



Brevard Family Partnership

Protecting Children, Strengthening Families, Changing Lives.

System of Care

**Community Based Care of Brevard
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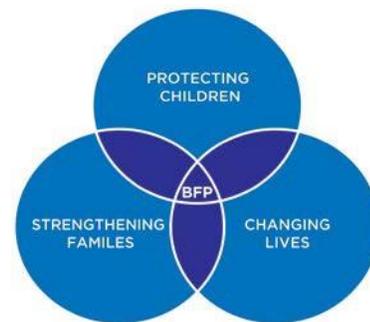
Introduction

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

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

It is through the collective effort and initiative of community stakeholders, business leaders, elected officials, and citizens that BFP came into existence in 2003 as Community Based Care of Brevard. With more than a decade of experience as a mature, high performing Lead Child Welfare Agency, BFP has successfully transformed the local child welfare system into a seamless, family-centered, continuum of care, from entry to exit. Our mission is intended to fulfill our contracted obligation to DCF with a focus upon the needs of the children and families entrusted to our care.

BFP’s mission is to *“protect children, strengthen families and change lives”* through the prevention of child abuse and the operation and management of a comprehensive, integrated, community-based system of care for abused, abandoned and neglected children, and their families.

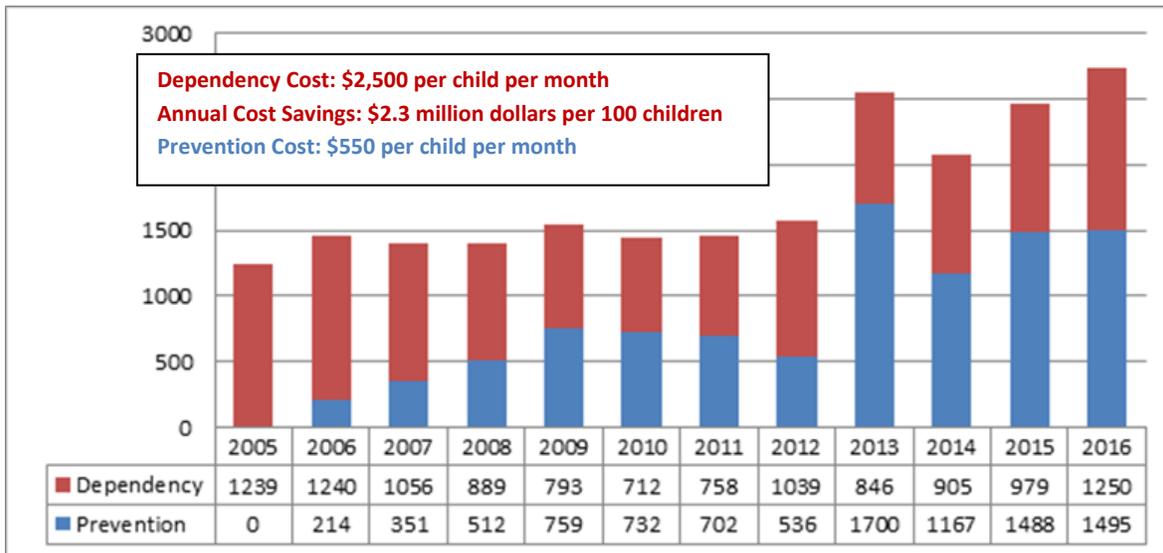


To achieve the objectives outlined in our vision of strengthening families, protecting children, and changing lives, our System of Care has and will continue to engage and empower individuals, families, and neighborhoods to promote the safety and improve the well-being of Brevard’s vulnerable children.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

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

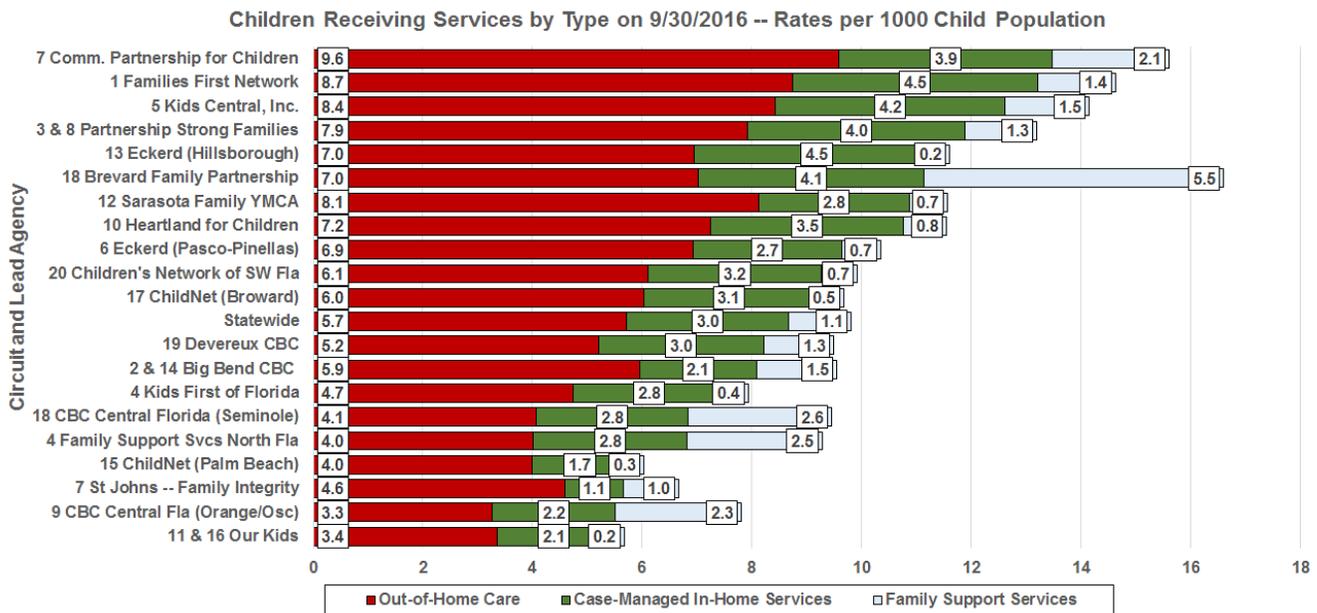
By implementing this new level on the continuum of care, BFP initially reduced the number of children in the dependency system by nearly 50%. Each month, nearly 482 children and their families, on average, receive care coordination and community-based services through Brevard C.A.R.E.S. that successfully diverts them from entry into the judicial system. In essence, BFP continues to serve an average of 1,630 children each year but in a more innovative, efficient and cost-effective manner.

Since inception of the Brevard C.A.R.E.S. program, more than 15,000 children have been safely diverted from entry into the child welfare system. The costs to taxpayers when a child enters the system are approximately \$2,500 per month, per child, in comparison to the \$550 it costs per month for those receiving services through the C.A.R.E.S. program. In total, BFP has diverted over 10,000 families to date, thereby using taxpayer's resources in a more cost-effective and efficient manner while at the same time keeping children safely sustained within the community. The growth of the Prevention and diversion continuum of care along with compared costs are noted below on an average per child/per month expenditure rate.



Dependency System Costs: \$2,500 per month Vs. Prevention Costs: \$550.00 per month

BFP has been a leader in providing Family Support Services through Brevard C.A.R.E.S. as clearly indicated by the chart below showing Brevard Family Partnership as the agency which serves the most families through the Brevard C.A.R.E.S. model



BFP has consistently demonstrated a fiscally responsible System of Care and organizational infrastructure that has produced a cost savings, while also shifting and reinvesting millions of dollars from the dependency system into front-end enhancements that focus upon intensive family preservation efforts. As a result, BFP has increased service capacity to assist families before they require entry into the judicial system.

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

Since transition in 2005, BFP has accomplished the following milestones;

- BFP has maintained placement stability of an average of 3.66 moves per 1,000 days in foster care that exceeds the statewide performance of 4.12 moves. This translates into better care of children, the maintenance of critical connections, and improved educational outcomes for children and youth in care.
- Caseload ratios have decreased from the high of over 1:50 at transition in 2005, to below an average of 1:22 today, a reduction of 56%. Stable caseloads result in more meaningful and seamless case management, workforce retention, and the delivery of timely interventions and care. Of importance, as the result of a new child welfare funding allocation model, in 2008, BFP experienced a six year reduction in funding from 2008 to 2015, resulting in a loss of six million dollars in funding to the System of Care. Compounded with the DCF system transformation to the Safety Decision Making Methodology implemented in 2012, there was a statewide increase of children entering out-of-home care by more than 40%. These factors have contributed towards rising caseloads. Prior to the loss of funding and shift in practice, BFP had consistently maintained caseloads below 1-18. Over the past two years, BFP has experienced progress towards restored funding and is systemically investing the resources to reduce caseload ratios below 1-18.
- In May 2017, BFP celebrated 824 children adopted into a “forever family” and for the seventh straight year, has exceeded its goal for adoptions. Using traditional as well as emerging social media and creating community awareness through its Heart Gallery and community outreach activities, such as its annual Walk for Love and “Got Love” campaigns, BFP maximizes opportunities for Brevard’s children to find permanency.
- In July 2009, BFP achieved national accreditation status through the Council on Accreditation (COA), achieving the highest level of quality review, an indication that its programs, services, and operations met or exceeded all measured criteria. In 2013, BFP underwent their reaccreditation and again achieved the highest level of quality review.

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

Services Network Management

BFP delivers state-of-the-art child welfare services for at-risk children, youth, and families in Brevard County. As the Lead Agency for the past thirteen years, BFP has and will continue to build upon its social capital, and foster and maintain strong collaborative partnerships. BFP has and will continue to provide leadership

and oversight, strategic direction, technical assistance and training, and use clear channels of communication through our integrated IT solutions to *effectively guide the delivery, management, coordination and integration of the local community-based child welfare system*. BFP staff and leadership have and will remain actively engaged in the community of practice on a daily basis, guiding all processes from entry to exit in a supportive, yet accountable manner.

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

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

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

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

Through the Brevard Youth Thrive (BYT) Initiative, BFP recognizes that minimization of trauma associated with a removal is essential. To that end, BFP operates a trauma informed System of Care that fosters healthy developmental functioning of children placed in foster care with focus on the promotive factors that foster the healthy development of children and youth. BFP recognizes that children who experience multiple placements while in licensed care are vulnerable to developing an attachment disorder; and sudden separation from a primary caretaker, confounded with these variables, may contribute to the child perceiving that the world is unsafe.

BFP routinely collects and analyzes survey data collected to ensure our values are widely accepted and integrated as standard practice across the continuum. Results of these surveys reveal a high degree of adherence to the

core values and successful integration of family-centered practice across the System of Care. These core values will continue to serve as the framework of the System of Care, along with the values of the new child safety framework included in the child welfare transformation currently being implemented statewide by DCF.

Data indicates overall satisfaction has remained high. Results reported from 2017 indicate that of 479 participants, consisting of 133 participants in the first quarter, 191 in the second, 131 in the third, and 15 participants in the fourth:

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

Continuum of Care

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

Prevention and Diversion

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

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

1) *CPI Access to Intensive Family Support Services*

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

All Family Support Referrals for Safe but Very High/High Risk referrals go through the Care Coordinator and the Family Team Conference (FTC) process to determine appropriate services for the family based on their unique needs. The Care Coordinator facilitates the FTC and ensures that decisions regarding services are reached in consensus with the Family Care Team. Informal and natural supports will be utilized whenever possible in lieu of and or in addition to formal providers. The Care Coordinator makes the authorization decision and provides instructions to the providers regarding the timelines for subsequent utilization reviews and submits an authorization form to the provider. All referrals for services are to be completed and submitted

by the assigned Care Coordinator within three (3) business days of a Family Team Conference.

Brevard C.A.R.E.S. assigns all new referrals for Family Support cases within twenty-four (24) hours upon acceptance of the case. For Very High/High Risk referrals, FSFN reflects an initiation date of the date on which the case was accepted.

All Very High/High Risk families served through Brevard C.A.R.E.S. participate in a comprehensive, individualized, strength based assessment called a Strength and Cultural Discovery. The information gathered is comprehensive and is directly related to identifying concerns contained in the original reasons for the referral in addition to what the family identifies are needs. All assessments are conducted in person in the family's home whenever possible. Any specialized assessments that are indicated during this process are arranged for in a prompt and timely manner.

The Brevard C.A.R.E.S. Family Partner conducts the Strength and Cultural Discovery on all Very High/High Risk families referred to the program in a non-threatening manner, respecting the family while adhering to all confidentiality standards. During this process, sensitivity is shown to the family that is being engaged in a flexible and responsive manner. The Strength and Cultural Discovery lays the foundation for family engagement and inclusion. The Strength Discovery is a tool to be used to learn about the family's history, needs, traditions, culture, resources and norms with sensitivity to cultural norms as resources and supports are identified to strengthen and preserve the family unit. The Strengths Discovery sets the tone for Family Team Conferencing by identifying informal supports and natural resources available to the family.

The Program Manager assigns each new family to a team of a Family Partner and a Care Coordinator. The Family Partner within each team conducts the Strengths Discovery. After the Brevard C.A.R.E.S. Family Partner assigned to the family schedules the Strengths and Cultural Discovery, they will enter the appointment date into FSFN. The Family Partner will then prepare the file as indicated by the 'Brevard C.A.R.E.S. program Strengths Discovery File Setup'. The Brevard C.A.R.E.S. Family Partner will then complete the Strengths and Cultural Discovery which includes a face to face introduction with the family, and the gathering of information (including what is outlined on the Strengths and Cultural Discovery form.) This meeting will also include a discussion of the program and services available, including Family Team Conferencing.

The Brevard C.A.R.E.S. Family Partner completes the Strengths and Cultural Discovery Release of Information form (which includes a list of individuals the family would like invited to the Family Team Conference) and the acknowledgement and receipt of the Brevard C.A.R.E.S. Handbook. The Brevard C.A.R.E.S. Family Partner or the Brevard C.A.R.E.S. Youth Liaison will conduct separate Strengths Discoveries with all children in the family ages 12 and up. The Family Partner is recognized as a personnel qualified by training, skill and experience to conduct assessment on at risk children and families. Family Partners are required to be former consumers in the area of child welfare, juvenile justice, special education or children or adults with developmental disabilities.

After completion of the Strengths and Cultural Discovery, the Family Partner will update the client file and enter case activity into FSFN. Brevard C.A.R.E.S. is responsible for inputting any and all information concerning a case into FSFN, within forty-eight hours.

The goal of this informal meeting in which the Strength and Cultural Discovery is completed is to identify needs, the family vision statement, and family team members.

After the Family Partner conducts the Family's Strength and Cultural Discovery and has identified the family's natural resources and supports and determines the family desires to proceed with the Family Team Conference wraparound meeting, the Care Coordinator will work collaboratively with the family to arrange a date and time that best meets their needs. The Care Coordinator or Family Partner or the designee agreed upon by the family will contact all parties identified as potential team members. This may include any providers who may be working with or acquainted with the child and/or family, and any natural supports the family

identified to arrange a FTC.

Prior to the first Family Team Conference (FTC), Team Members will be oriented to the wraparound process and principles of case practice. The role of the family team will be defined and literature on the process and program will be made available in advance for those members who are not familiar with Brevard C.A.R.E.S.

At the start of the FTC, the Coordinator will then present the team with the Brevard C.A.R.E.S. Release of Information for team members to sign.

At the onset of each FTC, the family vision statement will be reviewed with the team members followed by the family strengths and the strengths of individual family members if appropriate. The Coordinator will establish basic ground rules for the team and more comprehensive ground rules in complex cases. Members will agree in writing to abide by ground rules established by the team. During the FTC the family, (along with the identified Family Team), will work to build upon the family strengths to address the identified needs of the family.

The Care Plan is the individualized method of documentation for each family. The Care Plan outlines what specific service providers in the Brevard C.A.R.E.S. network (as well as any informal and natural supports identified) that support the achievement of the family's desired outcomes. At this time, the benefits, alternatives, risks and consequences of planned services are reviewed and discussed with the family. In cases where the team determines that flexible supports are needed to assist the family in meeting their goals, the Care Coordinator will authorize the Flexible Support services. The team will identify the frequency and duration of the supports needed and the level and type of flexible support needed to meet the unique needs of the family. These specifics will be outlined in the Care Plan and functions as the service plan. The Care Plan identifies all services and supports to be provided, and by whom, and contains the individual or guardian's signature. Any unmet needs are discussed and the possibilities for maintaining and strengthening family relationships are addressed.

The Team will then schedule the next FTC at which time the team will discuss the family's progress and effectiveness of the current plan to determine if any services need to be modified, added, re-authorized or terminated. The FTC process will continue in this manner until the team agrees that the family is ready for graduation. At the end of each FTC, the team will schedule the next the FTC date with the understanding that any team member can request a team meeting at any time during the process. The Care Coordinator will then provide copies of the Care Plan and the signature page to each team member.

The Care Coordinator is responsible for facilitating the Family Team Conferences and for the Care Coordination and service linkages for the family. The Care Coordinator may also arrange for families to receive additional case management support as identified in the service plan from within the network of service providers. The Care Coordinator maintains a list of current resources available to the family and information on how to access those resources.

The Care Coordinator continually assesses risk on a continual basis; coordinates services; and conducts home visits, based on the risk of the child(ren) at least once every 30 days.

On average, families are served for a period of five months and have access to the same array of services as families receiving court-ordered services in the dependency system. Recidivism is tracked at six, twelve, eighteen, and twenty-four months and demonstrates positive outcomes for those families served. In fiscal year 2016-2017:

- 97% of families remained intact* at the six-month follow up
- 96% of families remained intact at the twelve-month follow up
- 90% of families remained intact at the eighteen-month follow up
- 86% of families remained intact at the twenty-four-month follow up

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

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

In October of 2016, C.A.R.E.S. was credentialed as an Evidenced Based Practice at the California Evidenced Based Clearinghouse. The model is rated a "**3 - Promising Research Evidence**" on the Scientific Rating Scale based on the published, peer-reviewed research available indicating that the model has at least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) establishing the practice's benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice.

In the first quarter of FY 2015-16, in response to a shift in trends with a statewide increase in the number of children entering into out-of-home care, Brevard Family Partnership contracted with Brevard C.A.R.E.S. to provide Safety Management Services in Brevard County. The Safety Management Services Team assesses and stabilizes the family unit to prevent removal whenever possible. Each team is comprised of two Masters Level Therapists (Licensed or Licensed eligible) and a paraprofessional support staff position that works hand in hand with the Child Protective Investigator to ensure the child remains safely in the home and in the community. The team provides quality home visits, ongoing monitoring of child safety, and well-being including evenings and weekends.

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

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

- *Intake*: The centralized intake unit provides ease of access for all parties making referrals whether in need of information and referral, prevention and family preservation services, or non-judicial or judicial services. In partnership with the referring entity, BFP Intake Specialists determine how to best meet the immediate needs of the child and family, including the ability to immediately authorize services and make placement.
- *Mobile Response Team (MRT)*: Subcontracted MRT services are available 24 hours per day, seven days a week to prevent placement disruption, stabilize in-home and community crisis, and to assess emergent needs of at-risk families. The MRT is comprised of Masters Level Therapists available at any time prior to and during the life of a case. The MRT can be accessed via the BFP Centralized Intake Line. MRT services can be requested through community systems such as Brevard Public Schools, the Department of Juvenile Justice and the local community mental health center.
- *After Hours Support*: BFP, Brevard C.A.R.E.S., the MRT, CPAs and Case Management staff are on call 24 hours a day, 7 days per week to provide needed assistance.

3) ***Case Management***

In 2012, Brevard County adopted a new practice model implemented by the state of Florida titled Florida Safety Decision Making Methodology (SDMM). The new methodology focuses on several essential knowledge and skills of maltreating behaviors, child functioning, adult functioning, general parenting, discipline or behavior management, danger threats and caregiver protective capacities. In 2017 as part of the

Strategic Planning process,, Brevard Family Partnership's Board of Directors voted unanimously to bring Case Management under local control after twelve years of subcontracting Case Management Services to agencies whose main offices were located in other counties. June 26, 2017 Family Allies, a subsidiary of Brevard Family Partnership began providing Case Management Services to the children and families of Brevard County.

- a) *Non Judicial In-Home Services (NJIS)*: When a family is in need of case management and agrees to voluntarily work with the Case Management Agency, Brevard C.A.R.E.S., and/or service providers, NJIHS is provided. Intensive care coordination, Family Team Conferencing and family preservation services are coordinated, monitored and delivered to families.
- b) *In-Home Protective Services/Supervision - Judicial In-home*: When the CPI determines that the child can remain safely at home - with court supervision - the CPI will initiate the non-shelter dependency petition and make the referral to BFP for ongoing Case Management and related services. Child visits are monitored by BFP weekly to ensure children are seen timely and able to remain safely at home. BFP has implemented a visitation protocol which prescribes the required frequency of visits, based upon a set of risk indicators. Family preservation services, Family Team Conferencing and protective supervision are available and coordinated for children, youth and families receiving these services.
- c) *Case Plan Services*: The Case Plan is developed within seven days of case transfer or prior to arraignment and is based on the decisions made by the Family Team or the initial Standing Team/Case Planning Conference (outlined on page 22). All parties work together with the family to assure that planned services are: 1) necessary; 2) linked to the case plan developed at the FTC; 3) appropriate based on the child/family need; and 4) delivered in the correct setting, for the necessary length of time.
- d) *Family Assessment*: The assessment process is one that begins at initial contact with the family and continues throughout the time BFP is serving the family. The process involves the care manager and family jointly identifying the family strengths, needs and resources, as well as factors that contribute to child safety risks. Assessments occur at a minimum of every six months and at all critical junctures, throughout the life of the case and are outlined in the monitoring and modifying services section of the ITN.
- e) *Family Team Conferencing*: FTC is utilized with families with complex needs who are multisystem involved, have a limited support network, and are engaged with multiple service providers to better coordinate care. The intent of creating a Family Team is to enlarge the circle of care around the family to successfully support and sustain them beyond discharge. The family team membership is developed with the family and includes the family's natural support network, informal supports, professionals, and all mandated parties to the case. Measurable outcomes are clearly defined and monitored and services are flexed and tailored to the changing needs of the child and family.

4) Placement

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

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

Foster Home Supervision - Brevard Family Partnership serves as the Child Placing Agency (CPA), responsible for recruitment, management, licensing and relicensing of foster homes. As the CPA that provides foster home supervision, BFP provides licensing specialists who are responsible for conducting home studies, ensuring compliance with foster home licensing requirements, and coordinating the training and monitoring of foster parent homes.

Currently, there are 133 licensed Foster Homes in Brevard County with placement capacity for 269 children. It has been, and will continue to be, a chief priority for Brevard's children to remain in Brevard. Upon transition to community based care in 2005, 25% of Brevard's children were placed outside of Brevard; today 10% of the children placed in licensed care are placed outside of Brevard County, most often due to specialized placement service needs that are unavailable within the county.

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

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

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

The goals of a comprehensive behavioral health assessment are to:

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

CBHA's are funded through Medicaid reimbursement.

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

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

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

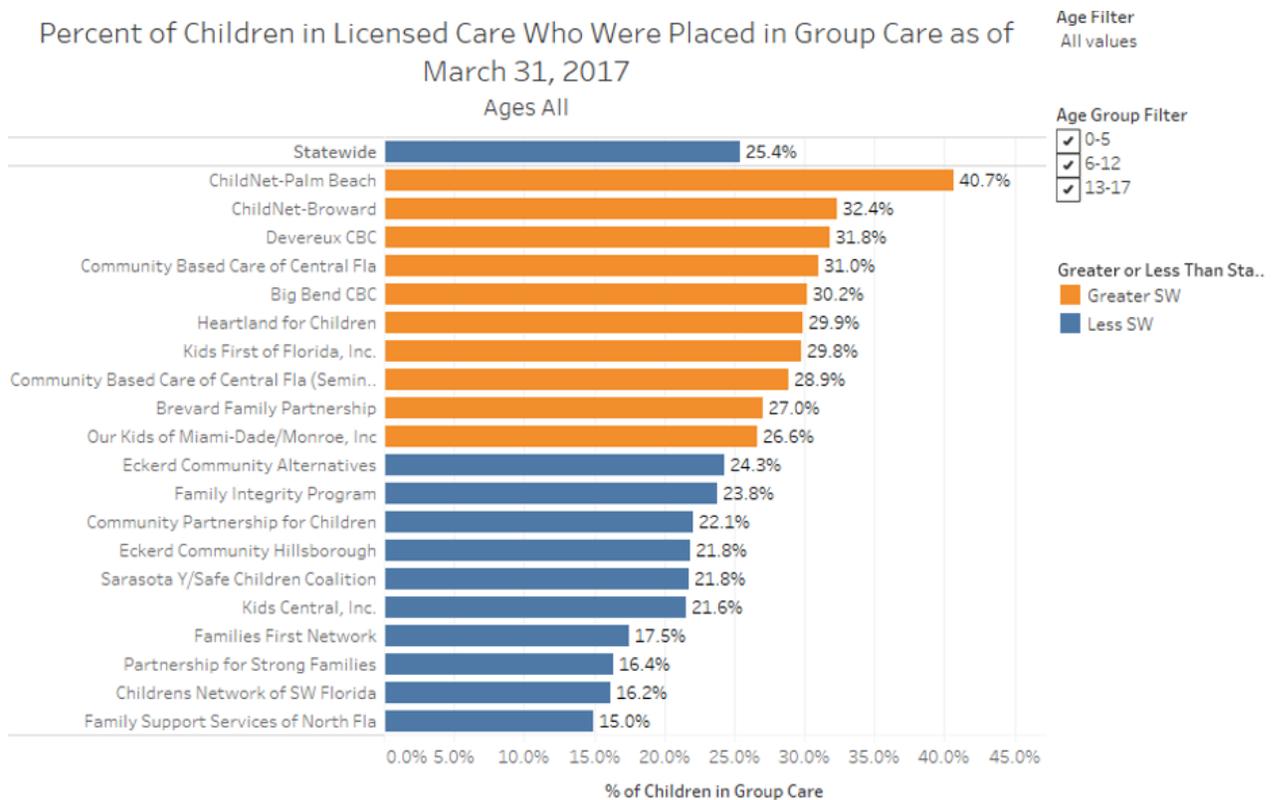
- a) *Traditional Foster Care/Pathway Home:* This level of care addresses the needs of children with a CAFAS score of 0-80. The child/youth placed in the Pathway Home typically displays minimal or no impairments in daily living activities. The child may require outpatient services and community coordination for support and reinforcement. The child is stable in his or her current living environment and may reside in a foster home with one or two parents present.
- b) *Family Ties; Sibling Placement:* Ensure sibling groups of 4 or more remain together in family foster home placement while in foster care. One OR two parent home No restrictions on employment State License; includes debriefing on the Process and Impact of Separation
- c) *Enhanced Foster Care/Connections:* This level of care addresses the needs of children with a CAFAS score of 80-120. The child/youth placed in the Connections level of care typically presents with mild impairment that may result in sporadic episodes of emotion regulation and distress tolerance deficiencies. The child requires a customized behavioral and treatment plan and services and displays the capacity to adhere to a behavior management plan. Foster parents must be specially recruited and trained in interventions to meet the child's needs and participate in ten hours of specialized training.

Enhanced Foster Care/Passages: This level of care addresses the needs of children with a CAFAS score of 120-160. The child/youth placed in the Passages level of care typically presents with moderate impairments, which may consist of a history of non-compliance, emotion regulation and distress tolerance deficiencies. The child may demonstrate some difficulty complying with reasonable rules and expectations within the home but typically accepts and processes consequences for undesirable behavior. The child benefits from structure and frequent support, and skill development. It is recommended that at least one parent be available twenty-four hours per day to provide support and intervention and a two parent household is strongly recommended. Twenty hours of specialized training is required.

- d) *Solutions:* Solutions is a model of foster care treatment for children 12-18 years old with severe emotional and behavioral disorders and/or severe delinquency. Solutions aims to create opportunities for youths to successfully live in families rather than in group or institutional settings, and to simultaneously prepare

their parents (or other long-term placement) to provide them with effective parenting. Four key elements of treatment are (1) providing youths with a consistent reinforcing environment where he or she is mentored and encouraged to develop academic and positive living skills, (2) providing daily structure with clear expectations and limits, with well-specified consequences delivered in a teaching-oriented manner, (3) providing close supervision of youths' whereabouts, and (4) helping youth to avoid deviant peer associations while providing them with the support and assistance needed to establish pro-social peer relationships. Trainings include Cultural Sensitivity, Behavior Management, Stress Management, Working with Biological and Adoptive families, LGBT, CSEC and Self Care.

- e) *Group Care:* This level of care addresses the needs of children with a CAFAS score of 120-180. The child/youth placed in Group Care typically demonstrates a need for a gender specific placement, specialty services, a structured milieu and behavioral management, as well as ancillary support services such as family therapy, individual and group therapy, psychiatric services, medication management, and educational programming. Group Care may serve as a step-down from residential treatment and/or to provide structure and consistency for children who are in need. As of May 2017, 27% of all children in licensed out-of-home care reside in group care. Outlined below is an overview of the number of children in group care as compared to capacity.



Brevard Group Home	Capacity	Children	Location
Crosswinds	28	4	Cocoa
Friends of Children (Male)	5	5	Cape Canaveral
Friends of Children (Female)	5	5	Palm Bay
Hacienda Girls Ranch	12	3	Melbourne
The Haven	31	14	Satellite Beach
Royal Priesthood	5	3	Palm Bay

- f) *Medical Home Care:* Medical foster homes are managed by Children’s Medical Services Network (CMS). Medical foster families must meet traditional licensing requirements as well as complete the medical training and meet Medicaid requirements to have medically complex children placed in their homes. Children are deemed medically eligible through the Children’s Multidisciplinary Assessment Team (CMAT) staffing process. While these homes are managed by the CPA they have additional oversight and requirements that must be met ongoing by CMS. Medical foster parents are expected to provide transportation to all medical appointments, therapy, and family visits, as needed. CMS homes are trained to care for children with minimal medical needs to children identified as severely medically needy. Due to the complexity of caring for children with medical needs, CMS foster parents capacity is expected to remain low.
- g) *Specialized Therapeutic I:* This level of care addresses the needs of children with a CAFAS score of 120-140 and meets Medicaid criteria. It is alternatively funded by the Child Welfare Pre-Paid Mental Health Plan (CWPMHP). Medicaid Necessity Criteria for placement in a STFC/I home is defined by the Community Behavioral Health Services Coverage and Limitations Handbook, which identifies a child with a serious emotional disturbance including a mental, emotional or behavior disorder diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Children in this level of care typically present with a history of delinquent acts and are diagnosed with a serious emotional disturbance. The child may display impaired self-concept, emotional immaturity or extreme impulsiveness, and immaturity impairs decision making and places the child at risk if in a non-therapeutic community setting; or there is a history of abuse and neglect and serious emotional disturbance.
- h) *Specialized Therapeutic II:* This level of care addresses the needs of children with a CAFAS score of 160-180 and meets Medicaid criteria. It is alternatively funded by the CWPMHP. STFC/II services are provided for children who meet the criteria for Level I and exhibit more severe maladaptive behaviors such as destruction of property, physical aggression toward people or animals, self-inflicted injuries and suicidal ideations or gestures, or an inability to perform activities of daily and community living due to psychiatric symptoms. The child requires more intensive therapeutic interventions and the availability of highly trained specialized therapeutic foster parents. Specialized therapeutic foster care services may be used for crisis intervention for an enrollee for whom placement must occur immediately in order to stabilize a behavioral, emotional or psychiatric crisis.
- i) *Specialized Therapeutic Group Care:* This level of care addresses the needs of children with a CAFAS score of 120-200 and meets Medicaid criteria. It is alternatively funded by CWPMHP and is defined by the Community Behavioral Health Services Coverage and Limitations Handbook as having an International Classification of Diseases ICD-9-CM diagnosis as specified. The child either has been enrolled in a special education program for the seriously emotional disturbed or emotionally handicapped, or have scored 50 or below on the Axis V Global Assessment of Functioning Scale or “GAF” within the past six months. The child must be diagnosed by a psychiatrist or other licensed practitioner of the healing arts as having a moderate to serious psychiatric, emotional or behavioral disorder, and due to the emotional or psychiatric symptoms is exhibiting severe maladaptive behaviors or an inability to perform activities of daily living. The child must require intensive, structured, mental health interventions and the availability of highly-trained therapeutic group care staff. The child must have reached the maximum health benefit from a more restrictive setting or a less restrictive treatment option may have been tried or considered and not found sufficient to meet safely the child’s treatment needs.
- j) *Residential Group Care/ Sub-acute Inpatient Psychiatric Program (SIPP):* This level of care addresses the needs of children with a CAFAS score of 200-240 and is funded through the Agency for Health Care Administration Medicaid. Per Florida Statute 39.407 a child must be deemed suitable for residential treatment by having received a Suitability Assessment by a Qualified Evaluator prior to admission. No child can be placed in this level of care without this required assessment. A determination concerning the child or adolescent requires that each of the following criteria is met:

- The child requires residential treatment;
- The child is in need of a residential treatment program and is expected to benefit from mental health treatment; and
- An appropriate, less restrictive alternative to residential treatment is unavailable.

k) *Relative/Non-relative Care:* When the CPI determines that placement with a relative or non-relative caregiver is the appropriate option, they will call the BFP Intake Specialist, provide enrollment information, and review any information that might require immediate assessment or services following placement with relatives/non-relatives. Additionally, the BFP Client Relations Specialist (CRS) assists relative care givers in navigating access to cash assistance, food stamps, Medicaid and relative caregiver funds. When a relative caregiver accepts a child into their home, a packet is immediately sent to them, providing the caregiver with resources and contact information for the CRS who can provide support and solutions to problems that may arise in accessing necessary benefits in order to support the child or children in their home. This immediate support assists in ensuring placement stability for children placed in the home of the relative.

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

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

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

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

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

BFP holds that children deserve to grow up in a safe, loving, and stable environment where family connections will remain with them long-term. As such, BFP does not promote APPLA as a viable permanency option until all other options have been exhausted and a team of professionals concur that APPLA is an appropriate goal. There are currently 22 of 468 children placed in out-of-home care with a goal

of APPLA. These children are minimally staffed twice per year by a team of professionals consisting of: the youth, their support network, the care manager, care manager supervisor, CLS attorney, GAL, service providers, IL staff, and current caregivers. This staffing team convenes to identify and explore any alternate permanency options and/or permanent connections that may be available for the youth when they exit the foster care system.

7) *Post Placement Supervision/ Reunification*

To promote permanency and prevent the likelihood of reentry into the system, the CMA is required to conduct a reunification staffing, inclusive of all parties associated with the family, to assess protective factors to ensure the child's safety upon return home. In addition to post reunification supervision that consists of a minimum of six months care management supervision, families have ongoing access to and the support of their family team. Brevard C.A.R.E.S. is a DCF Access Center and provides a Family Resource Center that serves as a training hub and drop-in site. Tertiary support is also available for post-adoptive families.

8) *Adoption*

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

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

BFP places a high priority upon the achievement of permanency for children and youth in care and since inception has annually met and exceeded its adoption target. The adoption goal in FY 2016-2017 was 66; BFP has exceeded this target and presently has completed 79 finalizations. . To focus upon permanency for youth in care who have been in placement for an extended period of time, BFP annually establishes additional performance targets to concentrate on the recruitment of families for legacy youth. Adoptions of children in out-of-home care in Brevard County are handled by the BFP staff attorney.

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

9) *Post Adoption Services*

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

child and family. The post-adoption support program provides a variety of services such as:

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

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

Brevard C.A.R.E.S. has forged a joint effort and partnership with the Department of Juvenile Justice (DJJ) to divert entry of DJJ youth into the Dependency system by reaching out to these families early in the commitment phase. In 2016-2017 approximately 75 referrals were received with the primary referral reason being “ungovernable behavior.” Through provision of Brevard C.A.R.E.S. staff in attendance at DJJ staffings, youth at risk of abandonment are identified early in the commitment. Identified families are then engaged by C.A.R.E.S. staff who implement aggressive family preservation services and supports, FTC, and a reintegration plan for the family that will enable the youth to safely return home. Brevard C.A.R.E.S. staff accompanies the family to the subsequent Delinquency Court appearance to report on Brevard C.A.R.E.S. role and the plan and services in place for the youth and family.

Additional services and placement options delivered within the System of Care

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

Service Delivery System

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

To best serve children and youth who have experienced trauma and to mitigate the probability of practices that may inadvertently re-traumatize the child following removal, BFP has partnered with the Center for the Study of Social Policy to implement the Youth Thrive Framework across the continuum of care and community of practice. Through the Brevard Youth Thrive Initiative BFP is raising awareness, sensitivity and competency in use of Trauma Informed Care (TIC) integrated with Positive Youth Development practices. Providers have been oriented and trained in the approach; partner agencies have individually incorporated training among their staff and BFP has developed a fully integrated TIC network. Through trainings, annual convening's and ongoing meetings which have served to outline the core competencies of TIC practices that have become embedded across all facets of the System of Care. BFP formulated a comprehensive interagency TIC workgroup known as the BYT Steering Committee, inclusive of former foster youth, consumers, front-line staff, managers and supervisors, foster and adoptive parents, caregivers, community leaders, and executive leadership. This workgroup which partnered with the Center for the Study of Social Policy (CCSP) has embodied and promoted the CCSP Protective and Promotive Factors which have been proven essential for healthy development of those we serve. These include: youth resilience, social connections, cognitive and social emotional competencies, concrete support in times of need, and knowledge of adolescent development.

To address the needs of victims of sexual exploitation and human trafficking in accordance with the "Florida Safe Harbor Act", BFP has representatives who attend and participate in the local Human Trafficking Taskforce. The Space Coast Human Trafficking Taskforce is comprised of providers, DCF, faith leaders and a cross-section of community members possessing knowledge and expertise in the sexual exploitation of children. The taskforce is charged with: establishing a local emergency rapid response protocol; procuring training for group care providers, case management, foster parents and service providers; identifying available resources; developing a checklist of steps or activities to be completed when a victim is brought to our attention or suspected to be a victim; and outlining communications between agencies. It is intended that each subcontracted provider within the System of Care will appoint a designee to serve as the subject matter expert and liaison to the commission to ensure all staff remain well-versed in policies, protocols and the services available to ensure the safety and well-being of victims.

To ensure clients receive the highest quality services empirically proven to be effective, BFP has strategically guided the development of its provider network from evidence-informed to an Evidence Based Practice (EBP) standard. Through a subcontract with Evidence Based Associates and the Chadwick Center at Rady Children's Hospital in 2011 which operate the California Evidence Based Clearinghouse, an analysis of capacity and roadmap to achieve and build evidence-based capacity was crafted. As part of the second phase of the implementation of EBP standards, the provision of technical assistance and training is being provided to partner agencies. BFP then procured and awarded EBP capacity building grants to three of its provider agencies including: Crosswinds Youth Services, Children's Home Society of Florida, and Intervention Services, Inc. As a result of this effort, BFP has recently added the Nurturing Parenting Program, Trauma Focused Cognitive Behavioral Therapy, and Child-Parent Psychotherapy to its continuum of care. The figure below illustrates the science behind EBP used as the standard definition for BFP.

BFP Evidence Based Practice Definition



Demographics of the County

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

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

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

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

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

life of the case. BFP's Flexible Support Services array includes:

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

As a result of the cost savings and efficiency associated with purchasing services using a unit-rate payment methodology, BFP has been afforded the ability to increase its service capacity to meet the changing needs of the children and families in Brevard, and to address any gaps that may exist. Service enhancements over the past few years have included but are not limited to: Mobile Response, the Brevard Interfaith Coalition, Evidence Based Practice programs, Parenting With Love and Limits, Brief Strategic Family Therapy, Family Finders, Suboxone Treatment, Onsite Substance Abuse and Domestic Violence Assessments, FastTrack GED, Youth Liaisons, Crosswinds Youth Services, Healthy Start, Healthy Families, and recently the Safety Management Services through Brevard C.A.R.E.S. In an effort to maximize all resources accessible to children and families served, BFP continues to work in close concert with the Managing Entity to ensure referrals for substance abuse and mental health services are coordinated and delivered in a timely manner.

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

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

Engaging Families

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

Assembling Families in Individual Teams

The convening of individual, customized, family teams serves as the catalyst to successfully engage and include families in a supportive manner. The team helps the family to identify their strengths and needs and form a family vision statement of “life will be better when...” The team explores access to informal supports and learns about the family’s culture, religious orientation, traditions, and norms. BFP provides Wraparound Care Coordination and Utilization Management (UM) to ensure immediate, real-time access to services that are customized to meet the unique needs of the children and families served. The automated Mindshare Technology Solution system enables all parties to the case access to review and input service and assessment-related data that is housed in one secure location to ensure the child and family are engaging in and benefiting from services, as intended. The Care Coordinator, in concert with the family, is responsible for assembling the family team, which is comprised of informal and formal supports identified with and by the family. The team shares in the decision making and planning process in a strength-based, solution-focused and outcome-

oriented manner.

Collaboratively Developing and Implementing Case Plans

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

Involving and Supporting Caregivers in Decision Making

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

Advocating for Families

To ensure family voice is valued and *advocacy on behalf of families occurs within the system*, BFP has ensured that broad involvement of caregivers and consumers is integrated across the system. BFP also includes youth voice, through a youth advisory board and youth liaison staff member. Youth, families, foster parents and caregivers are encouraged to participate in all staffings, speaking engagements, trainings, and at a variety of system-related venues.

Foster Parent Support Group Meetings

BFP has representation at the Foster Parent Support Group monthly meetings. BFP and members of the Foster Parent Support Group establish contact and communication on an ongoing basis and foster parents are key partners in all major initiatives at BFP. A North County Foster Parent Support Group was established in FY 2016-2017. BFP works with the Foster Parent Support Group leaders to plan activities appropriate to recruit, support, and recognize foster parents. Activities include recruitment/appreciation picnics, book clubs, clothing closets, foster child welcome kits, foster parent mentoring programs, etc.

Foster Parent Advisory Board

BFP has added a Foster Parent Advisory Board that meets monthly to discuss such initiatives as the Quality Parent Initiative and mentoring program. The Foster Parent Advisory Board may identify other areas of needed support or improvement. This initiative was added in August 2015.

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

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

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

Provider Network Selection

Selection

Since its inception, Brevard Family Partnership has planned and coordinated selection of its subcontractors to ensure that quality services are obtained in a timely manner, from responsible agencies with the expertise and experience to best serve Brevard's children and families. This is achieved using a competitive procurement process that is fair and in accordance with all DCF approved policies and procedures. Open competition is a basic tenet of public procurement and reduces the appearance and opportunity for favoritism and inspires public confidence. BFP utilizes the following types of solicitations for subcontracts: Request for Qualifications (RFQ), Request for Proposals (RFP), and Invitation to Negotiate (ITN). BFP has and will continue to competitively procure all subcontracts in excess of \$150,000, per our Procurement Policy.

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

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

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

There are three categories of providers in the Provider Network:

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

of care, usually considered informal or a natural extension of a service or agency (*such as faith based groups, food pantries, homeless shelters, etc.*) These providers may have a MOU with BFP.

Provider Network Management & Monitoring

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

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

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

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

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

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

Through use of *Standing Teams*, a multidisciplinary group of professionals along with the mandated parties meet with the family upon entry into the system to identify and authorize needed services to address emergent needs. The standing team process occurs prior to the development of the customized Family Team and Case Plan to assure children and families receive early interventions, and services identified are included in the case planning process. The Standing Team will also meet at intervals throughout the life of the case to review and monitor the appropriateness and effectiveness of services delivered upon entry, when families do not engage in the family team conference process.

Wraparound Family Team Conferencing is provided to 100% of families served at Brevard C.A.R.E.S. and approximately 40% of families in the system. This is a customized family team, inclusive of informal and natural supports, that meets regularly following the standing team's initial planning meeting for ongoing service coordination, monitoring, outcome and transition planning.

Utilization Review is the process that occurs at each subsequent Family Team Meeting or with the Standing Team in instances where families are not engaged in FTC to monitor, authorize, and modify services the child and family have been receiving.

A *Multidisciplinary Team* clinical review is conducted weekly to assess level of care and placement criteria of children who have been identified as ready to step down from a restrictive level of care or those in need of more intensive services, and to review children that are exhibiting behaviors requiring additional assessment.

At a minimum of every 90 days, Supervisory Case Reviews occur with the case management staff and quarterly QA Reviews are in place to assess the appropriateness and effectiveness of services.

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

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

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

Accountability of Performance from Subcontractors

Accountability mechanisms in place for BFP subcontracted providers is outlined in the following section on Performance Outcomes and Quality Improvement under the subheading of Accountability and can be found on page 27.

Performance Outcomes and Quality Improvement

From the start, BFP has placed emphasis upon the establishment of performance-based approaches that produce positive outcomes - and foster collective ownership and responsibility - to achieve positive results that improve the quality of life of Brevard's children and families. In July 2009 and again in 2013, BFP achieved national accreditation status through the Council on Accreditation (COA), achieving the highest level of quality review, an indication that its programs, services and operations met or exceeded all measured criteria.

To ensure ongoing and *frequent communication and monitoring of performance*, BFP has implemented *feedback loops* by way of operations calls with Case Management, Independent Living staff, the Judiciary, and DCF personnel. Operations review calls track performance towards agency contract and scorecard measures on child safety, well-being and permanency:

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

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

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

In addition BFP meets with the Department of Children and Families along with Children Legal Services, GAL offices, Managing Entity representative, Agency of Persons with Disabilities' representative, Case Management Agency representatives, along with other stakeholders to identify barriers within the Brevard System of Care and to recommend improvements for the Brevard System of Care.

System-wide Approach

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

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

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

As an overarching basis for all of its QA activities, BFP has developed a long-term strategic plan. Developed with the BFP board of directors and broad participation of the community, stakeholders and DCF staff, the plan projects three to five years into the future and is reviewed annually, with achievements documented. To ensure the Strategic Plan remains relevant, the BFP board of directors reviews one Strategic Plan goal and its objectives on a monthly basis to ensure progress towards goals. Additionally, to ensure accountability for performance, the BFP board receives a monthly data report available to the public, inclusive of the DCF contract measures, current performance, and a myriad of system data to ensure open and transparent communication exists to determine performance quality and effectiveness, and identify areas for improvement and sustained system change, BFP uses both quantitative and qualitative data from FSFN, the DCF performance measure dashboard, case file reviews, quality service reviews, satisfaction surveys, local databases, and other methods and tools as required by the Council on Accreditation.

As part of this Strategic Planning process, effective June 26, 2017 the BFP Board of Directors ratified the decision to bring dependency case management under local leadership and control; subsequently resulting in the formation of Family Allies; a new 501 C 3 organization, which is a subsidiary of Brevard Family Partnership.

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

Accountability

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

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

In addition to the aforementioned, the provider network infrastructure is designed to promote and ensure positive outcomes. BFP, through sub-contract language and oversight, holds its providers *accountable* for meeting performance outcomes. Striving for excellence, BFP has also imposed Best Practice measures over and above

the required performance targets, which are monitored and reported quarterly to its board of directors, CMAs and partners.

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

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

Quantitative and qualitative data is collected utilizing the following:

As of October 2016, CBCs 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.

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.

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

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

Incident Reporting

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

To describe how trending data from incidents, as defined above, as well as client relations data is incorporated into the quality assurance process and our capacity to collect and evaluate outcome, output and customer satisfaction data, BFP, as a COA accredited agency has instituted a formal Risk Management Committee that includes representation from BFP operations, QA, Contracts, Intake & Placement, and Training, and foster care licensing staff. This committee meets on a monthly basis to review and identify trends, and complaints related

to client, stakeholder, employee, family, and foster parents. Any necessary training needs that may be identified and issues to ensure quality and effective service delivery and resources are then recommended and provided to our Network and within BFP.

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

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

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

Client Relations

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

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

Customer Satisfaction

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

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

- Foster Parent Satisfaction Surveys
- Adoptive Parent Satisfaction Surveys
- Family Team Conference/Standing Team Satisfaction Surveys
- Client Relations Surveys
- Service Gap Analysis Survey
- Relative/Non-Relative Caregiver Survey

Staffing

BFP is committed to managing the highest quality child welfare system possible. Accordingly, maintaining a stable, competent workforce resulting in a high degree of consumer satisfaction and positive results for children and families served is essential. Quality staff is BFP's greatest asset and the investment of time and resources into securing and retaining a stable workforce is critical to the safety of children and the success and viability of the system of care. BFP utilizes *a mature, comprehensive, operational approach to recruitment, retention, training and supervision of personnel* both within BFP and among our partner agencies. Brevard Family Partnership's Senior Executive team includes the founding Chief Executive Officer, Dr. Patricia Nellius, Senior Executive of Programs, Valerie Holmes, who has been with the agency since its inception, Senior Executive of Administration, James Carlson, who has been with the agency for 11 years, and Senior Executive of Compliance, Deborah Davidson-Cook, who has been with the agency for 10 years.

A key feature of the system's success in attracting and retaining quality direct care staff is our *commitment to managing caseload ratios*. BFP places a great deal of emphasis upon maintaining manageable caseloads to ensure children and families receive the attention necessary and that workers are able to complete required tasks in a timely, proficient and rewarding manner. BFP has successfully reduced caseloads - from a high of over one direct care worker to 50 children, upon transition, to an average caseload today of one care worker to 22 children. The caseload ratio is a measure reviewed during weekly/monthly performance review meetings.

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

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

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

- IL specialists provided through a subcontract with Crosswinds Youth Services Inc.;
- A Foster Care Guidance Counselor located at Brevard Public Schools;
- Adoption Specialists provided through a subcontract with IMPOWER;

- A BFP Court Liaison located in the Dependency Court;
- Wraparound Care Coordinators who facilitate FTC and authorize real-time services;
- A BFP Client Relation Specialist who serves as a caregiver liaison and ombudsman, assisting relative caregivers in securing Medicaid, relative caregiver funds, social security, and public assistance benefits;
- In house legal counsel;
- Clinical support through BFP's Senior Director of Programs;
- A reunification program through Justice Works;
- Eckerd's Therapeutic Supervised Visitation Program; and
- Brevard C.A.R.E.S. Safety Management Services
- Care Coordinators and FP's
- Co-located Clinical Services Coordinators Specialists

Culturally Diverse Staffing Capacity

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

Diversity Matters

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

The US census estimates for 2015 report 83.7% of Brevard County’s population as White persons, 10.7% as Black, 9.7% as Hispanic, 2.6% as two or more races, 2.5% as Asian, and 0.6% as Other.

Brevard County Demographic U.S Census 2015 Estimates								
Total Population	Female	Male	Black	Hispanic	White	2+ Races	Asian	Other
568,088	51.2%	48.8%	10.7%	9.7%	83.7%	2.6%	2.5%	0.6%

BFP maintains a culturally diverse case management workforce consisting of the following demographic composition: approximately 60.7% identify themselves as White, 31.0% as Black/African American, 7.1% as Hispanic, 1.2% as Biracial, and 0.0 % as Other.

BFP Workforce Demographic May 2017								
Total Staff	Female	Male	Black	Hispanic	White	2+ Races	Asian	Other
84	85.7%	14.3%	31.0%	7.1%	60.7%	1.2%	0.0%	0.0%

BFP and Brevard C.A.R.E.S. staff totals 84 employees. The figure above reflects the demographics of our workforce inclusive of both BFP and C.A.R.E.S.

In May 2017 the child client population demographics consisted of: 55.6% White, 22.7% Black, 13.2% Hispanic, 4.4% Biracial, and 3.9% Other.

Service Population (Children) May 2017								
Total Population	Female	Male	Black	Hispanic	White	2+ Races	Asian	Other
1686	48.0%	52.0%	22.7%	13.2%	55.6%	4.4%	0.2%	3.9%

From the BFP Board of Directors, to its field teams, BFP utilizes practices that embrace diversity and cultural sensitivity. The BFP Board of Directors consists of 9 members: three County Appointees and six members from the community. The demographics of Board membership includes: 44.4% male, 55.6 female; 88.9% White, 11.1% black, and 0.0% Hispanic.

BFP Board May 2017				
Total	Female	Male	Black	White
9	55.6%	44.4%	11.1%	88.9%

Operational Approach to Recruitment, Training, Supervision & Retention

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

While BFP does not directly recruit subcontractor staff we recognize that we are ultimately responsible for ensuring the maintenance of a stable and competent quality workforce. This involves monitoring and ensuring manageable caseloads, the provision of competent and adequate support and supervision, professional development opportunities; well-defined, attainable performance targets; and recognition for performance achievements. Our agency infrastructure and network staffing patterns have been formulated to ensure optimal performance and employee satisfaction while maintaining an efficient operation.

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

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

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

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

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

Retention of staff is vital and directly linked to achieving positive outcomes. To ensure a *targeted focus upon retention of staff* is in place, employees are afforded training and professional development opportunities, individual and group supervision, advancement and promotional opportunities, and participation and leadership roles in workgroups, committees and task forces. As the system of care is highly innovative and implements leading edge initiatives, staff also benefit professionally from exposure to additional skill development in areas of specialty such as the implementation of evidence-based programs, High Fidelity Wraparound, Family Team Conferencing, Trauma Informed Care, UM, and the development of an automated UM system platform.

To ensure and promote the retention of direct case management staff, BFP monitors caseload ratios on a weekly and monthly basis to ensure the highest quality of services are provided to our children and families.

Grievance and Conflict Resolution Practices

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

BFP and its partners provide equal employment opportunities to all employees and applicants without regard to race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or

expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, or sexual orientation in accordance with applicable federal, state and local laws.

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

Case Management Training

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

Sub-contracted CMA Direct Service Personnel

Fifty care managers and nine supervisors comprise nine units that are subcontracted to deliver case management services throughout Brevard County.

CM units are designed as teams to provide mentoring, supervision and peer support, and to ensure economy of scale and continuity of care of the children served on each caseload. Supervisory staffing ratios consist of five-seven care managers reporting to one supervisor. Additional support is provided to the CMA and all subcontractors through provision of onsite, co-located technical assistance.

Provider Network and Community Training

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

Training includes but is not limited to:

- Wraparound 101-201
- System of Care Values, Principles, and Practices
- Supervisory Training
- Trauma Informed Care
- NAPPI Training for Foster Parents
- Leadership Training
- Family Finders Training
- Community Leadership Training
- LBGTQ Training
- Cultural Competence and Sensitivity

Supervision of Direct Service Personnel

Every 90 days, Case Management Supervisors are required to meet formally, in either individual or group supervision settings, with each direct report participating in no less than one hour of individual supervision. Supervisors routinely assess the need for more frequent supervision based upon the skills and experience of the staff member, the complexity of the assigned tasks, the size/volume of staff workload, and in accordance with the practice standards of regulatory and accrediting bodies. In addition to reviewing each case assigned to the care

manager, a review of the number of cases assigned also occurs to ensure caseload ratios are maintained. In addition supervisor ratios are monitored on a regular basis to ensure supervisor to care manager ratios allow for adequate time for consultation and supervision.

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

Achievement of Performance Standards

BFP incorporates processes to ensure staff, case management, and subcontracted providers remain well-informed of contractual obligations, performance expectations, strategic plan goals, and current trends.

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

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

Credentials for Human Resources and Professional Level Employees

The BFP executive team is comprised of a seasoned group of executive leaders who collectively represent extensive service and experience in the child welfare and human services arena. Collectively, our leadership team has xxx years of experience in human services. Over 50 % of the executive team has been employed with BFP for 10 years or more. Our leadership has received numerous awards and recognitions for their pioneering efforts in system reform and transformation efforts, innovation, advocacy, accomplishments, program development and positive outcomes for children. Awards include:

- *Central Florida Humanitarian of the Year 2015: Space Coast Daily News/Space Coast Medicine*
- *Woman of Excellence: Melbourne Chamber of Commerce*
- *Brevard C.A.R.E.S. Safety Management team won the Social Service Agency award at the annual Child Abuse Prevention Taskforce Banquet, April, 2017*
- *Eckerd's Children's Hero - 2011 and 2012, 2016*
- *The Child Abuse Prevention Task Force's CAP Leader in 2009*
- *The Florida Coalition for Children Administrator of the Year – 2007*
- *The Florida Coalition for Children Jim Strayer Award – 2009*
- *The Florida Coalition for Children Distinguished Service Award – 2008*
- *The Florida Coalition for Children Support Staff of the Year – 2010*
- *Commendation from Governor Bush - 2006*

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

- Serving for five years on the Governors Child Abuse Prevention and Permanency Advisory Committee.
- Advocating for inclusion of the Faith Community in the statewide child abuse prevention and permanency plan and co-chairing the Faith Based Committee with the Chief Child Advocate.
- Appointment as the Chairperson of the Resource Allocation and Efficiency Committee under DCF Secretary Hadi that crafted the efficiency report presented to the Legislature in 2006, which resulted in formation of the Center for the Advancement of Child Welfare practice contract, subsequently awarded to USF.
- Contacted with the office of Substance Abuse and Mental Health Office to statewide Wraparound Training for the System of Care Expansion Sites 2013-2017 (federally funded through Substance Abuse Mental Health Service Administration)
- Contacted with the Florida Alcohol Drug Abuse Association (FADAA) for Wraparound Training.
- Receiving commendation from Governor Bush in 2006 for assisting with the development of Florida's IV-E Waiver, writing the Service Array and Principles of Practice Guide, and conducting statewide leadership transition training.
- Being appointed by Secretary Butterworth to serve on the Sarasota YMCA review team, resulting in the recommendation to carve out the Pasco and Pinellas County CBC that was later awarded to Eckerd.
- Delivering the keynote address on sustainability of systems of care to the nation's child welfare system of care grantees for HHS at Georgetown University.
- Serving as a thought leader with Jim Casey Youth Opportunities Initiative, the Center for the Study of Social Policy, and FHI 360 (formerly AED).
- Serving on the National Advisory Board for the Research Training Center at the University of Washington's National Wraparound Initiative.
- *Youth Thrive National Steering Committee*: Center for the Study of Social Policy

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

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

Information Technology Operations and Credentials

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

Through this relationship BFP has access to:

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

- *Around-the-clock technical support.*

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

- Degrees - Computer Science, Information Systems, Computer Engineering, Electrical Engineering, Accounting, and Masters of Business Administration.
- CompTIA Certifications - CompTIA A+ Certified Professional, CompTIA Network + Certified Professional, CompTIA Security+, and CompTIA Network+
- Microsoft Certifications - Microsoft Certified Professional + Internet, Microsoft Certified System Administrator, Microsoft Certified System Engineer, Microsoft Certified Technology Specialist
- Cisco Certifications - Certified Network Associate Cisco Small Business Account Manager Certification, Cisco Certified Network Professional, Cisco Certified Internetwork Expert, Cisco Small Business Systems, Cisco CCENT
- Other Certifications: Certified SonicWALL Security Administrator, GQT Electricity and Electronics, HP ProCurve Sales Certification, Help Desk 2000 Help Desk Management Certification, Windows XP, State of Florida Certified EIT, Process Engineering Certificate (University of Florida specialization)

Executive Leadership

BFP has successfully maintained continuous and stable leadership over the thirteen years it has been in operation. It is one of the few Lead Agencies to have its founding CEO remain in leadership from inception.

Dr. Patricia Nellius - Founding and Current CEO:

Patricia Nellius is the founding CEO of Brevard Family Partnership (BFP), the Lead Child Welfare Agency in Brevard County, Florida where she has served since its inception in 2004. Under Patricia's leadership Brevard successfully transformed its local child welfare system into a national model recognized for its innovations, excellence and positive outcomes. Patricia holds a Master's and Doctoral Degree in Counseling with a specialization in trauma treatment. Out of a deep desire to impact change and improve the quality of life for vulnerable children and families, Patricia worked her way from the field up to administration. Patricia has served in the human service sector with specific focus on system reform for over 25 years. Patricia also serves as the CEO of the National Center for Innovation and Excellence, the research training and technical assistance branch of BFP. As a model developer Patricia and her team designed, piloted and implemented the C.A.R.E.S. Program model, a front end prevention and diversion high fidelity wraparound program for children and families at risk of entry into mandated systems. After years of research and evaluation in October 2016 under Patricia's leadership C.A.R.E.S. met the standard as an Evidence Based Practice.

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

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

Valerie Holmes – Senior Executive of Programs

Valerie Holmes, Senior Executive of Programs at Brevard Family Partnership provides oversight of a comprehensive continuum of service delivery from entry to exit including prevention/diversion, intake, placement,

foster care recruitment and licensing, clinical services, independent living and adoption. Ms. Holmes is the founding Executive Director of Brevard C.A.R.E.S.: responsible for the oversight of all administrative, fiscal, and programmatic activities of this secondary child abuse prevention model that has achieved Evidenced Based credentialing as empirically proven to prevent the future incidence of child maltreatment. Valerie led the agency through its initial accreditation in COA for intensive case management and care coordinator and secured several state and federal grants. Valerie has been appointed to the national C.A.R.E.S. replication team, is a Master Trainer in System of Care and Wraparound and serves as the principal point-of-contact and project lead on any research and data analysis of the C.A.R.E.S. model. Valerie is currently a Doctoral Candidate in Psychology and received a Master's in Counseling and Psychology from Troy University in 2005, a Masters in Criminal Justice from the University of Central Florida in 2001 and a Bachelors in Psychology from the University of Central Florida in 1993. Valerie has worked in the social services field in a variety of community based non-profit settings for the last 24 years in the areas of child welfare, child abuse prevention, mental health, seriously mentally ill and domestic violence.

Kevin Maloney – Senior Executive of Strategy

Kevin retired from active duty in 2004 from the United States Air Force. He served 11 years in the Intelligence Community. In 2004, Kevin began his second career in social work by becoming a case manager with the Department of Juvenile Justice. His primary role was to manage 16 Juvenile Offenders in an intensive therapy dorm residing in a maximum-security facility.

In 2005, Kevin became a Case Manager Supervisor with the Harbor and The Centers, subcontracted providers of the Community Based Care lead agency, Kids Central, Inc. Kevin was responsible for providing continuity of care, with the goal of permanent placement for children through a care management model that included developing, expanding, accessing and linking resources in the community to the needs of the child through the child's experience in the system of care. He directly supervised seven Family Care Managers that provided oversight to approximately 175 children.

In 2007, Kevin moved to Kids Central, Inc. to become their Director of Information Technology and General Services. In this role, he was instrumental in keeping Kids Central on the cutting-edge of technology. He was responsible for a network that supported over 300 end-users. He ensured data integrity and availability to the State of Florida Safe Families Network (FSFN).

In 2013, Kevin became the Director of Operations for Kids Central, Inc. He was responsible for performance oversight to the subcontracted providers. He was responsible for ensuring that service delivery was performed per the organizations mission, vision, and values. He also was responsible for providing direction and leadership to the organizations Independent Living Program and for compliance management for the Interstate Compact for the Placement of Children.

Kevin received a Master's in Human Relations from the University of Oklahoma in 2000 and a Bachelors in Business Administration with a minor in Management from Troy University in 1990. He has worked in the social services field in community-based, non-profit settings for the last 13 years. He was the Chairman of the Board for the Child Advocacy Center (Jessie's Place) in Citrus County. He has a certification as Child Welfare Case Manager Supervisor and Independent Living Specialist. Kevin is a Florida Sterling Council Advanced Examiner and is certified Six Sigma Green Belt and Yellow Belt.

Community Collaboration

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

Additionally, our board of directors, staff and partners are continually encouraged to develop relationships within

their local communities, neighborhoods and spheres of influence. This serves to connect with businesses, civic organizations and individuals, informing them of the needs of the children and families we serve and garnering their support. This is also achieved through the promotion of civic engagement and volunteer activities of staff.

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

- Analyze former DCF child welfare system.
- Determine service philosophy and approach.
- Establish best-practice standards.
- Develop a case management model.
- Create an emergency response model.
- Evaluate the service delivery network.

Our Guiding Principles

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

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

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

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

Source: TIP and the Leadership Roundtable

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

- Design and implement an aggressive front end prevention and diversion model;
- Incorporate mobile crisis response;
- Maintain caseloads ratios below 1:20 (it should be noted that prior to the statewide increase of children in care and a decrease in funding, BFP caseloads were at a low of 1:17)
- Achieve national accreditation;
- Use Family Team Conferencing and Family Centered Practice;
- Keep Brevard's children in Brevard; and
- Conduct concurrent case planning.

Of significance, BFP has achieved all of the priorities established by TIP.

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

Interagency Efforts

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

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

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

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

- In partnership with the Dependency Court Judge and the DCF, BFP and its partners have hosted local Summits to foster collaboration, training and joint planning efforts to enhance and promote best practices across the system of care.
- To ensure the medical and dental care of Brevard's children remain a chief priority, BFP has forged a cooperative partnership agreement with Brevard Health Alliance, the Federally Qualified Health Center to provide Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and deliver dental care. In addition, BFP has contracted with local dentists throughout the county to ensure access to necessary care.

- BFP staff meets regularly with GAL program staff and volunteers, and maintains a strong partnership with Circles of Care, local mental health providers, and the newly formed local Managing Entity, Central Florida Cares to ensure the integration of services occurs on behalf of shared clients. BFP staff regularly partner with SAMH and interagency teams at Champions for Children venues. BFP leadership meets regularly with CPI, CLS, CMA, and Brevard C.A.R.E.S. in an interagency collaboration meeting to identify ways to strengthen the system and ensure cross-system communication.
- Brevard C.A.R.E.S. provides the Mobile Response Team; the Mobile Response Team Coordinator is responsible for therapeutic on call crisis stabilization intervention and crisis prevention services in the Brevard County System of Care in a variety of home and community settings. The Mobile Response Team Coordinator provides coordination and oversight of on call response including a team of subcontracted Masters Level clinicians in order to ensure crisis intervention is available 24 hours a day, 365 days a year. The Mobile Response Team provides immediate response for family stabilization and the prevention of removal. The Mobile Response Team Coordinator provides support and management of a group of subcontracted Masters Level clinicians that participate in the Mobile Response Team on call rotation and is responsible for ensuring crisis response is available in the Brevard County System of Care 24 hours per day and 365 days per year. The Mobile Response Team is deployed for any crisis including situations where it is suspected that a person is a danger to himself/herself or others; or other mental health crisis requiring immediate intervention, domestic violence, substance abuse, serious illnesses, injuries and death, in response to fatal traffic accidents, suicide, homicide, death or serious injury of a child, violence, and accidental or sudden death discovered by a family member, friend, or co-worker. Mobile Response is designed to promote family stabilization to enable the family or foster home to remain intact in the community when safe and appropriate to do so. The Mobile Response Team Coordinator serves as a community liaison and accepts referrals from the Department of Children and Families Child Protective Investigators, case management and other community resources and regularly interfaces with the Brevard Family Partnership Intake Specialists and the Clinical Services Supervisor. Once a referral has been received, the Mobile Response Team Coordinator or attending subcontracted providing therapist will respond no later than one hour of receiving the crisis call and provide a comprehensive summary of crisis response provided within one business day. The summary includes a crisis response summary, brief behavioral description, crisis intervention utilized and any needs or recommendations.

Vertical Collaboration

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

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

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

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

BFP is an “open door policy” agency and holds frequent community forums and periodic town hall meetings with

the CMAs and providers to receive input from the field. The CEO and management staff conduct on-site visits with each provider agency to receive input, feedback and recommendations. Annual satisfaction surveys are distributed, collected and reported to the BFP board of directors.

Neighborhood Partnerships

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

Examples of our investment to-date include:

Over the past 18 months we have made a concerted effort to engage and expand our Faith Based Partnerships. Below is a list of efforts and partnerships to date:

- CenterPoint Church-Host Monthly Foster Parent Support Groups
- Holy Trinity – Identified partner with the Excellerate Initiative.
- Suntree United Methodist Church-Hosted Foster Parent Appreciation Event
- Calvary Chapel Surfside-Hosted Foster Parent Recruitment Events
- The House Church Christmas Extravaganza-Hosted Foster Parent Christmas Party
- Trinity Wellsprings Church-Hosts Foster Parent Recruitment Event
- Ascensions Catholic Church-Hostess Foster Parent Recruitment Event and Foster Parent Thanksgiving Luncheon
- Family Promise (CARES) Affiliation of multiple churches to support homeless families and
- First Baptist Church of Melbourne-Annual Breakfast with Santa
- Working in close concert with the organization Grandparents Raising Grandchildren to provide material goods, funding for legal counsel, and system navigation assistance to this vitally important group of relative caregivers. Grandparents who are raising their grandchildren are a growing demographic and are assuming greater roles in the care of family members.
- The Expansion of Head Start to include at-risk populations within the child welfare system through a contract with Brevard Public Schools.
- Addition of the *Cribs for Kids* Initiative, resulting in over 400 families participating in Safe Sleep Workshops and receiving a portable crib annually. *The incidence of deaths resulting from unsafe sleeping has decreased by 28%* since Cribs for Kids was implemented.
- Serving as a DCF ACCESS partner.
- Joint child abuse prevention efforts and local planning in the Five Year Child Abuse Prevention Plan.
- Developing relationships with local branches of civic organizations such as Kiwanis and Rotary to provide awareness and education about the local system of care and to solicit financial and volunteer support for events such as the Run for Love 5K, an adoption awareness event held in November.

- Participation at monthly foster parent association meetings.
- Staffing and supporting the Child Abuse Prevention Task Force of Brevard County and its annual abuse prevention awareness events.
- Developing and operating a volunteer program that has resulted in a longstanding relationship with AARP whose clients serve as volunteers while they acquire skills to prepare for reentry into the workforce.
- Brevard Community Foundation
- Space Coast Health Foundation
- Central Florida Cares
- BFP Senior Executive of Programs is the Chair of Together in Partnership
- Brevard County Housing and Human Services Together in Partnership
- A retired therapist who avails her time to convene parent education sessions and conduct marriage therapy pro bono; and a retired psychologist who has, over the past three years, donated over 185 hours providing weekly clinical consultation, serving on the psychotropic medication review committee, attending court, etc. and managing the Alumni program for former consumers of the system and families in need of support and education.
- Partnering with DCF, the Child Abuse Prevention Task Force of Brevard County and other partners during Child Abuse Prevention month, going door-to-door in identified, at-risk communities to provide positive parenting information.
- A recent addition to the local efforts of strengthening our community includes a newly forged partnership between BFP, Brevard C.A.R.E.S., Serene Harbor, the Salvation Army, DCF and the Florida Coalition Against Domestic Violence (FCADV) to bring the "Safe and Together" model to the local community. This model uses strategies to increase child safety in domestic violence cases. In January 2013, the committee will convene a forum to inform and educate community leaders, Brevard Public Schools employees, law enforcement, State Attorney, and system of care partners and providers. In April, a two-day "Train the Trainer" program will be presented to all partner and community agencies with the intent of full community implementation to follow. Two Domestic Violence Specialists are provided through this partnership.
- BFP has also been a collaborative partner in several local joint grant submission efforts.
- To further advance its neighborhood partnerships, BFP hosts welcome and information meetings to inform and engage community leaders and stakeholders, and encourage them in finding solutions to assist and strengthen children, youth and families in Brevard County who are at risk of abuse, neglect and abandonment.

Public Private Partnerships

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

BFP staffs a guidance counselor position in Brevard Public Schools to specifically serve foster youth. BFP's prevention and diversion program, Brevard C.A.R.E.S. was awarded a contract through Brevard Public Schools to support Head Start, delivering Wraparound care coordination to enhance services for children. In partnership

with Brevard Public Schools, DCF and GAL, BFP co-hosts a number of community-wide trainings and seminars. To promote intergenerational efforts in the community, BFP has partnered with AARP for over 10 years, serving as a training site for AARP members seeking to attain job skills. AARP trainees serve as volunteer staff at BFP. BFP also engages on a regular basis with LEAD Brevard, the county's leadership development organization, the Economic Development Commission of Florida's Space Coast and its local chambers of commerce to foster, build, and engage business leaders to further its mission. BFP maintains a strong, ongoing working relationship with Brevard Workforce.

Partnerships with Families

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

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

Governance

Community Based Care of Brevard, dba BFP was founded in May 2003 through a partnership of the Brevard County Board of County Commissioners, Children's Home Society of Florida and Devereux Florida for the sole purpose of establishing the organization to apply to become the Lead Agency to deliver child welfare services in Brevard County. BFP is governed by a local board of directors of community leaders who represent diverse skills, expertise, and cultural and religious backgrounds and who volunteer their time, talent and resources to provide governance and fiduciary oversight of BFP.

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

The National Center for Innovation and Excellence also became a subsidiary 501 (c)(3) and was formed November 30, 2012. Its mission is to develop resources, deliver services, and provide technical assistance, consultation and training to Community Based Agencies, localities, and state and county managed child and family service system that are seeking to implement, manage or enhance their System of Care.

In March, 2017, BFP's Board of Directors approved the formation of another subsidiary 501 (c)(3) agency dba Family Allies, operating as an arm of BFP for the purpose of delivering case management services as part of the child welfare continuum. Services began June 26, 2017.

Governance Structure & Lines of Authority

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

The BFP board of directors is comprised of 9 members who meet monthly (minimally eight times per year) and

achieves its work through a subcommittee structure to ensure the operation and management of an efficient, effective and collaborative community-driven system of care. Monthly meetings consist of review of the DCF contract performance targets, the DCF scorecard and related data, a comprehensive local data report, review of the financial status, Brevard C.A.R.E.S. performance, and will include performance of Family Allies, risk, policies, and customer satisfaction surveys. These meetings encourage attendance and presentations from across the system of care and local community, including consumers who share their experiences, observations and perspectives. This ensures direct lines of communication remain open with the board of directors.

The CEO serves at the pleasure of the board of directors and reports directly to that body. The CEO is held accountable for the achievement of annual performance targets and goals, DCF contract measures, and the successful overall daily operation of the system of care. The CEO is evaluated annually by the board and held accountable on an ongoing basis for the attainment of the goals set forth by DCF, the community through TIP and the LRA, and board of directors. The CEO directly supervises the Senior Executive of Programs, the Senior Executive of Administration, the Senior Executive of Compliance and the Executive Director of Family Allies.

The BFP board of directors convenes an annual business meeting in which strategic plan goals, training and development, discussion of initiatives and the election of officers occur in accordance with its Bylaws and Board policies. Board members are actively engaged in philanthropic and community events as well as providing fiduciary and policy setting oversight of BFP.

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

Lean, Efficient and Effective Administrative Model

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

Comprehensive Experience and Achievement in Governance

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

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

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

Eric Smith

Board Chair, Brevard County Appointee

Eric is President and CEO of Indian River Networks, founded when he returned from a tour in Iraq as a Marine Reservist. Eric has over 25 years of technology experience, multiple industry certifications and earned a B. A. in Psychology in 1988 from Point Loma Nazarene College. Eric has the ability to translate business processes into efficient hardware and software solutions, with a focus on the designing and supporting software applications concurrently running on multiple platforms.

Dr. Greg Howes

Board Vice-Chair, Brevard County Appointee

Dr. Howes is the CEO of Treaty Consulting Group. He is a practitioner, educator, author, and scholar of business and management who is dedicated to helping individuals enrich their lives and organizations optimize their performance.

Over his career working with small businesses and fortune 500 companies, Dr. Howes has championed numerous change efforts, steered market penetrations and business pursuits, led Post-Merger Integrations (PMIs), and ran various departments at the management and executive level.

“Dr. Greg,” as his students call him, is adjunct faculty at Florida Institute of Technology and Webster University where he teaches Strategic Management, Technology Commercialization & Entrepreneurship, Operations & Logistics, and Program Management. He has chaired the Organizational Behavior Department at the University of Phoenix, Orlando, FL campus where he mentored instructors and developed instructional content.

Dr. Howes has authored several acclaimed works, including: Business Optimization: Six-Steps to a Sustained Performance Culture; Student Constructions: The Relationship between Classroom Project Management and Student Perceived Teacher Caring; and Leadership: The Mechanics and Heart of it All.

Dr. Howes holds a Bachelor’s degree with a Computer Science Emphasis from Barry University; a MBA in Technology Management from the Florida Institute of Technology; and a Doctor of Management in Organizational Leadership from the University of Phoenix. He is a certified Program & Project Management Professional (PgMP & PMP). He is a 30-year resident of Brevard County.

Stockton Whitten

Board Treasurer, Brevard County Appointee

Stockton Whitten is a native of Jacksonville, Florida and was educated in the Duval County Public School System. He earned both his undergraduate and graduate degrees at the University of Florida. He also has a graduate degree from Georgia Southern University.

Mr. Whitten has been employed by Brevard County since 1994 and is currently the County Manager. He was previously the Deputy County Manager and Assistant County Manager for the Management Services Group for 12 years. Prior to coming to Brevard County, Stockton worked for Broward County Government. He has also worked for both the City of Gainesville and Alachua County Governments. In total, Mr. Whitten has over 23 years of experience in local government. He was a member of the Brevard community’s advisory board prior to the establishment of Community Based Care of Brevard in 2003 and has served on BFP’s board in the capacity of Treasurer and Vice-Chair. He became Brevard Family Partnership’s Board Chair in 2012. Stockton lives in Rockledge with his wife and three children.

Kathleen Rich-New
Community Member

Kathleen brings a unique blend of practical experience and clarity of focus to her business consulting, coaching, seminars and speeches. She holds an MBA from the University of North Texas and a Master's Degree in International Human Resources from the University of Dallas. Her undergraduate degree is in Business Administration from Kansas State University. She trained in Appreciative Inquiry (Ai) at the Taos Institute and is a fire-walking graduate of Tony Robbins Mastery University.

Kathleen has over 25 years in corporate Human Resources at the managerial and executive levels of companies such as Apple Computer, GTE, Nortel, SGI and several smaller companies. She is the president and CEO of Clarity Works! Consulting. "My passion is helping organizations and individuals reach clarity of purpose and vision and establish the most effective working relationships to achieve their goals".

Andrea Betting
Community Member

Ms. Betting is a Managing Director of the Florida Adoption Center located in Satellite Beach and Vice President of the Florida Crisis Pregnancy Resource Center.

A native of Great Britain, Ms. Betting met her husband while he was stationed in the U.S. Air Force in England. She spent her early career working for Her Majesty's Customs and Excise, Lloyd's of London Member's Agencies, and University of Cambridge. Eventually, settling with her husband and daughter in Melbourne, Florida, Ms. Betting earned both her undergraduate and graduate degrees in Social Work from the University of Central Florida. Today, she puts her business background and her experience as a Clinical Social Worker together to serve her adoption and counseling clients.

Ms. Betting believes a day when one can learn something new is a good day! She is thrilled to have been asked to join the board of Brevard Family Partnership and is excited to be involved in their mission to protect children and strengthen families.

Mark Peterson
Community Member

Mr. Peterson is a seasoned trial and appellate lawyer with extensive experience and expertise in representing individuals and corporations in state, federal, circuit and the U.S. Supreme Court in criminal, quasi-criminal, commercial, civil and regulatory matters, and forfeiture proceedings. He has provided advice and representation of individuals and corporations including but not limited to examining corporate practices, internal and external audit, prevention, compliance, codes of ethics and best practices development. He has been certified as a criminal trial specialist by the National Board of Trial Advocacy since 1983.

Mr. Peterson received his Juris Doctor cum laude from the University of Minnesota and his Bachelor of Arts from Northwestern University. He served as an adjunct professor, clinical instructor and guest lecturer at the University of Minnesota Law School and William Mitchell College of Law in trial practice, criminal law and procedure, constitutional law, ethics and legal writing. He is the author of numerous articles and books on contemporary topics, such as criminal procedure, current legislation, ethics, search warrants for professional offenses, search and seizure, DWI and right to counsel.

A Minnesota native, Mr. Peterson contributes a significant amount of time to community causes here in Brevard, as he did in his home state. In Minnesota, he coached several sports including football, basketball, baseball, softball and volleyball for Edina Athletic Association. He also mentored youth involved in the Normandale Lutheran Church Youth Ministry program, and was a member of Connecting with Kids, Tri-City Partners, and Chemical Health Partners. In 2005 he received the inaugural Connecting with Kids Mayor's Award for the "person making a positive impact in the lives of Edina Youth".

In Brevard, Mr. Peterson is a court-appointed representative for children in neglect and dependency proceedings through the Guardian Ad Litem program. He also serves as a volunteer with Children's Home Society, Brevard Rescue Mission, and the Brevard Zoo.

Ruth Long

Community Member

Ruth Long is the Director of Critical Care and Respiratory Therapy at Wuesthoff Hospital in Rockledge Florida. Ruth started her healthcare career over 25 years ago as a Respiratory Therapist. Eventually she decided to broaden her scope of practice and earn her nursing degree. Once she became a nurse, Ruth decided that she really enjoyed working with critical care patients and their families. She worked as a staff nurse and then a Nurse Manager in the ICU for several years while working on her Master's in Health Service Administration. Ruth is a native Floridian who grew up on Merritt Island and resides there with her husband Doug.

Catherine Wright

Community Member

Catherine Wright is the Senior Marketing Manager at Harris Corporation in Melbourne. Catherine has been employed with Harris since 1996, and has held a variety of responsibilities and titles including: Strategic Business Development and Strategic Planning, Business Analyst, Senior Engineering Manager, and Mechanical Engineer.

Catherine received her Masters of Business Administration from the University of Florida and her Bachelor's from the Georgia Institute of Technology. Catherine is active in the community and supports the United Way of Brevard in many capacities.

Barbara Loftus

Community Member

Barbara Loftus has lived in Brevard County for 25 years. She has worked for high-tech engineering companies like Harris Corporation and SAIC, and also in the information technology (IT) industry. She is the founder and owner of Tech-Mark Services, LLC., an engineering and marketing consulting firm. Her involvement in non-profit organizations includes being president of the Student for the Ethical Treatment of Animals chapter at North Carolina State University and chartering the first chapter of the Society of Technical Communication, also at North Carolina State University. She has a Bachelor's in Mechanical Engineering from Clemson University, and a Master's in Technical Communication from North Carolina State University.

Barbara is particularly interested in preparing youth to lead fulfilling, successful lives.

Conflict of Interest

To avoid any actual or perceived conflict of interest, the board of directors review, disclose, and sign, if applicable, a *Conflict of Interest* (COI) disclosure at each meeting to ensure the integrity of fiduciary oversight. In addition, all staff and Board members annually review the BFP COI policy and attest to adherence to its practice.

Conclusion

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