensure family voice is valued and *advocacy on behalf of families occurs within the system*, BFP has ensured that broad involvement of caregivers and consumers is integrated across the system. This begins at the highest level, with the BFP board of directors. Members include an adoptive parent, foster/adoptive parent, and former Brevard C.A.R.E.S. consumer. BFP also includes youth voice, through a youth advisory board and youth liaison staff member. Youth, families, foster parents and caregivers are encouraged to participate in all staffings, speaking engagements, trainings, and at a variety of system-related venues.

BFP understands that many families and non/relative caregivers have complex needs and can benefit from support and guidance to navigate the system effectively. Accordingly, BFP has integrated positions of Youth and Family Partners into the service delivery system to provide *peer support and advocacy*. To promote family strengthening, BFP, through Brevard C.A.R.E.S. hosts Alumni meetings to provide training, peer support and healthy family activities, and employs successful graduates of the program. It is the role of the Wraparound Fidelity Liaison to ensure Family Centered Practice principles are integrated across the continuum with adherence to family voice and choice. This is achieved through the provision of consultation, training, technical assistance and the use of data collection through the Wraparound

Observation Tool used at FTC to coach and guide staff and partners in fidelity practices and consumer advocacy. A copy of the Wraparound Observation Tool can be found in the Supplemental Binder, TAB 5.

Former foster youth and foster and adoptive parents participate in the delivery of Pride Training, and IL youth educate and sensitize group care and service providers on the normalcy issues youth in care experience. To *advocate* for youth who experience the stigma of foster care BFP is launching a positive youth development campaign, focusing upon the potential each youth possesses to succeed. In partnership with a former foster/adoptive youth who is now a filmmaker, BFP intends to inspire hope and success, and create a platform for youth to guide and shape the system. To that end, BFP is in the process of launching a fully integrated Trauma Informed Care initiative to educate partners to incorporate strategies, responses and interventions that best meet the needs of children, youth and families in care. The BFP Client Relations Specialist also serves as a caregiver liaison to assist youth and families in navigating the system and having their unmet needs addressed.

## Provider Network Selection

### *Selection*

Since its inception, Brevard Family Partnership has planned and coordinated selection of its subcontractors to ensure that quality services are obtained in a timely manner, from responsible agencies with the expertise and experience to best serve Brevard's children and families. This is achieved using a competitive procurement process that is fair and in accordance with all DCF approved policies and procedures. Open competition is a basic tenet of public procurement and reduces the appearance and opportunity for favoritism and inspires public confidence. BFP utilizes the following types of solicitations for subcontracts: Request for Qualifications (RFQ), Request for Proposals (RFP), and Invitation to Negotiate (ITN). BFP has and will continue to competitively procure all subcontracts in excess of \$250,000.00 per our Procurement Policy.

The BFP Provider Network is comprised of over 50 human service agencies that are organized as a cooperative body of representatives from all segments of the sector, who are dedicated to delivering and expanding the child welfare service delivery system. Membership includes contracted service providers, community based agencies, informal service providers, grassroots agencies and faith communities. This includes those agencies that offer free community services to our clients to meet their basic needs and provide material goods, emergency shelter, support groups, food pantries and thrift shops in order to sustain families for the long term.

The Provider Network is *managed and monitored* by BFP and maintains close ties and accountability to the Lead Agency as well as the local community through its relationship with Together in Partnership (TIP), the local community coalition responsible for the oversight of the local system of care, through monthly reports to the Family Management subcommittee.

The Provider Network is comprised of those agencies which are subcontracted to deliver services through BFP, as well as others who receive state and federal funding to deliver services to BFP clients from diversified revenue streams, and those informal providers such as faith based groups who provide "free" or in-kind services and supports.

There are three categories of providers in the Provider Network:

- *Category A Providers:* Providers who perform a core system of care service, usually governed by local, state or federal regulatory requirements and normally funded by BFP directly. These providers have a current contract with BFP.
- *Category B Providers:* Providers who perform a vital or mainstream system of care service, normally reimbursed outside of BFP (*such as Medicaid Reimbursement, APD funding, Title IV-E, TANF, etc.*) These providers may have an agreement with BFP.
- *Category C Providers:* Providers who perform an important, necessary service which supports the system of care, usually considered informal or a natural extension of a service or agency (*such as faith based groups, food pantries, homeless shelters, etc.*) These providers may have a MOU with BFP.



### ***Provider Network Management & Monitoring***

In order to ensure the safety, security, and well-being of every child, the BFP Provider Network manages a continuum of care for Brevard's children and families to address the prevention, intervention and treatment of child abuse and neglect. Through monthly face-to-face contract meetings, bi-monthly Provider Network meetings, quarterly report requirements, and on-site monitoring visits, BFP maintains oversight of fiscal, administrative, and programmatic requirements of its sub-contractors. When performance is determined to be below standard, BFP makes reasonable efforts to work with the provider and will deploy resources, provide support and technical assistance, if or when needed, until satisfactory performance is achieved. By implementation of a competitive procurement process, BFP is able to re-bid contracts if performance is unsatisfactory.

The goals of BFP's Contract Monitoring process are to: manage risk; support the efficient and effective implementation of quality services; document compliance with appropriate regulations; and ensure that program performance and financial requirements are met. Along with informal site visits, BFP conducts *on-site monitoring* visits of its sub-contractors on an annual basis. Each monitoring has a unique planning process that is based upon the contract(s) being monitored. The results from the annual Risk Assessment and the scope identified, utilizing a "Monitoring Scope Determination Tool" which identifies accreditation status, third-party monitoring results, prior year Corrective Action items, and other identified deficiencies provides rationalization of the current year monitoring scope. This process prevents duplication and allows for focused monitoring of areas within the contract that may change from year to year.

BFP conducts monthly reviews of the operational and financial performance of the system of care to ensure *strong processes are in place to manage and monitor subcontractors*. This review also examines the performance of the BFP contracted providers as well as the eligibility mix of the clients to determine if there are any potential issues with the funding available to serve the population. BFP management continuously *monitors* these processes to ensure that the intended results are achieved.

The *management* of services is also *monitored* through the Prevention Services and Authorized Management System (PSAM) technology solution system, developed by BFP and Mindshare Technology, which provides an integrated and automated UM system for authorization of all services referred on behalf of families in the Dependency and Prevention and Diversion programs. This system ensures services are referred, authorized and received by the provider in real time. All services funded by BFP, as well as third party referrals, are entered and captured in the PSAM system and sent directly to the provider of the service.

The provider is notified of the pending referral through email notification and immediately, upon receipt, is expected to arrange services. Once engaged with the family, service providers enter their progress notes into the PSAM system *weekly* to ensure all parties working with the family, and those who possess authorized access to the case in PSAM, remain informed of the status of the services and assessments. Since all services, including Medicaid and other third party services, are captured in PSAM, utilization review can occur on a regular and ongoing basis. This enables BFP, at any time, to determine whether the child and/or family have engaged with the service provider and conduct a comprehensive review of a child's and/or family's progress toward goals and outcomes of all services being delivered.

The placement of children is *monitored* daily to ensure success and progress in the placement is occurring as intended. The CAFAS assessment is administered quarterly to ensure the level of care and services are addressing the needs of the child. Depending upon the disposition of the case, BFP has instituted several multidisciplinary processes that guide and ensure the *monitoring and modification of services* and evaluation of case status throughout the life of the case.

- Through use of *Standing Teams*, a multidisciplinary group of professionals along with the mandated parties meet with the family upon entry into the system to identify and authorize needed services to address emergent needs. The standing team process occurs prior to the development of the customized Family Team and Case Plan to assure children and families receive early interventions, and services identified are included in the case planning process. The Standing Team will also meet at intervals throughout the life of the case to review and monitor the appropriateness and effectiveness of services delivered upon entry, when families do not engage in the family team conference process.
- *Wraparound Family Team Conferencing* is provided to over 40% of families in the system. This is a customized family team, inclusive of informal and natural supports, that meets regularly following the standing team's initial planning meeting for ongoing service coordination, monitoring, outcome and transition planning.
- *Utilization Review* is the process that occurs at each subsequent Family Team Meeting or with the Standing Team in instances where families are not engaged in FTC to monitor, authorize, and modify services the child and family have been receiving.
- A *Multidisciplinary Team* clinical review is conducted weekly to assess level of care and placement criteria of children who have been identified as ready to step down from a restrictive level of care or those in need of more intensive services, and to review children that are exhibiting behaviors requiring additional assessment.
- The *Psychotropic Medication Review Panel* consisting of a team of doctors who volunteer their time to convene monthly to review children who are prescribed a high number of medications, are not responding to medications, and are prescribed psychotropic medications under the age of five.
- *Bi-Monthly Supervisor Case Record Review and quarterly QA Reviews* are in place to assess the appropriateness and effectiveness of services.

Separated Sibling, Permanency, Champion Interagency Staffing and APPLA staffings, and the Adoption Review Committee, comprised of experts and partners from across the system of care, include examples of ongoing multidisciplinary review processes in place that are dedicated to assisting care managers, and families work towards timely permanency.

To ensure efficient and effective use of services, a retrospective utilization review will occur, at a minimum, every quarter as part of the UR process to examine the effectiveness of services being delivered and to recommend changes in frequency and intensity, based on findings. Elements of the discharge and retrospective review process include:

- Evidence that services delivered were indicated;
- Evidence that clients benefited as expected from services;
- Evidence that discharge and aftercare planning was initiated early in the case;
- Progress toward discharge is regularly documented;
- Discharge summary reflects the child's and family's condition at time of discharge; and

- Discharge summary reflects adequate aftercare support, as necessary.

#### ***Accountability of Performance from Subcontractors***

Accountability mechanisms in place for BFP subcontracted providers is outlined in the following section on Performance Outcomes and Quality Improvement under the subheading of Accountability and can be found on page 28.

### **Performance Outcomes and Quality Improvement**

From the start, BFP has placed emphasis upon the establishment of performance-based approaches that produce positive outcomes - and foster collective ownership and responsibility - to achieve positive results that improve the quality of life of Brevard's children and families. In July 2009, BFP achieved national accreditation status through the Council on Accreditation (COA), achieving the highest level of quality review, an indication that its programs, services and operations met or exceeded all measured criteria.

To ensure ongoing and *frequent communication and monitoring of performance*, BFP has implemented *feedback loops* by way of weekly operations calls with Case Management, Independent Living staff, the Judiciary, and DCF personnel. Weekly operations review calls track:

- Critical performance outcomes
- Case management caseloads
- Vacant positions
- Missing children data
- Status of progress on critical monthly targets for children seen
- Supervisor reviews
- Timely documentation into FSFN
- Mental, dental, and immunization records for youth

This weekly focus on quantitative data to recognize trends allows rapid response to any changes in performance and guides the implementation of real-time counter measures. Metrics for safety, permanency, well-being and other key indicators are aggregated monthly, quarterly and yearly for the review of the system-wide Risk Management Committee and are organized according to the standards and practices required by the Council on Accreditation, the Compliance Committee, and the BFP board of directors.

To ensure subcontracted agencies are *informed of and encouraged to achieve outcomes and targets*, BFP convenes quarterly performance reviews with its subcontracted CMA providers consisting of front line field staff, supervisors, management, community partners, DCF, and provider agencies. Data is posted on the BFP website for public consumption and transparency surrounding the system's performance. To promote achievement of goals, the quarterly performance review consists of analysis and tracking of unit-specific, agency-specific, statewide, and overall performance of the BFP system of care. Additionally, BFP Quality Assurance (QA) has outlined a process with our local CPI units for immediate notification of any new intakes in which BFP has a current (or within the past six months) open services case. This allows for a qualitative review of the case to identify any trends or areas for improvement and to improve BFP's performance around re-entry into care. In the spirit of transparency, performance review data can be found on the BFP website.

### ***System-wide Approach***

BFP is committed to achieving excellence through use of data collection, analysis, and independent evaluation processes that validate its performance achievement and outline areas of needed improvement. Quality Assurance and improvement procedures, and system-wide evaluation tools and assessments provide a comprehensive, continuous improvement process across Brevard Family Partnership's service delivery network. This is accomplished through use of *qualitative and quantitative* data on a daily basis to track, inform and drive case practice and continuous program improvement.

Through co-location with front-line case management field staff and supervisors at each Care Center, BFP is able to provide daily oversight, technical assistance, and monitoring of performance that is integrated into the system of care to lead, guide, direct and support a high performing team. This ensures *effective and timely feedback loops* exist and meaningful communication mechanisms are in place that will *result in clear and actionable direction*. BFP regularly conveys to its partners the short and long-term performance targets to be achieved across the system of care, and works side-by-side with case management staff to achieve positive outcomes and performance.

As a COA accredited agency, BFP has implemented a *Continuous Quality Improvement (CQI)* process model as part of our *Quality Assurance (QA)* program to systematically investigate, document and correct issues that impact child welfare practice and service delivery system on a real-time basis. This CQI process allows for systemic change at all levels of the Network, building upon strengths and *encouraging staff to work as a cohesive team* to identify and implement quality changes that will continuously enhance services for the children and families we serve. The QA process framework is established upon the integration of Policy, Practice and Performance.

As an overarching basis for all of its QA activities, BFP has developed a long-term strategic plan. A copy of BFP's Strategic Plan can be found in the Supplemental Binder, TAB 8. Developed with the BFP board of directors and broad participation of the community, stakeholders and DCF staff, the plan projects three years into the future and is reviewed annually, with achievements documented. To ensure the Strategic Plan remains relevant, the BFP board of directors reviews one Strategic Plan goal and its objectives on a monthly basis to ensure progress towards goals. Additionally, to ensure accountability for performance, the BFP board receives a monthly data report available to the public, inclusive of the DCF contract measures, current performance, and a myriad of system data to ensure open and transparent communication exists. A copy of the most recent Monthly Data Report can be found in the Supplemental Binder, TAB 9.

To determine performance quality and effectiveness, and identify areas for improvement and sustained system change, BFP uses both quantitative and qualitative data from FSFN, the DCF performance measure dashboard, case file reviews, quality service reviews, satisfaction surveys, local databases, and other methods and tools as required by the Council on Accreditation.

BFP continues to refine its QA system to form a unified, integrated QA team inclusive of QA, contract monitoring and training under one umbrella of compliance, which goes towards increased knowledge-management and information sharing, and identification and implementation of system-wide areas of needed improvement. A minimum of two trainings are created and presented each quarter to our Provider Network to address areas identified during the quarterly QA reviews.

### ***Accountability***

BFP has established a performance-based contracting system to incentivize subcontractors to achieve and exceed the goals and targets established. Additionally, contracts contain penalty language as a routine part of our payment methodology to ensure accountability and integrity of the use of funds received from the State.

Through the communication mechanisms mentioned above, BFP ensures that staff at all levels and within subcontract agencies are *informed* of performance measures and are knowledgeable of their role in achieving performance for the whole of the Brevard system of care. BFP believes that the delivery of superior services requires the commitment and involvement of the board of directors, BFP management, staff and supervisors, and its Network of Providers.

In addition to the aforementioned, the provider network infrastructure is designed to promote and ensure positive outcomes. BFP, through sub-contract language and oversight, holds its providers *accountable* for meeting performance outcomes. Striving for excellence, BFP has also imposed Best Practice measures over and above the required performance targets, which are monitored and reported quarterly to its board of directors, CMAs and partners. To incentivize high performance and achievement of positive outcomes for the children and families served, the performance-based contracting practices are standard among our larger subcontracts, including Case Management and the CPA contracts. These contracts incorporate a partial payment methodology, based on each Provider's performance, with stated outcomes and targets, and established incentives for exceeding performance.

BFP conducts two types of case review: Quality of Practice Standards Reviews, which audit case records and are "*accountability-driven*"; and Quality Service Reviews, which are "interview-driven" and offers the opportunity to examine the unfolding elements and dynamics of quality that are reported as a full case story is assembled. Using this model *BFP is able to identify trends and analyze why the numbers reflect what they do.*

*Using a Comprehensive Approach to Quality Assurance and Improvement* BFP, along with its subcontracted CMA, QA staff works together to implement CQI activities and are responsible for monitoring performance expectations using Quality of Practice Standards, FSN data, and Quality Service Reviews (QSRs).

Quantitative and qualitative data is collected utilizing the following:

- *Quality Service Reviews (QSRs)* - BFP utilizes the QSR tool (which utilizes in-depth interviews) as a self-evaluation tool to help assess the effectiveness of the BFP System of Care practices and interventions provided to families served. BFP incorporates the findings from the tool to create a "case story" for each youth and family and shares the results of these reviews with the CMAs upon completion. Quarterly, BFP completes a summary report of findings that is shared with providers and stakeholders at Quarterly Performance Reviews.
- *Quality of Practice Standards Case File Reviews* - BFP utilizes this standard tool to complete in-depth case file reviews according to the sampling methodology approved by DCF. BFP completes a Feedback form upon completion of each review, which is then forwarded to the case manager and supervisor and identifies strengths, areas for improvement, best practice, and any identified areas for follow-up. Quarterly, BFP completes a summary report of findings that is shared with providers and stakeholders at our Quarterly Performance Reviews.

- *Completion of Request for Action (RFAs)* - For any safety issues identified during the review process which require immediate action.
- *Supplemental reviews* - BFP routinely conducts additional subject-specific reviews based on issues identified that merit additional attention (i.e. psychotropic medication compliance, death reviews, and re-abuse during open services).

To further ensure the highest quality of system performance and *accountability* possible, BFP secures a *comprehensive independent external evaluation* which includes a full assessment of BFP's quality assurance processes and improvement systems. A copy of the Independent External Evaluation can be found in the Supplemental Binder, TAB 10. This system-check establishes a baseline for future evaluations and continued system improvement. Evaluation activities include: comprehensive reviews of sample cases, an audit for the accuracy of reporting, and focus groups that include BFP's senior management, quality assurance team, risk management committee, key quality assurance specialists and quality assurance directors, case management supervisors, and case managers across the network. Evaluators test for how well assurance processes and improvement systems align with recommended procedures and techniques according to nationally recognized standards.

BFP will achieve excellence in quality assurance by exceeding requirements and conducting an additional 40 file reviews in the future. Ten file reviews will be conducted in each of the categories of psychotropic medications, independent living, foster care, and adoption. These case reviews will enhance effective services in areas of challenging and complex needs for vulnerable populations within the client pool. The quality assurance team will conduct a supplemental review on any open case where re-abuse has occurred.

To illustrate how *case review is used to analyze why the numbers reflect what they do and demonstrate how data is used and integrated into the service delivery system*, the quality team utilizes an additional technique of "root cause analysis" to uncover deficiencies, implement counter-measures that remedy problem areas, and effectively respond with immediate action and sustained protective strategies to promote system change.

To illustrate this process using a *comprehensive* root cause analysis which serves as best practice for the field, the QA team along with CMA partners recently conducted a joint Green Belt Analysis to identify root cause issues of the number of children who have re-entered out-of-home care. Findings revealed that in 2004, under the previous administration, 58.5% percent of children reentered out-of-home care within twelve months and that a disparity of children have historically reentered care in Brevard County as compared to the rest of the state. Findings further indicated that since transition to BFP, there has been a significant reduction in the number of children reentering care, from 58.5 % in 2004, to 18% in 2011. The Green Belt analysis workgroup reviewed the data for the previous 18 months and found that over 67% of the affected families were reunified against the recommendations of case management. As a result, BFP implemented specific strategies and set incremental targets for improvement in recidivism. This included ensuring that Family Team Conferences were convened with families with the goal of reunification and with those who were imminently to be reunified when possible, and that better coordinated staffings occurred between the CMAs and CLS prior to attending court.

### ***Incident Reporting***

BFP reports incidents in accordance with DCF requirements, utilizing the Incident Reporting and Analysis System (IRAS). By contract, BFP requires its subcontracted providers to comply with incident reporting requirements and has established a standard Critical Incident Reporting (CIR) form and process for providers to utilize to ensure timely notice is provided.

*To describe how trending data from incidents, as defined above, as well as client relations data is incorporated into the quality assurance process and our capacity to collect and evaluate outcome, output and customer satisfaction data, BFP, as a COA accredited agency has instituted a formal Risk Management Committee that includes representation from BFP operations, QA, Contracts, Intake & Placement, and Training. This committee meets on a monthly basis to review and identify trends, and complaints related to client, stakeholder, employee, family, and foster parents. Any necessary training needs that may be identified and issues to ensure quality and effective service delivery and resources are then recommended and provided to our Network and within BFP.*

At a minimum the following logs and/or documents are reviewed:

- Foster Care Exit Interviews
  
- Critical Incident Reports
  
- Placement Disruptions
  
- Institutional Reports
  
- Client Grievances/Complaints
  
- Missing Children Reports
  
- Any other essential log/report that reflect risk or safety issues.

This data is cumulated quarterly and presented to BFP management's Compliance Committee consisting of the senior executive staff members. Additionally, an annual report is completed and presented to the BFP board of directors.

### ***Client Relations***

The BFP Client Relations Specialist (CRS) is accessible to serve as a client resource and central point of contact for all inquiries, and to provide timely problem resolution. The CRS serves to provide system navigation assistance and friendly, professional response to concerns and inquiries. The CRS documents, tracks and provides follow-up on any complaints received and reports all findings and trends to the Compliance Committee for review and implementation of improved practices, if indicated. Any adverse trends are presented to providers for timely resolution.

The CRS also serves as the single point-of-contact at BFP for relative care givers. The CRS assists relative care givers in navigating access to cash assistance, food stamps, Medicaid and relative caregiver funds. When relative caregivers accept a child into their home, a packet is immediately sent to them, providing the caregivers with resources and contact information for the CRS who can provide support and solutions to problems that may arise in accessing necessary benefits in order to support the child or children in their home. This immediate support assists in ensuring placement stability for children placed in the home of the relative.

### ***Customer Satisfaction***

*To further describe our capacity to collect and evaluate outcome, output, and customer satisfaction data, BFP annually conducts multiple customer satisfaction surveys which are compiled, analyzed and presented to the BFP board of directors and shared across the system of care.*

Using the aforementioned data, BFP, along with its stakeholders, identifies areas within the system of care to conduct annual satisfaction surveys. As part of the contract terms with all providers, satisfaction surveys are required with the data being reported back to BFP on a regular basis. In addition to these surveys, BFP identifies areas to conduct its own satisfaction surveys based upon any trends in stakeholder complaints and incidents it may determine require further qualitative analysis. The purpose of these surveys is to elicit feedback from our customers and stakeholders in order to make improvements in the system of care as well as to identify needs and gaps in the service delivery system. The following select examples of the satisfaction surveys distributed, collected and analyzed to identify opportunities for system improvement and areas of strength can be found in the Supplemental Binder, TAB 12:

- Foster Parent Satisfaction Surveys
- Adoptive Parent Satisfaction Surveys
- Family Team Conference/Standing Team Satisfaction Surveys
- Client Relations Surveys

### **Staffing**

BFP is committed to managing the highest quality child welfare system possible. Accordingly, maintaining a stable, competent workforce resulting in a high degree of consumer satisfaction and positive results for children and families served is essential. Quality staff is BFP's greatest asset and the investment of time and resources into securing and retaining a stable workforce is critical to the safety of children and the success and viability of the system of care. BFP utilizes *a mature, comprehensive, operational approach to recruitment, retention, training and supervision of personnel* both within BFP and among our partner agencies.

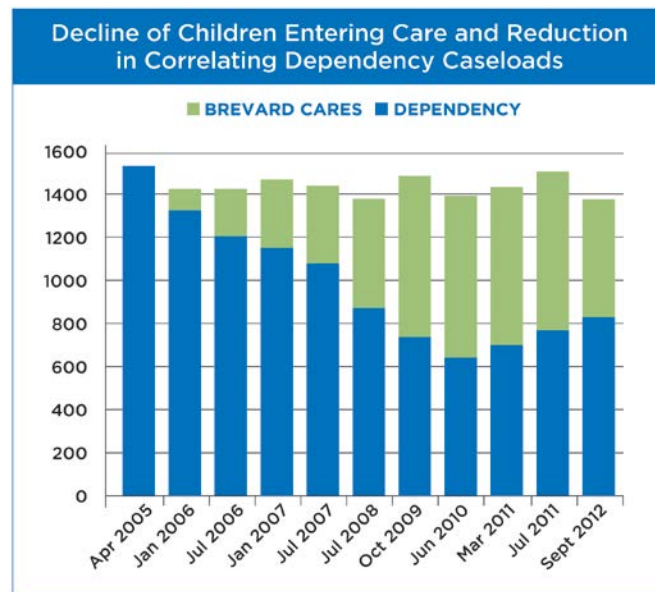
A key feature of the system's success in attracting and retaining quality direct care staff is our *achievement at managing caseload ratios*. BFP places a great deal of emphasis upon maintaining manageable caseloads to ensure children and families receive the attention necessary and that workers are able to complete required tasks in a timely, proficient and rewarding manner. BFP has successfully reduced caseloads - from a high of over one direct care worker to 50 children, upon transition, to an average caseload today of one care worker to less than 18 children (with a recent spike in the number of children due to the statewide increase of children entering care). According to the Academy of Educational Development in Washington, D.C., between 2005 and 2010, BFP's average caseworker turnover ranked among the lowest in the nation, below 7%, while the statewide average was reported at over 35%.

In 2005, as part of our strategy to promote the safety and well-being of Brevard's vulnerable children and to control entry into the system and assure manageable caseloads, BFP implemented the Brevard C.A.R.E.S. prevention and diversion program in an effort to reach families before the stressors they experience result in abuse. This additional level on the continuum serves as a gatekeeper for families who can otherwise be diverted from entry into the dependency system. Success in keeping families safe and intact has resulted in a substantial reduction in the number of children entering the judicial side of the dependency system, contributing positively towards the reduction of caseloads in Brevard County while at the same time ensuring the safety of children.



As a result of the cost savings associated with keeping children and families out of the formal system, the implementation of the Brevard C.A.R.E.S. program has enabled BFP to make ongoing improvements and enhancements to the local system of care with the cost savings associated by keeping children and families out of the formal system. As the census of children in dependency has decreased over time, and the census of children in Brevard C.A.R.E.S. has increased, BFP has reinvested and redirected funding that was formerly used in dependency to expand and enhance proven prevention and diversion programs. This has kept caseloads manageable for dependency case managers.

Figure 10 highlights the decline in children entering care and the reduction in the correlating dependency caseloads.



**Fig. 10**

Additional efforts employed to reduce caseloads include the provision of overlay services and expertise to support caseworkers in their role. This enables the direct care staff/case manager to remain with the child from entry to exit, with access to the tools they need for successful outcomes. Subject matter expertise provided as an overlay to case managers includes:

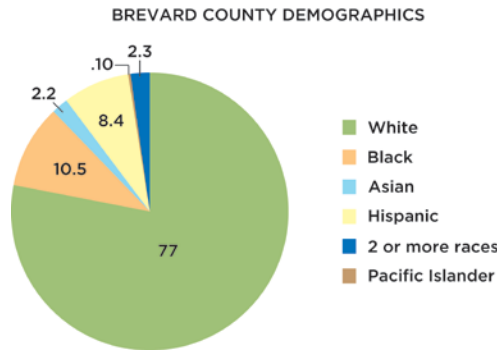
- IL specialists provided through a subcontract with Crosswinds Youth Services Inc.;
- The integration of Family Finders;
- A Foster Care Guidance Counselor located at Brevard Public Schools;
- Adoption Specialists provided through a subcontract with Intervention Services, Inc.;
- A BFP Court Liaison located in the Dependency Court;
- Wraparound Care Coordinators who facilitate FTC and authorize real-time services;
- A BFP Client Relation Specialist who serves as a caregiver liaison and ombudsman, assisting relative caregivers in securing Medicaid, relative caregiver funds, social security, and public assistance benefits;
- In house legal counsel; and
- Clinical support through BFP's Director of Child and Family Services.

**Culturally Diverse Staffing Capacity**

BFP recognizes the importance of having a diverse workforce, representative of the demographics of the community served. Through our Affirmative Action Planning process, BFP annually assesses the makeup of the local community as compared to the staffing composition and reports the findings to the agency's leadership. BFP's hiring practices ensure adherence to equal employment opportunities to qualified individuals.

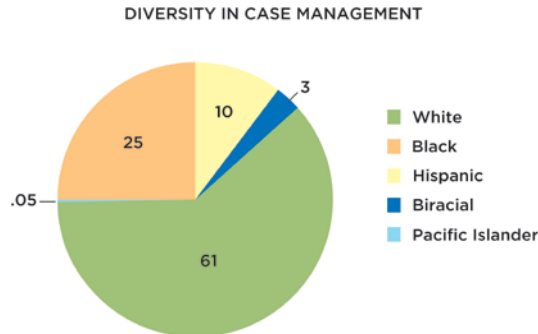
**Diversity Matters**  
By understanding the diversity of the population we serve, we continually strive to design culturally competent and diverse systems and monitoring mechanisms to ensure quality care for all children and families.

In 2011, the US census reported 77% of Brevard County's population as White persons, 10.5% as Black, 8.4% as Hispanic, 2.3% as two or more races, 2.2% as Asian, and 0.10% as Pacific Islander. (Figure 11)



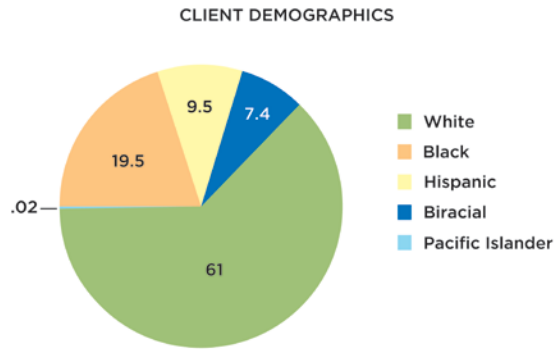
**Fig. 11**

BFP maintains a culturally diverse case management workforce consisting of the following demographic composition: approximately 61% identify themselves as White, 25% as Black/African American, 10% as Hispanic, 3% as Biracial, and .05 % as Pacific Islander. (Figure 12)



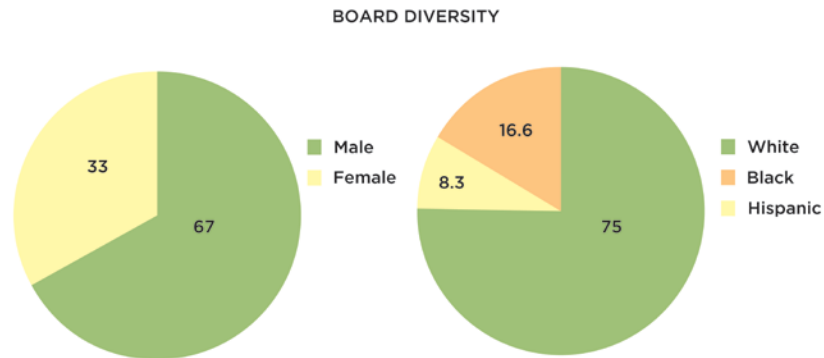
**Fig. 12**

In FY 2011-12 the client population demographics consisted of: 61% White, 19.5% Black, 9.5% Hispanic, 7.4% Biracial, and 0.2% Pacific Islander. (Figure 13)



**Fig. 13**

From the BFP board of directors to its field teams, BFP utilizes practices that embrace diversity and cultural sensitivity. The BFP Board of Directors consists of 12 members: three County Appointees and nine members from the community. The demographics of Board membership includes: 67% male, 33% female; 75% White, 16.6% black, and 8.3% Hispanic. (Figure 14)



**Fig. 14**

BFP and Brevard C.A.R.E.S. staff totals 61 employees. Figure 15 reflects the demographics of our workforce.

BFP Workforce Demographic						
TOTAL STAFF	FEMALE	MALE	BLACK	HISPANIC	WHITE	2+ RACES
61	49	12	16	6	38	1
	80%	20%	26.2%	10%	62%	1.6%

**Fig. 15**

***Operational Approach to Recruitment, Training, Supervision & Retention***

Recruitment efforts are aimed to identify both the technical and behavioral competencies of applicants to ensure that those hired are suited and capable to meet the needs and match the demographics of our consumers. BFP and its key partners evaluate staffing patterns annually to identify, address and target recruitment towards any gaps that may exist.

While BFP does not directly recruit subcontractor staff we recognize that we are ultimately responsible for ensuring the maintenance of a stable and competent quality workforce. This involves monitoring and ensuring manageable caseloads, the provision of competent and adequate support and supervision,

professional development opportunities; well-defined, attainable performance targets; and recognition for performance achievements. Our agency infrastructure and network staffing patterns have been formulated to ensure optimal performance and employee satisfaction while maintaining an efficient operation.

The *recruitment process* begins with an annual analysis of agency and community demographics to ensure that a *diverse and culturally sensitive* work culture and service environment exists, and that the workforce is reflective of the population being served across the system of care. As a COA accredited agency, BFP meets national standards for its Human Resources practices.

Upon hire, as well as upon promotion to a higher level position, BFP staff are afforded an initial 90-day orientation and training period. During this time, the employee meets frequently with the supervisor to evaluate the individual's progress and acclimation to the role, expectations, and performance targets and goals. Upon successful completion of this orientation period, measurable performance targets are established along with any training requirements identified during the initial phase of employment.

All BFP staff are required to complete a minimum of 15 hours of annual training. Those in direct service generally are provided additional training as well as opportunities to attend conferences where specific training enhances knowledge and performance. BFP staff receives annual performance evaluation; measurable goals are tied directly to BFP's three-year strategic plan and DCF contract performance targets.

BFP staff participates in monthly supervision, division-specific staff meetings, and a monthly "all staff" meeting, as well as staff specific meetings based on the agency infrastructure and hierarchy. The intent is to promote a work environment and culture of openness, transparency and excellence.

BFP also conducts an annual employee engagement and satisfaction survey. This provides the agency another vehicle to elicit feedback from staff in order to address issues, concerns and/or suggestions and opportunities for improvement. The data is shared throughout the agency in a transparent and solution-focused manner providing for input and ideas from staff.

*Retention of staff* is vital and directly linked to achieving positive outcomes. To ensure a *targeted focus upon retention of staff* is in place, employees are afforded training and professional development opportunities, individual and group supervision, advancement and promotional opportunities, and participation and leadership roles in workgroups, committees and tasks forces. As the system of care is highly innovative and implements leading edge initiatives, staff also benefit professionally from exposure to additional skill development in areas of specialty such as the implementation of evidence-based programs, High Fidelity Wraparound, Family Team Conferencing, Trauma Informed Care, UM, and the development of an automated UM system platform. This approach, which has been in place since inception, coupled with manageable caseloads, has resulted in BFP and its CMA partners operating with an average vacancy rate below 7%.

#### ***Retention of Direct Service Personnel***

To ensure and promote the retention of direct service staff, BFP has strategically crafted its contracts with its CMA's to promote retention and encourage timely recruitment of vacant positions. Consequently, the CMA's are only paid for filled positions; this promotes the practice of over-hiring front line staff to ensure the continuity of care of children. As mentioned above, this methodology has successfully resulted in an average seven-year vacancy rate of below 7% and the maintenance of stable, direct-care staffing levels.

### ***Grievance and Conflict Resolution Practices***

BFP and its subcontracted agencies are committed to the assurance of maximizing the availability of all human resources and to equal employment opportunity. BFP recognizes its responsibility to implement policy that ensures qualified applicants are sourced and retained, and provide high levels of service and performance for those they serve.

BFP and its partners provide equal employment opportunities to all employees and applicants without regard to race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, or sexual orientation in accordance with applicable federal, state and local laws.

BFP is committed to providing equal employment opportunities to otherwise qualified individuals with disabilities, which may include providing reasonable accommodation where appropriate. In addition, the agency complies with applicable state and local laws governing nondiscrimination in employment in every location in which the agency has facilities. This policy applies to all terms and conditions of employment, including, but not limited to: hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. BFP ensures and maintains compliance standards with all state, federal and local laws, as well as all applicable regulations regarding employees and consumers.

### ***Case Management Training***

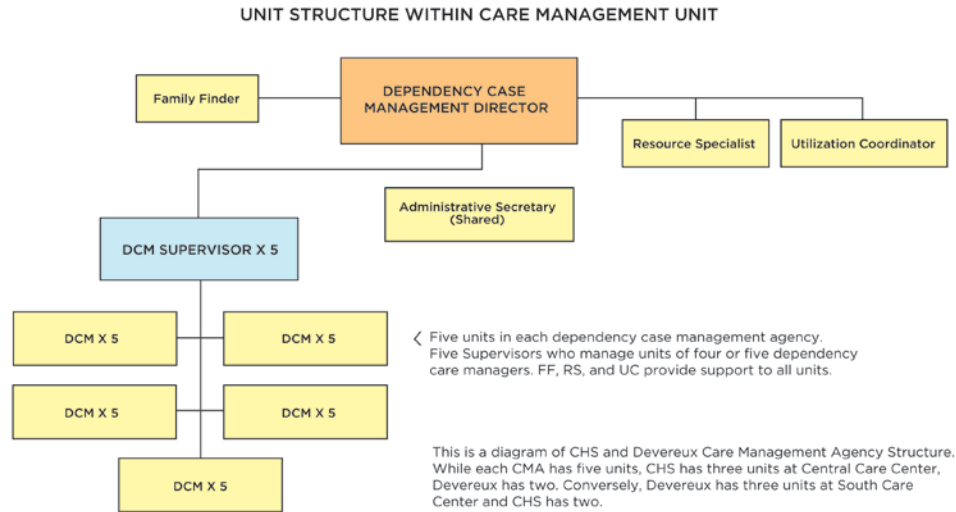
BFP training personnel conducts child welfare pre-service certification training which includes 192 hours of training in the core competencies required to afford child protection staff the knowledge, skills, and ability to perform their job. BFP follows the Florida Certification Board requirements, which include testing, supervision (field, individual, and group) and continuing education. Additionally, BFP has instituted field training for its care managers, whereby BFP QA staff provides field visits and best practice support to new care managers. Additionally, all Brevard C.A.R.E.S. Care Coordinators are Certified Child Protection Professionals.

### ***Sub-contracted CMA Direct Service Personnel***

Fifty care managers and ten supervisors comprise ten units that are subcontracted to deliver case management services throughout Brevard County. The 60 positions are divided evenly between each of the CMAs, Children's Home Society of Florida and Devereux Florida and are overseen by two program directors; one per agency. Additionally, two case manager positions, one per agency, are designated to serve as family finders and each CMA has four transporters and two Utilization Management staff, totaling 70 case management staff serving approximately 850 children.

Each of the CMA partners has achieved national accreditation status employing human resources practices that meet or exceed national standards. Additionally, each agency brings a wealth of knowledge, expertise, and experience to serve as subcontracted Case Management entities.

CM units are designed as teams to provide mentoring, supervision and peer support, and to ensure economy of scale and continuity of care of the children served on each caseload. Supervisory staffing ratios consist of five case managers reporting to one supervisor. Additional support is provided to the CMAs and all subcontractors through provision of onsite, co-located technical assistance and support by BFP's Care Center Managers' Quality Assurance Team. The CMA unit structure is found in Figure 16.



**Fig. 16**

***Provider Network and Community Training***

In addition to the primary role of conducting pre-service training of case management staff, BFP staff coordinates and/or delivers several subject-specific trainings to ensure ongoing professional development and expertise exists within the service delivery system and to meet the COA requirements of a Network Lead Agency.

Training includes but is not limited to:

- Wraparound 101-201
- System of Care Values, Principles, and Practices
- Supervisory Training
- Trauma Informed Care
- Youth Care Worker Certification
- Leadership Training
- Family Finders Training
- Community Leadership Training

***Supervision of Direct Service Personnel***

At least twice per month, Case Management Supervisors are required to meet formally, in either individual or group supervision settings, with each direct report participating in no less than one hour of individual supervision per month. Supervisors routinely assess the need for more frequent supervision based upon the skills and experience of the staff member, the complexity of the assigned tasks, the size/volume of staff workload, and in accordance with the practice standards of regulatory and accrediting bodies.

In determining and reviewing the size of staff workload, the supervisor regularly assesses the following: program contract requirements, the work and time required for the staff member to accomplish assigned tasks and job responsibilities, service volume, accounting for assessed level of needs of new and current clients and referrals, and standards of best practice. Additionally, to ensure compliance with all training requirements and the achievement of core competencies of staff, it is the supervisor's responsibility to monitor and track the training requirements and review staff training compliance during monthly supervision.

### ***Achievement of Performance Standards***

BFP incorporates processes to ensure staff, case management, and subcontracted providers remain well-informed of contractual obligations, performance expectations, strategic plan goals, and current trends. This begins with weekly operations calls, in which BFP provides a status update to partner agencies and stakeholders to drive performance critical to the achievement of positive outcomes for children, youth and families. This includes review and reporting of child visits, caseload ratios, vacancy rates, FSFN documentation, contract targets, and educational and medical care. BFP convenes a quarterly Performance Review in which unit-specific, agency-specific, and overall performance and best practice measures are presented in a public forum. BFP utilizes a performance-based contracting system to further clarify and incentivize the achievement of goals and outcomes.

The BFP and CMA employee handbooks further outline all policies and practices regarding employment, conduct, payroll, benefits, compliant processes, etc. Furthermore, employees within the system of care are encouraged, informed, and protected from retaliation for utilizing the complaint processes or other protections afforded by law. All policies and procedures are provided to employees, readily accessible, and strictly adhered to, with the intent of empowering staff to raise concerns without fear of reprisal when applicable. The BFP employee handbook is found on BFP's website.

### ***Credentials for Human Resources and Professional Level Employees***

The BFP executive team is comprised of a seasoned group of executive leaders who collectively represent extensive service and experience in the child welfare and human services arena. Our leadership has received numerous awards and recognitions for their pioneering efforts in system reform and transformation efforts, innovation, advocacy, accomplishments, program development and positive outcomes for children. Awards include:

- Eckerd's Children's Hero - 2011 and 2012
- The Child Abuse Prevention Task Force's CAP Leader in 2009
- The Florida Coalition for Children Administrator of the Year - 2007
- The Florida Coalition for Children Jim Strayer Award - 2009
- The Florida Coalition for Children Distinguished Service Award - 2008
- The Florida Coalition for Children Support Staff of the Year - 2010
- Commendation from Governor Bush - 2006

In addition, our leadership has played a key role in partnering with national organizations, the DCF administration, and state leadership and administrations to lend their expertise to advance the Community Based Care initiative and child welfare practices across the state of Florida and nation. Selected examples include:

- Serving for five years on the Governors Child Abuse Prevention and Permanency Advisory Committee.
- Advocating for inclusion of the Faith Community in the statewide child abuse prevention and permanency plan and co-chairing the Faith Based Committee with the Chief Child Advocate.
- Appointment as the Chairperson of the Resource Allocation and Efficiency Committee under DCF Secretary Hadi that crafted the efficiency report presented to the Legislature in 2006, which resulted in formation of the Center for the Advancement of Child Welfare practice contract, subsequently awarded to USF.

- Receiving commendation from Governor Bush in 2006 for assisting with the development of Florida's IV-E Waiver, writing the Service Array and Principles of Practice Guide, and conducting statewide leadership transition training.
- Being appointed by Secretary Butterworth to serve on the Sarasota YMCA review team, resulting in the recommendation to carve out the Pasco and Pinellas County CBC that was later awarded to Eckerd.
- Delivering the keynote address on sustainability of systems of care to the nation's child welfare system of care grantees for HHS at Georgetown University.
- Serving as a thought leader with Jim Casey Youth Opportunities Initiative, the Center for the Study of Social Policy, and FHI 360 (formerly AED).
- Serving on the National Advisory Board for the Research Training Center at the University of Washington's National Wraparound Initiative.

To further promote the spirit of collaboration, BFP staff and leadership have provided peer support to CBC agencies across the state of Florida which includes:

- Conducting a Peer Review of Our Kids of Miami Dade, following the Barahona child death;
- Partnership for Strong Families, UM implementation and training; and
- Kids Central, CAFAS training.

#### ***Information Technology Operations and Credentials***

In 2011, BFP outsourced its information technology function to ndtArtemis to ensure compliance with DCF technology requirements and accessibility to the field. ndtArtemis provides IT support and information management solutions to over 125 users, including CMAs. This partnership has provided the agency with robust technical support, expertise and talent.

Through this relationship BFP has access to:

- *The Certified Microsoft Gold Partner status* - reserved for companies that demonstrate excellence in implementing Microsoft technologies;
- *An entire team of experts* - dependable consultants and engineers that work as partners in IT to support the agency; and
- *Around-the-clock technical support.*

The staff employed by ndtArtemis is trained and holds a wide range of technical experience, numerous degrees, qualifications and certifications, including but not limited to:

- Degrees - Computer Science, Information Systems, Computer Engineering, Electrical Engineering, Accounting, and Masters of Business Administration.
- CompTIA Certifications - CompTIA A+ Certified Professional, CompTIA Network + Certified Professional, CompTIA Security+, and CompTIA Network+
- Microsoft Certifications - Microsoft Certified Professional + Internet, Microsoft Certified System Administrator, Microsoft Certified System Engineer, Microsoft Certified Technology Specialist
- Cisco Certifications - Certified Network Associate Cisco Small Business Account Manager Certification, Cisco Certified Network Professional, Cisco Certified Internetwork Expert, Cisco Small Business Systems, Cisco CCENT



- Other Certifications: Certified SonicWALL Security Administrator, GQT Electricity and Electronics, HP ProCurve Sales Certification, Help Desk 2000 Help Desk Management Certification, Windows XP, State of Florida Certified EIT, Process Engineering Certificate (University of Florida specialization)

### ***Executive Leadership***

BFP has successfully maintained continuous and stable leadership over the eight years it has been in operation. It is one of the few Lead Agencies to have its founding CEO remain in leadership from inception. Its eight leadership team members average 5.62 years in their positions.

*Dr. Patricia Nellius - Founding and Current CEO:* Dr. Nellius holds a Doctorate in Counseling and has over 25 years' experience in progressive leadership roles in Child Welfare, Human Services, and Faith Leadership. She is a nationally recognized expert in systems of care reform and has provided technical assistance, training and consultation to nonprofits, Federal systems of care grantees, and county, state and the federal government Dr. Nellius has written and published, as well as developed resources and systems of care programs that have been implemented nationwide. She spent over 12 years exclusively serving victims of trauma and brings a breadth and depth of knowledge and expertise to BFP from her years of experience in system reform, as well as in the development of nonprofit and faith based organizations. Additionally, Dr. Nellius has worked her way from the front line up to administration and is a passionate child and family advocate. She has been with BFP for 8.5 years since it began operations in 2004.

*James Carlson - Chief Operations Officer:* Mr. Carlson holds a BA in Economics. He has worked in progressively responsible positions at HRS and DCF for over 11 years from 1995 through June 2006 and brings a wealth of experience in child welfare operations, independent living, quality management and contract oversight to BFP. Mr. Carlson has been with BFP for over six years.

*Valerie Randall - Chief Personnel & Administrative Officer:* Ms. Randall holds BA degree in education and has over 25 years of executive and senior leadership experience in human resources management. She has served as Assistant Vice President for three financial organizations on regional and national levels, supporting 1,200 staff. She served as the senior human resources professional for a national organization with over 5,000 employees during its merger and acquisition growth period. Additionally, she has held officer positions with three start-up operations in the telecommunications field on both a national and international field, including Bell Canada, participating in all start-up functions to support these fast-growing, competitive, leading-edge, technology solution organizations. In her role as Administrative Officer, Ms. Randall provides oversight of the agency's outsourced IT function, provided by ndtArtemis. Her tenure with BFP spans more than seven years.

*Debbie Davidson-Cook - Chief Compliance and UM Officer:* Ms. Davidson-Cook holds a M.Ed. in Rehabilitation Counseling and has over 30 years' progressive experience in multiple key roles and senior leadership in child and family serving organizations. Ms. Davidson-Cook oversees compliance and accreditation, quality assurance, contracts, utilization management, client relations and training. She has been with BFP for over five years.

*Gloria Hensler - Finance Director:* Ms. Hensler holds BS in Accounting and MA in organizational development and has over 25 years' experience in increasingly responsible roles in the accounting/finance area. Her tenure with BFP extends more than seven years.

*Valerie Holmes - Executive Director, Brevard C.A.R.E.S.:* Ms. Holmes attained her BA in Psychology, and has two MAs in Counseling and Psychology and Criminal Justice, respectively. She has 19 years' experience in social services, participated on the BFP Readiness Team, and is a former DCF Foster Care

Counselor, Supervisor and Area Administrator at Volusia/Flagler lead agency. She has served BFP for over seven years; three of those years as Brevard C.A.R.E.S. executive director.

*Kelly A. Swartz - Staff Attorney:* Ms. Swartz holds BA in Psychology and a Juris Doctorate. She joined BFP in 2011 as general counsel. During her career she has held increasingly responsible roles as an attorney for DCF and has 16 years' experience in child welfare. She has been with BFP for one year.

*Geo A. Ropert, APR - Director of Communications:* Mr. Ropert has over 25 years of management and executive-level public relations and marketing experience in both for-profit and not-for-profit organizations. He received the coveted Accredited in Public Relations (APR) status in 2007 and has received awards for his work in advancing the practice of public relations. Mr. Ropert has held or currently holds several business and community organization leadership positions, serving on the boards of the Cocoa Beach Regional Chamber of Commerce; the county's leadership development organization, LEAD Brevard; the local and state boards of the Florida Public Relations Association; and the Eckerd Brevard Advisory Committee. He has led community visioning initiatives as chairman of the Space Coast Growth Management Coalition, an organization comprised of county and municipal staff and elected officials who worked together to develop smart growth strategies for the growing region. Mr. Ropert is also responsible for managing the agency's government affairs, educating local and state elected officials about the issues important to sustaining a quality, community-based system of care. He joined BFP in 2008.

## Community Collaboration

Interagency and cross-system collaboration defines the essence, existence, and success of the BFP system model. Since its inception, BFP has been embedded within the community as a collaborative leader, working with a broad segment of stakeholders to assess and design the service delivery model and has developed robust community partnerships through its active participation, visibility, presence and leadership across the community.

Additionally, our board of directors, staff and partners are continually encouraged to develop relationships within their local communities, neighborhoods and spheres of influence. This serves to connect with businesses, civic organizations and individuals, informing them of the needs of the children and families we serve and garnering their support. This is also achieved through the promotion of civic engagement and volunteer activities of staff.

The Brevard County child welfare system of care design and priorities was spearheaded by Together in Partnership (TIP) the local community coalition consisting of over 150 individuals who met over a three-year period, as a charge of the Leadership Roundtable Alliance (LRA) which serves as the statutorily mandated Community Alliance. The charge included:

- Analyze former DCF child welfare system.
- Determine service philosophy and approach.

### Our Guiding Principles

In order to insure the safety, and well-being of every child in Brevard County, we believe that a seamless continuum of care must be provided for our children and families to address the prevention, intervention and treatment of child abuse and neglect.

The DCF, courts, law enforcement, school system, local government, service providers, children and families, foster parents, faith-based organizations and businesses, as well as community groups and individuals, are critical partners in caring for our community's children.

We believe that securing and mobilizing adequate resources is the responsibility of the entire community.

We are committed to a child welfare system of care in which community resources are shared within Brevard County, between counties, and partnerships established to achieve our mission.

**Source:** TIP and the Leadership Roundtable

- Establish best-practice standards.
- Develop a case management model.
- Create an emergency response model.
- Evaluate the service delivery network.

As a result of the comprehensive system analysis conducted by TIP, BFP was charged to achieve the following priorities:

- Design and implement an aggressive front end prevention and diversion model;
- Incorporate mobile crisis response;
- Maintain caseloads ratios below 1:20
- Achieve national accreditation;
- Use Family Team Conferencing and Family Centered Practice;
- Keep Brevard's children in Brevard; and
- Conduct concurrent case planning.

Of significance, BFP has achieved all of the priorities established by TIP. It recently convened three community-wide stakeholder meetings, attended by over 200 business and community leaders as well as child serving professionals, to engage the community of practice in the establishment of the priorities for the System of Care going forward. BFP remains actively involved with and accountable to TIP and the LRA. A copy of the TIP member organizations can be found in the Supplemental Binder, TAB 13.

Also of significance is the support of the Brevard County Board of County Commissioners who, in April 2012, presented a proclamation to BFP recognizing the agency for its outstanding work on behalf of children and families, and endorsing BFP as the desired provider to continue managing Brevard's System of Care. A copy of the Proclamation can be found in the Supplemental Binder, TAB 14.

### ***Interagency Efforts***

Healthy systems result from strong and strategic interagency collaboration efforts, ensuring that well-defined channels of communication, coordination, and role clarification exist between partner agencies. Foremost, BFP works in close concert with its local, regional, and statewide DCF partners to ensure the community outreach initiatives and priorities of the DCF are implemented and successful and is currently working with the DCF Partners for Promise team to initiate and implement a partnership with Kennedy Space Center to launch programs for youth in care. BFP has also established and maintains numerous local partnerships to promote and maintain cross-system collaboration. Examples include:

- BFP's court liaison and the staff attorney serving as the linkages between Brevard Family Partnership and the dependency and delinquency courts and stakeholders. The liaison engages with the DCF, CLS and CPI personnel, the DJJ, State Attorney's Office, and Public Defender. It also interacts with the Regional Conflict Counsel, contract attorneys, case management agencies, the GAL Program and clerk's office, and frequently the service providers, as well as parents and children involved in the dependency and delinquency court system.

When the Delinquency Judge determines a parent is not inclined to reunify with a committed youth or that the family is in need of community services, BFP is called on to intercede to prevent entry into the dependency system. In those instances, the liaison meets with the youth and family members to coordinate wraparound FTC provided by Brevard C.A.R.E.S. and to make service referrals. This innovation successfully diverts families from the dependency court system while at the same time addressing their needs.

Additionally, the BFP staff attorney partners with CLS and the case management agencies. The staff attorney ensures that BFP and our stakeholders are apprised of amendments to statutes, rules and codes, as well as case law that impact the system of care.

- In partnership with the Dependency Court Judge and the DCF, BFP and its partners have hosted local Summits to foster collaboration, training and joint planning efforts to enhance and promote best practices across the system of care.
- To ensure the medical and dental care of Brevard's children remain a chief priority, BFP has forged a cooperative partnership agreement with Brevard Health Alliance, the Federally Qualified Health Center to provide Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and deliver dental care. In addition, BFP has contracted with local dentists throughout the county to ensure access to necessary care. As a result, BFP consistently leads the state in delivery of medical and dental care of children and has improved its performance from 62% of children receiving such services in a timely manner in December 2011, to 96% in August 2012.
- BFP staff meets monthly with GAL program staff and volunteers, and maintains a strong partnership with Circles of Care, local mental health providers, and the newly formed local Managing Entity, Central Florida Cares to ensure the integration of services occurs on behalf of shared clients. BFP staff regularly partner with SAMH and interagency teams at Champions for Children venues. BFP leadership meets regularly with CPI, CLS, CMA, and Brevard C.A.R.E.S. in an interagency collaboration meeting to identify ways to strengthen the system and ensure cross-system communication.
- As mentioned previously, BFP is partnering with DCF CPI, Devereux Florida and Brevard C.A.R.E.S. to implement an intensive family preservation program to enhance access to and services of the 24/7 MRT. The intent is to divert children from entry into out-of-home care by availing the PI the opportunity, during their assessment phase, to ascertain if parent capability and child vulnerability improves sufficiently while receiving *intensive in-home family preservation services* to safely permit the child/children to remain in the home under a home judicial services disposition. In this new model, Mobile Response will be deployed upon request of the CPI to not only stabilize a crisis but to conduct an assessment, make face-to-face contact with the family during weekends and holidays until the service provider is engaged with the family, craft a crisis/safety plan, and make appropriate expedited referrals for services.

### ***Vertical Collaboration***

As a core value of an effective system of care, BFP values voice and choice on all levels. All partners across the system are embraced and their input into the system welcomed. The culture of openness and inclusion begins at the top of the organization with the BFP board of directors who engages stakeholders and consumers in their monthly meeting agenda to provide solicited - as well as unsolicited - input and recommendations regarding the system of care.

The community is central to BFP's *strategic planning* process. All major systemic decisions are vetted through the local community and TIP to obtain feedback, input and recommendations. Additionally, BFP convenes a variety of community meetings annually to inform and educate, as well as learn from its

stakeholders. It recently convened three meetings that sought input from all system stakeholders. *Over 200 business and community leaders, administrators, front line staff and supervisors, foster and adoptive parents, IL youth, DCF and GAL staff and volunteers, and service providers and interested community members were in attendance.*

Focus groups of all stakeholders are convened and reported openly to the public. Confidential surveys are broadly disseminated and solutions presented to the BFP board of directors for ratification. BFP also maintains strong and open communication and partnership with its provider community, convening monthly provider network meetings.

*“BFP has championed the kind of forward progression that increased family-centered practices and supported many families as they found their way back together, significantly decreasing the number of children in out-of-home care while improving permanency and stability to the families we serve.*

*Children's Home Society has always been invited to 'sit at the table' as partners when major decisions about practices and protocols have been made. We have been given a voice that is not only heard but allowed to challenge the status quo and forge new and sometimes improved practices to ensure we provide the best possible services and interventions. Every level of case management staff have participated in work groups, round table discussions and implementation teams, which increases case manager confidence in their work and keeps all of us aligned with the same goals. The 'team' approach has opened up a once prescribed and perfunctory manner of work to include staff input and create opportunities for collaborative problem solving and support.”*

-Teresa Miles, Executive Director CHS, 2012

BFP engages and includes its partners, foster and adoptive parents, and IL youth in training and conference attendance, and makes available support in the form of technical assistance, consultation, and evaluation processes.

BFP is an “open door policy” agency and holds frequent community forums and periodic town hall meetings with the CMAs and providers to receive input from the field. The CEO and management staff conduct on-site visits with each provider agency to receive input, feedback and recommendations. Annual satisfaction surveys are distributed, collected and reported to the BFP board of directors.

*“Devereux is proud to say we have been working collaboratively with Brevard Family Partnership (BFP) since 2004 when responsibility for child welfare transitioned from the State to a privatized system referred to as “community based care...” From the very beginning, providers such as Devereux were given the opportunity by BFP to be heavily involved in helping to design the system of care. Our mutual goals of protecting children, strengthening families and changing lives have served as the cornerstone for the system design. When there have been challenges, Dr. Nelliuss and her staff at BFP have always looked to us and other providers as partners to help problem-solve issues. This philosophy and approach has helped to create an integrated system of care where there is inclusion in planning and decision making. As providers we feel supported. From the beginning BFP has stood out as one of the state's highest performing CBCs, continuously exceeding performance outcomes. Devereux is proud to be a part of the BFP family!*

-Carol Deloach, Assistant Executive Director Devereux, 2012

## *Neighborhood Partnerships*

BFP is invested in and progressive about ways in which to engage, empower, and strengthen local neighborhoods throughout Brevard County. BFP recognizes “it takes a village to raise a child” and that no one entity can achieve this goal in isolation. It is through a strong partnership with neighborhood organizations, grassroots agencies, faith communities, and private service providers that positive outcomes for children and families have resulted. BFP continues to invest its resources in strengthening these relationships to build strong and healthy families, and to prevent entry into the system.

Examples of our investment to-date include:

- Formation of the Brevard Interfaith Coalition through a sustainability grant to Catholic Charities. The coalition numbers over 100 diverse faith communities and their leaders who convene monthly to discuss issues of child safety and welfare. Coalition members are actively engaged in educating their congregations about opportunities for foster and adoptive parenting, as well as identifying signs of child abuse and neglect.
- Working in close concert with the organization Grandparents Raising Grandchildren to provide material goods, funding for legal counsel, and system navigation assistance to this vitally important group of relative caregivers. Grandparents who are raising their grandchildren are a growing demographic and are assuming greater roles in the care of family members.
- The Expansion of Healthy Start and Healthy Families to include at-risk populations within the child welfare system.
- Addition of the *Cribs for Kids* Initiative, resulting in over 400 families participating in Safe Sleep Workshops and receiving a portable crib. *The incidence of deaths resulting from unsafe sleeping has decreased by 28%* since Cribs for Kids was implemented.
- Serving as a DCF ACCESS partner.
- Joint child abuse prevention efforts and local planning in partnership with United Way of Brevard.
- Developing relationships with local branches of civic organizations such as Kiwanis and Rotary to provide awareness and education about the local system of care and to solicit financial and volunteer support for events such as the Run for Love 5K, an adoption awareness event held in November.
- Partnering with 211 Brevard to streamline referrals for families in need and at risk.
- Participation at monthly foster parent association meetings.
- Staffing and supporting the Child Abuse Prevention Task Force of Brevard County and its annual abuse prevention awareness events.
- Partnering with the Junior League and local Chambers of Commerce to increase awareness about child abuse prevention.

- Recently forging a partnership with the Kennedy Space Center Visitors Complex and NASA to develop unique educational programs for children and youth in foster care.
- Developing and operating a volunteer program that has resulted in a longstanding relationship with AARP whose clients serve as volunteers while they acquire skills to prepare for reentry into the workforce.
- Engaging a local pediatrician who has volunteered 307 hours to serve as the Director of Health and Wellness at Brevard C.A.R.E.S.; a retired therapist who avails her time to convene parent education sessions and conduct marriage therapy pro bono; and a retired psychologist who has, over the past three years, donated over 185 hours providing weekly clinical consultation, serving on the psychotropic medication review committee, attending court, etc. and managing the Alumni program for former consumers of the system and families in need of support and education.
- Partnering with DCF, the Child Abuse Prevention Task Force of Brevard County and other partners during Child Abuse Prevention month, going door-to-door in identified, at-risk communities to provide positive parenting information.
- BFP recently partnered with the Rockledge Police Department, Brevard C.A.R.E.S., DCF, Children's Home Society of Florida, Devereux Florida, the Children's Advocacy Center, Brevard Public Schools and State Attorney to develop relationships with law enforcement from Brevard County's municipalities and Sheriff's Department. The child-serving agencies provided insight into the process that takes place when a child must be removed from his or her home, which agencies are involved and at what stage, and what services are available to law enforcement when an investigating officer comes upon a family in crisis or under stress that may lead to child abuse or neglect. This included the abuse prevention and family preservation services available through Brevard C.A.R.E.S. The goal of the event was to give officers more tools in their quest to keep families out of the formal child welfare system and safe, healthy and intact. It is also hoped that by stabilizing families there will be a reduction in the number of repeat calls to a single residence.
- A recent addition to the local efforts of strengthening our community includes a newly forged partnership between BFP, Brevard C.A.R.E.S., Serene Harbor, the Salvation Army, DCF and the Florida Coalition Against Domestic Violence (FCADV) to bring the "Safe and Together" model to the local community. This model uses strategies to increase child safety in domestic violence cases. In January 2013, the committee will convene a forum to inform and educate community leaders, Brevard Public Schools employees, law enforcement, State Attorney, and system of care partners and providers. In April, a two-day "Train the Trainer" program will be presented to all partner and community agencies with the intent of full community implementation to follow.
- BFP has also been a collaborative partner in several local joint grant submission efforts.
- To further advance its neighborhood partnerships, BFP will host monthly welcome and information meetings to inform and engage community leaders and stakeholders, and encourage them in finding

solutions to assist and strengthen children, youth and families in Brevard County who are at risk of abuse, neglect and abandonment.

### ***Public Private Partnerships***

BFP maintains strong public private partnerships beginning with Brevard County Government which appoints three community members to the BFP board of directors. The Brevard County Board of County Commissioners provided \$1.2 million of startup funding to BFP.

Through funding provided by the Eckerd Family Foundation, BFP staffs a guidance counselor position in Brevard Public Schools to specifically serve foster youth. Recently, BFP's prevention and diversion program, Brevard C.A.R.E.S. was awarded a \$1.25 million contract through Brevard Public Schools to support Head Start, delivering Wraparound care coordination to enhance services for children. In partnership with Brevard Public Schools, DCF and GAL, BFP co-hosts a number of community-wide trainings and seminars, including the "Everyone is a Teacher" conference.

In partnership with the former Connected by 25 (Cby25) program and Eckerd Family Foundation, BFP conducted a community-wide environmental scan to assess the unique needs of Brevard's older youth and provided the leadership to form the Community Board of Business Leaders. To continue this pioneering effort, BFP has partnered with Paxen Learning Corporation, through a sustainability grant, to carry on the work of Cby25 and create an enhanced public-private partnership program to support and sustain IL youth who are aging out of foster care.

To promote intergenerational efforts in the community, BFP has partnered with AARP for seven years, serving as a training site for AARP members seeking to attain job skills. AARP trainees serve as volunteer staff at BFP. BFP also engages on a regular basis with LEAD Brevard, the county's leadership development organization, the Economic Development Commission of Florida's Space Coast and its local chambers of commerce to foster, build, and engage business leaders to further its mission. BFP maintains a strong, ongoing working relationship with Brevard Workforce and has recently begun an initiative with the Kennedy Space Center to develop a program for youth in care.

### ***Partnerships with Families***

As mentioned throughout this proposal, the BFP system of care is family-centered on all levels, ranging from consumer voice on the board of directors, to former consumers assisting with peer- to-peer support. BFP has created the positions of Family and Youth Partners within Brevard C.A.R.E.S. These staff work alongside families as peers to support, strengthen and advocate for their needs. Brevard C.A.R.E.S. operates a family resource center and hosts monthly alumni meetings coordinated and led by former consumers with the support of staff. BFP also maintains a strong partnership with foster and adoptive parents and relative caregivers to ensure the needs of children are met, goals and objectives are reached, and the well-being of the child and family improves.

BFP is an organization committed to building and sustaining strong public and private partnerships through transparency, openness and accountability for its stewardship to the public.

## **Governance**

Community Based Care of Brevard, dba BFP was founded in May 2003 through a partnership of the Brevard County Board of County Commissioners, Children's Home Society of Florida and Devereux Florida for the sole purpose of establishing the organization to apply to become the Lead Agency to deliver child welfare services in Brevard County. BFP is governed by a local board of directors of



community leaders who represent diverse skills, expertise, and cultural and religious backgrounds and who volunteer their time, talent and resources to provide governance and fiduciary oversight of BFP.

In response to the community priority to implement an aggressive, front-end prevention and diversion program to divert children and families from entry into the dependency system, BFP designed and implemented the Brevard C.A.R.E.S. program. In October 2009, Brevard C.A.R.E.S. became a subsidiary 501(c)(3) agency, operating as an arm of BFP for the purpose of delivering child abuse prevention and diversion services as part of the child welfare continuum.

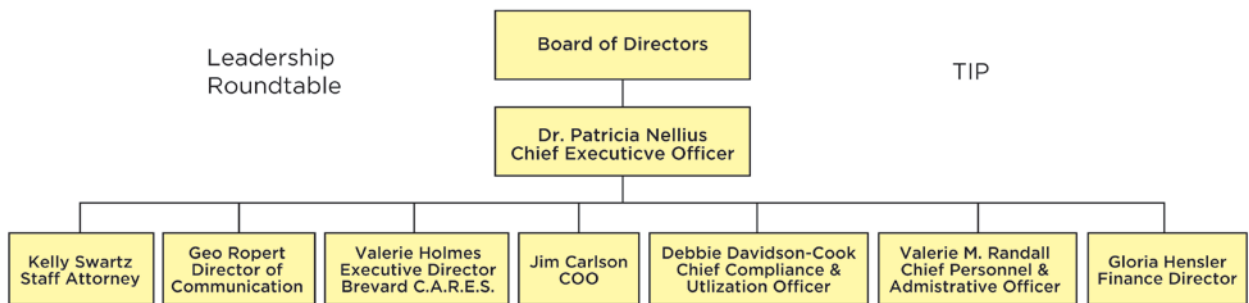
***Governance Structure & Lines of Authority***

The BFP Governance structure focuses upon accountability and efficiency in an open and transparent manner in accordance with the Florida Sunshine Law. BFP is a COA accredited agency, meeting national standards for best practices as a nonprofit agency. BFP and Brevard C.A.R.E.S. utilize the Carver Governance model which clearly specifies and defines the relationship of the board of directors to the organization and establishes the executive limitations and latitude of the CEO. All Board policies and related documentation are posted monthly on the BFP and C.A.R.E.S. websites.

The BFP board of directors is comprised of 12 members who meet monthly (minimally eight times per year) and achieves its work through a subcommittee structure to ensure the operation and management of an efficient, effective and collaborative community-driven system of care. Monthly meetings consist of review of the DCF contract performance targets, administrative overhead rate, the DCF scorecard and related data, a comprehensive local data report, review of the financial status, Brevard C.A.R.E.S. performance, risk, policies, and customer satisfaction surveys. These meetings encourage attendance and presentations from across the system of care and local community, including consumers who share their experiences, observations and perspectives. This ensures direct lines of communication remain open with the board of directors.

The CEO serves at the pleasure of the board of directors and reports directly to that body. The CEO is held accountable for the achievement of annual performance targets and goals, DCF contract measures, and the successful overall daily operation of the system of care. The CEO is evaluated annually by the board and held accountable on an ongoing basis for the attainment of the goals set forth by DCF, the community through TIP and the LRA, and board of directors. The CEO directly supervises the Brevard C.A.R.E.S. Executive Director, Chief Operations Officer, Chief Personnel & Administrative Officer, Chief Compliance and Utilization Officer, Director of Communications, Staff Attorney, and Finance Director. (Figure 21)

**BREVARD FAMILY PARTNERSHIP ORGANIZATIONAL CHART - July 1, 2012**



**Fig. 21**

The BFP board of directors convenes an annual business meeting in which strategic plan goals, training and development, discussion of initiatives and the election of officers occur in accordance with its Bylaws

and Board policies. Board members are actively engaged in philanthropic and community events as well as providing fiduciary and policy setting oversight of BFP.

The Brevard C.A.R.E.S. Executive Director reports directly to a community board of directors who are screened, and approved by the BFP board. The BFP CEO provides oversight and ensures policy compliance of the Brevard C.A.R.E.S program. BFP provides Administrative Services Oversight to Brevard C.A.R.E.S. to ensure efficient and effective operations and fiscal oversight of the agency.

#### ***Lean, Efficient and Effective Administrative Model***

For the past three years, BFP's administrative overhead has averaged 5.6 % and remains a chief priority to the board of directors in their fiduciary oversight. The board annually reviews and approves the operating budget to ensure prudent use of tax payers' resources. In addition to the Lead Agency overhead, BFP closely monitors and limits the overhead costs of its providers and utilizes unit-rate contracting methodologies to ensure revenue maximization. BFP has unbundled its fixed price contracts into a unit-rate contracting methodology and was the only Lead Agency in the state to implement a cost reimbursement payment methodology during transition with its CMAs to ascertain actual expenditures for ongoing funding purposes. Through the creation of Brevard C.A.R.E.S., BFP has reallocated revenue by shifting the high costs of services from dependency to the front end of the system, enabling BFP to continually assess, enhance and increase service capacity. Hence, BFP provides assurance to DCF that it is receiving a return on its investment in the BFP SOC. Efficiencies are realized by BFP redirecting available funding in capacity building and development of system enhancements and evidence-based practices that place the care and protection of children and families as paramount.

#### ***Comprehensive Experience and Achievement in Governance***

BFP employs a rigorous application, selection, screening, and orientation process for its board of directors to ensure a diverse, competent, and invested membership is in place to guide and direct BFP. In its fiduciary and oversight role, the board places their accountability to the local community and DCF contract and performance targets as a chief mandate. Adherence to the system of care model, as designed by the local community, is reviewed, discussed and vetted on an ongoing basis. Members of the local community are invited to address the board of directors.

Board members are recruited by the Board Recruitment Subcommittee from across the local community, using a board demographic matrix to ensure diversity, geographic representation, knowledge base, and relevant experience and expertise which contributes to the successful oversight and accountability of BFP.

Collectively, the BFP board of directors encompasses extensive experience, diverse skills, cultural backgrounds, religious orientation, and experiences to enhance and oversee the organization. Membership includes representatives from the faith community, adoptive parents, GAL, law enforcement, judiciary, nonprofit executive leadership, NASA, a parent professional former consumer, human resources, and finance.

*Stockton Whitten - Board Chair, County Appointee:* Mr. Whitten has been employed by Brevard County since 1994 and has been the Assistant County Manager, overseeing finance, since 2000. In total Mr. Whitten has over 22 years of experience in local government. He was a member of the advisory board prior to the establishment of Community Based Care of Brevard (May 2003) and since has served on the board in the capacity of Treasurer and Vice-Chair before becoming Board Chair in 2012.

*Judge Kelly McKibben - Vice Chair, County Appointee:* Judge McKibben holds a Juris Doctorate Degree. Her legal career has included serving as the senior/supervising attorney for Children's Legal Services for approximately three years and the managing attorney for District 7, Children's Legal Services for four years. For two years she served as chief legal counsel/deputy chief legal counsel for

District 7. Judge McKibben was involved with TIP in the development of BFP and its System of Care, and is a strong advocate for children. She joined BFP's board of directors in January 2008 and currently serves as the Vice Chair.

*Samuel Gutierrez - Treasurer, County Appointee:* Mr. Gutierrez is the Director of Public Relations for QinetiQ North America, an engineering services firm located at Kennedy Space Center. A native of California, he is an experienced legislative advocate for the aerospace industry, an industry in which he has worked for most of his career, serving in human resources and public relations/community outreach capacities, on both east and west coasts. As both a foster and adoptive parent, Mr. Gutierrez is well aware of the challenges children who have suffered abuse and neglect face and has been a longtime, passionate supporter of BFP's mission of Protecting Children and Strengthening Families. He joined the board in March 2009 and currently serves as the Board Treasurer.

*William "Bill" Ryder - Immediate Past Board Chair, Community Representative:* Mr. Ryder holds a BS in Transportation, which he received from the US Merchant Marine Academy. He served for 21 years in the U.S. Navy, leaving the service with the rank of USNR – Commander. He has served as a Guardian Ad Litem since 1995. He is active in the community and has been on the BFP board of directors since October, 2005. He served one year as the board vice chair and three years as Board Chair.

*Leo Roselip - Former Board Chair, Community Representative:* After a successful management career of 38 years with J.C. Penney Company, Mr. Roselip "retired" and then went on to become the director of facilities for Community Educators Credit Union. Now, he is attempting to "retire" again. He has served as the president and CEO for Habitat for Humanity in Brevard County and as the chief professional officer for the Boys and Girls Club of Brevard.

Mr. Roselip was involved in the early stages of the development of BFP and was a member of the TIP subcommittee which worked diligently to develop the System of Care and this Agency. He has served on the Board since May 2003, including serving as the board Chairman since for over one (1) year. He is an active member of the community and has received numerous honors and awards including: FLORIDA TODAY Citizen of the Year; Melbourne-Palm Bay Chamber of Commerce Service Award; Children's Home Society Advocate of the Year; The Children's Hope Award; Brevard County Board of County Volunteer Resolutions; and Child Advocate award, serving as Chairman of the Board of BFP.

*Melton "Mel" Broom - Community Representative:* Mr. Broom served his country in the U.S. Navy and retired as Senior Chief Yeoman. His work experience after his military retirement includes supervisor in accounting for the City of Miami Beach. He served in numerous capacities during his career with General Development Corporation and retired in 1990 as assistant vice-president and director of operations for two Florida Counties.

Mr. Broom joined the BFP board of directors in April 2007. He has a long history of community activism and involvement including serving as the Mayor of Palm Bay from 1993 to 1996. He serves on numerous community boards, including Space Coast Early Intervention Center, United Way of Brevard County Council of Advisors, and the Palm Bay Community Hospital Advisory Committee.

*Michael A. Cadore, Sr. - Community Representative:* Mr. Cadore is a sworn police officer and the Community Relations Specialist for the Rockledge Police Department. Specialist Cadore has oversight of the Community Relations Unit that encompasses patrol, Business Watch Programs, the Criminal Investigation Division, Recruitment, and Public Information. Michael is also founder and president of Magnus Solutions, Inc., a consulting company providing services that include life-skills training, motivational speaking, and educational workshops. Michael holds a Bachelor of Science Degree in

Corrections & Administration of Justice from Eastern Kentucky University and a Master's Degree in Management and Leadership from Webster University. Mr. Cadore joined the board in May 2011.

*Brooke Deratany Goldfarb - Community Representative:* Ms. Goldfarb is a graduate of Harvard Law School and the University of Virginia. She was born and raised in Brevard County, Florida and is president of Peaceful Beach Mediation and Collaboration. A member of the Florida Bar since 1996, Ms. Goldfarb is adjunct faculty at Florida Institute of Technology in Melbourne, teaching Introduction to Law for pre-law majors and serving on the Pre-Law Advisory Board. In 2004, Governor Jeb Bush appointed her to the Judicial Nominating Commission for the 18th Judicial Circuit, where she helped place more than a half-dozen county and circuit court judges in Brevard and Seminole counties. In 2009, she was recognized as one of LEAD Brevard's "4 Under 40." Ms. Goldfarb currently is president of the Brevard Art Museum's Council of 100 and chairman of the Town of Indialantic Parks, Recreation & Beautification Committee. Ms. Goldfarb joined the board in September 2010.

*Reverend Scott Elliot - Community Representative:* Rev. Elliott holds a Bachelor's degree in Drama, a Masters in Divinity and a Doctorate in Jurisprudence. Before coming to Palm Bay to be a pastor at Riviera United Church of Christ he worked as lawyer in Oregon for sixteen years. Rev. Elliott works in Palm Bay, lives in downtown Melbourne, and writes a monthly column for the Hometown News. Rev. Elliott has spent a lot of time over the years working with children, youth and families. He's tutored children, served with a medical team in migrant farm worker camps, coached kids in drama camp, studied children's theatre, performed in children's plays, and has worked as a childcare aid and after-school care bus driver. Reverend Elliott joined the board in May 2011.

*Eric Smith - Community Representative:* Eric is President and CEO of Indian River Networks, a company he founded following his return from a tour in Iraq as a Marine Reservist. Eric has over 25 years of technology experience, multiple industry certifications and earned a B.A. in Psychology in 1988 from Point Loma Nazarene College. Eric has the ability to translate business processes into efficient hardware and software solutions, with a focus on the designing and supporting software applications concurrently running on multiple platforms. Mr. Smith is President of the Melbourne Beach Rotary Club and he and his wife are passionate about child and youth issues; they have completed Pride training. Mr. Smith joined the Board in April 2012.

*Kathleen Rich-New - Community Representative:* Ms. Rich-New is a human resources consultant, speaker, author and coach for executives, managers and key employees. Her human resources career was developed with Apple Computer, Nortel and Silicon Graphics She writes a monthly column for Space Coast Business magazine covering HR trends, updates and current issues. Ms. Rich-New earned her MBA from the University of North Texas, Master's in International Human Resources from the University of Dallas and Undergraduate degree in Business Admin from Kansas State University. She is an Adjunct Professor for the Graduate School of Business and Technology at Webster University. She joined the Board in April 2012.

*Christa Bailey - Community Representative:* Ms. Bailey served as a foster and is now an adoptive parent. She and her family were also consumers of the Brevard C.A.R.E.S. program and she currently serves as a volunteer for the alumni program. She has been a strong advocate for children and family issues, taking time to advocate for children's issues with legislators in Tallahassee and was featured on a local news channel. She is a board member for Space Coast Foster and Adoption Family Alliance and is a member of the National Alliance for Mental Illness. Ms. Bailey joined the Board in August 2012.

### ***Conflict of Interest***

To avoid any actual or perceived conflict of interest, the board of directors review, disclose, and sign, if applicable, a *Conflict of Interest* (COI) disclosure at each meeting to ensure the integrity of fiduciary

oversight. In addition, all staff and Board members annually review the BFP COI policy and attest to adherence to its practice.

## **Conclusion**

It is through the collective effort and initiative of local community stakeholders, leaders, elected officials and citizens that BFP was conceived. With nearly a decade of experience behind us as a mature, high-performing, lead child welfare agency, BFP and its case management partners and community providers, in partnership with DCF, have successfully transformed the local child welfare system into a seamless family-centered continuum of care, from entry to exit. BFP is fully committed to the vision and mission of DCF and its leadership, and to jointly strengthening its legacy of protecting children, strengthening families and changing lives!