PROVIDER NETWORK HANDBOOK

Brevard Family Partnership
and its Family of Agencies
(321) 752-4650

Brevard Family Partnership

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Dear Provider Partner,

This letter is to welcome you to the Brevard Family Partnership (BFP) Service Provider Network! BFP appreciates your interest in partnering with us to strengthen and improve the quality of life of the vulnerable children and families entrusted to our care in Brevard County. We greatly value your role as a Network Provider and recognize the work that you do as critical to achieving our mission and vision of *Protecting Children, Strengthening Families and Changing Lives*. Most importantly, we thank you for your decision to deliver services in our local System of Care.

Brevard Family Partnership has been the Lead Child Welfare agency coordinating the care for over 3,000 children and their families annually for the past sixteen years.

The Brevard County System of Care strives to provide the highest quality service delivery system possible through management of a seamless continuum of services from entry to exit, with emphasis upon continuity of care, capacity building and evidence-based promising-practice programs.

Our array of services is non-categorical in nature and tailored specifically to meet the unique needs of each individual child and family. We strive to serve the children and families in our care at home, in the community, and during times most convenient to the family to allow for every opportunity to engage and succeed.

Thank you for joining our network. We are deeply grateful for your devoted service and for the work you do.

Sincerely,

Phil Scarpelli
CEO

1. Introduction

Mission Statement - Values - Vision

Our Mission

It is our mission to P*rotect 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.

Our Values

Our System of Care is family-centered, strength-based and community-driven. We believe that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them.

Our Vision

It is the vision of BFP and its stakeholders to manage a child welfare system committed to the following:

- Safety of children is the foremost concern, at all times;
- Permanency issues are resolved in accordance with a child's sense of time;
- Services are customized to meet the unique needs of each child and family and are provided by a comprehensive, community-based network of providers who are dedicated to delivering a family-centered, customized, needs-driven, responsive service delivery system;
- Resources are efficiently and effectively managed to achieve better outcomes for children with the ultimate goal being child safety and permanency within a twelve-month timeframe;
- Financial support is available from diverse federal, state and local sources and flexibly managed at the local level to meet child and family needs in a timely and appropriate manner; and
- The system collects and uses data to accurately forecast what services and supports are needed, at what level of intensity and duration, and at what cost to achieve desired outcomes for each child and family in need.

About Community Based Care

In 2005, BFP was formed in response to the Florida Legislature's mandate to privatize child welfare and related services (Section409.986 and 409.988, Florida Statutes). Community Based Care has been instituted throughout the State of Florida.

Community Based Care of Brevard County is the collaborative effort of local child welfare agencies and community partnerships, through the leadership of Together in Partnership (TIP), Leadership Roundtable Alliance (LRA), Brevard County Government, Devereux, and Children's Home Society of Florida. The partners voluntarily assumed responsibility for the health, welfare and safety of at-risk children and families in Brevard County. These agencies worked together for four years prior to implementation to increase prevention and early intervention services, with the purpose of strengthening and preserving the integrity of the family, while protecting the children.

The BFP philosophy empowers and challenges neighborhoods and local communities to take ownership of their community by assisting children and families.

Philosophy and System of Care

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

We believe it is essential that each child receive face-to-face contact in order to promote safety, build trust, heal, and facilitate the child achieving permanency.

We recognize the importance of achieving permanency for every child, either with their biological families or through adoption, and that child welfare services must continue afterwards, in either case, to insure stability and continuity of care for children.

We believe that securing and mobilizing adequate resources is the responsibility of the entire Brevard community. We are committed to the development of a child welfare system in which community resources are shared within Brevard County, between counties, and through partnerships established to achieve our mission.

We are committed to the development of a comprehensive child welfare service delivery system in Brevard County to serve children who have been abused and/or neglected, or who are at risk of abuse and/or neglect.

Office Locations and Contact Information

Office hours are from 8:00 a.m. to 5:00 p.m. Monday through Friday. The child's assigned Care Manager is required to provide his or her direct office phone number, as well as a number where Case Management can be reached after hours. In the event you cannot reach the Care Manager during regular business hours and an emergency is occurring, please contact a Care Management Supervisor or Care Management Program Manager at the Central Care Center or the South Care Center listed below:

BFP Administrative Office 2301 W. Eau Gallie Blvd., Suite 104 Melbourne, FL 32935 Phone : 321-752-4650	**National Center for Innovation and Excellence** 2575 N. Courtenay Pkwy, Suite 224 Merritt Island, FL 32953 Phone : 321-419-1082
BFP/Family Allies *Central Care Center* 4050 Rio Mar Drive, Suite 102 Rockledge, FL 32955 Phone: 321-634-6047	**BFP/Family Allies** *South Care Center* 1591 Robert J Conlan Blvd., Suite 128 Palm Bay, FL 32905 Phone : 321-837-7500

After-Hours On-Call

BFP:	321-752-3226
Family Allies Dependency Case Management:	321-213-5820

Key Positions and Contacts

Case Practice Expert: Focuses on strategies to integrate and improve the child welfare System of Care and overall case practice through the analysis of data, outcomes, systems and processes. This includes the ability to collect aggregate and report on trends to forecast drivers for system improvement.

Client Relations Specialist (CRS): Serves as the point of contact for all inquiries and concerns regarding client issues and assists caregivers with navigation of the child welfare system. The CRS is also an advocate and offers guidance for caregivers.

Clinical Services Coordinators: Oversee the authorization and utilization of services and coordinate and facilitate Family Team Conferences (FTC). A resource "expert" is located within each Care Center to identify resources and provide service authorization. The Brevard C.A.R.E.S. program also employs Care Coordinators to facilitate this same FTC process.

Case Management Agency (CMA) Care Manager Supervisor: Provide direct oversight to Care Managers and Family Support Workers to ensure quality provision of services and job duties. Review case work and documentation of each Care Manager on a regular basis to ensure compliance with all job duties.

CMA Program Director: Under the direction of the Senior Executive of Operations- Child Welfare, manages the day to day operations of the case management program. Supervises and supports Care Manager Supervisors and program staff to ensure program goals and contract objectives are met. Monitors work performance and case load outcome trends and provide program status.

Dependency Care Manager (DCM): The primary point of contact for the family whom is responsible for all aspects of case management in the life of a case, from "shelter to permanency."

Program Director: Provides oversight of the delivery of child welfare services and facility management of the Care Centers. This position also provides leadership of ongoing quality assurance and quality improvement activities while ensuring compliance with FL Administrative Code, FL Statute Chapter 39 and agency operating procedures. Ensures the Team Staffing process for the intake of new cases and facilitates permanency staffings for children in out of home care.

Senior Director of Child Welfare Operations: Oversees the day-to-day operations of all case management contractor activities in accordance with all Federal State and local guidelines ensuring the safety and well-being of the children and promoting timely permanency for children involved in the Brevard County FL dependency system. This position also supervises the DCM Program Managers.

Director of Contracts and Compliance: This position is the point of contact for all new procurements and provides direct oversight of all BFP contracts. The Director of Contracts and Compliance provides oversight of the annual contract monitoring schedule and any necessary corrective action plans. This position also provides oversight to all BFP training and Quality Assurance activities.

Intake Specialist: Serving as BFP's Centralized Point of Access, Intake Specialists accept calls from Protective Investigators for children needing placements within licensed family foster homes and licensed group homes.

Behavioral Health Coordinator: Serves as the Behavioral Health Coordinator for the Sunshine Health Specialty Plan. This position also provides oversight and direction of Intake and Placement and the Clinical Review process.

Senior Director of Quality Assurance and Training: This position provides leadership, direction and management of core quality assurance and training functions to support the BFP FOA pre-service training, Child and Family Safety Reviews, Continuous Quality Improvement, and performance improvement initiatives.

How to Become a Provider

All service providers that desire to join BFP's Provider Network and pursue a contractual relationship for child and family services with BFP will be asked to complete a Request for Qualifications (RFQ). The RFQ is intended to identify and pre-qualify providers that can offer a continuum of services for children and families in Brevard County. The RFQ can be found on the BFP website at www.brevardfp.org under the "Procurements" section or can be requested from the Contract and Compliance Manager. The RFQ includes narrative about the responding agency and includes applicable certifications, licensing, insurance, and financial information.

Types of Providers

There are three types of providers recognized by BFP 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 will have a contract with BFP.
- **Category B providers**: Providers who may receive referrals from BFP or its subcontractors who perform a vital or mainstream System of Care service, normally reimbursed outside of BFP (such as Medicaid Reimbursement). These providers may have a Consultant Rate Agreement or a Memorandum of Understanding 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 (food pantries, homeless shelters, etc.). These providers may or may not have a Memorandum of Understanding with BFP.

Definitions of Core Components

Adoption: The Adoption subcontractor has Adoption Support Coordinator positions, providing adoption-specific casework activities for children whom are available for adoption.

Assessments: Strengths-based formal and informal assessments are routinely conducted throughout the time children and their families are in the system. Information obtained from assessments is used to develop case plans and tailor services to identified needs. Assessments are child-centered and family-focused, with the strengths and needs of the child and family dictating the types and mix of services provided.

CAFAS: (Child and Adolescent Functional Assessment Scale) Level of functioning scale for children/adolescents from ages 4-17. It helps to define the areas which need specific treatment and the areas in which the youth are functioning well. The CAFAS may be used to determine a foster youth's placement level of care.

Care Management: Effective care management from subcontracted service providers ensures that multiple services are delivered in a coordinated and therapeutic manner, resulting in safety, permanency, and well-being for the child. The Care Manager is the single and continuous point of accountability for the child and the child's family.

Case Management Agency (CMA): A subcontracted case management agency provides services to children and families in the formal child welfare system under the provision of court ordered supervision.

Child Placing Agency (CPA): Responsible for licensing new foster homes and all re-licensure activities for existing homes. Child Placing Agencies use the PRIDE curriculum when licensing new homes. They provide support to foster parents and overall are responsible for the management of foster homes.

Child Resource Record: Often called the "Blue Book" and consists of legal documentation and medical information on a child in foster care. The book remains with the child in licensed foster care and is designed not only to provide information about the child but also to assist the family foster home with the child's planning.

Family Engagement: The families and surrogate families are full participants in all aspects of the planning and delivery of services. The System of Care is culturally competent. Agencies, programs and services are responsive to the cultural, racial and ethnic differences of the children and families they serve.

Family Team Conferencing (FTC): FTC is a strength based, family centered model that enlarges the circle-of-care surrounding a family to ensure sustainability upon discharge.

Group Home: Congregate group care homes can be licensed from a minimum of six children, up to forty-two, in which shift care arrangements are made. Generally, group homes in Brevard have five to twelve children in their homes.

Independent Living (IL): Serves children and young adults between the ages of 13 and 23. Provides assessment, skill training and stipends under the Extended Foster Care (My Future My Choice), Postsecondary Education Services and Support (PESS) and Aftercare Programs.

Mobile Response Team (MRT): Provides a mobile crisis intervention team at various times during the life of a case. There are multiple ways this service could be accessed and used. This service could be requested by the PI at the time of the initial investigation to prevent removal and work with the family to reduce the level of risk to enable the child to remain safely in the home. These services are also available to support children and families enrolled in the BFP System of Care during times of stress or crisis that could threaten child safety or a current placement's stability. Oftentimes, placement disruptions occur with relatives, non-relatives and licensed foster care providers because of additional stressors on the caregiver and/or lack of support. The MRT may be deployed to de-escalate crisis and stabilize the family unit. The MRT will offer short-term intervention 24 hours per day, 7 days per week. Referrals for the MRT are funneled through the MRT on-call system.

Natural Supports: There are many informal natural supports that exist in the community to sustain families in a time of crisis. The informal supports enlarge the family's support system and create additional resources and relationships that can continue beyond the duration of formal child welfare involvement.

Network Providers: Often called "Flex Support" these providers are contracted with BFP to provide an array of services. BFP has restructured the service provision component from the traditional child welfare system in which services were prescribed and categorical. The BFP Provider Network provides services to families flexibly and individually, tailoring them to meet the needs of the children and families.

Services that are predetermined and prescribed in a "one-size-fits-all" approach are bundled. Bundled services are neither flexible nor responsive to the changing needs of the family. In the BFP model, services are unbundled and specific to the family being served. This means that each service request is customized, based on the family need and centrally authorized by the Clinical Services Coordinators who have real-time access to services and community resources as alternatives to "paid" services. The frequency and duration of services are authorized by a team and reauthorized, as needed, during the ongoing Family Team Conference/Utilization Review, which is scheduled according to acuity for close monitoring. This promotes efficient use and maximization of resources that tailors the level and type of support as progress or need indicates. Restructured payment methodologies and authorizations, and centralized, flexible, fund management ensures all available alternative funding streams and community resources are accessed. BFP has executed contracts and rate agreements with a variety of providers to offer the following services:

- Anger Management
- Assessments and Evaluations
- Behavior Management
- Certified Behavior Analyst
- Clinical Intervention Programs
- Family Mentoring Services
- Family Preservation
- Functional Family Therapy
- Individual Therapy
- Medication Management
- Mentoring
- Parent Education Classes
- Parenting Groups
- Parent Support and Advocacy
- Psychiatric Evaluations
- Psychological Evaluations
- Psychosexual Evaluations
- Reunification Support
- Sexual Abuse Counseling Services
- Social Skills Building Groups
- Trauma Education and Training

Placements: When a placement is needed, children are placed in the least restrictive, most normative environment that is clinically appropriate. Services and placements are individualized and in accordance with the unique needs and potential of each child.

Safety Management Services Team: The Safety Management Services Team provides immediate on-site crisis response and stabilization services to families identified as being at imminent risk of removal or family disruption when Present Danger has been identified. The Safety Management Services Team is available 24 hours per day, 7 days per week to families that reside in Brevard County and works in cooperation with the DCF PI to screen families for eligibility for Safety Management Services Team. The Safety Management Services Team deploys staff to the identified family within two (2) hours of the initial request for service during business hours or within four (4) hours of initial request for service after business hours or at a mutually agreed upon time. The Safety Management Services Team will remain engaged with the family, to include daily visits with the family if needed, in an effort to provide stabilization and support until recommended service providers have made contact with the family.

Services: Timely interventions and immediate access to appropriate services improve safety, permanency and well-being results. Children and families have access to a comprehensive array of services that are coordinated across child-serving agencies to address the child and family physical, emotional, social and educational needs.

Standing Team: A Standing Team is a group of individuals that meet for the primary purpose of coordinating services with the family and discussing care plan progress. This is a process to assist the family in developing long term sustainability. The team typically includes Clinical Services Coordinator, Care Manager, Supervisor, parents, substitute care parents, service providers and Guardian ad Litem (if assigned).

Wraparound: Wraparound is a team-based planning process intended to provide individualized and coordinated family-driven care. Wraparound is designed to meet the complex needs of children who are involved with several child and family-serving systems (e.g., mental health, child welfare, juvenile justice, special education, etc.), who are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties.

The Wraparound process requires that families, providers, and key members of the family's social support-network collaborate to build a creative plan that responds to the particular needs of the child and family. Team members then implement the plan and continue to meet regularly to monitor progress and make adjustments to the plan as necessary. The team continues its work until members reach a consensus that a formal Wraparound process is no longer needed.

The values associated with Wraparound require that the planning process itself, as well as the services and supports provided, should be individualized, family driven, culturally competent and community-based. Additionally, the Wraparound process should increase the "natural support" available to a family by strengthening interpersonal relationships and utilizing other resources that

are available in the family's network of social and community relationships. Finally, Wraparound is strength based, helping the child and family recognize, utilize, and build talents, assets, and positive capacities.

Acronyms/Terms

ACCESS	Automated Community Connection to Economic Self-Sufficiency
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AES	Adoption Exchange System
AHCA	Agency for Health Care Administration
APD	Agency for Persons with Disabilities
BYT	Brevard Youth Thrive
CAFAS	Children and Adolescent Functional Assessment Scale
CBC	Community Based Care
CFSR	Child and Family Services Review
CLS	Children's Legal Services - attorneys who are employed by The Department of Children and Families (DCF) and represent the interest of children in care.
CMA	Case Management Agency: Family Allies and Brevard C.A.R.E.S. are the contracted CMA's
CMS	Children's Medical Services
COA	Council on Accreditation
CPI	Child Protective Investigator - a DCF staff member who conducts investigations on child abuse hotline calls.
CPA	Child Placing Agency – provide management and oversight of foster parents.

CPT	Child Protection Team - medically directed, multidisciplinary teams available that supports the Family Safety and Preservation Program in assessment activities involving reports of child abuse and neglect.
CWLA	Child Welfare League of America - the national agency that serves as a center of excellence for the nation's child welfare community.
DCF	The Department of Children and Families who Brevard Family Partnership contracts with to provide foster care and related services.
DCM	Dependency Case Manager
DJJ	Department of Juvenile Justice
EBP	Evidence Based Practice
ESS	Economic Self-Sufficiency
FCFC	Florida Coalition for Children
FDLE	Florida Department of Law Enforcement
FSPO	DCF's Family Safety Program Office
FTC	Family Team Conference
GAL	Guardian ad litem - Represent the interest of children in care
IL	Independent Living
JR	Judicial Review - Court summary of family progress
LRA	Leadership Roundtable Alliance - Serves as the statutorily mandated community alliance who oversees the local system of care that functions and serves as the Children's Services Council.
MRT	Mobile Response Team
PO	Probation Officer
POC	Point of Contact

QPI	Quality Parenting Initiative
TCM	Targeted Case Manager
TIC	Trauma Informed Care
TIP	Together in Partnership - The community coalition that designed the local child welfare system of care and represents the interest of the community.
TPR	Termination of Parental Rights
UM	Utilization Management
UR	Utilization Review
Care Coordinators	Staff at Impower and Brevard C.A.R.E.S. who conduct family team conferences and authorize services for children served in prevention and through case management.
Care Plan	A document used in the BFP System of Care that outlines the child and family's strengths, needs, ways to meet needs, challenges/barriers, plan of action, timeline, person responsible and expected outcome.
Case Plan	A plan of intervention, which is negotiated with the family and other parties and specifies the reasonable efforts of all parties to achieve the child's permanency goal. It ensures the child's safety and well-being from the beginning of service provision until services are terminated.
Concurrent Planning	Establishing a permanency goal in a case plan that uses reasonable efforts to reunify the child with the parent, while at the same time establishing another goal that must be one of the following options: (a) Adoption when a petition for termination of parental rights has been filed or will be filed; (b) Permanent guardianship of a dependent child under s. 39.6221; (c) Permanent placement with a fit and willing relative under s. 39.6231; or (d) Placement in another planned permanent living arrangement under s. 39.6241.
Conditions for Return	Conditions for Return are a written statement or statements of the specific conditions, circumstances, or behaviors that must exist within a child's home before a child can safely return and remain in the home with an in-home safety plan while the parents continue to work towards reaching case plan outcomes.
Foster Care	A court ordered, temporary, out-of-home care placement for a planned period of time for children whose own families are unable to care for them.

Foster Care Placement	The placement of a child in a foster home after the child has been adjudicated dependent with a judicial disposition for foster care.
Foster Home	A private residence licensed pursuant to Section 409.175, F.S. in which children who are unattended by a parent or legal guardian are provided 24-hour care to include emergency shelter, family foster homes, therapeutic foster homes, and medical foster homes for children with special needs.
Home Study	The process of preparing, evaluating, and assessing applicants for adoptive parenthood or foster care and completing a written report of the entire process.
Independent Living Services	An array of services to youth in foster care from 13 - 23 years of age to prepare them to live on their own and which may provide a subsidy for some youth.
Levels of Care	The BFP System of Care has blended internal and expanded placement alternatives with current Medicaid Managed Care plan placement options to create a leveling system responsive to each child's individualized needs. Each placement level in the continuum is correlated with a range of scores from the assessment administered for each child titled the Child and Adolescent Functional Assessment Scale (or CAFAS), foster parent training, compensation for foster parent, criteria of children, enhanced training requirements of foster parents in addition to licensure standards and licensing requirements.
Mobile Response Team	Provides on-site crisis counseling services to children and families in Brevard County 24 hours per day, seven days a week. Services are provided to children and families who have been identified as being as being at risk for placement disruption, being removed as a result of a protective investigation and/or as the result of a call from a parent/child in need from the community.
Permanency	That condition under which a child can remain in a setting for the remaining years of the child's minority. The primary permanency goal remains that of reunification. In the event that this goal is not in the best interest of the child, the following are other permanency goals, listed in the order of preference: a. Adoption b. Permanent guardianship of the dependent child c. Permanent placement with a fit and willing relative d. Placement in another planned permanent living arrangement
Recruitment	The process of identifying appropriate individuals in the community to participate as volunteer Foster Parents.
Retention	A program of support for all foster/adoptive parents recruited through efforts directly associated with this contract. This support program shall include but not be limited to networking, training, and mentoring.

Reunification	The process of returning a child to the parent(s) or caregiver from whom the child was removed following an out of home placement.
Safety Plan	A written arrangement between caregivers and the agency that establishes how danger threats to child safety will be managed. §39.01(75) Fla.Stat.(2020)

BFP Partners

Florida Department of Children and Families (DCF): DCF has executed a contract with BFP to provide child welfare services. DCF investigates complaints of abuse, neglect or abandonment received from the state Hotline.

Brevard Public Schools: BFP has executed a Memorandum of Understanding with the Brevard County School System that makes special provisions for children in foster care and includes the appointment of a Foster Care Designee. The Foster Care Designee supports academic achievement and social/emotional needs of students who have been placed in foster care. Each school in Brevard County has an appointed Foster Care Designee.

Guardian Ad Litem Program (GAL): A Guardian Ad Litem may be a community volunteer appointed by the Court to represent the best interest of a child involved in a dependency court proceeding. The GAL represents the child in a variety of ways, including:

- *Monitor:* The GAL monitors the agencies and person that provides services to the child and assures the orders of the court are being carried out and the parents and children are getting the help that is needed.
- *Protector:* The GAL protects the child from insensitive or repetitive questioning.
- *Spokesperson:* The GAL assures that the child's wishes are heard and the best interests of the child are presented to the Court and agencies serving the child.
- *Reporter:* The GAL provides information to the Court and helps the Court determine what is in the child's best interest. The GAL prepares a report that becomes a permanent part of the child's court record.

Associations:

Florida State Foster and Adoptive Parent Association

The goals of the Florida State Foster and Adoptive Parent Association are to:

- Provide support services to all Foster, Adoptive**,** Relative-Kinship Care Associations and all children residing in out-of-home care in the Florida Child Welfare system.
- Take affirmative action, as deemed necessary by the membership of the Association.
- Improve conditions for the betterment of children, families and the Foster, Shelter, Adoptive and Relative-Kinship Care systems.
- Be the collective voice of all of the Association's members.
- Bring about better communication between Foster, Shelter, Adoptive Parents and Relative-Kinship Care Providers, their agencies and the public.
- Provide a vehicle by which the Foster, Shelter, Adoptive and Relative-Kinship Care Providers can improve themselves and the quality of these systems in the state of Florida.

Contact the Florida State Foster and Adoptive Parent Association at 1-866-913-0977.

2. BFP Procedures

Reporting Child Abuse and Neglect
You are legally required to report any suspicion of abuse or neglect of any child you encounter. This responsibility includes abuse that may occur amongst children in family foster homes, facilities, and to whom you are providing services. To make a report, call 1-800-96ABUSE (1-800-962-2873). Also, immediately report your concern to the child's assigned Care Manager. Chapter 30.201 of Florida Statutes states that mandated reporters must provide their names to the Hotline staff. The name of the reporter will be entered into the record but will be confidential.

Critical Incidents Reports
Critical Incident Reports are used to inform BFP of significant events that have or may place a child at risk of harm. (**Appendix D**) You must immediately notify BFP by completing a Critical Incident report if:

- A child runs away, is abducted or is absent from the home or facility without permission;
- A child requires emergency medical treatment or hospitalization;
- A life-threatening situation occurs; or
- A child dies.

Critical Incident Reports must be emailed to intake@brevardfp.org. There are other reasons to complete a Critical Incident Report. Please refer to our Operations Policies and Procedures on our website found under Publications and Reports.

Placement and Treatment of Sexually Reactive Youth
BFP has specific procedures and safeguards for identifying and assisting children in substitute care who are known, alleged, juvenile sexual offenders, sexual aggressors, sexually reactive children, or known victims of sexual abuse as outlined in BFP OP 1088. This ensures that the needs of children in substitute care are taken into account when determining assessments, services and placements. It also ensures that associated risk factors are identified which reduces the potential for further child-on-child sexual abuse, sexual assault, seduction or exploitation.

Family Foster Home Waivers
The total number of children who may reside in a family foster home is established through an assessment conducted by the Licensing Specialist and documented on their foster home license. When there is a reason to exceed established capacity BFP approves Family Foster Home Waivers for an authorization period of thirty (30) days only. In order to meet criteria for a waiver, one of the following four conditions must be met under Florida Administrative Code 65C-130.32; 1. To accommodate a sibling group; this may be a sibling group with some of the children already in the home, as well as a sibling group being placed for the first time in the home, 2. To accommodate a child or sibling group needing placement that has or have previously lived in the home, 3. To allow a teen parent in substitute care to have his or her child or children placed in the same home, and 4. The prohibition of the placement would be contrary to the child's best interest.

Exit Interviews
Children, ages 5 to 17 years, who have been placed in a Family Foster Home or Group Home for at least thirty (30) days must have an Exit Interview within five (5) days of their exit from the home. Normally, the child's Care Manager conducts the Exit Interview. BFP reviews all responses in the Exit Interviews as part of the Risk Management Committee Review Process. This information is shared regularly with the Child Placing Agency and Group Homes.

Foster Care Referrals
When a Protective Investigator receives a report on a Family Foster Home and the report is downgraded to a Foster Care Referral, as the Child Placing Agency (CPA) Licensing Specialist has a responsibility to follow up with the family foster home regarding the specific concerns and document the appropriate course of action. This information is documented in the FSFN statewide database.

BFP Levels of Care
BFP offers a continuum of care for children in various foster care settings, ranging from a traditional to a therapeutic level. Each level is characterized by specific child needs, foster parent training and staggered compensation levels. The foster home or group home is required to give adequate notice for any placement disruption to ensure continuity of care for the child. For those placement changes that are made, BFP requires the foster home or group home to complete the Movement of Child in Placement Notification form (**Appendix A**).

Access to the Child Welfare Specialty Health Plan
Multi-Disciplinary Teams (MDT) involve the review of children in licensed out-of-home care to determine the need for either an increased or decreased level of care. Recommendations are based upon medical necessity criteria and are intended to provide guidance for other services options and interventions in the event that neither Specialized Therapeutic Foster Care (STFC) nor Specialized Therapeutic Group Home (STGH) Care is recommended. These children must be under the jurisdiction of Brevard County and be a part of the Circuit 18 child welfare system.

Licensing and Re-licensing of Family Foster Homes
BFP recruits and trains families throughout Brevard County to serve as family foster homes. BFP uses Parent Resources for Information, Development and Education (PRIDE) as a model of practice to provide a standardized, consistent and structured framework for competency based recruitment, preparation, assessment and selection of foster families. In addition to PRIDE training BFP conducts a home study and background checks of the family which documents and assesses a families demographics, beliefs, background and history to determine suitability for service as a family foster home. Foster Parents are required to sign a Partnership Plan for Children in Out-Of-Home Care. (**Appendix B**) The purpose of the partnership plan is to articulate a common understanding of the values, principles and relationships necessary to fulfill the responsibilities of a faster parent. Once PRIDE and a home study is completed and approved by BFP it is submitted to The FL Department of Children and Families (DCF) which is the issuer of family foster home licenses in FL. BFP conducts an annual re-licensure assessment of each Family Foster Home prior to the expiration of the home's license.

Institutional Staffing
If a Protective Investigator receives an abuse report on a Family Foster Home or Group home in Brevard County, an Institutional Staffing is held with the following parties: the identified Point of Contact at the Child Placing Agency or Group Home; the Care Manager assigned to the case;

and the DCF Licensing Specialist, therapist, Guardian Ad Litem, Protective Investigator, Supervisor and BFP Intake Specialist. BFP does not facilitate any new placements on a home that has an open investigation. If the DCF Protective Investigator determines that there are some indicators or a verified report of abuse, neglect or abandonment, BFP must complete a Corrective Action Plan for the home. The Corrective Action Plan must be reviewed and approved by DCF prior to execution.

Sibling Separation Staffing

Sibling Separation staffings are held regularly for children who are separated in licensed care and for children whom permanent separation through adoption is being considered. The purpose of these staffings is to evaluate whether or not it is the children's best interest to be separated.

Child Welfare Trust Fund

When children are in licensed care and receive benefits through the Social Security Administration, a sub-account is created and authorized under the Master Trust Fund Declaration. Each client is authorized to have, at a minimum, a current needs sub-account. Each client may have additional sub-accounts, designated as either necessary or appropriate to that client's particular situation, goals, needs and circumstances, including one or more disabled special needs sub-accounts. For children receiving Supplemental Security Income benefits, this sub-account is revocable so that BFP, as representative payee, may access the child's money or property for the child's current needs and certain reasonably foreseeable future needs that are permitted in the Supplemental Security Income program. Funds in the current needs sub-account will be counted toward the SSI asset limit for eligibility purposes, but money and property in this sub-account does not count toward the $1,000 IV-E asset limit. For children receiving Social Security Act Title II benefits, this sub-account is revocable so that the department, as representative payee, may access the child's money or property for the child's current needs. For children who do not receive either Supplemental Security Income or Social Security Act Title II or benefits, this sub-account is irrevocable, but is freely accessible to meet the child's current needs. The Care Manager can request to withdraw from a child's Master Trust Fund account based on unmet needs of the child.

State Institutional Claims for Damages caused by Foster Children

When a foster parent or other individual advises a Care Manager of expenses they have incurred as a result of personal injury or property damage caused by a foster child, the Care Manager ensures that the claimant in completion of the Restitution Claim Form and ensures that the form is completed in its entirety; that legible receipts (or estimates) from a licensed vendor are attached; and reviews the circumstances of the claim and have the claimant sign the form. If the Care Manager reviewing the circumstances does not agree that the shelter or foster child was responsible for the injury or property damage, the Care Manager should note that opinion on the signature line. If the Care Manager reviewing the claim sees the circumstances from a different perspective than the claimant, the Care Manager's perspective should be noted, in writing, on the form or in an attachment. Example: A foster child and the biological child of the foster parent were playing in a rough manner and, as a result, the table lamp was knocked over and destroyed. The foster parent might believe that the foster child was at fault because the foster child was older and started the rough play. The Care Manager might believe that both children were equally at fault. In this case, the Care Manager would note his or her perspective of the circumstances before signing the form.

Reunification Policy
Any decision to return the child to his or her home must be made in collaboration with all involved persons and entities to assess whether the child will be safe, and to assess the readiness of parents and child to live together on a full time basis. The collaboration will occur at a Family Team Conference facilitated by the Care Coordinator if the Family has been involved in the FTC process. The criteria to be used: will be outlined early in the dependency process as related to the outlined conditions for return. This is accomplished by managing the identified danger threat and or by improving caregiver protective capacities. Whenever possible, transitions will be planned and intentionally allowing the parents and child(ren) to have successfully spent extended periods of time together. This may include spending overnight and weekend visits prior to complete reunification. Caregiver Protective Capacities will be enhanced for parents and evidenced by their actions that they are ready for reunification; The Dependency Care Manager will work with the family to ensure that the family has a well-established support system made up of individuals such as family members, extended relatives, church members, neighbors, friends, foster parents, employers or providers.

BFP Family Team Conference
The BFP System of Care contracts with a Case Management Agency (CMA) to provide the day-to-day oversight to child welfare case management activities for families in the dependency system. Clinical Services Coordinators authorize services, and conduct utilization reviews to monitor the progress and changing needs of families in the dependency system. The WRAP/Fidelity Liaison facilitates the Family Team Conference process. BFP is committed to building capacity to facilitate FTCs for as many families as possible in the System of Care.

Family Team Conferencing (FTC)
BFP uses a Wraparound/Family Team Conferencing approach to address the needs of families in the child welfare dependency system. The goal of the team process is to enable children to safely remain in their own homes, whenever possible, while ensuring families have voice in the planning process. In incidences where the child is in out-of-home placement, the focus is to assist in safely returning the child home. Family Team Conferences are used for case planning and the periodic utilization (progress) reviews of all sections of the Care Plan. The goal of BFP's System of Care is to promote access, voice and ownership of families by way of the Wraparound/Family Team Conference process and to continually increase the system's capacity to provide family teams for all families with a goal of reunification. The purpose of Family Team Conference is to:

1) Ensure that successful engagement of families occurs early in the process with the identification of the family's vision, strengths and potential barriers to success;
2) Clarify with the family the reasons for DCF/BFP involvement;
3) Focus on the safety and permanency needs of the child;
4) Ensure the family drives the process in identifying needs;
5) Ensure the family has access, voice, and ownership of their plan;
6) Clarify expectations for behavioral change with all persons involved;
7) Acknowledge the family's strengths and commitment to their child/children;
8) Document the families' accomplishments;
9) Form community-based, culturally-sensitive support groups that will provide ongoing support to the family; and
10) Identify community resources that can provide assistance to the family.

Prioritization for Family Team Conferencing (FTC) Referrals:

Priority 1.a.: Families with child or children aged 0-3 (or at least one child if sibling group) residing in Licensed Out of Home Care with a goal of reunification and has met at least two of the following conditions:

1) Family has primary maltreatment indicator of substance abuse, mental health or domestic violence;
2) Family has experienced prior removal episode and
3) Family has history of five or more priors with DCF.

Desired Outcomes:

- Reduction in average length of stay in out of home care placement;
- Reduction in total number of placements;
- Increased visitation resulting in expedited reunification;
- Improved Family Functioning;
- Permanency goal of reunification achieved;
- Increased natural and community supports and
- Reduced recidivism.

Priority 1.b.: Families who are participating in Family Drug Court, have experienced a removal episode and are receiving intensive substance abuse treatment.

Desired Outcomes:

- Reduction in substance abuse recidivism;
- Parents are safely maintained within the community and engaged in treatment;
- Successful completion of Family Drug Court;
- Improved Family Functioning;
- Increased natural and community supports and
- Expedited reunification.

Priority 1.c.: Any family that is Court ordered to receive a Family Team Conference.

Priority 2: Families with children aged 3-5 (or at least one child if sibling group) residing in Licensed Out of Home Care with a goal of reunification and has met at least two of the following conditions:

1) Family has primary maltreatment indicator of substance abuse, domestic violence or mental health;
2) Family has experienced prior removal episode and
3) Family has history of five or more priors with DCF.

Desired Outcomes:

- Reduction in average length of stay in out of home care placement;
- Reduction in total number of placements;
- Increased visitation resulting in expedited reunification;
- Increased natural and community supports;
- Improved Family Functioning and
- Permanency goal of reunification achieved.

Priority 3: Families with children residing in Licensed Out of Home Care with a goal of reunification in which children have experienced multiple placement disruptions due to the presence of Human Trafficking involvement. a mental health diagnosis, substance misuse or co-occurring disorder.

Desired Outcomes:

- Reduction in number of crisis and restrictive psychiatric placements;
- Engagement in treatment;
- Increased natural and community supports;
- Step down to less restrictive level of care and
- Permanency goal of reunification achieved.

Brevard C.A.R.E.S. (Coordination Advocacy Resources Education Support)

BFP also has a voluntary prevention program, Brevard C.A.R.E.S. that utilizes the FTC model tailored to protect children, strengthen families and change lives. Brevard C.A.R.E.S. offers a full-array of support services and Wraparound/FTC to families experiencing stressors that often lead to abuse, abandonment or neglect. The success of this program is due to the proactive participation of the families in need. These families openly engage in this strength-based program, building upon the successes and skills within their family unit. If you know of a family who is experiencing a crisis or is in need of assistance, please call 1-888-CARES-09 (1-888-227-3709).

General Description

- Wraparound is a planning process that follows a series of steps to help children and their families realize their hopes and dreams. The Wraparound process also helps make sure children grow up in their homes and communities. It is a process that brings people together from different parts of the whole family's life. With help from a Care Coordinator, people within the family's life work together, coordinate their activities, and blend their perspectives of the family's situation in order to create desired change and help strengthen children, families and communities.

- The Care Coordinator plays an integral role in coordinating the FTC. The composition of the team ensures the Care Plan is individualized to the family's needs. Members of the team should include 51% informal supports and may include the following: family members (including the child, if appropriate), Care Coordinator (and other clinical staff as needed), caregiver, network provider, and any others designated by the family such as teachers, therapists, and neighborhood resources. Extended family members,

including employers, coaches, clergy, etc. may also be included. With coordination provided by the Care Coordinator, the team will assess strengths, needs and risks, and develop a Care Plan with goals specific to that child and their family.

- Frequency of team meetings will be determined at the FTC meeting, ensuring subsequent meetings occur no less than every ninety (90) days. Initially, FTCs may occur weekly, or as often as the team agrees necessary based upon the acuity of the family. Any FTC member, including Care Coordinators, may request the convening of a FTC meeting more frequently than scheduled if significant changes in the child/adolescent or family plan warrant.

- Family members will be included and present at all FTC meetings. In cases where the family is unable to be present they will have a narrative presented on their behalf or choose a representative to speak on their behalf. Barriers to nonattendance will be addressed initially and throughout the FTC process.

Tasks at Subsequent Family Team Conferences

At each subsequent FTC, the progress towards reaching goals and meeting other Care Plan goals will be discussed. The Care Plan should be amended at subsequent FTCs to reflect change in the family's need. In the development of the initial Care Plan and throughout the time the child and family receive services, the FTC will be working to set attainable, measurable goals and objectives that are directed towards meeting the safety, permanency, and well-being goals of the child.

Information Sharing

This phase starts with an introduction of the parties present and an explanation of the process for the meeting. Family strengths and culture are identified. The reasons for DCF involvement are outlined. If there is a substantiation of the abuse or neglect, the allegations and findings are relayed to the family. The family will have been informed previously of the findings of a DCF investigative assessment. However, it is important to clarify the issues that warrant DCF involvement at the start of the meeting.

Group Discussion and Resulting Family Plan

- The Care Plan must be completed with the family, including the child(ren) when appropriate, at a Family Team Conference.

- Family and participants discuss strengths, issues, and services that need to be in place.

- The family and professionals in the FTC arrive at a final decision and develop a formalized, written Care Plan that is signed by the family and participants.

- The Care Coordinator is responsible to ensure the Care Plan is completed on all families involved in the FTC process.

- The family is asked if the Care Plan is realistic, fair, and manageable, thereby allowing the family to own the plan.

- The Care Coordinator ensures all safety issues have been addressed.

- The development of the Care Plan evolves based upon information obtained through formal and informal information and assessments.

- The Care Plan is completed in its entirety and using either the initial Care Plan or a subsequent Care Plan.

- Children of all ages are encouraged to participate in the FTC unless emotional, developmental, or physical disability hinders participation or participation would be harmful to the child's well-being. If the child is not participating, the reason should be documented.

Accessing In-Home Support Services

The purpose of BFPs In-Home Support Services Authorization Process is to maximize available resources while supporting families' efforts to build long-term sustainability. BFP provides an array of services designed to assist families in regaining optimal functioning and to alleviate family crises that may lead to placement disruption or out-of-home placement of children. These services are a resource for families intended to prevent the removal of their children and to ensure a smooth transition back to their family, upon reunification. These services are family-focused, as well as home and community-based.

General Description

- In home support services are offered on a continuum service array in order to meet the evolving needs of families in complex situations. These support services are designed to assist families in times of stress or acute crisis.
- BFP's goal is to use a range of supportive and therapeutic services that are customized and individualized to the unique culture and strengths of a particular child and/or family.
- In general, In-home services are designed to alleviate family stress and child safety risk factors, to promote parental competence, and to enable families to access resources and natural support networks in order to develop long term sustainability.
- In-home services are family-focused, community and home-based and are designed to support families to alleviate crises that may lead to out-of-home placement for children.

- Families receiving In-home support services may be birth families, foster families, adoptive families or relative/non-relative caregiver families. The goals of these family-focused services are to:
    1) Maintain children safely in their own home,
    2) Support families preparing to reunite,
    3) Assist families in obtaining services and supports in a culturally sensitive manner,
    4) Maintain or stabilize placements.
    5) Create natural supports and linkages that will sustain the family upon discharge.
- All referrals for in-home support services are made through the Care Coordinator. The Care Coordinator will prioritize the referrals based on need and availability of the service and available funding.
- All services have attainable, measurable goals and objectives which are tied to clinical outcomes.
- BFP is the payer of last resort. All possible alternative funding mechanisms must be exhausted prior to requesting the use of BFP funding.

Automated Service Referral System (PSAM)
BFP worked with Mindshare Technology to create a web-based automated referral and utilization management system. This system was designed to streamline the service referral process, monitor service delivery and utilization, and standardize the invoicing process.

General Description

- The Dependency Care Manager will submit a request for services.
- The Clinical Services Coordinator/Care Coordinator will review the request and approve, hold, request more information or deny. If the response is hold, request more information or deny, a reason will be given as to why the request is not being approved.
- When the request is approved, an automatic email notification will go to the provider informing them that they have a new service authorization.
- The provider will assign a worker to the case and make contact with the client.
- The provider will document in the PSAM system all meetings and enter progress notes on a weekly basis.
- The provider will make sure all units used are correct by approving the units and notes.
- The provider will generate an invoice in the system for the previous month and submit to BFP by the 10th of every month.
- The Director of Utilization Management will review the invoices for accuracy, ensure progress notes are being submitted and then submit the invoice to finance for payment.
- When an authorization is going to expire, and the provider feels the client could benefit from additional services, the provider will request a service extension at least two (2) weeks before the current authorization is set to expire.
- The Clinical Services Coordinator/Care Coordinator will address the reauthorization request as described above.

Flexible Support Provider Requirements
Upon receipt of the referral and authorization through PSAM (automated referral and UM system) and care plan, if appropriate, the provider will assign the appropriate personnel and initiate services. These supports will be provided based on the identified needs of the family and focus on the identified tasks within the Care Plan or Case Plan.

Flex providers are required to have a Single Point of Contact who serves as the liaison for the agency. The liaison prioritizes referrals from BFP and tracks the status of all requests. To modify the Care Plan goals, the Provider must contact the Care Coordinator to update the Care Plan. This modification will be completed only following consultation with the Clinical Services Coordinator/Care Coordinator and Care Manager and when possible at the FTC or Standing Team Conference. When a referral is received by a provider, the provider will call the DCM to learn more about the family/client.

When a service is ending, the provider will contact the DCM approximately one week before closure to inform the DCM the service is ending. This notification will also be documented regularly on the weekly/monthly progress note in the PSAM automated system. Upon closure the provider will complete a case closure summary through PSAM so the CMA will have appropriate documentation for the case file.

a. Weekly/Monthly BFP Reports - The provider will complete a weekly progress report in PSAM by Tuesday at 12:00 p.m. for the preceding week, unless the provider's contract calls

for monthly submission of reports. All reports must document the measurable goals and objectives the provider and client are working on and be tied to clinical outcomes.

b. Over-Utilization – If the provider encounters a crisis situation that warrants immediate over-utilization above the current authorized amount of units, the provider will address the crisis. Immediately following the crisis (within 24 hours), the provider will provide a Request for Additional Units request to the respective Clinical Services Coordinator/Care Coordinator including a summary of the crisis. The Utilization Review Specialist or Care Coordinator will review this request, authorize additional units, and enter the authorization in the Utilization Management system. BFP may choose to track all over utilization requests per provider to identify trends. The Director of the Case Management agency or designee may choose to authorize any Request for Additional Units at any time.

c. Informal Supports – During the provision of services, the Provider will work with the family to link the family to informal supports within the community to continue to support the family following closure. This work should be occurring each time the provider meets with the family and must be documented on the weekly/monthly note. This is a critical piece in developing long term family sustainability.

d. Utilization Review/FTC – During on-going STC's or FTC's the Utilization Review Specialist or Care Coordinator, provider, referring DCM, and family will meet to review the progress. At that time, the team will determine if services will be re-authorized, terminated or modified. This step is critical to ensure the family continues to drive the process in meeting their needs and ensuring family voice and choice. All services which have been authorized for 24 units will require a Utilization Review meeting prior to any additional services being authorized.

Process Review
For ongoing review, the DCM, DCM supervisor, Clinical Service Coordinator or Care Coordinator, the Flex Support Providers and BFP may identify a gap in services or potential improvement that can enhance the process. This must be communicated for review and potential process modification to the BFP Senior Executive of Compliance.

3. Financial

Board Rate
Board rates are determined by a child's level of care (placement setting), whether this rate is for the foster parent or group home. Foster parents and group home room and board payments are processed at the end of each month for the current month's service.

Initial and Annual Clothing Vouchers
An initial clothing allowance of $150.00 is provided to all children, ages 0 through 18, initially entering licensed care. The annual clothing allowance is an annual payment per child. Children ages 0 through 4 receive $200.00 and children ages 5 through 18 receive $400.00. Receipts for clothing purchased with these allowances are maintained by the foster parent or group home. It is the responsibility of the foster parent or group home to return any clothing allowance monies associated with any children that are no longer in their care. In addition, an inventory of the child's possessions, including clothing, should be updated regularly and maintained.

Network Provider Payment
Monthly invoices submitted without error are paid in a timely manner; at a minimum of thirty (30) calendar days following the submission of a correct invoice. Timely payment of invoices is also subject to the availability of funding. If funding resources come into question and are confirmed, notice will be given to all vendors/providers via a process outlined by the Chief Executive Officer (CEO). At a minimum, notice is given at the vendor/provider network meeting upon confirmation of data and approval of the CEO or through email notification due to time constraints. It should also be noted that if extraordinary circumstances, such as business disruptions due to hurricanes, tropical storms, civil disturbance, etc., prevent timely payment of invoices, again notice is given in the manner outlined above.

Fiscal Year Close Procedures
Final invoices for services rendered within each fiscal year are required to be submitted per contract by a specific date in July. Please refer to your contract regarding this date. Invoices received after this date cannot be paid; per Florida Statute 216 and the BFP contract GJ401 with the State of Florida/DCF. These laws and contract stipulations list the State of Florida certification forward process for fiscal year operating fund appropriation categories.

4. Medical Services

Child Protection Team
The Child Protection Team (CPT) of Brevard County has been providing services to abused children and their families since 1980. The CPT of Brevard is housed in the Children's Advocacy Center (CAC) of Brevard, in Melbourne. Also on site at the CAC of Brevard are Protective Investigators from DCF and agents from the Brevard County Sheriff's Office. The CPT of Brevard utilizes a multi- disciplinary approach when investigating cases of suspected child abuse and consists of Care Coordinators, Medical Professionals and Support Staff who are dedicated to working with abused children and their families. Medical exams and interviews with children in cases of suspected child abuse are provided on-site at the CPT of Brevard. The interviews are videotaped and provided to law enforcement for use as evidence in their investigations. The CPT of Brevard's professional staff also provides training in the community on issues of child abuse and neglect.

Children's Medical Services
The Children's Medical Services (CMS) program provides a family-centered and coordinated System of Care for children with special health care needs. The CMS network of providers links community-based health care services with university-based medical specialty programs and includes prevention and intervention services, primary care, medical and therapeutic specialty care, and long term care for children with special health care needs. Children with special health care needs are those children under age 21 whose serious or chronic physical, developmental, behavioral or emotional conditions require extensive preventive and maintenance care beyond that required by typically healthy children.

The Agency for Persons with Disabilities

The agency provides a comprehensive range of services for persons three years of age or older with the following disabilities: people severely impaired by autism, cerebral palsy, spina bifida, intellectual disabilities, down syndrome, Prader-Willi syndrome, Phelan-McDermid syndrome and children 3-5 who are at high risk of a developmental disability.

Spina Bifida - a divided backbone or spine. When a person has spina bifida, the spine and the cord inside the spine do not grow the way most spines grow. Normally, the spinal cord carries messages from the brain to other parts of the body. But when a person has spina bifida, the spinal cord does not carry all of the messages to the rest of the body.

Autism - a condition characterized by impairment in social interactions and communication abilities and unusual or restricted ranges of play and interest. Autism results in social isolation and varying degrees of abnormal behaviors.

Cerebral Palsy (CP) - "Cerebral" refers to the brain. "Palsy" means the movement of muscles in a way that the person cannot control. It involves a group of motor disabilities that arise because of injury to the developing brain before or during birth or during the first year of life. These motor disabilities do not get worse over time. Cerebral palsy keeps the brain from communicating necessary tasks to the rest of the body.

Intellectual Disability – a term used when a person has certain limitations in both mental functioning and adaptive skills such as communicating, self-care skills and social skills. These limitations will cause a person to learn and develop more slowly. People with intellectual disabilities may take longer to speak, walk, and take care of their personal needs such as dressing and eating. They are likely to have trouble learning in school. They will learn but it will take them longer. As defined in Chapter 393 F.S., an intellectual disability means significantly sub average intellectual functioning existing concurrently with deficits in adaptive behavior, which manifests before the age of 18 and can reasonably be expected to continue indefinitely. Adaptive behavior means the effectiveness or degree with which an individual meets standard of personal independence and social responsibility expected at his or her age, cultural group, and community. Significantly sub average intellectual functioning means performance that is two or more standard deviations from the mean score on a standardized intelligence text specified in the rules of APD.

Prader-Willi Syndrome - an inherited condition characterized by a severe lack of muscle tone and failure to thrive; present in early infancy. Later on, an excessive drive to eat usually leads to significant weight problems. Obsessive-compulsive behaviors and difficulty with social interactions are often present. People with Prader-Willi syndrome are usually shorter than average with small hands and feet. They typically have mild mental retardation.

Phelan-McDermid Syndrome – A rare condition due to a chromosomal abnormality. Symptoms vary in range and severity but often include low muscle tone, difficulty moving, absent-to-severely delayed speech, autistic features, moderate-to-profound intellectual disability, and epilepsy.

Children's Crisis Stabilization Unit (CCSU)
Crisis Stabilization Units (CSUs) provide brief psychiatric intervention, primarily for low-income individuals with acute psychiatric conditions. Inpatient stays average 3 to 14 days, resulting in return to the patient's own home or placement in a long-term mental health facility or other living arrangements.

Baker Act
The Florida Mental Health Act of 1971 is commonly known as the "Baker Act" in Florida. The Baker Act allows for involuntary examination (what some call emergency or involuntary commitment). It can be initiated by judges, law enforcement officials, or mental health professionals. There must be evidence that the person:

1. Has a mental illness (as defined in the Baker Act); and

2. Is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act).

There are many possible outcomes following examination of the patient. This includes the release of the individual to the community (or other community placement), a petition for involuntary inpatient placement (what some call civil commitment), involuntary outpatient placement (what some call outpatient commitment or assisted treatment orders), or voluntary treatment (if the person is competent to consent to voluntary treatment and consents to voluntary treatment). The involuntary outpatient placement language in the Baker Act took effect in 2005. The act was named for a Florida state representative, Maxine Baker, who had a strong interest in mental health issues and served as chair of a House Committee on mental health. The nickname of the legislation has led to the term "Baker Act" as a transitive verb, and "Baker Acted" as an intransitive verb, for invoking the Act to force an individual's commitment. Once a team member is made aware that a child in care has been Baker Acted, a multi-disciplinary team staffing will be held to ensure all futures service needs are discussed.

The Use of Psychotropic Medication
Psychotropic medications are drugs prescribed to stabilize or improve mood, mental status, or behavior. In other words, they are medications used to modify emotions or behavior. These medications are sometimes called "psychiatric medications" or "psychoactive medications." Consents for the use of Psychotropic Medication must be received from the biological parent. In the absence of a biological parent's consent, the Court must provide consent via Order for the Authorization for Administration of Psychotropic Medication.

5. Court Processes

Removal and Shelter: When a removal occurs, a court appearance is held within 24 hours of the removal. This first appearance is called a "Shelter Hearing". At this time, the Court decides whether or not the DCF Protective Investigator had "probable cause" to remove a child(ren) from the home. If the Court finds DCF did have probable cause the child(ren) will remain out of the home. However, if the Court does not find probable cause then the child(ren) could be returned to the parent(s) at that time.

Adjudication and Disposition: Court proceedings that establish the legal status of the child as being "Dependent" and therefore governed under the proceedings of Chapter 39. The disposition hearing is often thought of as the most important stage of the dependency process. It is at this hearing that the Dependency Court decides with whom the child will live on a more permanent basis and under what conditions.

Case Plan: A Case Plan is the document prepared with the birth parents that outlines the tasks that the parent must complete to assure their child can be safely returned to their care and custody.

Judicial Review: A hearing in which the Court is apprised of the family's progress that occurs within ninety (90) days of the Disposition hearing and every six months thereafter until the Court terminates supervision. This hearing occurs every ninety (90) days when a child is placed in a Residential Treatment Center.

Permanency Goals: Permanency goals include reunification, adoption, permanent guardianship, or another planned permanent living arrangement.

Permanency Hearing: A hearing in which a determination of a child's permanency goal is decided in order of priority.

6. Performance and Quality Improvement: Contracted Providers

Contracted Providers Performance

BFP is responsible for the overall system performance and obtaining outcomes for children and families that are consistent with state and federal mandates and overall identified goals for the System of Care. As part of a Quality Management Plan, BFP works collaboratively with community stakeholders and contracted providers to help define success and to establish quality management data collection and reporting systems, to review performance, and to institute changes at the system level in order to ensure continuous improvement within our Network.

As part of this process, performance measures and targets are developed and are stipulated in each of our Provider's Contracts. The Director of Contracts and Compliance or designee holds meetings with Contracted Service Providers in order to review progress on performance measures and identify areas which need improvement, as well as provide an informal forum for open communication with BFP's Contracted Service Providers to resolve issues and concerns.

In addition, every quarter, each respective Contracted Service Provider sends in the data regarding their performance for all measures identified in their respective contract. As part of this report, each service provider provides data on each performance measure and addresses areas where targets have not been met and what improvements will be put into place to address these areas in the upcoming quarter. This information is reviewed and monitored by the Director of Contracts and Compliance who, in turn, reports on any patterns and trends as part of BFP's overall Performance and Quality Management Team.

On Site Monitoring Frequency

As part of BFP's overall Performance and Quality Improvement Program for its System of Care, BFP's Director of Contracts and Compliance utilizes a decision matrix for determining the frequency of onsite monitoring. Risk Assessments are completed on each contracted provider that review past performance, results from 3rd party monitoring reports, etc. to provide a scope of current year monitoring to prevent duplication and allow customized monitoring of issues that may change from year to year.

All BFP subcontracted providers (Category A Providers) receive annual, on-site monitoring. Regular reports from service providers that are contractually required, contract file reviews, informal visits, and on-site monitoring will determine the provider's compliance with the contract terms and conditions, licensing requirements, performance standards, applicable State and Federal statutes and administrative codes, and BFP policies.

Network Workforce Analysis Data

As part of the Network's overall Quality Improvement Process, all contracted providers will be required to complete a workforce analysis on an annual basis. The purpose of this analysis is to review the demographic makeup of the Network's providers in order to determine whether the current demographic and cultural characteristics are reflective of our service population in Brevard County. This analysis will be completed annually with goals established, as needed, in order to improve services and close any gaps that may exist in our System of Care. This report will be submitted annually and will be reviewed as part of overall planning for our System of Care.

Performance Measures

Performance, outcome expectations and achievements regarding contract performance measure data and other identified best practice measures are presented to internal and external stakeholders quarterly and revised based on what is learned. The presentation is available on BFP's web site at www.brevardfp.org for our community stakeholders' review. Publishing this data on a site available to all our community stakeholders, as well as our consumers, helps ensure it is able to be utilized for continuous quality improvement throughout the organization.

The data used in the performance review presentations are gathered from FSFN reports and the DCF on-line performance measure dashboard. The current Case Management contract measures reported quarterly are:

1. The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver.
2. The percent of children in out-of-home care twenty-four (24) months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30.
3. The number of children with finalized adoptions between July 1 and June 30.
4. Percent of children in out-of-home care more than 12 months but less than 24 months with two or fewer placements.
5. Percent of children in out-of-home care 24 months or more with two or fewer placements.
6. The percent of children under supervision who are required to be seen a minimum of once every thirty (30) days, who were seen a minimum of once every thirty (30) days, measured on rolling 12-month basis.
7. Percent of Mother contacts once every thirty (30) days for children in out-of-home care with a goal of reunification, measured on rolling 12-month basis.
8. Percent of Father Contacts once every thirty (30) days for children in out-of-home care with a goal of reunification, measured on rolling 12-month basis.
9. Percent of children in out-of-home care who received medical service in the last twelve months.
10. Percent of children in out-of-home care who received dental services in the last six months.
11. Percent of children in out-of-home care who are up to date on immunizations.
12. The percentage of children ages 5-17 in out-of-home care currently enrolled in school.

13. At least ninety percent (90%) of children shall not have any of the following errors as of thirty (30) days after the end of each six (6) month Adoption and Foster Care Analysis and Reporting System (AFCARS) report period:
    a. Child has been in current removal episode more than sixty (60) days, or discharged from a removal lasting more than twenty-four (24) hours, and "Mother Married at Time of Birth" not documented.
    b. Child has been in current removal episode more than sixty (60) days, or was discharged from a removal lasting more than thirty (30) days, and does not have a Court approved or proposed case plan goal.
14. Failure to document the provision of all services in a master file in FSFN. The following services will be tracked on a per incident not entered basis:
    a. FSFN will be utilized to manage a child's Master Trust account
    b. The following service will be measured at ≥100.0%:
        - FSFN Utilization for Clients Served
15. Percent of families actively involved in Family Team Conference that are satisfied with their service.
16. Percent of families reunified offered a Family Team Conference.
17. Percent of Wrap Fidelity as measured by use of the Wraparound Observation Form (WOF).
18. Minimum number of FTC's to be conducted each month.

Best Practices

Best practice measures reported quarterly are:

1. Home visit chronological notes entered in FSFN within 48 hours
2. Required fingerprints obtained.
3. Required birth verifications obtained.
4. Required photographs obtained.
5. Worker contacts with mothers, fathers and both parents.
6. JRs completed and filed on time.
7. Supervisor reviews completed timely and entered in FSFN.
8. Children in licensed OHC shall be referred for IL services within 30 days of turning 13 or entering care.

As other best practice measures are identified through the Risk Management Committee and Performance and Quality Improvement process, they are incorporated into the performance review process.

In addition to performance reviews, the following measures are reviewed at an Operations Meeting/Conference Call, hosted by BFP, with representation from Case Management, Adoption, Independent Living and Supervised Visitation Agencies:

1. Percentage of children seen
2. JRs completed and filed on time
3. Supervisor reviews completed timely and entered in FSFN
4. Exit interviews completed timely
5. Child and caseload distributions by worker, agency and area of the county
6. Case management workforce vacancy rates
7. Missing child activities
8. Worker visits with mothers and fathers rates
9. Medical, dental and immunization record completion rates
10. Home Visit chronological note input lag time rates
11. IL activities

12. Training updates
13. Mindshare updates
14. Expected and Finalized Adoptions
15. Expected and Completed Reunifications

7. Communication

Contract Meetings
BFP conducts contract meetings with Category A Providers to facilitate a time for open communication to discuss key issues, provide technical assistance, and resolve any potential issues.

Bi-Weekly Provider Meetings
BFP hosts regularly scheduled provider meetings to provide a venue for announcements, updates, and discussion of provider successes and concerns. The agenda is structured to explore issues related to network provider performance in order to identify areas of concern and take a proactive approach to problem- solve any obstacles impeding the delivery of quality care to clients. The ongoing opportunity to share strategies and address challenges builds a more cohesive provider network and leads to innovative new practices.

Adoption Support Coordinator Meeting
BFP conducts regular meetings with subcontracted Adoption Support Coordinators to discuss any programmatic as well as operational updates or changes.

Conflict of Interest
As part of the application process to become a provider, all individuals and/or organizations must complete a Conflict of Interest Disclosure Form (**Appendix C**). The Conflict of Interest Disclosure Form is reviewed and evaluated as part of the overall evaluation process in order to become a Network Provider. All Network Providers must ensure that all business conducted on behalf of BFP be done in a manner which is impartial and always maintains the best interest of the children and families served. BFP and its Network partners are required to have a process for employees to disclose any and all relationships that exists with services being managed or provided through BFP. Each Network provider must have an ongoing process for the disclosure and review of any perceived and /or potential conflict of interest for all employees, independent contractors, and board members. This process must include a review of any and all potential conflicts of interests and recommendations for resolution of any perceived or potential conflicts therein.

Complaints and Grievance Processes
A client has a right to file a complaint or grievance at any time without interference or fear of retaliation. BFP will ensure that a client's services are continuous and consistent while a complaint resolution is formulated. Client related complaints should be forwarded to the BFP Client Relations Specialist (CRS) at 321-752-4650. The primary responsibility of the CRS is to serve as a client resource and central point-of-contact for all Agency and service related inquiries or concerns. The CRS serves as a system navigator for clients. The CRS also has the responsibility to determine an appropriate course of action to assist clients to achieve the best possible solution to concerns within agency and state policies. Clients may contact the CRS through the website at www.brevardfp.org, by phone, email, or use the BFP Client Complaint form.

Complaint/Appeal Process for Current Network Providers and Partners
BFP encourages Providers and System of Care Partners to resolve complaints and appeals at the local service center level. Each BFP Network Provider is required to have a client complaint and grievance process that is transparent and easily accessible to their customers. Complaints related to BFP clients should be forwarded to the BFP CRS.

BFP believes its Network of Providers should monitor their customer service in order to effectively address identified trends and actively implement policy and/or provide staff training, as appropriate. As part of an overall Performance and Quality Improvement process, BFP may request information regarding quarterly complaint and grievance statistics from our providers.

8. Provider Appeal Process

Appeals Process for Procurement of Services
As part of the Request for Proposal Process, potential Contract Providers who have applied to be a contracted provider though the solicitation process are provided with an appeal procedure. Any applicant who is allegedly aggrieved in connection with a solicitation, pending award, or denial of participation in the BFP Provider Network must file a formal written protest with BFP within five (5) business days of the posting of the award or notification of decision. The formal written protest shall reference the Name of the Solicitation, submission date of the application, and shall state the facts and laws upon which the protest is based, including full details of adverse effects and the relief sought.

Upon receipt of an appeal, the Contract and Compliance Manager will convene an Appeals Committee consisting of a minimum of three BFP Senior staff members, and a minimum of two community representatives, The Appeals Committee will review appeals within ten (10) business days of receipt of the written protest or appeal. The BFP CEO and Chief Legal Officer or designee may attend all appeal or protest-related meetings. The purpose of an appeals review is to provide an opportunity to: (1) review the basis of the appeal; (2) evaluate the facts and merits of the appeal; and (3) if possible, reach a resolution of the appeal that is acceptable to affected parties. The decision of the Appeals Committee will be delivered to the Applicant via certified mail, return receipt requested.

If the matter is not resolved with the Applicant's acceptance of the BFP Appeals Committee decision, the Applicant will have the opportunity to meet with the Appeals Committee for the purpose of arguing the facts included and law implicated in the formal written protest, and to request the relief sought therein. The Appeals Committee will not entertain any argument or consider any information or request for relief which was not included in the initial written protest. The Appeals Committee will announce its decision in writing within three (3) business days of the meeting. BFP's Senior Executive of Compliance will present the recommended award including the details of the protest and means of administrative remedy, within fifteen (15) business days of the BFP Appeals Committee decision. In the event that the matter remains unresolved, BFP and the Applicant shall enter into remediation with a mutually agreed upon mediator, the costs of which will be shared by BFP and the Applicant, Mediation will take place prior to either party initiating litigation.

Appeals Related to CPI Flex Funds
All disputes/appeals related to CPI Flex Funds are to be resolved the same day, as expeditiously as feasible. If an agreement cannot be reached between the assigned PI, PI Supervisor, Brevard C.A.R.E.S. Care Coordinator and/or immediate supervisor, then the matter will be referred to the Executive Director of Brevard C.A.R.E.S. and DCF POA. If necessary, a joint consultation shall be held. If the matter remains unresolved at this level, then it will be referred to the BFP Chief Executive Officer or designee and the DCF Regional Managing Director or appointed designee. The persons designated to resolve these disputes shall meet and/or initiate discussion as soon as practical to resolve the dispute within three (3) business days of receipt of the appeal.

Appeal Process Related to Services Authorized by BFP Care Coordinators
When an authorization for service is denied, the Clinical Services Coordinator is responsible for informing the Care Manager and family member, as appropriate, to discuss the reason for the denial as it relates to the criteria used for making authorization decisions.

If a family member or family team member, including the provider, have concerns regarding the service approval and/or denial process, they are encouraged to work directly with the Clinical Services Coordinator in order to request a review and reconsideration of the denial of the authorization.

If the Clinical Services Coordinator is unable to resolve the concern regarding the denial of services, they will inform the appropriate parties of the right to appeal the denial of the authorization and the steps and time frames for the appeal process.

The first step in this process is to submit the appeal regarding a denied service to the BFP Client Relations Specialist who will review the merit of the complaint and review the facts surrounding the denial in order to foster an amenable resolution, if possible. Once the appeal has been received, the Client Relations Specialist will forward the appeal to the Senior Executive of Compliance who will review the appeal and render a decision within five business days of receipt of the appeal.

If, at this level, the appeal is still not satisfied, the Senior Executive of Programs or the CEO will be consulted. The CEO or designee retains final resolution authority in the appeal process and will provide a resolution within two to three (2-3) business days of the request for CEO review.

If, during any time within the appeal process, the family or other team member, including the provider, feels that the denial of service will have a negative impact on the client served through BFP, or their rights have been violated, a grievance may be sent directly to the Client Relations Specialist (See Client Grievance Procedure OP #1125).

General Complaints by Contracted Providers
Complaints that are specific to the BFP Standard Contract signed by the Providers are to be forwarded to BFP and the Compliance Manager for a resolution. If, after following the above step, the provider is still not satisfied with the recommended resolution presented by the BFP Contracts and Compliance Manager, the Chief Legal Officer is consulted for a review and resolution of the complaint. If the complaint is in regard to Contract Monitoring, the Contract Provider may contact the Chief Legal Officer directly. In addition, and as part of the review of the complaint, the Chief Legal Officer may forward the complaint to the Compliance Committee for review and resolution recommendations. The Compliance Committee

membership may include at least three members of the senior leadership team including but not limited to: the Chief Executive Officer, VP or Operations, Senior Executive of Programs, and the Client Relations Specialist for the purpose of reviewing complaints by contracted providers. Complaints referred to Compliance Committee will be resolved as soon as possible but no later than within fifteen (15) business days of receipt of the complaint.

Complaints regarding intake and placement issues from licensed foster families should initially be discussed with the Child Placing Agency (if the home is managed outside of BFP) and the Director of Licensing. Representatives of the Child Placing Agency are encouraged to discuss any complaints regarding the placement of children in licensed Out of Home Care with the BFP Intake Specialists for resolution prior to issuing any formal complaint. Complaints or concerns from residential facilities may also be addressed by the Intake Specialists. If the issue remains unresolved at this level, then the CPA or residential facility may contact the Contract and Compliance Manager. If the issue pertains to a client concern, the CPA and/or residential facility may at any time contact the BFP Client Relations Specialist.

Appeals by Vendors/Providers for Denial of Payments
Appeals by vendors/providers for denial of payments will be made through their contractual contract with BFP. Contract and rate agreement payment disputes would be processed through the BFP Compliance Manager. Foster parent payment disputes can be addressed with an Intake and Placement Specialist for resolution.

Final Authority for all BFP Appeals and Complaints
The BFP CEO will retain final authority to review, address and resolve any appeal, complaint or grievance that was not resolved through the regular appeal, complaint, and grievance process.

Grievances
At any time an individual, organization, or Network partner feels that procedures have not been followed in relation to procurement, contracting, or placement of children in out-of-home care, authorization of services, denial of services, and/or other practices (including potential conflict of interest) which relate to contracts or rate agreements, they may file a grievance directly by contacting the BFP Contract and Compliance Manager who will review the grievance and refer it to the Compliance Committee for review and resolution. Upon receipt of this grievance, the Committee will convene as soon as possible in order to address the grievance. Upon receipt of the grievance, a decision will be rendered, generally within twenty (20) business days.

BFP Standard Contract Dispute Process
Should a Contracted Provider and BFP be unable to resolve a dispute specifically arising under the contract after forty-five (45) days, both parties may secure additional mediation, in which case the parties shall jointly choose a mediator for that purpose. The mediator and both parties shall establish whatever mediation guidelines are necessary. Each party shall assume its own costs, but BFP and the Provider shall share the expense of the Mediator equally as stipulated in all standard service provider contacts. (Refer to Standard Contract).

All provider appeals and complaint made directly to BFP should be resolved within twenty (20) business days of the receipt of the initial complaint. If the nature of the complaint or grievance requires a modified timeframe, the complainant will be notified of the estimated resolution timeline.

9. Training

Pre-Service Classroom Training
BFP offers Pre-Service Classroom Training to employees working in the child welfare/child protection arena. This is mandatory training for all employees of Case Management Agencies, and the Licensing Specialists in order to meet the Florida Certification Board (FCB) requirements. Other community partners and providers may also access Pre-Service Classroom Training on an "as needed" basis. Pre-Service Classroom Training provides knowledge and skill-based learning on child welfare maltreatments (domestic violence, sexual abuse, substance abuse, etc.), dependency court process, Federal and State laws that impact child welfare, assessment skills and interviewing/interpersonal skills.

In-Service Training
BFP, in partnership with other child welfare professionals, offers an assortment of In-Service trainings that are open and available to all community partners and providers. Training topics include child welfare, child protection, mental health, school, and medical issues affecting the children and families we work with on a daily basis.

BFP offers specialized training in the following areas:

1. Wraparound Institute Training Program – training is divided into a Phase I and Phase II.
    a. Phase I is for basic knowledge and skills related to Wraparound and Family Team Conferencing.
    b. Phase II is for the specialized training in facilitation and skill-based learning of the Wraparound Principles and Family Team Conferencing.
2. Florida Safe Families Network (FSFN) Training – designed to offer hands-on training in the current State of Florida database system.

Training and Supervision Committee Meeting
BFP conducts regular and ongoing meetings with our stakeholders, comprised of our community partners and contracted providers. One of the purposes of these meetings is to identify training gaps and training needs amongst staff, in order to provide professional development and ongoing training on the various issues of child welfare and child protection work.

Notification Process for Training Opportunities
BFP training opportunities are listed on www.brevardfp.org. Follow the links to training opportunities.

Your Satisfaction
The opinion of our Network of Providers and Foster Families are important to BFP. We welcome your constructive feedback related to services, procedures and processes which directly supports our commitment to continuous Performance Quality Improvement. BFP is committed to on-going support of our Providers and will work diligently to ensure that they receive the support, training, guidance, and assistance needed in order to attain the high level of quality of care our system requires.

APPENDIX A

Movement of Child in Placement Notification

*Date of Notification:*_____

Name of Child:_____

Care Manager:_____

Date Child Moved:_____

Previous Placement Information:

Name of previous foster parent/facility:_____

Address:_____

Telephone:_____

New Placement:

Name:_____

Address:_____

Telephone:_____

Reason for Movement:_____

Email to: intake@brevardfp.org

APPENDIX B
Partnership Plan for Children in Out-of-Home Care

All of us are responsible for the well-being of children in the custody of the Department of Children and Families (DCF). The children's caregivers along with the Florida Department of Children and Families, community-based care (CBC) organizations, their subcontractors and staffs of these agencies undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need normal childhoods as well as loving and skillful parenting which honors their loyalty to their biological family. The purpose of this document is to articulate a common understanding of the values, principles and relationships necessary to fulfill this responsibility. The following commitments are embraced by all of us. This document in no way substitutes for or waives statutes or rule; however, we will attempt to apply these laws and regulations in a manner consistent with these commitments.

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, caregivers and DCF, CBC and agency staff will work together in a respectful partnership.

2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his or her family.

3. Caregivers, the family, DCF, CBC and agency staff will participate in developing the plan for the child and family, and all members of the team will work together to implement this plan. This includes caregiver participation in all team meetings or court hearings related to the child's care and future plans. DCF, CBC and agency staff will support and facilitate caregiver participation through timely notification, an inclusive process and providing alternative methods for participation for caregivers who cannot be physically present.

4. Excellent parenting is a reasonable expectation of caregivers. Caregivers will provide and DCF, CBC and agency staff will support excellent parenting. This requires a loving commitment to the child and the child's safety and well-being, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.

5. Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation including sexual orientation and family relationships. DCF, CBC and agency staff will provide caregivers with all available information to assist them in determining whether they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.

6. Caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to

meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.

7. DCF, CBC and agency staff will provide caregivers with the services and support they need to enable them to provide quality care for the child.

8. Once a family accepts the responsibility of caring for the child, the child will be removed from that family only when the family is clearly unable to care for him or her safely or legally, when the child and his or her biological family are reunified, when the child is being placed in a legally permanent home in accordance with the case plan or court order, or when the removal is demonstrably in the child's best interest.

9. If a child must leave the caregiver's home for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures they have all their belongings, and allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.

10. When the plan for the child includes reunification, caregivers and agency staff will work together to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.

11. Caregivers will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication. DCF, CBC and agency staff will provide caregivers with the information, guidance, training and support necessary for fulfilling this responsibility.

12. Caregivers will work in partnership with DCF, CBC and agency staff to obtain and maintain records that are important to the child's well-being including child resource records, medical records, school records, photographs, and records of special events and achievements.

13. Caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. DCF, CBC and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.

14. Caregivers will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC and agency staff will share information with each other about the child's health and well-being.

15. Caregivers will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the child's progress and needs.

_____

Signature of Out-of-Home Caregiver

_____

Signature of Representative of Supervising Agency

Note: Signatures are requirements of F.A.C. 65C-13.030(1)

APPENDIX C

BFP Policy and Procedure Manual

CONFLICT OF INTEREST CERTIFICATION FORM

All Applicants must disclose the name of any officer, director, or agent who is also an employee of BFP or member of the board of directors. Further, all Applicants must disclose the name of any BFP employee or member of the reviewing board of directors who owns, directly or indirectly, any interest in the Applicant's firm or any of its branches.

I certify that I understand the above and that no conflict of interest exists between my agency and BFP.

_____I am in compliance with the policy

_____I am reporting the following potential conflicts

I understand that I am expected to report promptly any changes in my affairs that might affect compliance with this policy.

_____	_____	_____
Name (type or print)	Signature	Date

Disclosures required above are as follows:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Sponsored by Brevard Family Partnership and the State of Florida, Department of Children and Families.

Brevard Family Partnership is a Council on Accreditation (COA) accredited agency.