

## PROCEDURE

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<b>Series:</b>	<b>Operating Procedures</b>	<b>COA:</b> <b>CFOP: 170-9</b>
<b>Procedure Name:</b>	Standards for Care Manager Supervision	
<b>Procedure Number:</b>	OP1208	
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<b>Applicable to:</b>	Brevard Family Partnership Family Of Agencies staff	

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### PURPOSE:

### PROCEDURE:

### References

**CFOP: 170-9**

### Supervisor Reviews

1. Each case management supervisor will maintain ongoing supervision/case review with each care manager assigned to their unit, minimally.
2. Facilitating one formal review per quarter, per case, or more often if needed.
3. Supervision/case review will include, but is not limited to, discussion of the case plan, upcoming dates for staffings, court hearings and movement of the case toward the goal. It will also include a review of case management and clinical services provided to the children and families, and the adequacy of services to meet identified needs and to address child safety, permanency and well-being and should follow the guidance in the FOA initial and ongoing supervisor review tools.
4. The care manager supervisor will conduct a monthly supervisory review on any child that does not receive a face-to-face visit during the calendar month. There are various reasons for being unable to complete a visit and all will warrant supervisory oversight. For example, if the child is missing, the supervisor will review to ensure reasonable efforts are being completed to locate the child; or if the child is out-of-state, the supervisor will review efforts to initiate Interstate Compact for the Placement of Children and/or review efforts to establish ICPC supervision. These children will be immediately identified at the conclusion of each calendar month and the supervisor review will be completed and input into FSFN by the 5th of the following month.

### Supervision Consultations

Supervisor consultations are guided discussions at specific points in the case management process that apply the child welfare practice model criteria focused on promoting effective practice and decision-making. Effective supervisor consultations provide modeling of strength-based interviewing, encouraging care manager input and ideas; and offering feedback. Case consultations provide the supervisor opportunities to learn about the quality of practice of the care managers assigned to them. This includes understanding the interpersonal skills that their care managers use to engage families, knowing how to build and use effective family teams, critically

thinking and assessing family dynamics throughout the life of a case, and ultimately which care managers need additional support and professional development.

### **Supervisor Consultation General Requirements**

Supervisors are expected to have significant expertise to provide consultation around the child welfare practice model including the foundational skills that care managers must have. Supervisor consultation includes:

a. Supervisory activities to provide case consultation include field support (by phone or in person), direct observations of case management interviews, consultations in the office, active modeling, and coaching.

b. Supervisor consultations promote and develop the care manager's understanding of their responsibilities, skills, knowledge, attitudes, and adherence to ethical, legal, and regulatory standards in the practice of child welfare services.

c. Through case consultations the supervisor assesses care manager skills and determines what supports are needed. Throughout the on-going services, the supervisor will consult with the care manager to support their skill development as to:

(1) Their approach to family engagement.

(2) Due diligence with gathering and documenting information that is sufficient, valid and reconciled.

(3) Care manager's critical thinking and analysis.

(4) Care manager's concerns and areas of help needed.

(5) Use of other team members for the case to increase understanding and/or actions needed.

d. Supervisor consultation is required for the approval of family functioning assessments; safety plans; and case plans and progress assessment. Supervisor consultation should be provided more frequently based on the care manager's request for assistance or when the supervisor has identified that more support with a complex case is needed regarding progress and/or challenges in achieving case plan outcomes or permanency goals.

e. Supervisor consultation should occur in such a way that there is a balance between assuring that expectations for caseworker accountability are met while at the same time respecting and supporting the learning and growth of care managers. Supervisors should recognize that they are most effective at improving caseworker and family outcomes when:

(1) He/she brings a "big picture" meaning to the job for casework staff,

(2) He/she is able to instill a sense of ownership and commitment among casework staff for achieving standards for intervention,

(3) He/she communicates clear expectations for casework practice and provides guidance to staff in a collegial way; and,

(4) He/she builds competency, supports independence, and promotes critical thinking among casework staff.

f. A supervisor consultation associated with the approval of a care manager's work includes the expectation that the supervisor is reviewing for the care manager's due diligence in gathering and documenting sufficient information that is the basis for major decisions impacting child safety and well-being.

### **Oversight of Safety Plan Management**

Consultations provided as required, or requested by the care manager, throughout the duration of the case should include focus on how the safety plan is controlling for the danger threat(s) and whether it is the least intrusive necessary. When children are in an out-of-home safety plan, the focus is on continuous evaluation of the Conditions for Return.

### **Approval of Safety Plans**

Within five business days of case transfer, the supervisor will conduct a consultation with the care manager to affirm that the safety plan is reasonable and adequate. The supervisor will determine that:

(1) The care manager is clearly able to describe and document how Impending Danger is manifested in the home.

(a) How long has the family condition been concerning or problematic?

(b) How often is the negative condition actively a problem or affecting caregiver performance?

(c) What is the extent or intensity of the problem and how consuming is it to caregiver functioning and overall family functioning?

(d) What stimulates or causes the threat to child safety to become active?

(e) How is the child vulnerable to the threat?

(2) The plan is the least intrusive and most appropriate.

(3) The parent(s)/legal guardian(s) were involved in the assessment.

(4) It is clear how the Safety Plan is controlling and managing Impending Danger.

(5) The Safety Plan is clear and sufficient to manage the identified danger threats while case management and services are implemented.

f. Within 5 days of any safety plan modification, the supervisor will conduct a consultation with the care manager for purposes of affirming the safety plan. The supervisor will determine that:

(1) The care manager is clearly able to justify the need for the level of intrusiveness by Safety Analysis criteria.

(2) The parent(s)/legal guardian(s) were involved in the assessment.

(3) It is clear how the plan will control and manage impending danger.

(4) The care manager is clearly able to describe in documentation how Impending Danger is manifested in the home.

(5) The plan is the least intrusive and most appropriate.

g. A Supervisor Consultation will be conducted to review and approve/deny an “Other Parent Home Assessment” to ensure that it conforms to the requirements in CFOP 170-7, [Chapter 6](#).

(1) Sufficient information, including background screening, was gathered in a face-to-face interview with the parent(s)/legal guardian(s) and a walk through of their residence, including information which supports a decision to release, or not release, a child with their parent.

(2) Discuss case planning around reasons for denial of release of child or areas of support needed.

h. A Supervisor Consultation will be conducted to approve a home assessment of a family-made arrangement. The Supervisor will affirm that:

(3) The parents/legal guardians made the decision as to the family arranged caregivers, not the primary worker.

(4) It is clear how the family arranged caregivers will control and manage the danger threat(s).

(5) Appropriate interviews, background checks and assessment of caregivers have been completed; the supervisor is able to affirm that the caregivers in a family-made arrangement are reasonable and adequate.

(6) When changes to an in-home safety plan are necessary and a family arrangement occurs during the course of a case, supervisors are required to consult with a manager, manager designee or consultative team.

i. The following are examples of questions the supervisor might use to explore the care manager’s case preparation activities:

(1) Do we understand how and when the danger threat manifests well enough to be able to plan around it?

(a) What must be controlled?

(b) How can it be controlled?

(c) Why can’t it be controlled in the home?

- (d) Can anyone other than the caregiver control it?
  - (e) Can anyone substitute for the caregiver?
  - (f) Can home or family circumstances be adjusted?
  - (g) What are the attitudes, capacities, and willingness of the caregivers? (a) Focus on what will control impending threats.
  - (h) Justify against the safety planning analysis:
- (2) Do we understand what must change to meet Conditions for Return? Are the conditions written clearly? Conditions for Return should address:
1. Calmness and consistency of home environment.
  2. Willingness and capacity of caregivers.
  3. Kinds of in-home safety actions and safety services needed.
  4. Suitability of resources and people.
- (3) Have Conditions for Return been met, and can an in-home safety plan be implemented?
- (a) The home environment is stable enough to sustain the use of an in-home safety plan.
  - (b) Caregivers are willing to be involved and cooperate with the use of an in-home safety plan.
  - (c) Safety services are available and accessible at the level of effort required to assure safety in the home.
  - (d) Safety service providers are committed to participating in the in-home safety plan.
  - (e) The in-home safety plan will provide the proper level of intrusiveness and level of effort to manage safety threats. There have been specific changes in family circumstances and/or protective capacities that would allow for the use of an in-home safety plan.
  - (f) What progress toward improving diminished caregiver protective capacities has been made?
  - (g) What changes in the circumstances within the family, home or among caregivers?
- (4) Evaluation as to sufficiency of the current safety plan and if it can be less intrusive or needs to be more intrusive?
- (a) Is the safety plan the least intrusive means that can effectively manage all danger threats occurring within the family?
  - (b) Evaluate the level of commitment and alignment of the safety resources, do they understand the threat, are they aligned with the child/agency, are they able to act to protect the child?
  - (c) How does the safety action keep the child safe?

(d) Are the actions specific including the person responsible for each task, when the task will start, how often the task will happen, who the resources or people who will help?

(e) What level of safety management is needed to adequately oversee the safety plan to ensure it is working as designed to keep the child safe?

(f) Evaluate whether all safety service providers understand their role, expectations and how often follow up will occur

### **Approval of Family Functioning Assessment-Ongoing**

a. A supervisor consultation which focuses on the family assessment is required in all cases prior to approval of the FFA-Ongoing.

b. The supervisor consultation will seek to support the care manager in an assessment of their skills as well as their assessment of the family as follows:

(1) Identify the ways in which the care manager attempted to gain parent(s)/legal guardian(s) involvement, partnership, and mutual agreement in the process of protective capacity assessment.

(2) Identify what strengths (enhanced protective capacities) the care manager was able to identify and build on, and how that was communicated to the parent(s)/legal guardian(s).

(3) Identify which specific diminished protective capacities has the care manager identified that are most related to the identified danger threats and how that was communicated to the parent(s)/legal guardian(s).

(4) Identify whether the care manager can articulate, observable, measurable changes that will lead to sustained child safety.

(5) Confirm with care managers that the outcomes, when achieved, will likely result in an increase of protective capacities, and/or reduce or eliminate or manage danger threats such that agency intervention will no longer be necessary to manage child safety.

(6) Identify staff needing additional support and/or complex cases that will require intensive supervisory support. Establish clear direction as to when future case consultations should occur.

(7) Assist the care manager when the care manager experiences challenges in reaching a mutually agreed upon decision with the parent(s)/legal guardian(s) about outcomes or interventions.

### **Approval of Case Plans**

a. There must be a minimum of one supervisor consultation, specific to the case plan, prior to approval of a case plan.

b. The supervisor consultation should be provided to the care manager to explore issues and provide feedback regarding progress and/or challenges in achieving:

(1) Family partnership, collaboration, and self-determination.

(2) Use of least intrusive approaches and services that encourage a progressive move toward restoring parent(s)/legal guardian(s) responsibility for child safety whenever it is safe and appropriate to do so.

(3) Obtaining culturally relevant and individualized services and interventions.

(4) Assisting parent(s)/legal guardian(s) with the process of change (including normalizing 'resistance'), seeing change as a process, timing and sequencing of steps being guided by readiness for change at that moment, techniques being utilized to hear and be nonjudgmental about the parents' hesitancy to make change, and effective ways to assist the parent(s)/legal guardian(s) to continue to make positive steps toward change.

(5) Achieving appropriateness of selected services in light of the particular diminished protective capacity and safety threat that exists.

(6) Providing direction about whether an immediate protective action should be taken to manage a child's safety if the care manager or supervisor becomes aware of a circumstance when a child is unsafe.

c. If parent(s)/legal guardian(s) are still highly resistant and/or are unwilling to engage with the care manager during or at the conclusion of the exploration stage, a supervisor consultation is required to:

(1) Provide the care manager with an opportunity to assess family dynamics and sources of resistance.

(2) Support the care manager in considering other efforts to engage the parent(s)/legal guardian(s) and in determining next steps.

### **Approval of Progress Updates**

Supervisor consultations provided to support the care manager's adequate evaluation of family progress are of the utmost importance in determining the direction of ongoing intervention. Supervisor consultation should be provided to the care manager as needed to explore issues, promote the care manager's critical thinking, and provide feedback.

a. The supervisor is responsible for the approval of any completed Progress Update. A Progress Update will be completed at a minimum every 90 days or at times when fundamental decisions are being made for the child or children, or when critical events are occurring that necessitate a re-evaluation of protective capacities and child needs. Such times include but are not limited to the following:

(1) When safety management has resulted in a decision to remove a child from home.

(2) At the birth or death of a sibling.

(3) Upon the addition of a new family member, including intimate partners.

(4) Before recommending or implementing reunification as Conditions for Return are met.

(5) Before a recommendation for case closure.

- (6) When case has been dismissed by court.
- b. The supervisor should consider the care manager's need for consultation in the following areas:
- (1) The care manager's consistent monitoring and assessment of family progress:
- (2) Is the child welfare professional focusing on behavioral change by caregivers or compliance?
- (3) Is the child welfare professional focused on understanding the child's well-being needs so that they can determine whether those needs are being addressed by the parent(s)/legal guardian(s) or out-of-home caregiver?
- (4) Do the child welfare professional's methods for gathering information and measuring progress include the appropriate parties (e.g., parent(s)/legal guardian(s), substitute caregivers, children, service providers, etc.)?
- (5) For the child in out-of-home care, is the child welfare professional focused on any indicators that a child's placement may be in danger of disrupting, and actions are necessary to ensure the child's stability?
- (6) The care manager's consistent assessment as to whether the activities of the team members and the case plan strategies are effectively supporting the family change process:
- (a) If reunification (with an in-home safety plan) is considered feasible, is there a corresponding increase of casework activity to thoroughly plan for this?
- (b) Is the level of visit frequency and other monitoring that the care manager (and others) has with the family post-reunification sufficient to assure that the safety plan is working dependably?
- (c) What specific strategies are being used in the change process for this child and family?
- (d) If there are differences of opinion regarding the level of progress, does the child welfare professional attempt to reconcile those differences?
- (e) Is the child welfare professional open to considering a lack of progress as connected to:
1. A lack of parental involvement in the plan's creation?
  2. A poorly conceived intervention strategy?
  3. Service providers whose services are not adequate for the interventions needed?
- (f) Are the behaviors and conditions that are measured related to the central issues: the danger threats and gaps in protective capacities?
- (g) Is there a thoughtful distinction made between all the central problems being resolved and enough of a change that an in-home safety plan can be implemented (and sustained while further change occurs)?



(h) Is this step of evaluating and considering effectiveness of strategy carried out by the child welfare professional as a deliberate *process*, or does it have characteristics of collecting reports and filling out required forms?

### **Required Consultations at Critical Junctures**

The care manager is required to seek a supervisor consultation to review case dynamics when case circumstances include any of the following. The supervisor consultation may also determine if a Progress Update should be completed prior to the 90- day period; however, that will be based on the discretion of the supervisor.

a. When significant changes in family members' and/or family circumstances warrant review and possible revision to the safety plan and/or case plan, such as a change to unsupervised visitation.

b. When an emergency change in a child's out-of-home safety plan placement is needed.

c. When the children and/or caregivers are making little or no progress toward the established outcomes and/or an immediate change in the case plan seems indicated.

d. After any review (i.e., judicial, administrative, State, or County QA) recommends or directs that changes be made.

e. At receipt of a new investigation or report of domestic violence in the home

f. There are new Children in an Open Case. Supervisor consultation will be provided to ensure the child welfare professional's due diligence in:

(1) Gathering sufficient additional information to fully assess the impact of the new child on family conditions and dynamics.

(2) Seeking the expertise and/or input from other professionals, family members and the family team as to the assessment, safety plan and/or case plan.

(3) The supervisor should participate in family team meetings or staffing to the extent possible to support decision making as to modifications necessary to the current safety plan or case plan.

### **Approval of Case Plan Modifications**

a. Supervisors will provide a consultation prior to approving modifications to a case plan.

b. The Supervisor should develop an understanding of the following questions with regards to the quality of the case plans under their purview:

(1) How frequently is the plan's effectiveness evaluated by the care manager?

(2) Is there a genuine concurrent plan that is being actively pursued and sustained in the event that change is not likely in a timely way?

(3) How well are resources matched to the strategies that are to meet needs and achieve planned outcomes?

(4) Are services that are being provided to child and family working well? If not, why not?

(5) Are all urgent needs met in ways that protect the health and safety of the child or, where necessary, protect others from the child?

(6) Are there any identified needs for changing service providers to better meet a need? If so, can the change be made timely so there's continuity of service? If change was needed, why, and can new service engage timely?

### **Approval of Safe Case Closure**

A supervisor consultation to approve case closure is for the purpose of ensuring that safety and permanency have been achieved.

1. Verification that we no longer need a safety plan because the children are safe due to increased parental capacities or because we have reached another permanency plan for the children.
2. Final Progress Update is completed, and it provides the justification for closure to include:
  - a. Rationale for conclusion that child's safety plan is no longer needed
  - b. Progress made towards resolving problems that resulted in intervention-
  - c. Permanency Goal achieved-
3. Providers have been notified of case closure and plans have been put in place for continued services if there is a need.
4. Appropriate transition planning has been completed and any follow up supports identified, i.e. CARES, Healthy Start, Healthy Families, ongoing counseling services, ongoing mentoring services, etc.

### **Consultations for Case Preparation Activities**

Supervisor consultations that may be provided to assist the care manager with preparation activities should involve a wide array of considerations, including but not limited to the following:

- a. Determine the need for care manager's safety.
- b. Allow care manager the opportunity to ask questions.
- c. Facilitate discussion as to what is already known and what additional information gathering is necessary to reconcile or fill gaps.
- d. Affirm the care manager's approach to engaging the family.
- e. Affirm that the care manager has the skills necessary or determines what supports are needed.
- f. To the extent practical, supervisor consultation related to preparation activities should be considered with a face-to-face or telephonic consultation between the supervisor or designee and the care manager when a case involves:

- (1) Life threatening injuries or a child fatality.

(2) Severe domestic violence perpetrated against a parent (bite marks, attempted strangulation, assault of pregnant mother, injuries requiring medical treatment, threats of homicide or suicide).

(3) Potential danger to the care manager.

(4) “High profile” participants (department/CBC/sheriff staff/public officials or celebrities, etc.).

(5) All cases assigned to a provisionally certified care manager.

g. The following are examples of questions the supervisor might use to explore the care manager’s case preparation activities:

(1) What significant gaps in information does the Case management Care manager identify in FFA? Does the Case Management Care manager believe that the gaps in information may have implications for child safety?

(2) Is it clear to you as the supervisor what the impending danger is in the family and why specific impending danger threats were selected?

(3) If you and the Care manager have any questions regarding the justification for identified impending danger threats, consider how case information meets the impending danger definitions and determine specific questions to ask the previous worker during the transfer meeting.

(4) Does your Care manager clearly understand how impending danger is occurring in the case? Prior to initiating the Case Management Introduction Stage, it is critical that your Care manager articulates a clear understanding regarding identified impending danger.

(5) Based on an understanding of impending danger and the Safety Analysis, what is your Care manager’s judgement regarding the sufficiency of the Safety Plan?

(6) Is the Safety Plan least intrusive and most appropriate as reflected in the Safety Analysis?

(7) If an In-Home Safety Plan was developed by the CPI, does the In-Home Safety Plan seem appropriate?

(8) Does Safety Analysis seem to confirm the use of a particular type of Safety Plan?

(9) Do safety services and/or safety service providers match up with the way that safety influences exist in the family?

(10) Consider the need to adjust the Safety Plan (as indicated).

(11) What is already known about the family in terms of past child welfare investigations and services that are documented in FSFN? What additional information might be obtained from any prior caseworkers or service providers? If prior involvement of the family was recent or extensive, should there be a staffing with past professionals involved?

(12) Which individuals are likely to know the family well enough to provide information on an on-going basis during case management about child and adult functioning, general parenting, and disciplinary and behavior management practices?

(13) Is there a sequencing of the interviews that will likely influence subsequent interviews (i.e., information gained informs next interviews line of questioning, etc.)?

(14) Are there any discernible patterns of 'out-of-control' behaviors (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) that the Care manager should have a heightened awareness of and knowledge as to how to approach intervention?

(15) Is there a need for immediate consultation/teaming with external partners (law enforcement, domestic violence advocate, substance abuse or mental health professional, etc.) prior to meeting the family?

(16) When, where, and with whom will the Care manager initiate contact?

(17) Based on what we know from the FFA, are there any implications with respect to how we should engage this family? Are caregivers likely to express resistance to the process? What are the implications for how the Care manager should consider intervening?

(18) Are there specifics to the safety plan that will need attention prior to or during the introductory meeting? How does the Care manager plan on addressing safety management issues? Are there indications that a safety plan may need to be adjusted?

(19) Is there any need for the Care manager to be accompanied by another child welfare professional or supervisor?

### **Supervisor Consultation Introduction Activities**

Supervisor consultation that may be provided after the care manager's introductory meeting with the family should provide the care manager an opportunity to discuss with the supervisor their approach to engaging the family.

- a. What did the care manager do that they feel worked well and why?
- b. What does the care manager wish they had done differently and why?
- c. What does the care manager plan to do next to continue building family engagement and trust?
- d. Examples of questions the supervisor might ask include the following:

(1) Were there elements of the introduction that were missed and will need additional attention in subsequent meetings?

(2) Did the care manager get pulled away from the "client orientation" aspect of the Introduction Stage?

- (3) Was the care manager able to clearly articulate their role, and how do they know caregivers understood?
- (4) To what extent does your staff feel that they were able to build partnership with caregivers?
- (5) How did they describe/discuss the impending danger? What were the caregivers' reactions to the reason why the case was opened?
- (6) How did they feel about conducting the interview?
- (7) What did they find frustrating?
- (8) Did they get stuck at any point?
- (9) What did they do really well, and what might they do better next time?
- (10) How can you help make this process easier or more understandable?

### **Supervisor Consultation about Child Needs**

Supervisor consultation may be provided to support the care manager in identifying any experts and/or resources that might be beneficial in evaluating or addressing child needs. A supervisor consultation for exploration of child strengths and needs might provide the care manager an opportunity to consult with the supervisor as to:

- a. Child strengths and needs.
- b. How such needs impact child's daily functioning.
- c. Impact on care and supervision of child.
- d. Whether the parent/legal guardian(s) and other involved caregiver(s) understand and are attending to identified child needs.
- e. Any supportive services that parent(s)/legal guardian(s) or caregiver needs.
- f. Care managers concerns and areas of help needed.
- g. Consultation necessary with other team members to achieve stability of the child's placement.

### **Supervisor Consultation about Protective Capacities**

Supervisor consultation and coaching that may be provided for those care managers who need additional support and coaching with family exploration activities related to caregiver protective capacities may accomplish any of the following:

- a. Provide the care manager an opportunity to consult with the supervisor as to their approach to engaging the family through exploration activities.

- (1) What does the care manager feel worked well and why.
- (2) What does the care manager wish he/she had done differently and why.

(3) What does the care manager plan to do next to continue building family engagement and trust.

b. Provide the care manager and opportunity to present and discuss any of the following:

- (1) Danger Statement.
- (2) Conditions for Return.
- (3) Safety Plan.
- (4) Caregiver protective capacities that are a strength or are diminished.
- (5) Assessment of family goal, input for case plan, perceived barriers.
- (6) Resources or support needed from supervisor.
- (7) Next steps.

#### **FSFN Documentation**

a. The Supervisor will use the Supervisor Consultation page to document all required consultations with care managers that associated with the FFA-O or Progress Update.

b. The Supervisor will use the Case Notes page as follows:

(1) Review, Supervisor. Use this note type for required monthly or quarterly case reviews. If review also serves the dual purpose of a required supervisor consultation, both note types may be selected.

(2) Supervisor Consultation. Use this note type for consultations associated with safety management, Judicial Reviews, Case Planning activities and any required “2<sup>nd</sup> Tier” consultations.

c. The notes for a case consultation will provide at least the following information:

(1) Type of consultation in terms of:

- (a) Face-to-face.
- (b) Telephonic.
- (c) Field observation.
- (d) Other venues.

(2) Which safety constructs and related criteria were focus of consultation, such as but not limited to: (a) Present danger elements.

(a) Impending danger threshold criteria.



- (b) Type of danger threat.
- (c) Information sufficiency criteria.
- (3) Indicate whether review included related documentation.
- (4) Statement which describes Supervisor’s appraisal, such as but not limited to:
  - (a) Concur or do not concur with assessment of safety construct, actions taken, next steps, etc.
  - (b) Concur or do not concur with information sufficiency.
  - (c) A description of expectations as to follow-up actions by the care manager

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:

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PHILIP J. SCARPELLI  
 Chief Executive Officer  
 Brevard Family Partnership Family of Agencies

APPROVAL DATE: 8/14/2020