

# BREVARD FAMILY PARTNERSHIP

Quality Assurance Annual Report

*FY 2017-2018*

## Overview:

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Brevard Family Partnership (BFP) is the Lead Agency for Child Welfare Services in Brevard County, Florida within the 18<sup>th</sup> Judicial Circuit. For fiscal year 2017-2018, Brevard CARES provided contracted case management services for Non-Judicial In-Home Services Cases and Family Allies provided it for all Judicial Cases.

As described in Florida's Windows into Practice, Brevard Family Partnership completed a total of 86 case file reviews using the Rapid Safety Feedback (RSF) Tool and Florida's Continuous Quality Improvement (CQI) version of the Federal Child & Family Service Review (CFSR) process. The breakdown per quarter for the first three quarters was 10 Rapid Safety Feedback Reviews and 11 FL CQI Reviews, with two (2) identified as PIP Monitored Cases which consisted of case participant interviews. The fourth quarter break down was 10 Rapid Safety Feedback Reviews and 13 FL CQI Reviews, with two (2) consisting of case participant interviews; one (1) identified as PIP Monitored and one (1) Non-PIP Monitored.

At the onset of fiscal year 2017-2018, reviews were conducted by the Quality Assurance (QA) Specialist and oversight provided by the Director of Contracts and Compliance. Since February 2018, reviews have been completed by the Training and Quality Assurance Coordinator and oversight provided by the Quality Assurance Manager. For the past two fiscal years, BFP has only utilized one resource dedicated to completing QA reviews and one resource dedicated to Pre-Service Training. The agency recognizes the need for a more robust QA and Training Divisions as there is not the capacity to provide more than the minimum requirements; the agency decided to immediately combine the two divisions into one department and have both resources considered as a Training and QA Coordinator. BFP is completing an assessment on its QA and training capacity this upcoming fiscal year using a Sterling approach where they will look at their five year plan to slowly rebuild the department. To fill an immediate need, one new position will be added this upcoming fiscal year so there will be three positions dedicated to QA reviews, Pre-Service Training, and In-Service Training, all reporting to the QA and Training Manager.

## Data Sources and Utilization:

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To determine performance quality and effectiveness, and identify areas for improvement and sustained system change, Brevard Family Partnership, Inc. uses both quantitative and qualitative data from FSN, the Department of Children and Families performance measure dashboard, CBC Scorecard Performance Measures, case file reviews, quality service reviews, satisfaction surveys, local data bases, and other methods and tools as required by the Council on Accreditation (COA).

Monthly operations meetings track critical performance indicators and outcomes, case management caseloads and results, missing children data, and status of progress on critical monthly targets for children and families served, supervisor reviews, timely documentation into FSFN, and physical/dental/immunization records. In addition, BFP sends weekly reports to case management regarding supervisor reviews, parents seen, case load counts, and Family Functioning Assessments; bi-weekly reports on physical/dental health measures and daily reports on children not seen. This weekly focus on quantitative data to recognize trends allows rapid response to any unfavorable changes in performance and guides the implementation of real-time counter-measures. Metrics for safety, permanency, well-being and other key indicators are aggregated monthly, quarterly, and yearly for the review of a system-wide Risk Management Committee organized according to the standards and practices required by COA.

## Rapid Safety Feedback:

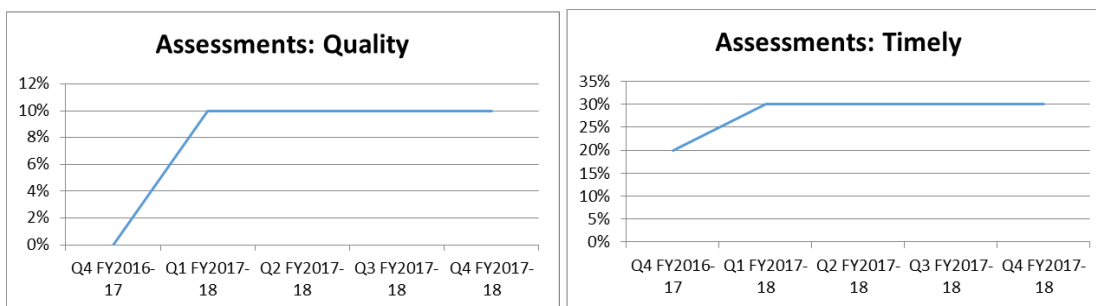
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Rapid Safety Feedback Reviews assess real time case work practice related to safety of children ages zero to four, placed in the home with a parent or caretaker in the living arrangement who has been an alleged perpetrator for allegations of Family Violence Threatens Child AND/OR Substance Misuse. The review samples for each quarter were selected using the business objects report entitled Children Receiving In-Home Services Listing – OCWDRU in Florida Safe Families Network (FSFN). All cases were open at the time of the review and a consultation was completed with the case manager and supervisor within 24-48 hours of completion of the review as required. Tools were updated with information and documentation obtained during the consultations. Final tools and data are shared with Florida’s Department of Children and Families, Case Management staff, as well as CBC staff.

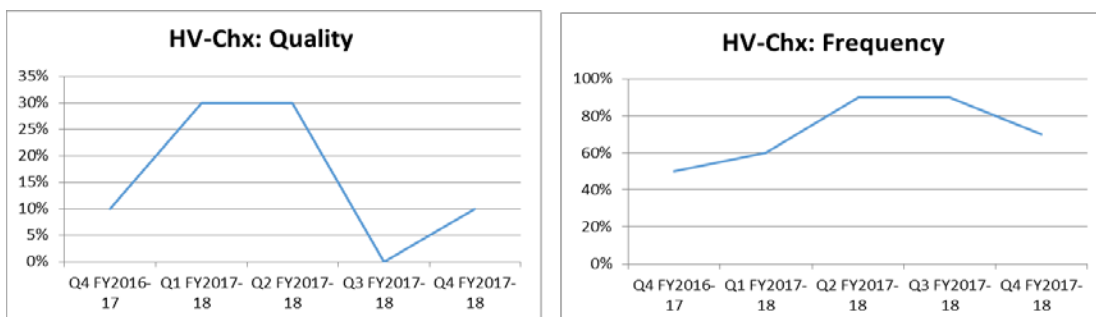
During case consultations, Formal *Requests for Action (RFAs)* were assigned for any case identified with an immediate safety concern not ameliorated by the case consultation. Other concerns that did not immediately impact child safety were assigned follow-up tasks. RFAs and Tasks were tracked through completion. There were 24 RFAs initiated and resolved during the fiscal year and 54 Tasks assigned and completed.

The ensuing charts break down the results per quarter for each question of the tool. Brevard Family Partnership has seen an overall decline in the measures the last two fiscal years, which can be attributed to the strict adherence on the fidelity of the practice model, caseworker turnover, and high case load counts. Most questions experienced a sharp decrease beginning quarter two of fiscal year 2016-2017 followed by a slight increase at the beginning of fiscal year 2017-2018 before again trailing off. During the initial decline, a new QA Specialist, who oversaw

the review process so gaps in fidelity to the Practice Model were uncovered. There was an immediate reaction to this and the agency and staff attempted to quickly remedy with slight changes to their practice. The decline beginning in the middle to end of fiscal year 2017-2018 was at a time increased caseloads were occurring due to turnover and an increase in the number of kids entering care. There was a period of several months in which supervisors, program managers, and other leadership from the case management agency carried a case load to help decrease the high case load counts being carried by case managers.

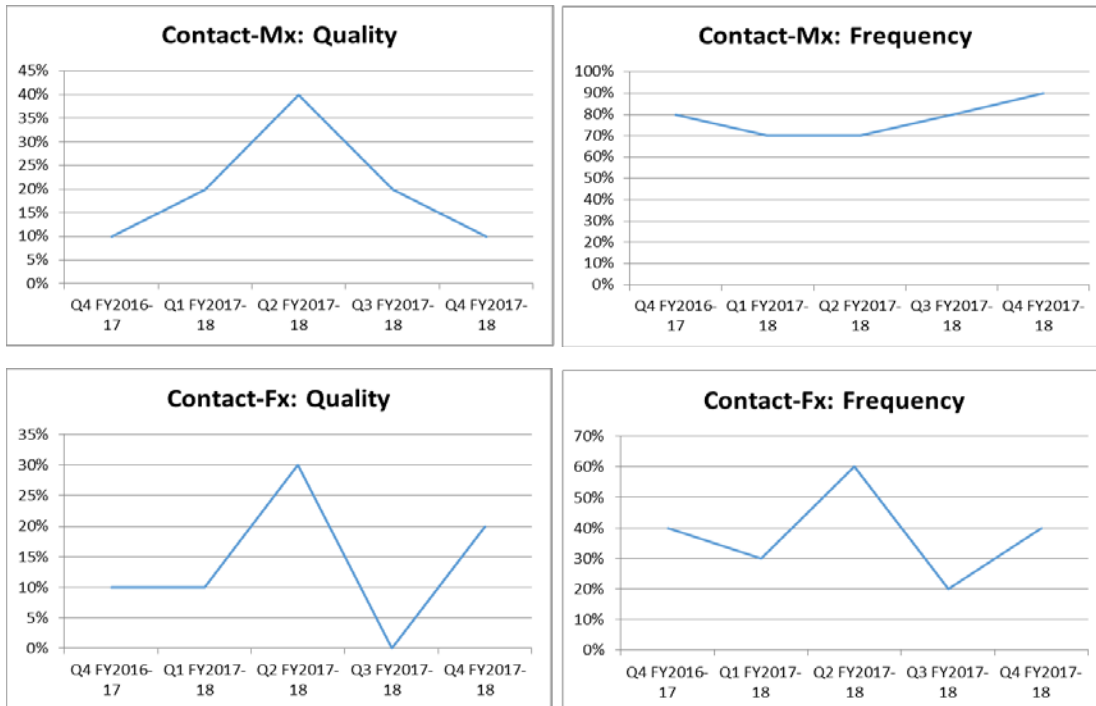


- Timeliness and Sufficiency of Family Assessments:** Case management has struggled with completing and approving Progress Updates timely, more than 90 days are passing between updates and Progress Updates are not being completed in cases in which the judge orders reunification with a parent against the agency's recommendation. In addition, the updates are not of sufficient quality as they are not updated in their entirety and the information noted in each domain does not reflect the ratings of the child need indicators or parent protective capacities. Though the reviews are not sufficient in quality, case managers are no longer carrying over the information in the Family Functioning Assessment Initial (FFAI) completed by the Child Protective Investigator (CPI) and are updating the assessment with new information.

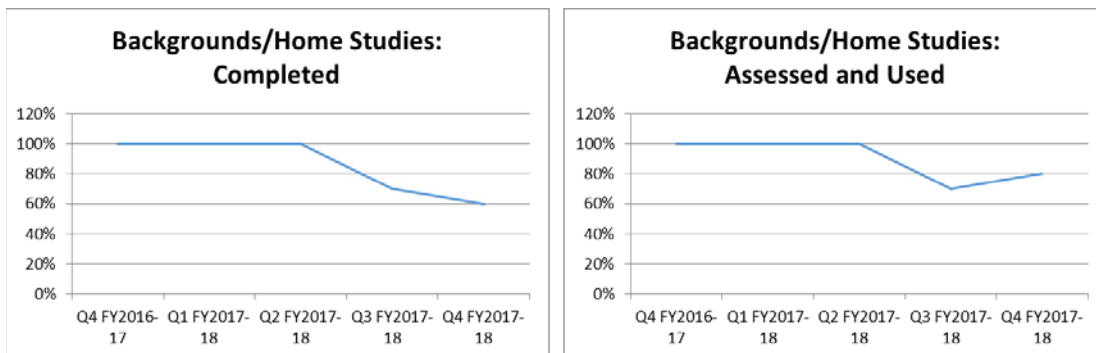


- Frequency & quality of visits with child(ren):** Overall home visits are completed with children at a minimum of once every 30 days, but the decline in frequency is attributed to visits not occurring at the rate of frequency identified in the safety plans and supervisor

reviews. Though the children’s overall well-being is noted during visits, one on one conversations with the children away from caregivers are not being completed which is the primary reason for the insufficient ratings.

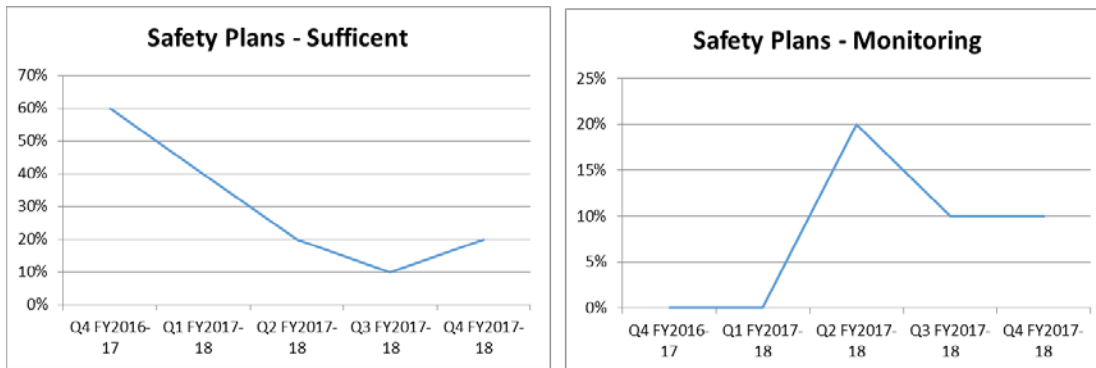


- **Frequency and quality of visits with parents:** Frequency of contact with both parents has varied each quarter across the last two fiscal years; this fluctuation is based on whom the child is placed with. Case managers are visiting parents with whom the child is placed with at the same frequency of the child and struggles with maintaining contact with whichever parent is not in the home, regardless if it is the mother or father. Visits focused on compliance in services and not how the parents were utilizing those services and showing behavioral changes.

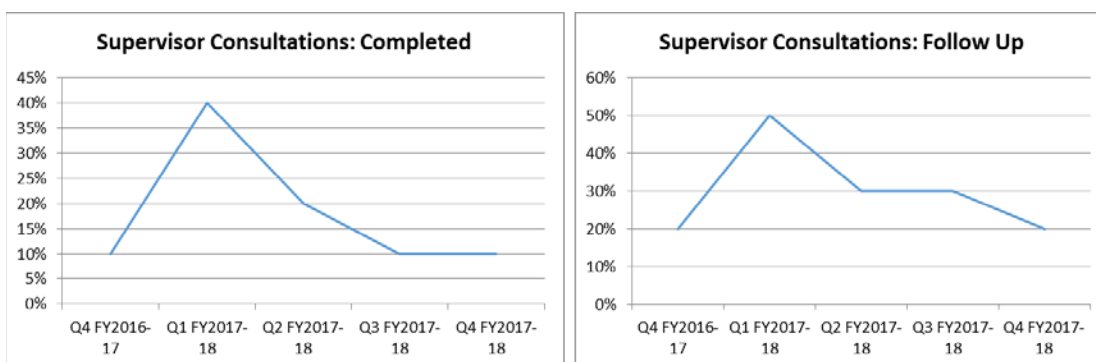


- **Background checks and home study assessments:** This is BFP’s strongest performance measure for the RSF Tool. Background screens are completed and shared at the time of the

case transfer staffings as well as completed in conjunction with Parent Readiness and Reunification Home Studies. There has been a decrease in performance the last two quarters which is related to background screenings not being completed on new informal safety service providers or new household members. Case Management needs to remain diligent in completing background screens and responding timely to completion of home study assessments.



- **Developing Safety Plans and monitoring them:** Safety planning continues to be one of BFP's weakest performance areas. Staff continue to struggle with both creating the plans and actively monitoring those plans throughout the life of the case. Safety plans are not identifying safety actions that directly relate to the manifestation of the impending danger threat and how to immediately keep the child safe as the threat occurs.



- **Supervisory Consultations:** Within the current practice model, supervisory consultations are required at certain junctures which is different than supervisor reviews. This measure has been a struggle for case management. Although timely formal supervisor reviews were conducted, supervisors are not being diligent in completing supervisor consultations in conjunction with family assessments, safety plans, or at critical junctures. Supervisors have been provided guidance regarding the requirements of consultations.

Due to the need for specific Child Welfare Practice Model training, BFP contracted with Action 4 Child Protection the preceding two fiscal years to provide eight onsite trainings, four per fiscal year, that focused on areas identified as needing improvement – Safety Planning, Supervisor Consultations, Crafting Case Plan Outcomes (twice), Assessing Impending Danger, Assessing and Scaling Caregiver Protective Capacities, Assessing and Scaling Child Needs which are components of the Family Assessments, and Case Specific Consultations. In addition, an in-depth six hour Safety Plan Training was provided to case management during Q4 of FY 2016-2017 through utilizing a resource from DCF and individual help has been provided to staff to help educate them on creating, implementing, and monitoring safety plans.

## Florida Continuous Quality Improvement:

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Florida's Continuous Quality Improvement (CQI) Review is a version of the Federal Child & Family Service Review (CFSR) process. The cases are either identified as Out-of-Home Care or In-Home. For the case to qualify as In-Home, the children have to be placed in the home during the entire period under review; if at any point during the review period the children are placed out of the home for more than 24 hours, the case does not qualify for the In-Home Sample but must be reviewed as an Out-of-Home Care Case. The review samples for the cases identified as In-Home were randomly selected each quarter using the business objects report entitled Children Receiving In-Home Services Listing – OCWDRU in Florida Safe Families Network (FSFN). The review samples each quarter for the cases identified as Out-of-Home Care were randomly selected using the Adoption and Foster Care Analysis and Reporting (AFCAR) extract provided by DCF. The cases are not required to be open at the time of the FL CQI Review and only FSFN documentation is considered as a resource for the ratings. The two reviews that have an interview component each quarter are assessed and rated using a combination of case file documentation and interviews of all case participants.

Beginning FY 2016-2017, BFP began completing consultations with the case manager and supervisor within 24-48 hours of the review. The same process regarding safety concerns for RSF reviews was implemented for the FL CQI reviews. There were 13 RFAs and 65 Tasks initiated and resolved during the FY 2017-2018; this was a decline from FY 2016-2017, which had the same amount of initiated RFAs and Tasks in just the last three quarters.

The following charts break down the results of each Item of the tool per quarter for FY 2017-2018 and compare it to the CFSR baseline and the state's PIP target. Majority of the items experienced a decline throughout the year or remained stagnant.

Above Baseline CFSR	6	5	0	1
Above PIP Target	5	3	1	2
Below Baseline	10	13	20	18

Each Item per quarter is color-coded to reflect if it meets the PIP target, is above the CFSR baseline or below the baseline. The counts per quarter for each of those categories are reflected above.

CFSR Item	Item Description	CFSR Baseline	PIP Target	Trend	Q1 (FL CQI) N=9	Q2 (FL CQI) N=9	Q3 (FL CQI) N=9	Q4 (FL CQI) N=12
1	Investigations: child victims seen timely	91.50%	91.60%		80.00%	83.33%	100.00%	100.00%
2	Services to prevent entry or re-entry into foster care	76.50%	85.80%		100.00%	100.00%	0.00%	100.00%
3	Risk assessment and safety concerns	71.30%	77.70%		88.89%	77.78%	44.44%	66.67%

**Safety Outcome 1 - Children are, first and foremost, protected from abuse and neglect:** Specifically, it focuses on the timely commencement of the investigation by the Department of Children and Families. In cases involving an investigation, all investigations were commenced and face-to-face contact completed with the children timely. This is the only Item in which BFP increased each quarter and maintained 100% the last two fiscal quarters.

**Safety Outcome 2 - Children are safely maintained in their homes whenever possible and appropriate:** This measure focuses on preventing the removal or re-entry of children into care by providing safety services, Assessing Risk and Safety, and Managing Safety Plans (not to be confused with the Practice Model's Safety Plan requirement for all cases). This preceding Fiscal Year, BFP initiated a Safety Management Services contract for intensive services with Brevard CARES. Safety Management Services were utilized on several cases to help stabilize the family so treatment services could later be referred for and be effective. There has been a decline in Item 3 which is attributed to a lack of safety plan monitoring. BFP is aware of the issues around safety planning and continues to provide ongoing guidance and trainings on sufficient safety planning. Despite the decline of item 3, these Items and Outcome ratings improved over the last two fiscal years.



CFSR Item	Item Description	CFSR Baseline	PIP Target	Trend	Q1 (FL CQI) N=9	Q2 (FL CQI) N=9	Q3 (FL CQI) N=9	Q4 (FL CQI) N=12
4	Placement Stability	81.80%	88.50%		83.33%	83.33%	71.43%	71.43%
5	Permanency Goal Established Timely	74.50%	82.10%		100.00%	100.00%	42.86%	57.14%
6	Permanency Goal Achieved Timely	67.30%	75.40%		100.00%	33.33%	42.86%	42.86%
7	Siblings Placed Together	85%	NA		100.00%	100.00%	66.67%	75.00%
8	Child visits with Family	69%	NA		0.00%	0.00%	0.00%	0.00%
9	Preserving the Child's Connections	82%	NA		66.67%	33.33%	28.57%	14.29%
10	Placement with Relatives	72%	NA		66.67%	66.67%	42.86%	42.86%
11	Promote and/or maintain positive relationships with parent	60%	NA		0.00%	0.00%	0.00%	0.00%

***Permanency Outcome 1 - Children have permanency and stability in their living situations:***

This measure looks at the current placements of the child as well as the child's permanency goals. Cases that scored low in this area were cases in which the child was moved for reasons outside of trying to achieve the case goals and the reviewers were unable to determine the reasons for the move. Items 5 and 6 experienced a greater decline throughout the fiscal year. Item 5 addresses the timeliness and appropriateness of the permanency goals. Overall, the initial permanency goals were appropriate, but in most cases when the permanency goal was changed during the period under review, there was a delay compared to the circumstances of the case supporting the goal change. Item 6 deals with efforts to achieve permanency. Cases that scored an Area of Need had issues with efforts to achieve the concurrent goals, which must simultaneously be addressed during the case; as well as issues in delaying reunification with parents until the next court hearing, which in some cases were scheduled weeks and months later. This is reportedly attributed to the judge's busy docket and the inability to get another court date, unless it is on an emergency basis. BFP needs to address this system of care issue with Children's Legal Services and the Judiciary. Case management leadership is now completing out-of-home care reviews in which all children placed in out-of-home care are reviewed every month, to ensure cases are moving forward and is able to identify and resolve some of the issues around untimely permanency. Permanency Roundtables have also been reinstated to focus on children who continue to remain in out-of-home care for over 18 months.

***Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children:***

This Outcome is an area in which case management had some significant struggles as two items have not had any case meet the standards for a Strength. Item 7 was impacted by cases involving large sibling groups and where there were multiple fathers to whom the children were split between paternal relatives. BFP continues to work on building capacity within our foster homes to house siblings together. Improvement was made with sibling visits and children visits with the mother, but visits between the child and father was the leading cause of Item 8 not being rated an area of Strength. In addition when visitation is supervised by

relatives/non-relatives, documentation is not reflecting the frequency or quality of the visits. The other item with the biggest opportunity for Improvement is Item 11 which focuses on supporting the parent-child bond outside of visitation. Concerted efforts need to be made to promote, support, and/or maintain positive relationships between the child in out-of-home care and his or her mother and father or other primary caregiver(s) from whom the child had been removed by involving the parent in the child's extracurricular activities, medical appointments, education needs, and mentoring opportunities for the parent. Documentation does not reflect that this information is occurring. BFP is currently developing training around quality contacts and documentation; as well as implementing new forms around home visits, contacts with parents, and visitation forms.

CFSR Item	Item Description	CFSR Baseline	PIP Target	Trend	Q1 (FL CQI) N=9	Q2 (FL CQI) N=9	Q3 (FL CQI) N=9	Q4 (FL CQI) N=12
12	Assessment of needs and services provided for children, parents, and foster parents	51.30%	58.40%		100.00%	55.56%	44.44%	8.33%
12A	Assessments and Services for Children	88	NA		100.00%	100.00%	66.7%	58.3%
12B	Assessment and Services for Parents	55%	NA		100.00%	50.00%	37.50%	9.09%
12C	Assessment and Services for Foster Parents	80%	NA		100.00%	100.00%	57.14%	85.71%
13	Children and Parents Involved in Case Planning	63.60%	70.70%		44.44%	33.33%	22.22%	0.00%
14	Caseworker Visits with Child	72.50%	78.90%		33.33%	33.33%	11.11%	8.33%
15	Caseworker Visits with Parents	43.50%	51.10%		0.00%	12.5%	37.50%	0.00%
16	Child's Educational Needs	92%	NA		100.00%	75.0%	60.0%	40.0%
17	Child's Physical Health and Dental Needs	85%	NA		83.30%	57.14%	57.14%	42.86%
18	Child's Mental Health Needs	72%	NA		0.00%	0.00%	0.00%	25.00%

***Well-Being Outcome 1 - Families have enhanced capacity to provide for their children's needs:***

This Outcome had Items that initially scored well but then declined over the course of the year, while others only continued to decline. Case management does well with assessing and addressing the needs of caregivers. Providing the appropriate services for children has negatively impacted the rating of Item 12A. Services for children had a delay or documentation did not support follow up of the service and whether the child was engaging. There is an opportunity for improvement in assessing and addressing the needs of the parents, specifically fathers and parents incarcerated or who move outside of the catchment area. Case Management's struggle with involvement in case planning fell short in involving children who are age appropriate, as well as fathers or the parent who was not primarily the caregiver the agency was focused on reunification with. As part of the agency's Program Improvement Plan (PIP), BFP created a workgroup that's focus is on engaging fathers and incarcerated parents. To date, the workgroup has created three forms that will be used by case management. The forms include an initial introduction letter introducing case management to the parent, a letter and form that will be used to contact parents that are incarcerated out of the area to obtain pertinent information about the parent and explain case management as well as the next steps,

and lastly, a parent contact form. These forms are currently being tested by a few case managers whom are part of the workgroup. The workgroup plans to finalize the forms and require them by case management this fiscal year. Case Management's struggle with visits with children is around having and documenting private one-on-one conversation with them away from their caregivers; not completing this automatically causes a negative rating, even if the rest of the quality or frequency is met. Contact with mothers and father has increased; however the quality of the contact is not sufficient, which has led to no improvement within this item. Discussion has occurred between BFP and the CMOs regarding developing parental contact sheets to try to remind staff what topics to discuss with parents and a training regarding quality contacts is also being developed.

***Well-Being Outcome 2 - Children receive appropriate services to meet their educational needs:*** This Item and Outcome focuses on children's educational needs being assessed and addressed. This item has significantly declined over the course of the fiscal year and the cases that impacted these ratings revolved on providing identified services and not the assessment of the child's educational needs. Reviewers were unable to locate Individualized Educational Plans or were unable to determine what recommended services were being provided (tutoring, speech, etc.). BFP utilizes an automative referral and authorization system for services which requires the Case Manager to review the service outcomes for each child. This information will need to be included in FSFN so it can be captured in the review process.

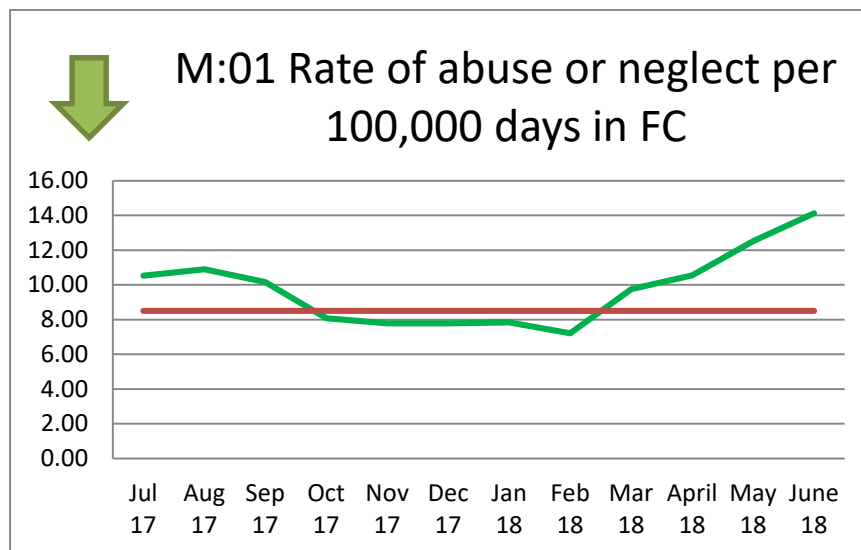
***Well-Being Outcome 3 - Children receive adequate services to meet their physical and mental health needs:*** Item 18 was the biggest area of concern for this outcome. The child's mental health needs were assessed and addressed, but the cases which caused the Area of Need rating was due to the appropriate oversight of Psychotropic Medications. This standard is based upon State Protocol which is extremely strict in the requirement of oversight and documentation of the medications. Psychotropic medications will continue to be tracked during monthly Operations Meeting held with the CMO. BFP is also developing new internal psychotropic medication forms and a booster training for staff regarding psychotropic medication protocols in hopes this will aid staff in the tracking and discussing of psychotropic medications with children, caregivers, and parents.

## Scorecard:

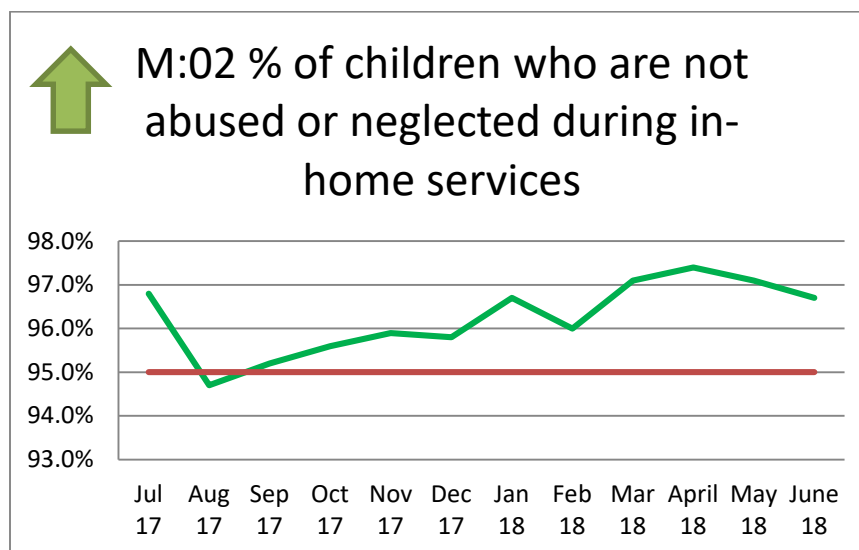
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The scorecard measures are discussed with our Family of Agencies at the monthly Operations meeting and System of Care . The information is reported to the BFP Board of Directors during the monthly Board Meeting. Over the past fiscal year, BFP has seen a significant improvement in scorecard measures. BFP started fiscal year 2016-2017 ranking fifteenth and ended the fiscal

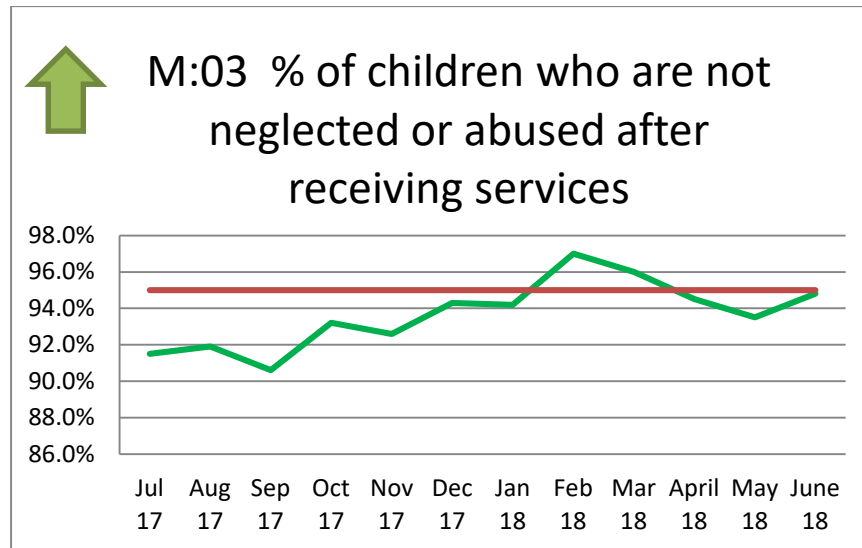
year 2017-2018 ranking fifth. BFP's performance on each of the 12 scorecard measures is trended on the following graphs along with the agency's key efforts in improving the scores.



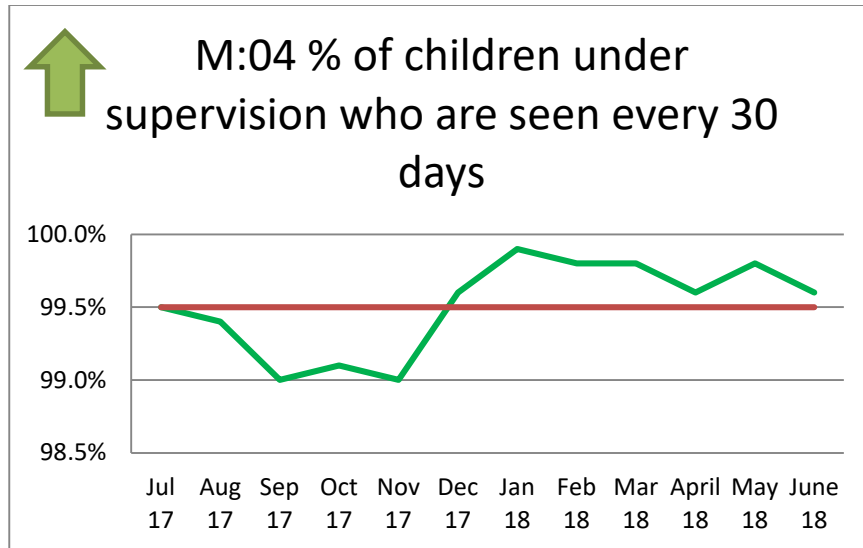
- Measure One:** This measure is the rate at which children are the victims of abuse or neglect while in foster care during the report period. This measure is similar to the proposed federal indicator, Proposed Safety Performance Area 1 Maltreatment in Foster Care. BFP established a data workgroup with case management and DCF CPI to track and trend rate of abuse and to analyze cases for the data entry accuracy. Additionally, the workgroup is in the process of developing a work plan to assign action steps to correct performance. Additional measures include DCF, CMA, and Licensing having an intake call to discuss in detail every child that is coming into care.



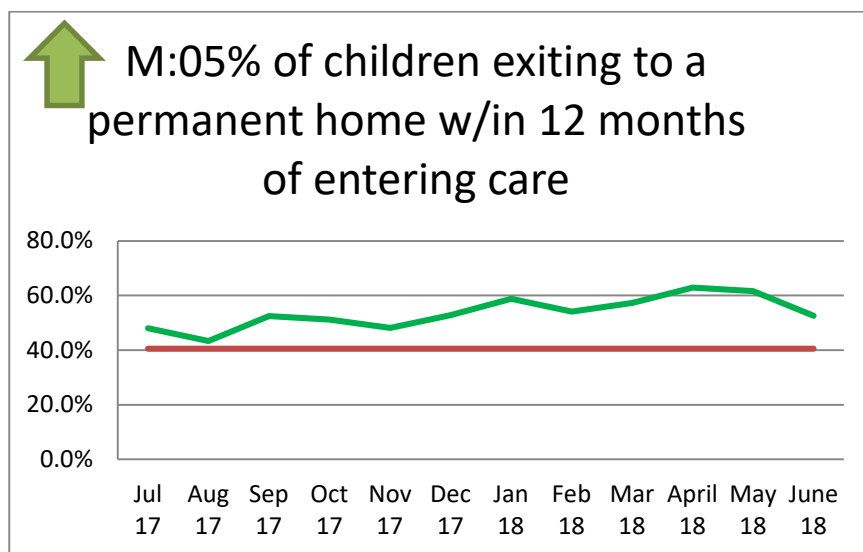
- Measure Two:** This measure is the percentage of in-home service episodes during the report period where the child did not have a verified maltreatment while receiving the services. BFP has done very well in this measure with consistent performance over the last 12 months exceeding the 95% performance target. This measure is reported monthly at our Operations Meeting, System of Care Meeting, and included in the BFP data report to the Board of Directors.



- Measure Three:** This measure is the percent of children who are not the victims of abuse or neglect in six months after termination of supervision. BFP and the case management agency have struggled with this measure over the past year. There has been no real trend in performance. Continued discussions on how Case Management is addressing the issue takes place at the monthly Operations Meeting. Recommendations of doing single case bore analysis to determine what was the root cause for re-abuse after case closure.

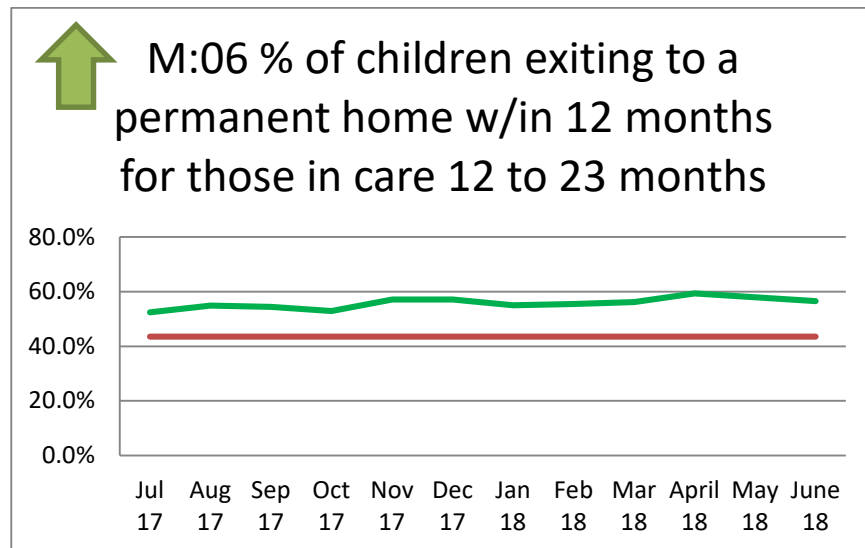


- Measure Four:** This measure is the rate at which children are seen every thirty (30) days while in foster care or receiving in-home services during the report period. The Strategy Department sends out daily reports to case management of the percent of children seen in the last 30 days, it includes the last Face-to-Face visit and the projected date the next visit is due. The exception listing provides case management a 10-day window in which to complete their home visits.

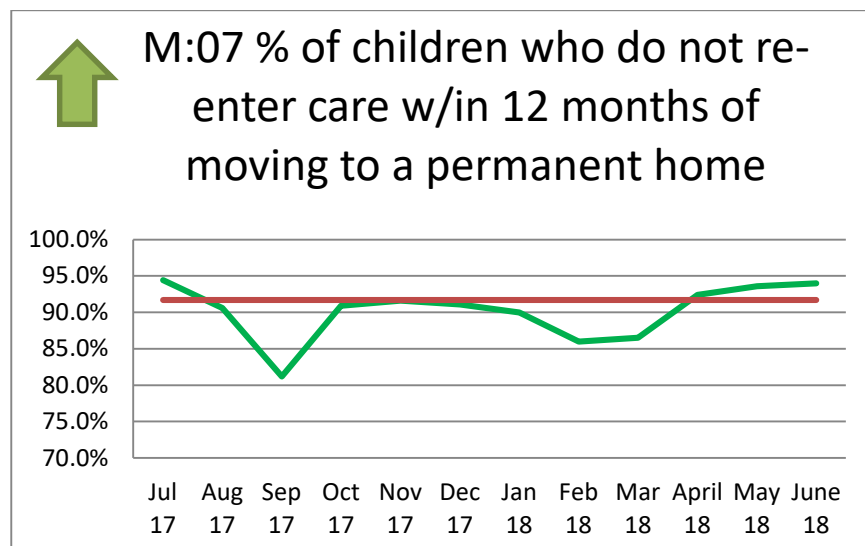


- Measure Five:** This measure is the percentage of children who entered foster care during the report period where the child achieved permanency within twelve (12) months of entering foster care. This measure is similar to the proposed federal indicator, Proposed Permanency Area 1: Permanency in 12 months for Children Entering Foster Care. CMA conducts out-of-home care reviews for every child in out-of-home care. Over the past year,

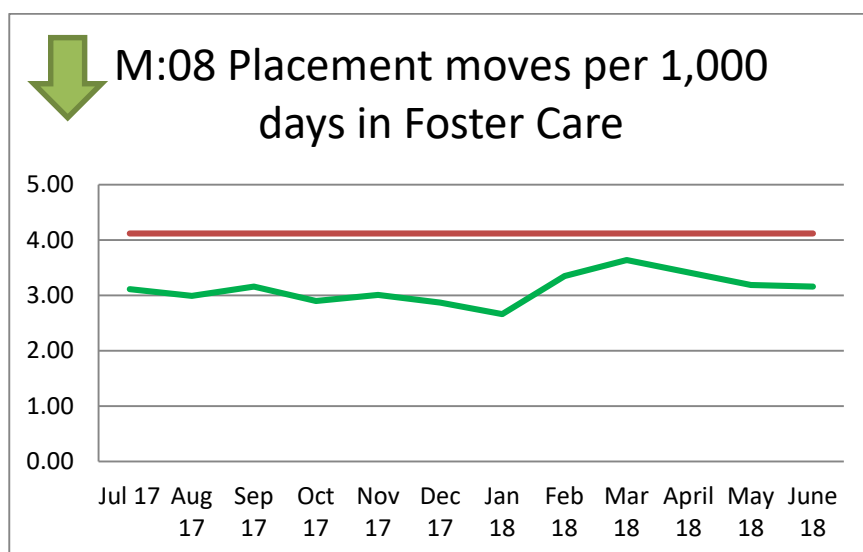
case management and the judiciary have done exceptionally well at reunifying children within 12 months. In fact, Brevard Family Partnership has been ranked number one overall in the state regarding this measure.



- Measure Six:** This measure is the percentage of children in foster care as of the beginning of the report period whose length of stay is between twelve (12) and twenty-three (23) months as of the beginning of the report period who achieved permanency within (12) months of the beginning of the report period. This measure is similar to the proposed federal indicator, Permanency Performance Area 2: Permanency in 12 Months for Children in Foster Care 12-23 Months. Family Allies conducts Out-of-home care reviews to drive this performance. BFP initiated Permanency Roundtables and has six children actively being reviewed on a monthly basis for permanency.

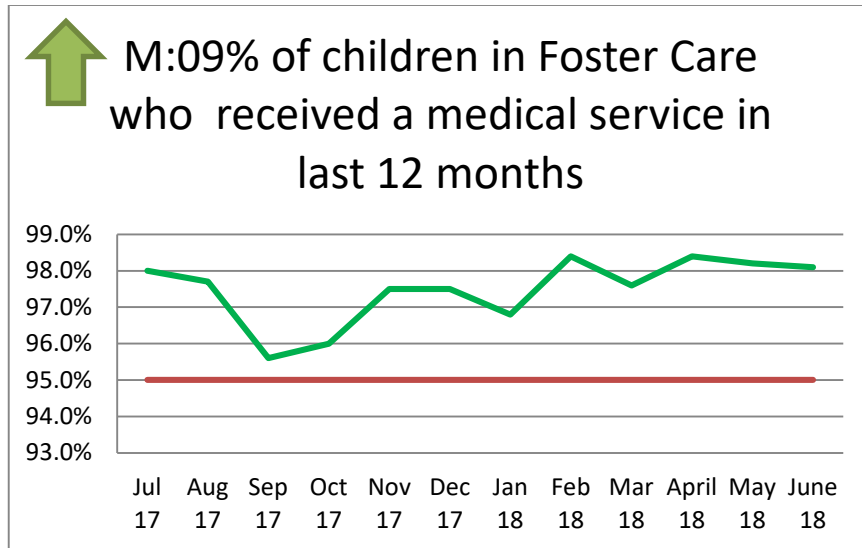


- Measure Seven:** This measure is the percentage of exits from foster care to permanency for a cohort of children who entered foster care during the report period and exited within twelve (12) months of entering and subsequently do not re-enter foster care within twelve (12) months of their permanency date. This measure is similar to the proposed federal indicator, Proposed Permanency Performance Area 3: Re-Entry to Foster Care. BFP again addresses all RED Measures or measures trending down at the monthly Operations Meeting. A review of the exceptions that are not part of the co-hort are discussed and performance/process improvement ideas are communicated across the meeting participants. Additionally, the workgroup addresses these issues with CM and CPI to track and trend rate of abuse and re-entries. The CPI's, CMA's, and licensing have an intake call discussing in detail every child that is coming into care.

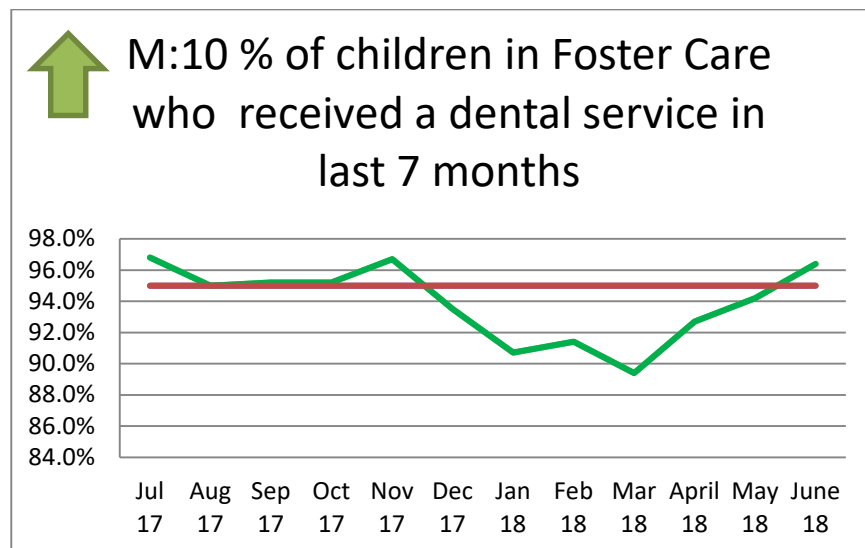


- Measure Eight:** This measure is the rate at which children change placements while in foster care during the report period. This measure is similar to the proposed federal indicator, Proposed Permanency Performance Area 4: Placement Stability. BFP does a really good job at recruiting quality foster homes and a couple of quarters, BFP lead the state in foster home retention. This has allowed children placed in foster care better stability.



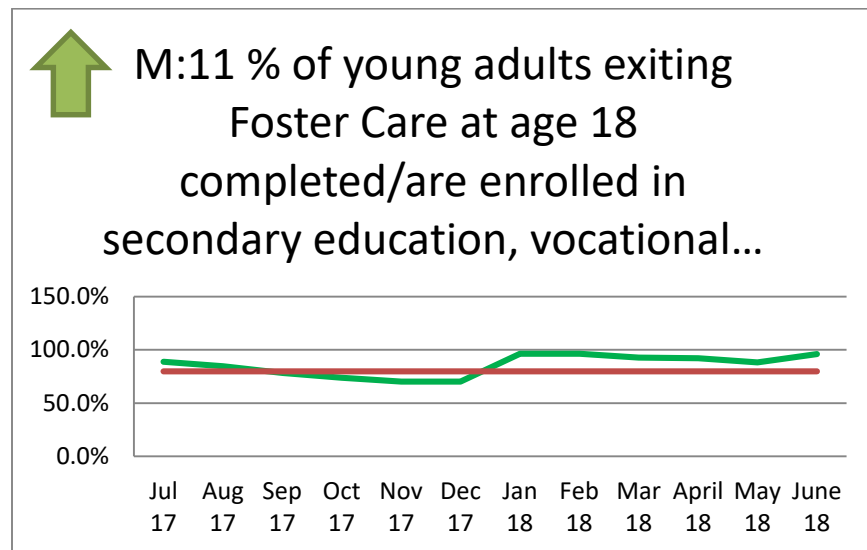


- Measure Nine:** This measure is the percentage of children in foster care as of the end of the report period who have received a medical service in the last twelve (12) months. The Strategy Department sends out weekly reporting of medical performance including % of children in the numerator, the child's last visits date next visit is due and the placement type of the children not meeting the measure. This reporting has helped case management focus on those children showing up in the exceptions to receive services.

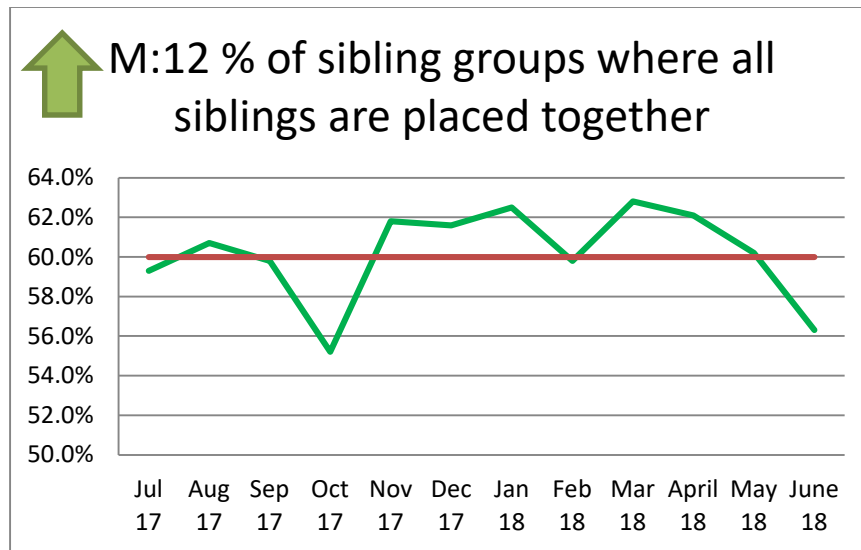


- Measure Ten:** This measure is the percentage of children in foster care as of the end of the report period who have received a dental service in the last seven (7) months. The Strategy Department sends out weekly reporting of medical performance including % of children in

the numerator, the child's last visits date next visit is due and the placement type of the children not meeting the measure. The exceptions show that children in out-of-home care are receiving the appropriate service; however, the children with relative and non-relative make up most of the exceptions. Case Management will be focusing efforts on communicating with those caregiver's of children in care.



- **Measure Eleven:** This measure is the percentage of young adults who aged out of foster care who had either completed or were enrolled in secondary education, vocational training, or adult education as of their eighteenth (18) birthday. The Strategy Department provided the case management with the algorithm for which this gets measured along with Educating the CMA on the education tab which drove up performance as data was not being entered timely and correctly.



- Measure Twelve:** This measure is the percentage of sibling groups with two or more children in foster care as of the end of the report period where all siblings are placed together. This measure is discussed each week at the Brevard Family Partnership Leadership meeting by the Sr. Executive of Programs. There are a group of children that have to be separated due to medical/and or therapeutic care requirements. Additionally, there may be a capacity issue with licensed care providers taking large sibling groups. The Judiciary is impacting this measure by placing children in relative care that may result in many children being separated with different relatives, there a children being placed in relative care that caregiver's refuse to take all siblings which is impacting our performance but the court is ordering it which is out of our control.

The Strategy Department at BFP holds monthly Operations and contract meetings to retrospectively review the performance of the CMA's. The agencies discuss in detail what's going well in addition to the red measures and the cohort of children impacting performance. Analyzing this data allows for the discussion of trends and barriers within the System of Care, and discusses process improvement ideas. Brevard Family Partnership has implemented daily/weekly/monthly reporting to assist in concurrent analysis of the agencies performance to increase awareness and communication and drive up overall performance. Additionally, Brevard Family Partnership has been working with Mindshare Technologies on enhancing the performance reporting and dashboards for the Family of Agencies Leadership and Management Teams to use as performance indicators with confidence.

## Recommendations:

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- BFP has met with senior leadership from Family Allies and Brevard CARES to review the past Fiscal Year QA findings and develop a plan for improvement. BFP, along with its subcontracted providers, have identified areas for improvement and trainings will be provided each Quarter that specifically address areas of opportunity as identified in quality assurance reviews. Trainings are currently being developed to address the current needs in the areas of quality home visit documentation (one-on-one child conversations, parent's behavioral change, etc.), Psychotropic Medications, and Conditions for Return.
- Case Management needs to remain diligent in completing background screens and responding timely to completion of home study assessments.
- BFP needs to address the issue in delaying reunification with parents until the next court hearing with Children's Legal Services and the Judiciary.
- Developing parental contact sheets to try to remind staff what topics to discuss with parents.
- Implementation of a new home visit documentation form, to trigger conversation and documentation around needed quality improvements (one-on-one conversations, ongoing monitoring of Safety Plan, etc.). This initiative expected to begin and be implemented in Quarter four.
- Implementation of new internal psychotropic medications forms to be used during home visits/contact with children, caregivers, and parents is set to be. This initiative is expected to begin and be implemented in Quarter three.
- Continuation of Permanency Roundtables to help achieve permanency for children who continue to remain in out of home care for over 18 months.
- As part of the Region's Program Improvement Plan (PIP), BFP is in process of the following improvements:
  - Implementation of monthly out-of-home care reviews of the status of ALL children in out-of-home care, to drive increased permanency performance.
  - Workgroup to research and explore options for ensuring fathers are engaged and provided services as needed, including incarcerated fathers.
  - Implement improved kinship search process (i.e. Family Finders) so that more children and sibling groups are placed with relatives, as appropriate. Family Allies created Specialists Support Unit to initiate family finding, and complete diligent searches for kin.

- Continued practice of Permanency Roundtables.
- Revamp the Supervisor Review/Consultation process to ensure alignment with Safety Methodology practice as well as the Federal CFSR tool.

Further recommendations and information will be addressed in BFP's Annual Quality Management Plan.