



**Quality Assurance Plan
FY 2016 - 2017**

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INTRODUCTION

Brevard Family Partnership (BFP) was established as a lead agency to provide an efficient integration of case management and related services for dependent children offered by community-based network providers. As a lead agency assuming the protective services responsibilities of the Department of Children and Families (DCF) in Brevard County, Brevard Family Partnership is committed to a comprehensive seamless system and continuum of care that is community-based. Brevard Family Partnership will deliver prevention and diversion services, foster care and related services, and aftercare pursuant to Chapter 409.986 and 409.987, Florida Statutes, while ensuring each child and family's safety, permanency and well-being.

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

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

Brevard Family Partnership delivers services through community-based partnerships, based upon the program goals of the Adoption and Safe Families Act, ensuring safety, permanence, and well-being of children and families who are now, or have been, at risk of abuse or neglect.

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

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

The goals of the Quality Assurance Program are to:

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

- requirements of the continuous quality improvement process;
- Reward and recognize the efforts of staff and programs as they strive for excellence in providing quality services to their clients; and
- Evaluate and develop methods of improving the efficacy of the continuous quality improvement process.

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

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

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

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

Placement decisions for children in licensed out of home care, with enhanced mental health or behavior needs, are made with consideration of the child's functioning as evaluated by the BFP Assessment Specialist. A standardized assessment tool will also be used to help determine the appropriate level of care. The Child and Adolescent Functional Assessment Scale (CAFAS) or another agreed upon assessment tool is completed by the Assessment Specialist. This tool will be administered upon the child's entry into in licensed out of home care. The CAFAS may be re-administered upon request and consultation with BFP during the child's time in care to evaluate appropriateness of placements. The use of this tool will also be used to track improvements in the child's well-being. Children placed in a level of care higher than foster care will be reviewed by the Clinical Services Supervisor during the Clinical Review process, utilizing CAFAS scores and eligibility criteria.

PHILOSOPHY OF QUALITY ASSURANCE

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

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

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

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

CONTINUOUS QUALITY IMPROVEMENT PROCESS

QUALITY ASSURANCE STRUCTURE

The State of Florida's Department of Children and Families, in collaboration with CBCs around the state, has developed a quality assurance review system to be implemented July 1, 2016. In this model, quality assurance and quality improvement are treated as inseparable. The key components of Quality Assurance are the Rapid Safety Feedback Reviews (RSF) tool, and the Child and Family Services (CFSR) tool. The RSF tool focuses on a review of the file for children age 4 and under, while the CFSR tool focuses on a brief review of the file, case-specific interviews and stakeholder interviews. Brevard Family Partnership integrates the model into our day to day Quality Assurance activities and system of care, through on-going participation and communication.

Florida will conduct “rolling reviews” for PIP monitored cases.

Rolling Samples and Period Under Review

Review Months	Rolling Monthly Sample Periods (Cases Open During this period)	Periods Under Review (Time Period Covered for Case Review)
July 2016	7/1/2015 to 12/31/2015	7/1/2015 to Date of Review
August 2016	8/1/2015 to 1/31/2016	8/1/2015 to Date of Review
September 2016	9/1/2015 to 2/29/2016	9/1/2015 to Date of Review
October 2016	10/1/2015 to 3/31/2016	10/1/2015 to Date of Review
November 2016	11/1/2015 to 4/30/2016	11/1/2015 to Date of Review
December 2016	12/1/2015 to 5/31/2016	12/1/2015 to Date of Review
January 2017	1/1/2016 to 6/30/2016	1/1/2016 to Date of Review
February 2017	2/1/2016 to 7/31/2016	2/1/2016 to Date of Review
March 2017	3/1/2016 to 8/31/2016	3/1/2016 to Date of Review
April 2017	4/1/2016 to 9/30/2016	4/1/2016 to Date of Review
May 2017	5/1/2016 to 10/31/2016	5/1/2016 to Date of Review
June 2017	6/1/2016 to 11/30/2016	6/1/2016 to Date of Review

Because we are nearing the end of the CF SR Federal Review, the sample size will change after September.

July 1, 2016 through September 30, 2016 In-Home	OHC	T O T A L	FL CQI	FL CQI in Depth Reviews	Federal CF SRs	Rapid Safety Feedback Case Review	Total Case Reviews July - Sept. 2016
FSFN May 2016	FSFN May 2016		No Interviews (Adjusted for CF SRs)	w/ Case Specific Interviews	Includes Case Specific Interviews	In-home Cases	
488	752	1240	10	0	1	10	21

October 2016 through June 2017

In-Home	OHC	T O T A L	FL CQI	FL CQI in Depth Reviews	Rapid Safety Feedback Case Review	Total Case Reviews
FSFN May 2016	FSFN May 2016		No Interviews (Adjusted for CF SRs)	w/ Case Specific Interviews	In-home Cases	Oct. 2016 ~ June 2017
488	752	1240	13	2	10	25

As noted in the table above, after September 2016, a total of twenty five (25) cases will be reviewed per quarter; 10 will utilize the tool Rapid Safety Feedback tool. The other fifteen (15) cases will utilize

the CFSR tool; thirteen (13) will be completed as file reviews and two (2) will utilize the interview process as intended.

At any time, during any of the reviews described below, if a threat of life, health or safety of a child is discovered, the reviewer will complete a request for action form (RFA) in the Florida Safe Families Network (FSFN) and will immediately notify the Case Management Agency staff, the Program Manager, the Program Director and the VP of Quality Management. In addition, the Director of Contracts and Compliance and the Director of Child Welfare will be notified. A response will be returned to the initiator of the concern within 24 hours of the threat being reported that will address the plan to resolve the issue.

The Quality Assurance staff within Brevard Family Partnership is as follows: Senior Executive of Compliance, the Director of Contracts and Compliance, Quality Assurance Coordinator, Compliance Specialist and Training Specialist. In addition to Brevard Family Partnership staff, Brevard Family Partnership may call on staff from the Case Management Agency (CMA) to participate in the CFSR process. This additional QA staff may include the Quality Management Specialist from the CMA and will include Regional DCF staff during the Federal Review. The identified reviewers will attend training provided by DCF and will be scheduled as training dates are determined.

The web based data collection tool designed by DCF is now fully functional and reviewers are able to input their reviews directly into this system for the Rapid Safety Feedback tool. QA Managers then receive reports from Tallahassee once data entry for the quarter is complete. The CFSR tool will be entered into the Administration on Children, Youth & Family's Children's Bureau federal portal.

The Brevard Family Partnership Director of Contracts & Compliance and Quality Assurance Coordinator utilize these reports to determine strengths and opportunities for improvement for each review period. Areas that need improvement may be further analyzed using root cause analysis to determine what factors may be contributing to poor performance and what actions can be immediately implemented to improve performance. These results will be shared with DCF, BFP management, community stakeholders and the subcontracted case management agency. It is expected that the first year using the new tool will be considered the baseline to compare subsequent reviews. After each review quarter, the Contracts and Compliance Director, Quality Assurance Coordinator, Compliance Specialist and Training Specialist will meet to analyze results from the current and previous quarters and identify any training needs that have not been addressed. The Quality Assurance Coordinator will schedule in-service training sessions to address training needs as they are identified.

The agency will track and report on ongoing improvement initiatives that will be occurring during the upcoming fiscal year. Specifically the Annual Report for FY 2016-2017 must include information from Rapid Safety Feedback and Florida CFSRs. Once all cases have been reviewed, CBC QA staff must internally analyze the data collected overall and identify trends, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss CBC practices and performance. CBCs must submit an annual report to the Department's central office 45 days after the end of the fiscal year (August 15). At a minimum, the report must address findings and trends in the areas listed below.

Safety	This section will include data and analysis using Rapid Safety Feedback Data Items and Florida CFSR Data from Safety Outcomes 1 and 2 (items 1-3).
Permanency	This section will include data and analysis using the Florida CFSR Data for permanency outcomes 1-2 (items 4-11)
Well-being	This section will include data analysis using the Florida CFSR data for well-being outcomes 1-3 (items 12-18)
Systemic Factors	The report must also include discussion about the CBCs performance in the 7

Items that rise to a corrective action are monitored on a regular basis for compliance. This information is reported to the DCF Contract Manager. The agency may also identify additional areas of monitoring where deficiencies have been noted.

For more detailed information, the DCF Child Welfare Quality Assurance Regional Model document can be found online at: <http://centerforchildwelfare.fmhi.usf.edu/> under Results Oriented Accountability. The following section provides a brief summary of some of the significant quality assurance activities, as described in the DCF Child Welfare Quality Assurance Regional Model.

CBC Front Line Practice Reviews (3a)

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

CBC QA CFSR Reviews (3b)

As of October 2016, CBCs will utilize the Child and Family Services Review tool, and conduct interviews on two (2) cases and complete thirteen (13) file reviews utilizing the tool. The two (2) case reviews will be done quarterly using a random selection methodology. For the two cases with interviews, one case will be an in-home case and one will be an out of home removal episode case. For the remaining thirteen (13) cases, 60% will be out of home cases and 40% will be in-home cases. Once the quarter's sample has been defined, the Brevard Family Partnership Quality Assurance Coordinator will assign cases to the identified Brevard Family Partnership staff to be reviewed during the quarter. The Quality Assurance Coordinator will be responsible for coordinating the dates of the CFSR interviews, locations and participants for the reviews and tracking, analyzing and reporting the data. The cases will be reviewed during the first 70 days of the quarter. Reviewers will submit their results to the Quality Assurance Coordinator who will then consolidate the data and report the findings in the manner determined by DCF. The CFSR tool will be entered into the Administration on Children, Youth & Family's Children's Bureau federal portal.

CBC QA Special Population Reviews (3c)

To support statewide efforts to increase performance outcomes in various areas, an additional case review may be identified by the Office of Child Welfare, Department of Children and Families. They will define the population and the random selection methodology. Once the quarter's sample has been defined, the Brevard Family Partnership Quality Assurance Coordinator will assign these cases. Reviewers will submit their results to the Quality Assurance Coordinator who will then consolidate the data and report the findings.

CBC QA QPS Reviews (3d)

To support statewide efforts to increase performance outcomes CBCs will conduct 10 case file reviews using the Rapid Safety Feedback tool. A random selection of cases will be used. Once the quarter's sample has been defined, the Brevard Family Partnership Quality Assurance Coordinator will assign and/or review a total of 10 cases in the quarter. The 10 cases will be reviewed during the first 70 days of the quarter. Reviewers will submit their results to the Quality Assurance Coordinator who will then consolidate the data and report the findings at the quarterly performance review.

Executive Management Discretionary Reviews (3e)

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

Florida Safe Families Network (3f)

Florida Safe Families Network is our system of record. Routine efforts are made to ensure accuracy of data input into FSFN.

ORGANIZATIONAL STRUCTURE AND RESOURCES

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

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

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

Case Management Agency Frontline Staff and Supervisors

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

Case Management Agency Managers and Leaders

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

The BFP Compliance Division is delegated responsibility and authority for the coordination of the Brevard Family Partnership QA Program. This division serves as the focal point for all quality improvement activities and is responsible for coordinating all agency quality improvement functions. This division is responsible for overseeing the development, implementation, and maintenance of quality improvement activities, and to provide reporting of results. It is the role of the Compliance Division to create a positive quality culture and encourage staff ownership of quality work. Other functions include tabulating quality improvement data, generating meaningful reports, tracking follow-through on processes, and offering suggestions for agency-wide quality improvement needs on an ongoing basis. The Compliance Division is responsible for the orientation of new agency staff to the agency-wide quality improvement process.

Brevard Family Partnership Senior Executive of Compliance

The Senior Executive of Compliance is responsible for addressing quality improvement issues for the Lead Agency and its providers. As part of the commitment to continuous quality improvement, the Senior Executive of Compliance will receive vital information from the respective Compliance Division regarding any quality issues that have surfaced within the programs. The Senior Executive of Compliance can then evaluate the information from outcome goals to look for trends or patterns that are occurring at a regional level. The Senior Executive of Compliance will strive to identify and remove obstacles to quality service at this level with the participation of the BFP management, who will in turn involve their program staff as appropriate. Concrete action plans will be developed at this level to implement change in the identified areas.

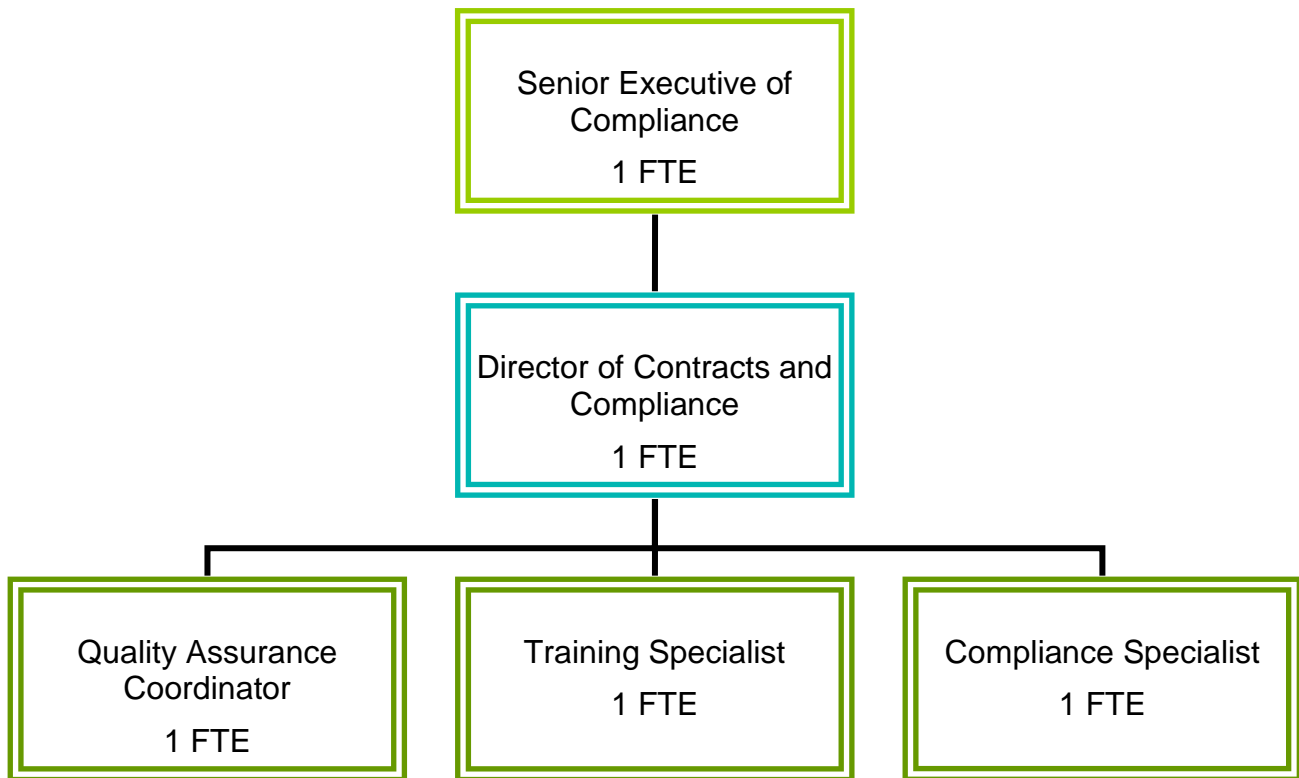
Brevard Family Partnership CEO and Board of Directors

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

Brevard Family Partnership QA Staff and Organization Structure

The Brevard Family Partnership Quality Assurance (QA) staff consists of the Senior Executive for Compliance, the Director of Contracts and Compliance, Quality Assurance Coordinator, Compliance Specialist and Training Specialist. The Quality Assurance Coordinator will be the primary contact working with DCF in all things related to the new QA Process. In addition, there will be a QA/QI Representative from the Case Management Agency.

Primary Quality Assurance Staff



In order to complete the number of reviews and audits required within the QA plan, the staff may be augmented as necessary by peer reviewers and outside consultants.

QUALITY ASSURANCE/QUALITY IMPROVEMENT CONCEPTS AND DEFINITIONS

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

THE QUALITY ASSURANCE PLAN

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

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

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

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

FOUNDATIONS OF THE QUALITY ASSURANCE PLAN

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

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

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

In addition to community input, Brevard Family Partnership's QA plan will rest upon the following foundations:

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

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

INTERFACE BETWEEN BREVARD FAMILY PARTNERSHIP AND DCF QA AND QI

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

NATIONAL ACCREDITATION PLAN

Brevard Family Partnership recognizes the need for national accreditation for the purposes of providing yet another layer of quality assurance and for the purpose of enhancing the organization's credibility among clients, providers, and stakeholders. Brevard Family Partnership earned COA accreditation in July 2009. BFP was then re-accredited in May 2013, and the accreditation is valid through May 2017. In accordance with COA standards, the Brevard Family Partnership QA plan describes processes and activities required by COA including: stakeholder participation, long-term planning, short-term planning, internal quality monitoring, case record review, outcomes measurement, customer satisfaction, feedback mechanisms, information management, and corrective actions. Brevard Family Partnership Chief Executive Officer works with the Brevard Family Partnership Board of Directors to develop a strategic plan and interim short term goals. The CQI efforts are planned and implemented to support the organization's and system's vision, mission, and core values. It also embraces best practice efforts and state-of-the-art designs in the field of quality improvement; the approach calls for involving consumers and stakeholders in program planning, case planning and case review, as well as convening teams to provide assistance and support in the activation of improvement initiatives.

STAKEHOLDER PARTICIPATION

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

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

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

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

LONG-TERM PLANNING

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

SHORT-TERM PLANNING

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

SERVICE ARRAY

Brevard Family Partnership has created a continuum of services that has the capacity to deliver within our provider network a range of services that include in-home services; out-of-home services; adoption services; residential and placement services; contracted client services; and prevention services. A service gap analysis is completed annually to ensure all service needs that have been identified by stakeholders are included in our system of care.

FAMILY TEAM CONFERENCING, UTILIZATION MANAGEMENT, AND UTILIZATION REVIEWS

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

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

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

In addition to the monitoring that occurs in the Family Team Conference and by the Care Manager and supervisor, Brevard Family Partnership will use utilization reviews to monitor the provision of services by the network. The frequency of utilization reviews will be determined by the Clinical

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

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

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

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

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

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

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

INTAKE, DIVERSION AND ASSESSMENT

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

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

The system of care “model”, developed by TIP and approved by the Leadership Roundtable, recommended that the lead agency support information and referral for front-end prevention efforts to ensure at-risk families who may not require entry into the system will receive adequate support and

resources to prevent a future episode. Brevard Family Partnership works collaboratively with the community and stakeholders to achieve this goal.

We developed a two-tiered approach:

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

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

Families Needing More Support: If the CPI believes the family needs a more personal approach and face-to-face contact, the CPI can make a referral to Brevard Family Partnership for facilitated access to community resources. In those cases, the Intake Specialist will refer the family to the Brevard CARES Program who will then help the family identify natural supports and develop a family prevention plan.

The Intake Specialist will refer the case to an appropriate agency, such as 211, or to the Brevard CARES Program to help families identify and access community services. Referrals are documented in Mindshare.

In-Home Services—The CPI will get an in-home non-judicial service agreement signed by the family when a determination is made that the family can safely remain together with services but without court involvement. If the family is willing to accept services, the CPI will secure the agreement and make the referral to Brevard C.A.R.E.S. A Case Transfer Team staffing (formerly ESI) will be scheduled. Mandatory participants include designated Brevard C.A.R.E.S staff, including the Supervisor, and the CPI. After the case is reviewed and the case transfer task list is completed, the C.A.R.E.S Coordinator will assume responsibility for case management and will make contact with the family within 48 hours.

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

When Brevard C.A.R.E.S. receives the signed agreement and all other required information, the Intake Specialist will accept the case and make a referral to the appropriate Care Coordinator for assignment. Once the Care Coordinator has been assigned there will be no other staffing prior to assumption of case management responsibilities.

The family’s participation will be totally voluntary. During the course of interaction with the family if circumstances warrant, the Care Coordinator will advise the CPI and CLS of any information that might indicate a higher level of supervision and court-involvement are needed.

Protective Supervision In-home—When the CPI determines that the child can remain at home with court supervision the CPI will initiate the non-shelter dependency petition and make the referral to

Brevard Family Partnership for further assessment of service needs and ongoing case management. CLS will file the non-shelter petition within 72 hours of receipt of a completed packet from CPI. A Case Transfer Team staffing (formerly ESI) will be scheduled at the Care Center within 48 hours after the non-shelter petition is filed. Mandatory participants include designated Brevard Family Partnership staff, the Case Management Agency Supervisor and the CPI. After the case is reviewed and the case transfer task list is completed, the Care Manager will assume responsibility for case management and will make contact with the family within 24 hours.

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

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

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

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

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

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

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

If at the time of initial request for placement it is unclear what the child's clinical and safety needs are, Brevard Family Partnership will use the information available at the time to match the child to the most appropriate emergency shelter home or facility where the child will remain until a functional assessment can be completed by the Assessment Specialist.

When the child's placement has been made, the Intake Specialist will notify the Director of Child Welfare for Case Management Agency assignment and relay all of the intake information. The CMA will assign a Care Manager and a case transfer staffing will be held within 24-48 hours of the request

for staffing by the CPI. After the staffing, the Care Manager will accept case transfer and initiate contact with the child within 48 hours.

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

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

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

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

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

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

Brevard Family Partnership with shared information and input until disposition and investigation report closure.

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

Additional Supports

Adoption Support

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

Permanency Reviews

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

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

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

- Care Manager;
- Care Manager Supervisor;
- Service Providers;
- Child's out-of-home caregiver;
- The child's parent(s), unless parental rights have been terminated;
- Child Legal Services;
- The Parent's attorney;
- Child's surrogate parent if one is appointed;
- School foster care liaison/ representative;
- Care Coordinator;
- Adoption Support Coordinator;
- The Guardian ad Litem; and
- The child, depending on his or her age, maturity level, and ability to effectively participate in the staffing, as determined by the DCM

Parents will receive adequate notice of the meetings and they will also be informed that they have the right to present information from their perspective. Every effort will be made to meet at a time and location that enables parental participation, including scheduling evening and/or weekend meetings and/or offering remote linkage through teleconferences. Notification to parents and other required participants will be documented in the case record and signatures of all persons attending the PPRT meeting will be recorded.

The primary purpose of the Permanency Planning Review Team is to ensure that reasonable efforts to achieve a safe, permanent home for a child are being pursued actively. Specifically, the team shall determine:

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

In addition to the above permanency reviews, this Fiscal Year BFP began conducting Permanency Roundtables (PRT's) following training received through the Casey Foundation. BFP has reviewed 135 children who have been in out-of-home care 24 months or longer and in collaboration with our subcontracted Case Management Agency prioritized the children to be reviewed during the PRT process. An initial group of 27 children were selected during the first round for FY 2016-2017 and they will continue to have monthly follow-ups until permanency is obtained. Additional children will be added to the review process as progress is made.

Separated Sibling Reviews

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

Clinical Reviews

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

Mental Health Services

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

- a. Targeted Case Management (TCM) services can be provided for any child under Brevard Family Partnership custody with complex clinical mental health needs only when this service is not considered duplicative or fragmented. If it is determined that a Targeted Case Manager is needed, a joint plan will be developed that delineates each of their responsibilities. The addition of a TCM should promote continuity and stability of case management services for the child and the family.
- b. Crisis Stabilization Units (CSU): These are designed to provide short term residential evaluation and crisis stabilization for persons experiencing an acute mental or emotional crisis. Children admitted to these facilities are those believed to meet criteria for a Baker Act and ultimately require inpatient psychiatric care during a period of crisis.
- c. Day Treatment: This is an integrated program of academic, therapeutic and family services that can be school based or provided at other community sites. Day treatment may be necessary for children who are not able to attend school in a public forum.
- d. Family Wraparound Plan: This plan is developed at the initial Family Team Conference and primarily is designed to enable the child to remain in their home (whenever possible) foster home or other community setting. Services include both traditional and non traditional supports as well as highly individualized community support services, including the purchase of needed goods and services identified in the service plan.
- e. Outpatient Treatment: Provision of individual group or family treatment including the use of mental health therapists, psychologists and psychiatrists.
- f. Respite Care: Planned period of relief for child's caregiver assuming the duties of caregiving for several hours, overnight or for several days.
- g. Assessments: Brevard Family Partnership has various assessment options woven into the system of care. Consistent with the unique and customized approach to care planning, parameters of assessment can include family, home, functional behavioral, intelligence tests, medication, neuropsychological, occupational, parenting, personality testing, psychiatric, psychological, psychosexual, fire setting, speech, language, substance abuse and trauma evaluations.
- h. Flex supports: Brevard Family Partnership has a network of providers that create a continuum of services and resources. These supportive services are specific to the family needs and authorized "flexibly" within the context of the Family Team Conference. Service description includes family, group and individual therapy, behavior management, sexual abuse counseling, case management, parent support and advocacy, teen groups, anger management, batterer's intervention, domestic abuse counseling and advocacy, educational support, therapeutic recreation, crisis management, family mentoring and social skills groups.

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

- Brevard Family Partnership has a 24/7 line Intake line available to access the Mobile Response Team and licensed placements.
- Brevard Family Partnership will ensure that substitute care homes consist of safe, stable environments that do not have early identifiable issues indicative of placement disruption.
- Each family foster home will meet the child's specific needs and ensure the child's safety and well being.

- Each family foster home is given the responsibility of a surrogate parent, assuming responsibility for the child's educational, medical, social, recreational and emotional health.
- Each home shall be consistent with the child's best interest, special needs and cultural characteristics.
- Children will be placed within their home county and same school zone to preserve the child's community connections and to allow close proximity to biological families.
- Whenever possible, children will be placed with their siblings. Any sibling group that is separated will be staffed quarterly to expedite the facilitation of a placement together.

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

Mechanisms to Determine Level of Care

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

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

The following family care levels are encompassed:

Name/ Type of Home		Initial Licensure	Re-licensure training
<i>Pathway Home</i>	Traditional Foster Care	PRIDE	12 hours
<i>Connections</i>	Enhanced Foster Care	PRIDE	12 hours
<i>Passages</i>	Enhanced Foster Care	PRIDE	12 hours
Solutions	Enhanced Foster Care	PRIDE plus 10 hrs therapeutic training	12 hours
Specialized Therapeutic Level	Therapeutic Foster Care	PRIDE plus 30 hrs therapeutic training	Based on ACHA requirements

1			
Specialized Therapeutic Level 2	Therapeutic Foster Care	PRIDE plus 30 hrs therapeutic training	Based on ACHA requirements

Mechanisms to Assist in the Prevention of Placement Disruptions

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

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

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

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

CASE RECORD REVIEW

Brevard Family Partnership will employ a case record review system. Brevard Family Partnership QA staff will be augmented by staff members from Case Management Agency, contract providers or other

interested stakeholder agencies as appropriate. Inclusion of these peer reviewers will serve several purposes, as follows:

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

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

Care Manager Case Record Reviews (Supervisor Reviews)

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

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

Contract Provider Case Record Reviews

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

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

INFORMATION MANAGEMENT

The Brevard Family Partnership servers, routers, switches and other network connectivity equipment, are installed, managed and maintained in accordance with the server standards, policies and procedures. Security systems have been implemented to meet state and HIPAA policies and procedures. These include network systems and remote access security methodology, formal data access request procedures, network and data activity and logging systems and analysis. Software is run on all servers, installed on each workstation, and configured to check program files, email and all incoming files for viruses. Brevard Family Partnership's Information System provider will be responsible for server backups utilizing a process where they system is backed up daily, weekly and monthly and is electronically transmitted to a data center off site. Collection of the data off site ensures data recovery capability The contract will also insure the provider maintains and annually updates a Disaster Recovery Plan that encompasses sites, network and data security, hardware, software applications and data backup, redundancy and recovery systems.

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

The critical elements of Data Management are as follows:

- FSFN accuracy, as ICWSIS is now a historical data base
- Demographic Data Validity
- Timely and Valid Data Input

Timely and Valid Input of Data

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

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

Ongoing Quality Assurance reviews of various data elements already in place will be monitored for compliance within each CMA, Care Center and Unit. This will be completed by the Brevard Family Partnership Data Integrity Manager and supported in the field by the Director of Child Welfare. The Brevard Family Partnership Data Integrity Manager is available to provide training and direct technical support to the staff as needed.

INTERNAL QUALITY MONITORING

Quality at the Direct Service, CMA and Lead Agency Levels

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

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

- Performance Reviews
- Provider Network Meetings
- Weekly Operations meetings

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

Performance Review

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

- Brevard Family Partnership Director of Child Welfare
- Case Management Agency Director and Managers
- Brevard Family Partnership Data Integrity Manager
- Quality Improvement Representatives from the Case Management Agency
- DCF Contract Manager
- BFP Director of Contracts and Compliance
- Quality Assurance Coordinator
- Brevard Child Protective Investigation Program Operations Administrator (CPI POA),

The parties shall meet quarterly to review data collected during the previous quarter, analyze the data for trends, identify areas for improvement, and provide guidance to affected organizations regarding performance improvement plans. The performance review will also review contract measurements and report data in a manner consistent with the state's Program Improvement Plan. It shall be incumbent upon the affected organizations to develop improvement plans for those areas identified as eligible for improvement. The attendees will retain authority for the approval of those plans and for monitoring their progress to completion.

Provider Network

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

Frequency and Intervals of Quality Monitoring

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

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

Weekly: Brevard Family Partnership will ensure key performance remain in compliance such as compliance with supervisor reviews and client contacts. These critical measures will be reviewed during the weekly Operations meeting with CMA and Brevard Family Partnership leadership. Deficiencies identified will immediately be brought to the attention of the CMA Program Directors. Clinical Reviews of children and families identified as having complex needs and requiring high levels of intensive services will be conducted by Brevard Family Partnership leadership.

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

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

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

TRAINING

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

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

Pre-Service Classroom Training

Pre-Service training will be delivered within a twelve-(12) week period for Care Managers/Licensing. Time frames may increase due to holidays and other training commitments during a training cycle.

Cycle	Dates
1	08/15/2016 – 11/03/2016
2	To be determined
3	To be determined

The Pre-Service Training component will consist of classroom instruction, Florida Safe Families Network (FSFN) training lab sessions, Shadowing, Field Guide activities and On-Line Instructional Courses. Within the pre-service training there are at the minimum of eight-(8) days of Shadowing of experienced workers in the field, four-(4) courses of On-Line Instructional Courses and six-(6) FSFN lab sessions. Within the curriculum Field Guide Activities have been developed that will address major Child Welfare training components.

In addition to the current curriculum, Brevard Family Partnership will be including supplemental training that reflects the lead agency philosophy and system of care.

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

On-Line Instructional Course Title	Approved Hours
Child Welfare Standards/Values/Practice	1.0
Human Trafficking	1.0
Safety Methodology E-Learning Modules	12.0
FSFN Web Based Training	4.0
Psychotropic Medication	1.0

All referrals for training will be made to the Compliance Division. The Case Management Agency is responsible to complete a Pre-Service Registration Form and send to BFP at least 12 business days prior to the first scheduled day of classroom training. On the first day of Pre-Service Classroom Training the trainees will be provided with expectations of the pre-service training, delivery of training and the participation and assessment of the new trainee. All information concerning trainees who are not participating in classroom, FSFN lab session or other mandatory Pre-Service requirements, contact will be generated by BFP to that trainee and their assigned Supervisor. BFP will provide a mid- class written report that is provided to the Case Management Agency.

Field Training Segment (Case Management and Licensing Staff)

The Case Management Agency and BFP Licensing Staff will be afforded field training appointments by an assigned BFP Training Team Trainer upon request from the trainee, supervisor and/or classroom trainer. Field Training consists of a Trainer working one-on-one with the trainee, for a minimum of four (4) field visits within the first three months following the employee passing the post-test.

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

In-Service Training (Case Management Agency)

Brevard Family Partnership will also be offering in-service trainings to our Case Management Agencies for advanced skill-based training; such as, Interviewing, Sexual Abuse, Substance Abuse; and Domestic Violence. There will also be available throughout the year opportunities for in-service training and labs on Family Assessment, FSFN, Quality Case Management skills and other needs as identified. In-service training courses will be developed based on ongoing needs assessment identified by Case Management and BFP staff.

Child Protection Professional Certification Plan (Case Management Agencies)

BFP will follow and require by contract with its subcontractors the certification requirements of the Florida Certification Board for all case manager and licensing positions.

FEDERAL FUNDING

Brevard Family Partnership currently has two employees that complete Revenue Maximization work. Those two people are the Data Integrity Manager and one Rev Max Specialist. Revenue Maximization work is primarily completed in the FSFN system and the system required that there is supervisory approval of the work completed. The Brevard Family Partnership Data Integrity Manager provides supervision and review of the cases assigned to the Rev Max Specialist. Data for timely completion of eligibility is a part of the standardized review process.

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

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

OUTCOMES MEASUREMENT

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

- Safety 1 (S1): Children are protected from abuse and neglect in their homes whenever possible.
- Safety 2 (S2): The risk of harm to children will be minimized.
- Permanency 1 (P1): Children will have permanency and stability in their living arrangement.

- Permanency 2 (P2): The continuity of family relationships, culture, and connections will be preserved for children.
- Well-Being 1 (WB1): Families will have enhanced capacity to provide for their children's needs.
- Well-Being 2 (WB2): School-age children will have educational achievements appropriate to their abilities.
- Well-Being 3 (WB3): Children will receive adequate services to meet their physical and mental needs.

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

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

A standardized assessment tool will also be used to help determine the appropriate level of care, as well as track clinical outcomes and evaluate program efficacy. The Child and Adolescent Functional Assessment Scale (CAFAS) may be completed by Assessment Specialists. The use of this tool will also be used to track improvements in the child's well-being. Contract providers will complete monthly progress reports as well as a quarterly outcome reports that will be submitted to the Brevard Family Partnership Director of Contracts and Compliance (reports to the Senior Executive of Compliance). These reports will be used to gather data to track performance as outlined in the specific contract. The Brevard Family Partnership Director of Contracts and Compliance will also coordinate on-site monitoring to insure accuracy in reporting.

For counseling referrals, an initial biopsychosocial assessment will be completed within 30 days to determine treatment goals. The Children's Functional Assessment Rating Scale (CFARS) will be utilized at six months and at discharge to monitor outcomes.

As part of the continuous quality improvement process, Brevard Family Partnership will continually assess the data, identify potential problems and proposed and test solutions. Brevard Family Partnership examines and reports on additional outcomes identified through collaboration with sub-contractors and community stakeholders. BFP Compliance Division in cooperation with Senior Executive of Programs will examine data and make future determinations of needed measures. Brevard Family Partnership will review the priorities and contract performance measures, stipulated in our contract.

MEASUREMENT OF CONSUMER SATISFACTION

Questionnaire and Satisfaction Survey Process

Brevard Family Partnership Client Relations Specialist will coordinate the Annual Questionnaire and Satisfaction Survey process. The results of all surveys will be recorded in the database and will be used to generate, at minimum, annual reports for analysis. These reports will be used by BFP in their review of overall quality in meeting the needs of children and families and other stakeholders. Surveys are provided throughout the year as part of an ongoing process to illicit feedback from our customers and stakeholders. In addition to these ongoing surveys, annual surveys which are sent out are also determined each year, and are coordinated by the Client Relations Specialist.

Child and family satisfaction surveys will include questions that are directed at the services the clients received, the professionalism of the staff, the ease with which services were provided, and whether or

not the clients felt that they received the help they needed. Surveys will be aggregated and reviewed by BFP staff and the information resulting from the reports is used to develop new programming, change existing services, change staffing patterns, and to strategically plan.

Consumer satisfaction surveys will be administered to those agencies/individuals who work with Brevard Family Partnership. This data will also be aggregated by BFP and will be used to identify any issues that consumers have not otherwise communicated in order to secure the most positive working relationships between agencies and caregivers with the ultimate beneficiary being the children served. Data will be presented with annual comparisons with the goal of continually improved relations with other consumers.

Satisfaction Surveys; Included below are examples of the types of surveys utilized throughout the year.

Category	Responsible Party
Exit Interview for Children in Shelter/Foster Care	Care Managers within each CMA
Satisfaction Surveys for Foster Parents, case management, and other Community Stakeholders	BFP – scheduled on a rotational basis over multiple years.
Provider surveys	Compliance Specialist

Critical Incident Tracking and Client Complaint Tracking

Brevard Family Partnership, its case management agencies and provider agencies will comply with the Brevard Family Partnership Operating Procedure #215-6, Incident Reporting and Client Risk Prevention. This operating procedure establishes guidelines and procedures for identifying and reporting information related to client risk prevention and incidents. All incidents which meet the criterion for a child abuse/neglect/abandonment report continue to require that a report be immediately generated based on reason to suspect that abuse/neglect has occurred by a person responsible for the child’s care; and an incident report filed with Brevard Family Partnership does not substitute or otherwise negate this responsibility. Nor does it replace the responsibility of reporting applicable incidents to the local advocacy committee as required by law.

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

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

Client and Grievance Procedures

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

Any formal complaint or grievance received through the Circuit 18 Client Relations office or Brevard Family Partnership main office will be tracked by the Client Relations Specialist. The Client Relations Specialist will maintain a tracking system for resolution of all client calls that are received that are designated by the caller as a service complaint. Each complaint will be assigned an intake number. If the complaint lodged is against a contract provider (other than the CMA) the complaint will be forwarded to the Director of Contracts and Compliance for resolution. If the complaint is against the CMA staff the complaint will be forwarded to CMA Management. On a quarterly basis the Client Relations Specialist of Brevard Family Partnership will assess all complaints and grievances filed within the quarter. This data will be analyzed for trends at the Care Manager and provider level.

Results will be brought to the attention of Brevard Family Partnership's Risk Management Committee, and reviewed. Timeliness of resolution, corrective actions taken, and customer satisfaction with the resolution will be evaluated.

FEEDBACK MECHANISMS

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

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

CORRECTIVE ACTION

At any time, during any of the QA reviews, a threat of life, health or safety of a child is discovered the reviewer will complete a request for action form in FSFN and will immediately notify the Case Management Program Director, the Director of Compliance and Contracts and the Director of Child Welfare. A response will be returned to the initiator of the concern within 24 hours of the threat being reported. In addition, feedback forms are completed on every case reviewed. The purpose of the feedback form is to provide the CMA staff with a synopsis of strengths and opportunities found in the case. When deficits are noted in any cases that are reviewed, the case will be referred to the Case Management Program Director, the Director of Contracts and Compliance and the Director of Child Welfare for further review. Changes in policies and procedures may be instituted based upon the quality reviews. If significant problems are identified within CMAs (or with particular Care Managers or supervisors), BFP may meet with the CMA Program Director or quality staff to examine and explore the problem areas and propose corrective actions to address problems. The CMA QA Representatives will ensure that results of any corrective actions are reviewed within the timeframes agreed to by the parties. If a corrective action is warranted for a contract provider, the Director of Contracts and Compliance will review and monitor as outlined in the Contract Monitoring Plan.