



# **Provider Network Handbook**

**Brevard Family Partnership**



# Brevard Family Partnership

Protecting Children, Strengthening Families, Changing Lives.

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**Dear Provider,**

This letter is to welcome you to the Brevard Family Partnership Network! The staff at Brevard Family Partnership appreciates your interest in partnering with us as we continue to enhance the quality of life for the children and families in Brevard County. We greatly value your role as a Network Provider and recognize the work that you do as critical to achieving our goal and mission. Most importantly, we thank you for your decision to provide services for the children and families of Brevard County.

Brevard Family Partnership began providing Child Welfare Services in Brevard County upon transition from the Department of Children and Families in July of 2005. Since this time, Brevard Family Partnership has consistently been a top performer in the state of Florida! In addition, our Network has expanded and new service provisions have been designed to meet the unique and individualized needs of our families. Services are non-categorical in nature and tailored specifically to meet the family's needs. This is very different from that of the historical system in which services were more of a "one size fits all" prescribed approach.

The Brevard County system of care strives to provide a seamless continuum of services from entry to exit with emphasis upon continuity of care, capacity building and developing evidence based promising practice program models.

Thank you for your commitment and willingness to provide services for the children and families we serve. It is our mission to protect children, strengthen families and change lives. We are deeply grateful for your devoted service and for joining us in partnership.

Sincerely,

*Dr. Patricia Nellius-Guthrie*

Dr. Patricia Nellius-Guthrie,  
CEO: Brevard Family Partnership



## 1. Introduction

### **Mission Statement, Values, Vision**

#### **Our Mission**

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

#### **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 Brevard Family Partnership and its stakeholders to manage a child welfare system committed to the following:

- The safety of children will be the foremost concern, at all times;
- Permanency issues will be 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, need driven, responsive service delivery system;

- Resources will be 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 will be 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 will be able to collect and use 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**

The Brevard Family Partnership initiative was formed in response to the Florida Legislature's mandate that child welfare services are privatized (Section 409.1617, Florida Statutes) it is currently being instituted throughout the State of Florida, and nationwide.

The Brevard Family Partnership initiative in 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. 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 (4) 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 Brevard Family Partnership 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 insure 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 contacts in order to promote safety, build trust, and facilitate the child achieving permanency.

We recognize the importance of achieving permanency for every child with either 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 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 am to 5:00pm 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 a counselor 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 the Care Center Manager at each service site (does not include the Brevard Family Partnership Administrative office site.)

Brevard Family Partnership Administrative Office  
760 North Drive Suite A –E  
Melbourne, FL 32934  
Phone: 321-752-4650

Brevard Family Partnership North Care Center  
3880 S. Washington Avenue  
Titusville, FL 32780  
Phone: 321-264-4062

Brevard Family Partnership Central Care Center  
1636 S. Fiske Blvd.,  
Rockledge, FL 32955  
Phone: 321-634-6047

Brevard Family Partnership South Care Center  
1591 Robert J Conlin Blvd.  
Palm Bay, FL 32934  
Phone: 321-837-7500

### **After Hours Emergency Number:**

321-752-3226 or 321-537-5325

### **Key Positions:**

**Care Center Manager:** Provides facility management and oversees the day to day operations of the Care Center.

**Intake Specialists:** Serving as Brevard Family Partnership Centralized Point of Access, Intake Specialists accept calls from Protective Investigators for children needing licensed care placements and network with Child Placing Agencies to secure placements within family foster homes. They also accept referrals from Protective Investigators for cases coming into the Child Welfare System.

**Care Manager:** 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”.

**Care Coordinator:** Employed by Brevard Family Partnership to oversee the authorization and utilization of services and coordinate and facilitate Family Team Conferences (FTC). A resource “expert” located within each Care Center to identify resources and provide service authorization. The Brevard C.A.R.E.S. Program also employs Coordinators to facilitate this same FTC process in our prevention program.

**Caregiver Liaison:** Assists caregivers with navigation of the child welfare system, is an advocate and offers guidance for caregivers. The Caregiver Liaison is available for questions, concerns, comments and suggestions.

**Client Relations Specialist:** Serves as the point of contact for all complaints and concerns regarding client issues.

**Utilization Review Specialist:** Assesses children in Licensed Out of Home Care utilizing the CAFAS. Children are assessed at intake and every 90 days as needed in order to provide a review regarding level of placement, level of services, and overall improvement in outcomes of children in Licensed Out of Home Care.

**Utilization Program Manager:** Serves as the Point of Contact for the Child Welfare Pre Paid Mental Health System, provides direct supervision of Intake and Placement and facilitates the Clinical Review process.

**Contract Manager:** The point of contract for all new procurements and provides direct oversight of all Brevard Family Partnerships contracts. The Contract Manager sets up the annual contract monitoring schedule and executes any necessary corrective action plans.

### **How to Become a Provider**

All service providers that wish to join the Brevard Family Partnership Provider Network and pursue a contractual relationship for child and family services with Brevard Family Partnership 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 Brevard Family

Partnership website – [www.brevardfp.org](http://www.brevardfp.org) under the “Procurements” section or can be requested from the Brevard Family Partnership Contract Manager. The RFQ includes narrative about the responding agency and includes applicable certifications, licensing, insurance, and financial information.

The Brevard Family Partnership Contract Manager or other designated staff will review the documents and materials submitted and notify the service provider within 30 business days if their qualifications have been accepted. If a decision is made that the applicant did not submit adequate information as required, Brevard Family Partnerships will contact the potential provider in writing to inform them of any missing or needed information and grant 15 business days from the date of notification for them to submit additional data. If no additional information is submitted and/or Brevard Family Partnership does not certify that the Provider meets the minimum qualifications to become a member of the Provider Network, the Brevard Family Partnership Contract Manager or other designated staff will inform the applicant of this decision in writing and provide an opportunity for the failed applicant to file a formal written protest with the Brevard Family Partnership Compliance Officer within 5 business days of the date of notification. Date of notification will be defined as the date on the letter of notification.

### **Types of Providers**

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

- Category A providers: Providers who perform a core system of care service, usually governed by local, state, or federal regulatory requirements and normally funded by Brevard Family Partnership directly. These providers will have a contract with Brevard Family Partnership.
- Category B providers: Providers who may receive referrals from Brevard Family Partnership or its subcontractors who perform a vital or mainstream system of care service, normally reimbursed outside of Brevard Family Partnership (such as Medicaid/Magellan Reimbursement). These providers may have a Consultant Rate Agreement or a Memorandum of Understanding with Brevard Family Partnership.
- Category C Providers: Providers who perform an important, necessary service which supports the system of care, usually considered informal or a natural extension of a service or agency (food pantries, homeless shelters, etc.). These providers may or may not have a Memorandum of Understanding with Brevard Family Partnership.

### **Network Providers and Definitions of Core Components**

**Child Placing Agencies:** Responsible for licensing new foster homes and all re licensure activities for existing homes. Child Placing Agencies use the Model Approach to Partnership for Parenting (MAPP) curriculum when licensing new homes. They provide support to foster parents and overall are responsible for management of foster homes.

**Group Homes:** Congregate group care homes can be licensed from a minimum of six children up to forty two in which shift care arrangements are made.

**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.

**Network Providers:** Often called “Flex Support”; these providers are contracted with Brevard Family Partnership to provide an array of services. Brevard Family Partnership has restructured the service provision component from the traditional child welfare system in which services were prescribed and categorical. The Brevard Family Partnership Provider Network provides services to families flexibly and individually tailored to meet the needs of the child (ren) and family. Services that are predetermined and prescribed in a “one size fits all” approach are bundled. Bundled services are not flexible or responsive to the changing needs of the family. In the Brevard Family Partnership 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 Care 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 the team and reauthorized as needed during the ongoing Family Team Conference/Utilization Review, which is scheduled according to acuity for close monitoring when warranted. 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, centralized flexible fund management will ensure all available alternative funding streams and community resources are accessed. Brevard Family Partnership has executed contracts and rate agreements with a variety of providers to offer the following services:

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

**Case Management Agencies:** Presently there are two subcontracted case management services that provide services to children and families in the formal child welfare system under the provision of court order or voluntary protective supervision.

**Adoption:** Presently there are three Adoption Support Coordinator positions providing adoption specific casework activities for children whom are available for adoption.

**Independent Living:** Serves children aged 13 and up to a young adults age of 23 providing assessment, skill training and stipends under the Road to Independence, Transitional Support Services and Aftercare Assistance Programs.

**The Mobile Response Team:** 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 stay safely in the home. These services will also be available to support children and families enrolled in the Brevard Family Partnership system of care during times of stress or crisis that could threaten child safety or a current placement's stability. Often time placement disruptions occur with relatives, non relatives and licensed foster care providers because of additional stressors on the caregiver and lack of support. The Mobile Response Team could be deployed to deescalate crisis and stabilize the family unit. The Mobile Response Team will offer short term intervention 24 hours per day, 7 days per week. Referrals for the Mobile Response Team will be funneled through Brevard Family Partnership Intake Specialists.

**Family Team Conferencing:** Brevard Family Partnership will use 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 the Brevard Family Partnership system of care is to foster access, voice and ownership of families by way of the Family Team Conference/wraparound process. And to continually increase the systems capacity to provide family teams for all families with a goal of reunification. The purpose of Family Team Conference is:

- 1) To ensure successful engagement of families occurs early in the process with the identification of the families vision, strengths and potential barriers to success
- 2) To clarify with the family the reasons for DCF/Brevard Family Partnership involvement;
- 3) To focus on the safety and permanency needs of the child;
- 4) To ensure the family drives the process in identifying needs;
- 5) To ensure the family has access, voice, and ownership of their plan;
- 6) To clarify expectations for behavioral change with all persons involved;
- 7) To acknowledge the family's strengths and commitment to their child;
- 8) To document the families' accomplishments;
- 9) To form community based, culturally sensitive support groups that will provide on going support to the family;
- 10) To identify community resources that can provide assistance to the family.

## **Other Core Components of Our System of Care**

This Brevard Family Partnership system of care is strength based, individualized and includes incorporation of best practices related to the following core components and basic beliefs:

**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's physical, emotional, social, safety, and educational needs. The system of care is community based, with the management and decision-making responsibility resting at the community level.

**Care Management:** Effective care management from Brevard Family Partnership subcontracted services 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.

**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.

**Assessments:** Strengths-based formal and informal assessments are routinely conducted throughout the time children and 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.

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

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



### **Brevard Family Partnerships Partners**

**Department of Children and Families (DCF):** Brevard Family Partnership has executed a contract with the Department of Children and Families to provide child welfare services. DCF investigates complaints of abuse, neglect or abandonment received from the hotline.

**Brevard County Dependency Court:** Governs Dependency proceedings under Chapter 39 Florida Statutes.

**Brevard County School System:** Brevard Family Partnership has executed a Memorandum of Understanding with the Brevard County School System that makes special provisions for children in foster care that includes the appointment of a Foster Care Designee.

**Guardian Ad Litem Program:** A Guardian Ad Litem (GAL) 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 best interest of the child in a variety of ways, as outlined below:

**Monitor:** The GAL monitors the agencies and person that provides services to the child and assures the order 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. GAL's are not allowed to transport foster children.

### **Associations: Florida State Foster and Adoptive Parent Association**

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

1. Provide supportive services to all Foster, Shelter, Adoptive, Relative-Kinship Care Association and all children residing in out of home care in the Florida Child Welfare system.
2. To take affirmative action as deemed necessary by the membership of the Association.
3. To improve conditions for the betterment of children, families and the Foster, Shelter, Adoptive and Relative-Kinship Care systems.
4. To be the collective voice of all the Association's members.
5. To bring about better communication between Foster, Shelter, Adoptive Parents and Relative-Kinship Care Providers, their agencies and the public.
6. To 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.
7. Contact the Florida State Foster and Adoptive Parent Association at 1-866-320-8119.

## [2. Brevard Family Partnership Procedures](#)

### **Reporting Child Abuse and Neglect:**

You are legally required to report any suspicion of abuse or neglect to authorities of any child you encounter. This responsibility includes abuse that may occur amongst children in your family foster homes, facilities and to whom you are providing services to. To make a report call 1-800-96ABUSE. Also report your concerns immediately to the child are 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 reported will be entered into the record but will be held confidential.

### **Critical Incidents Reports:**

**You must immediately notify Brevard Family Partnership 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.  
A child dies.

### **Placement and Treatment of Sexual Aggressors:**

Brevard Family Partnerships 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 outlined in CBCB OP 88. This ensures that the needs of children in substitute care are taken into account when determining assessments, services and placements and that careful attention is placed on the needs of children in substitute care and associated risk factors which reduces the potential for further child on child sexual abuse, sexual assault, seduction or exploitation.

### **Family Foster Home Waivers:**

Brevard Family Partnerships approves Family Foster Home Waivers for an authorization period of 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 who has 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. If the prohibition of the placement would be contrary to the child's best interest.

### **Exit Interviews:**

Children aged 5 to 17 who have been placed in a Family Foster Home or Group Home for at least 30 days (before leaving the home) must receive an Exit Interview. Normally, the child's Care Manager completes the Exit Interview. Brevard Family Partnerships reviews all responses in the Exit Interviews in the Risk Management Committee Review

Process. This information is shared monthly with Child Placing Agencies 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, the Child Placing Agency 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.

**Normalcy:**

Each child aged 13 and above must participate in the development of a Normalcy plan that outlines specific age appropriate and “normalized” activities for children in foster care. The Normalcy plan must be developed by the child’s team and decisions must be made in consensus. All licensed out of home care placements are required to have a copy of the child’s normalcy plan as part of the case record. The plan must be filed with the Court and updated at a minimum of every 90 days.

**Brevard Family Partnership Levels of Care:**

Brevard Family Partnership 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, CPA support and staggered compensation levels. Each Child Placing Agency is required to give a 30 day notice for any placement disruption. Brevard Family Partnership Intake Specialists will not accept a 30 day notice until a Family Team Conference has been scheduled to stabilize and support the home through enhanced services. Many times, the 30 day notice is rescinded due to placement stabilization. For those placement changes that are made, Brevard Family Partnership requires the Child Placing Agency to complete the Movement of Child in Placement Notification form (Appendix A). Each Child Placing Agency also has an agreement with each Family Foster Home in the Brevard Family Partnership System of Care called the Bilateral Services Agreement. Please reference Appendix B.

**Clinical Review Process and Access to the Child Welfare Pre Paid Mental Health Plan:**

Clinical Reviews involve the review of children in licensed out of home care to determine the need for both 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 Specialized Therapeutic Foster Care (STFC) and Specialized Therapeutic Group Home (STGH) Care are not recommended. These children must be under the jurisdiction of Brevard County and be a part of the Circuit 18 child welfare system. Any party on the case may request a Clinical Review by contacting the Utilization Program Manager.

**Re licensing of Family Foster Homes:**

Brevard Family Partnership requires Family Foster Homes submit re licensure packets to Brevard Family Partnership at least 40 days prior to the expiration of the home. After Brevard Family Partnership review, the packets are sent to DCF via the courier services.

DCF Central Zone Licensing Specialist must receive the packet at least 30 days prior to the home expiration. If there are any deficiencies or missing information, the CPA has 10 business days to make the corrections and submit to the DCF Licensing Specialist. Brevard Family Partnership and DCF work in partnership on the tracking of monthly data and overall CPA performance.

**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, DCF Licensing Specialist, therapist, Guardian Ad Litem, Protective Investigator, Supervisor and Brevard Family Partnership Intake Specialist. Brevard Family Partnership 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, the CPA must complete a Corrective Action Plan for the home. The Corrective Action Plan must be reviewed and approved by DCF and Brevard Family Partnership prior to execution.

**Sibling Separation Staffing:**

Sibling Separation staffings are held quarterly for children whom are separated in licensed care and for children whom permanent separation through adoption is being considered. The purpose of these staffing 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 Social Security Administration, a sub account is created and authorized under the Master Trust Fund Declaration. At Brevard Family Partnership, this function is managed and controlled by District 7 Department of Children and Families. 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 the department, 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 Social Security Act Title II or Supplemental Security Income benefits, this sub account is irrevocable, but is freely accessible to meet the child's current needs. The Care Manager can request 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 shelter parent, 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 shelter or foster child, the Care Manager will assist the claimant in completion of the Restitution Claim Form and ensure that the form is completed in its entirety and that legible receipts (or estimates) from a licensed vendor are attached, review 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 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 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. The criteria to be used are; identified risk factors have been reduced to the extent that reunification is considered safe for the child and any other children in the family, (as well as appropriate for the parents) the parents and child have successfully spent extended periods of time together including overnight and weekend visits without further abuse or neglect, the parents and child indicate verbally and by their actions that they are ready for reunification and 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 and providers.

### **Brevard Family Partnership Family Team Conference**

The Brevard Family Partnership system of care contracts with Case Management Agencies (CMA) to provide the day to day oversight to child welfare case management activities for families in the dependency system. Brevard Family Partnership Care Coordinators authorize services, facilitate the Family Team Conference process and conduct utilization reviews to monitor the progress and changing needs of families in the dependency system. Brevard Family Partnership is committed to building capacity to facilitate FTC's for as many families as possible in the system of care.

Brevard Family Partnership also has a voluntary prevention program, Brevard C.A.R.E.S. that utilizes the Family Team Conference model tailored to protect children, strengthen families and change lives. Brevard CARES offers a full-array of support services and wraparound family team conferencing to families experiencing stressors that often lead to abuse, abandonment and 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 are experiencing a crisis or are in need of assistance, please call 1-888-CARES-09 (1-888-227-3709) or 211.

### General Description:

1. 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 planning 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.
2. The Care Coordinator plays an integral role in the coordinating of the Family Team Conference (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), Case Management Agency Dependency Care Manager or supervisor, attorney(s), 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, employers, coaches, clergy may also be included. With coordination provided by the Care Coordinator, the team will assess strengths, needs, risks, and develop a Care Plan with goals specific to that child and their family.
3. The frequency of team meetings will be determined at the FTC meeting, ensuring subsequent meetings occur no less than every 90 days. Initially FTC's may occur weekly, or as often as the team agrees necessary based upon the acuity of the family. Any Family Team Conference 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.
4. At a minimum, the FTC will be reconvened every 90 days thereafter to evaluate the progress of the child and family and to modify, as needed, the services and supports being provided to the child and family.
5. Family members will be included and present at all FTC meetings. In cases where the family is unable they will have a narrative presented on their behalf or a representative of their choosing to speak on their behalf present. Barriers to nonattendance will be addressed initially and throughout the FTC process.
6. For children in out-of-home care, residential and foster care providers will be expected to participate in FTC's for children in their care to ensure they are partners in developing and implementing the plan.

### **Tasks at Subsequent Family Team Conferences**

1. At each subsequent FTC, the progress towards reaching the permanency goal and meeting other care plan/case plan goals will be discussed. The care plan should be amended at subsequent FTC's to reflect change in the family's need.
2. In the development of the initial 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 CPI investigative assessment, however; it is important to clarify the issues that warrant DCF/court involvement at the start of the meeting.

Group Discussion and Resulting Family Plan:

- a. The care plan must be completed with the family, including the child (ren) when appropriate, at a Family Team Conference.
- B. Family and participants discuss strengths, issues, and services that need to be in place and the level of court supervision/intervention.
- C. The family and professionals in the FTC arrive at a final decision and develop a formalized, written plan that is signed by the family and participants.
- D. The Care Coordinator is responsible to ensure the care plan is completed on all families involved in the FTC process.
- E. The family is asked if the plan is realistic, fair, and manageable thereby allowing the family to own the plan.
- F. Brevard Family Partnership Care Coordinator and DCM must ensure all safety issues have been addressed.
- G. The development of the care plan will be evolutionary, based upon information obtained through formal and informal information and assessments.
- H. The care plan must be completed in its entirety, and using either the initial care plan or a subsequent care plan.
- I. 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 in the case file by the DCM.

**Accessing In Home Support Services**

The purpose of the Brevard Family Partnership Care Center In-Home Support Services Authorization Process is to maximize available resources while supporting families' efforts to build long term sustainability.

Brevard Family Partnership will provide 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

1. 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.
2. Brevard Family Partnership'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.
3. 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.
4. 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.
5. 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:
  - a. Maintain children safely in their own home,
  - b. Support families preparing to reunite,
  - c. Assist families in obtaining services and supports in a culturally sensitive manner,
  - d. Maintain or stabilize placements.
  - e. To create natural supports and linkages that will sustain the family upon discharge.
6. All referrals for In-home support services must be made through the Brevard Family Partnership Care Coordinator. The Care Coordinator will prioritize the referrals based on need and availability of the service and available funding.
7. All services will have attainable, measurable goals and objectives which are tied to clinical outcomes.
8. Brevard Family Partnership is the payer of last resort. All possible alternative funding mechanisms must be exhausted prior to requesting the use of Brevard Family Partnership funding.

#### **Flexible Support Provider Requirements:**

Upon receipt of the Service Request Form, fax cover page, and care plan, 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. Flex providers are required to have a Single Point of Contact who

serves as the liaison for the agency. The liaison prioritizes referrals from Brevard Family Partnership 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 following consultation with the Care Coordinator and Care Manager and when possible at the FTC or the next scheduled FTC. 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. Upon closure the provider will send the Care Coordinator a case closure summary and notification so the CMA will have appropriate documentation for the case file.

- a. Weekly/Monthly Brevard Family Partnership Reports - The provider will complete a weekly progress report and forward this to the appropriate Care Coordinator by Tuesday 12pm 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. Weekly/Monthly Brevard Family Partnership Census – The provider will submit to the identified Brevard Family Partnership staff the census report as determined by their contract. The census report is due by Tuesday 12pm for the previous week of actualized services.
- c. 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 written Request for Additional Units request to the Care Coordinator including a summary of the crisis. The Care Coordinator will review this request, authorize additional units, and enter the authorization in the Utilization Management system. Brevard Family Partnership may choose to track all over utilization requests per provider to identify trends. The Director of Wraparound/Clinical Care, or designee may choose to authorize any Request for Additional Units at any time.
- d. 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.
- e. Utilization Review/FTC – During on-going FTC's the 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.

**Process Review:**

For ongoing review, the DCM, DCM supervisor, Care Coordinator, the Flex Support Providers and Brevard Family Partnership may identify a gap in services or potential improvement that can enhance the process; this must be communicated to the Director of Wraparound/Clinical Care for review and potential process modification.



### 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, group home or CPA. Foster parents and group home room and board payments are processed at the end of each month for the current month's service. CPA's submit an invoice monthly for the prior month's services. The CPA invoices are paid as noted under the Network Provider Payment section below.

#### **Initial and Annual Clothing Vouchers**

An initial clothing allowance is provided to all children initially entering licensed care ages 0 through 18. The clothing items purchased with these funds are specific to the child and must follow the child. Children ages 0 through 4 receive \$50.00 and children 5 through 18 receive \$70.00.

The annual clothing allowance is a one time annual payment per child who has been in foster care for a continuous 6 months as of July 31<sup>st</sup>. Children ages 0 through 4 receive \$200.00 and children 5 through 18 receive \$300.00. 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.

#### **Overpayments and Recouping Payments**

Occasionally foster room and board payments, Adoption subsidy payments and/or other support payments (for ex: annual clothing allowance) are processed based upon the most accurate information at the time, but activities occur which change the payments that should have been made for these transactions. These transactions result in overpayments which need to be repaid by the party receiving the payment.

If a foster parent is overpaid and they have other children for which they receive room and board or other support payments, Brevard Family Partnership will deduct this overpayment from future payments and the new foster parent is paid what is owed them.

If a foster parent is overpaid and they do not have other children for which they receive room and board or other support payments, Brevard Family Partnership will recoup this money by billing for the overpayment and engage with the CPA in the collection process. If the foster parent does not pay, the CPA is accountable for the repayment.

If an adoptive parent is overpaid, the overpayment will be deducted from future payments until paid in full or if the adoptive child has aged out and there is no other avenue to collect, collection proceedings may be initiated.

### **Network Provider Payment**

Invoices submitted without error will be paid in a timely manner; at a minimum of 30 business days following the submission of a correct invoice. Timely payment of invoices will also be 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 will be given at the monthly vendor/provider network meeting upon confirmation of data and approval of the CEO. 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 will be given in the manner outlined above.

### **Fiscal Year Close Procedures**

All unpaid invoices for services rendered within each fiscal year are required to be submitted no later than the close of business July 15<sup>th</sup>. Invoices received after this date cannot be paid per Florida Statute 216 and the Brevard Family Partnership contract GJ246 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, and has been coordinated through Wuesthoff Health Services since 1984. 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 the Department of Children and Families 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 Case 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 professional staff also provide 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 a diagnosis of spina bifida, autism, cerebral palsy, mental retardation, or Prader-Willi syndrome.

*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.

*Mental Retardation* – a significant limitation in functioning related to sub average intelligence, manifested prior to the age of 18. People who have mental retardation may learn more slowly than other people and may need assistance in areas like communication, self-care, self-direction, health and safety, leisure, work, and functional academics. While the term is still clinically correct, "intellectual disability" is becoming the preferred nomenclature.

*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.

## **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. It was originally enacted, at least in part, because of widespread instances of elder abuse, in which one or more family members would have another family member committed in order to gain control over their estate prior to their death. Once committed,

it was difficult for many of the patients to obtain representation, and they became warehoused until their death. The Florida State Hospital at Chattahoochee, Florida was notorious for housing many such patients.

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:

- a. Has a mental illness (as defined in the Baker Act) and
  - b. 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

### **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 Court appearance is called a “shelter hearing”. At this time, the Court decides whether or not the Department of Children and Families (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 proceeding that establishes 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 90 days of the Disposition hearing and every six months thereafter until the Court terminates supervision. This hearing occurs every 90 days when a child is placed in a Residential Treatment Center.

**Permanency Goals:**

Reunification, Adoption, Permanent Guardianship, Placement with a Fit and Willing Relative, and Another Planned Permanent Living Arrangement

**Permanency Hearing:**

A hearing in which a determination of a child's permanency goal is decided upon, in order of priority.

**Foster Care Designees:**

School appointed representative that 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 Parent Designee.

**School District Liaison:**

Appointee that ensure that each school has a Foster Care Designee, maintains a list of children with school of attendance, assists with reviewing school records, assists with securing transportation for students and is the primary contact for concerns related to the process of school enrollment for children in foster care.



## [6. Performance and Quality Improvement: Contracted Providers](#)

### **Contracted Providers Performance:**

Brevard Family Partnership 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, Brevard Family Partnership 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 on each of our Provider's Contracts. Each month, the Contract Manager holds meetings with all Contracted Service Providers in order to review progress on performance measures, identify areas which need improvement, as well provide an informal forum for open communication with our Contracted Service Providers to resolve issues and concerns.

In addition to this monthly meeting, 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 Contract Manager who in turn reports on any patterns and trends as part of Brevard Family Partnership's overall Performance and Quality Management Team.

### **On Site Monitoring Frequency:**

As part of our overall Performance and Quality Improvement Program for our System of Care, Brevard Family Partnership's Contract Manager utilizes a decision matrix for determining the frequency of onsite monitoring. As part of the initial procurement process, a Risk Assessment is completed prior to initiating a contract. In addition to this assessment, 60 days after the contract has been initiated, a Risk Assessment will also be completed by the Contract Manager. Additional information regarding new and

existing contracts will also be utilized in order to determine frequency of on-site monitoring. These additional areas include, but are not limited to, number of children served by the contracted provider, type of services provided through the contract, change in provider management, prior performance/corrective actions, and any critical/safety issues that have been identified. In addition, at any time during a contract term and as part of Performance and Quality Improvement process, a modification to a Contracted Provider's monitoring level can be made if additional factors become known which justify the need for the change.

All Brevard Family Partnership subcontracted providers (Category A Providers) receive an on-site annual 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 Brevard Family Partnership 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 to the Contract Manager annually and will be reviewed as part of overall planning for our System of Care.

### **Performance Measures:**

All of the following reports and systems are in place to ensure that Brevard Family Partnership strives to meet its contract measures. Performance, outcome expectations, and achievements regarding contract performance measure data and other identified best practice measures is presented to internal and external stakeholders quarterly and revised based on what is learned. The presentation is available on Brevard Family Partnership's web site @ [www.BrevardFamilyPartnershipreverd.org](http://www.BrevardFamilyPartnershipreverd.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 DCF's on-line performance measure dashboard.

The current Case Management contract measures reported quarterly are:

- 1) At least 95% of the children served shall be protected from child abuse and neglect.
- 2) No more than 1% of children served in out-of-home care shall experience maltreatment while in out-of-home care.
- 3) The percentage of children entering out-of-home care who are re-entering care within 12 months of a prior reunification or release to relatives shall not exceed 9.0%.

- 4) The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2%.
- 5) The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least 32%.
- 6) No more than 176 of children in out-of-home care on June 30, 2009, shall have been in out-of-home care 12 months or more. (FY 08-09).
- 7) At least 63 adoptions shall be finalized during the state fiscal year 2008-2009.
- 8) 100% of children under supervision who are required to be seen each month shall be seen each month.

The current best practice measures reported quarterly are:

- 1) Home visit chrono 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) Exit interviews completed timely.
- 9) QA results.

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

In addition to the quarterly performance reviews, the following measures are reviewed weekly on an Operations Conference Call, hosted by Brevard Family Partnership with representation from the Case Management Agencies and DCF:

- 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) Children who, during the previous week, re-entered out-of-home care within 12 months of a prior reunification or release to relatives.



## [7. Communication](#)

### **Contract Meetings**

Brevard Family Partnership conducts monthly 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-Monthly Provider Meetings**

Brevard Family Partnership hosts regularly scheduled provider meetings to provide a venue for announcements, updates, and discussion of provider successes and concerns. The Director of Wraparound/Clinical Care structures the agenda to explore issues related to network provider performance in order to identify areas of concern and take a proactive approach and 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.

### **Child Placing Agency Meetings**

Brevard Family Partnership conducts monthly Child Placing Agency meetings held the last Tuesday of the month at 9:00am. During these meetings, CPA's are kept apprised of any new information, policy changes, and added requirements of the Central Zone Licensing Office as well as any updates to Florida Administrative Code.

### **Adoption Support Coordinator Meeting**

Brevard Family Partnership conducts monthly meetings with sub contracted 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 (see Appendix D). The Conflict of Interest Disclosure Form will be 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 Brevard Family Partnership be done in a manner which is impartial and always maintains the best interest of the children and families served. Brevard Family Partnership and our 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 Brevard Family Partnership. 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. Brevard Family Partnership 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 Brevard Family Partnership 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 Client Relations Specialist serves as a system navigator for clients. The Client Relations Specialist 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](http://www.BrevardFP.org), by phone, fax, email, or use the Brevard Family Partnership Client Complaint form.

### **Complaint/Appeal process for Current Network Providers and Partners**

Brevard Family Partnership encourages Providers and System of Care Partners to resolve complaints and appeals at the local service center level. Each Brevard Family Partnership Network Provider is required to have a client complaint and grievance process that is transparent and easily accessible to their customers.

Brevard Family Partnership believes our 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, Brevard Family Partnership 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 through the solicitation process are provided with an appeal procedure. If any applicant is allegedly aggrieved in connection with a solicitation, pending award, or denial of participation in the Brevard Family Partnership Provider Network, they must file a formal written appeal with Brevard Family Partnership within 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 affects and the relief sought.

Upon receipt of an appeal, the Brevard Family Partnership Chief Compliance and Utilization Officer will convene an Appeals Committee to consist of a minimum of three Brevard Family Partnership Senior staff members and a member of the Board of Directors including the Chief Compliance and Utilization Officer. The Appeals Committee will review appeals within 10 business days of the appeal. The Brevard Family Partnership attorney or designee may be requested to attend. The purpose of an appeals hearing is to provide an opportunity to review the basis of the appeal, evaluate the facts and merits of the appeal, and if possible, reach a resolution of the appeal that is acceptable to both parties. The decision of the Appeals Committee will be delivered to the Applicant via certified Mail, with a return receipt.

In the event the matter is not resolved with the Applicant's acceptance of the Brevard Family Partnership Appeals Committee decision, the Brevard Family Partnership Chief Compliance and Utilization Officer will present the recommended awarded including the details of the protest and the Brevard Family Partnership Appeals Committee recommendations to the CEO and Board Chair or their designee, as a final means of administrative remedy within 15 days of the Brevard Family Partnership Appeals Committee decision.

### **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 Family Partnership Intake Specialists and immediate supervisor, then the matter will be referred to the Brevard Family Partnership Chief Operations Officer and DCF POA. A joint consultation shall be held if necessary. If the matter remains unresolved at this level, then it will be referred to the Brevard Family Partnership Chief Executive Officer or designee and the DCF Circuit Administrator 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 business days of receipt of the appeal.

### **Appeal Process Related to Services Authorized by Brevard Family Partnership Care Coordinators:**

When an authorization for service is denied, the Care 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 Care Coordinator in order to request a review and reconsideration of the denial of the authorization.

If the Care 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 Care Coordinator who has primary responsibility for referring and authorizing services on behalf of our children and families involved in the System of Care. Once the appeal has been received, the Care Coordinator will forward the appeal to the Director of Wraparound/Clinical Services who will review the appeal and render a decision within in five business days of receipt of the appeal by the Director.

If at any time a team member and/or family are not satisfied with the resolution regarding the authorization of any service by the Care Coordinator, the Director of Wraparound/Clinical Services may be contacted directly. When agreement cannot be reached with the Director of Wraparound/Clinical Services, the Chief Compliance & Utilization Management Officer will be consulted who will review the appeal and render a decision within 5 business days of receipt of the appeal. If at this level, the appeal is still not satisfied, the COO/CEO will be consulted. The CEO or designee retains final resolution authority in the appeal process and will provide a resolution within 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 Brevard Family Partnership, 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 Brevard Family Partnership Standard Contract signed by the Providers are to be forwarded to the Contract Manager for resolution. If after following the above step, the provider is still not satisfied with the recommended resolution presented by the Contract Manager, the Chief Compliance & Utilization Management 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 Compliance & Utilization Officer directly. In addition and as part of the review of the complaint, the Chief Compliance & Utilization Officer may forward the complaint to the Compliance Committee for review and resolution recommendations. The Compliance Committee membership includes: the Chief Executive Officer, Chief Operating Officer, Chief Compliance & Utilization Management Officer, the Chief Administrative and Personnel Officer, and the Client Relations Specialist. Complaints referred to Compliance Committee will be resolved as soon as possible but no later than within 15 business days of receipt of the complaint.

Complaints regarding intake and placement issues from foster families should initially be discussed with the Child Placing Agency. Representatives of the Child Placing Agency

should feel free to discuss any complaints regarding the placement of children in Out of Home Care with the Brevard Family Partnership Intake Specialists. Complaints or concerns from residential facilities may also be addressed through the Intake Specialists. If the issue remains unresolved at this level, then the CPA agency or residential facility may contact the Director of Operations: Child and Family Services. If the issue is in regard to a client concern, the CPA and/or residential facility may at any time contact the Brevard Family Partnership 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 Brevard Family Partnership. Contract and rate agreement payment disputes would be processed through the Contract Manager. Foster parent payment disputes would be processed beginning with the Child Placing Agency. The Intake Department would then be contacted for resolution.

**Final Authority for all Brevard Family Partnership Appeals and Complaints:**

The Chief Executive Officer 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, 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 Chief Compliance & Utilization Officer 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 20 business days.

**Brevard Family Partnership Standard Contract Dispute Process:**

Should a Contracted Provider and Brevard Family Partnership be unable to resolve a dispute specifically arising under the contract after 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 Brevard Family Partnership and the Provider shall share the expense of the Mediator equally as stipulated in all standard service provider contracts. (Refer to Standard Contract).

All provider appeals and complaint made directly to Brevard Family Partnership should be resolved within 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**

Brevard Family Partnership offers Pre-Service Classroom Training to all employees working in the child welfare/child protection arena. This is mandatory training for all employees of the Department of Children and Families (Child Protective Investigators), Case Management Agencies and Child Placing Agencies in order to meet the requirements of being a State of Florida certified Child Protection Professional. Other community partners and providers can 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**

Brevard Family Partnership 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. On a minimum, Brevard Family Partnership offers one In-Service training per month. 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.

Brevard Family Partnership offers specialized training in the following areas:

- Supervising for Excellence Training Program – training designed for leaders and managers in your agency that cover topics such as conflict resolution, multigenerational issues, how to delegate and how to give feedback.
- Wraparound Institute Training Program – training is divided into a Phase I and Phase II. Phase I is for basic knowledge and skills related to Wraparound and Family Team Conferencing. Phase II is for the specialized training in facilitation and skill-based learning of the Wraparound Principles and Family Team Conferencing.
- Florida Safe Families Network (FSFN) Training – designed to offer hands-on training in the current State of Florida database system.
- Model Approach to Partnership in Parenting Training – designed to provide selected participants the skill-based learning to facilitate a MAPP Leader class for potential foster and adoptive parents.

### **Training and Supervision Committee Meeting**

Brevard Family Partnership conducts a quarterly committee meeting comprised of our community partners and providers. The purpose of this meeting 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.

Brevard Family Partnership encourages all community partners and providers to participate in the quarterly meeting. Participation can be initiated by contacting the Brevard Family Partnership, Training Manager.

### **Notification Process for Training Opportunities**

Brevard Family Partnership training opportunities are listed on their website: [www.BrevardFamilyPartnershipbrevard.org](http://www.BrevardFamilyPartnershipbrevard.org) then follow the links to training opportunities. All current committee members of the Training and Supervision Committee and various community partners and providers receive a monthly email notification of all upcoming training opportunities.

If you would like to be added to this email listing, please contact the Brevard Family Partnership, Training Manager.

### **Your Satisfaction:**

The opinion of our Network of Providers and Foster Families are important to Brevard Family Partnership. We welcome your constructive feedback related to services, procedures and processes which, directly supports our commitment to continuous Performance Quality Improvement.(PQI) Brevard Family Partnership 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](#)

**Exhibit E**

**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@Brevard Family Partnershiprevard.org](mailto:intake@BrevardFamilyPartnershiprevard.org)

## APPENDIX B

**Hurricane Disaster Procedure:** All staff within the Brevard Family Partnership network will provide support to the Caregivers providing direct care to the children under supervision during the time of crisis. In preparation for a disaster, Brevard Family Partnership will require the following of each Caregiver:

1. At the time of initial licensing and/or home study process, each Adoptive/Substitute Care family will complete a disaster preparedness safety plan that will identify a *primary* and *secondary* location to which they would go if they were forced to evacuate their home. This plan will be filed in the client file. The plan will be updated annually.
2. Severe weather warnings are to be taken seriously and adoptive/substitute care parents must evacuate if ordered to do so.
3. When substitute care parents are forced to evacuate, they should take with them adequate clothing and medication for the child and other legal documents should also be taken. They must notify their CPA as soon as it is safe to do so, but no later than their arrival at the emergency shelter or other safe residence. At that time, the adoptive/substitute care parent will inform their worker of any immediate needs that a child has, such as medication, medical attention, clothing, etc.
4. The adoptive/substitute care parents will keep the CPA advised of any change in their location and of any needs the child may have.
5. Relative/Non-Relative Caregivers complete a disaster preparedness safety plan within 30 days of initial placement. The Care Manager will input this information into an FSFN Chronological Note. This plan will identify a *primary* and *secondary* location to which they would go if they were forced to evacuate their home. This plan will also be filed in the client file and updated annually. Each caregiver must also provide 3 contact numbers of family members that will know their location if there is a modification to their previously identified evacuation plan.
6. In Home Clients complete a disaster preparedness safety plan within 30 days of the case effective date. The Care Manager will input this information into an FSFN Chronological Note. This plan will identify a *primary* and *secondary* location to which they would go if they were forced to evacuate their home. This plan will also be filed in the client file and updated annually.

## APPENDIX C

### **BILATERAL SERVICE AGREEMENT**

#### Purpose:

The purpose of this Agreement is to identify the expectations for both foster parents and the Department of Children and Families on behalf of the children and families that are served in the foster care program. Note: for this agreement, Department means Family Safety staff, Lead Agency Staff, Contract Case Management staff or Contract Licensing staff. This agreement reflects standards of care that are current requirements in Florida Administrative Code, which are based on statutory authority found in section 409.175, Florida Statutes. The premise of this agreement is that the department and foster parents must work as partners to assure safety, to provide for the physical and mental well being and to obtain permanency for each child.

#### Department Responsibilities to foster parents include:

- a. To treat foster parents with courtesy, respect and as an important team member.
- b. To show support by responding within 24 hours to telephone messages and written correspondence.
- c. To the fullest extent possible, to schedule all meetings with the foster parents at mutually convenient times.
- d. To provide or arrange for training opportunities that are offered at a time and location that are as convenient as possible for foster parents.
- e. To meet, address and resolve complaints regarding foster parents or disputes between the foster parents and the department, if necessary.
- f. To notify foster parents within 2 working days when a new Family Services counselor is assigned to children in their home. To provide the new counselor's name, work phone number, an after-hours phone number and the counselor's supervisor's name and telephone number.
- g. To provide at least once a year, performance feedback through the use of the Family Services Counselor's Review of Foster Parent(s) Performance form, CF-FSP 5223 and The Quality of Foster Care Home: Community Input form, CF-FSP 5225. The Child exit interviews completed during the year will be included as part of the performance review.
- h. To discuss prior to placement of a child, the information in the Child Service Agreement, and upon placement to provide a copy of the Child Service Agreement.
- i. To provide the child's Resource Record to the foster parents no later than 72 hours after placement. To provide updated information to the foster parent in a timely manner.

- j. To provide the case plan, which is a record of services to for the child and family, within 72 hours of placement of the child or within 24 hours of acceptance of the case plan by the court.
- k. To provide a board payment for each child placed in the home based on the established rate structure. Payments will be made each month in a prompt fashion.
- l. To provide each year, a clothing payment based on the established rate for new clothing and shoes for the child.
- m. To provide the foster parents a minimum of one face to face visit every calendar month by the child's Family Services counselor when there is a foster child in the home. This visit must take place in the foster parents' home. The visits may need to take place more frequently if the foster parents and/or child are experiencing difficulties.
- n. To provide the foster parents who are caring for a child on shelter status a minimum of one home visit per calendar week by the counselor.
- o. To ask for the opinions and ideas of the foster parents when preparing updated case plans, during monthly visits to the home, case plan meetings, departmental staffings, court hearings and any other forum in which the foster child is discussed.
- p. To provide notice of all court hearings and departmental staffings, pertaining to children in their care, at least 72 hours prior to the meeting or hearing.
- q. If available, respite care will be provided by the department with a 30-day notice when either the foster parents or the department requests such service. Emergency respite care shall be provided by the department when requested by the foster parent(s).

Foster Parent Responsibilities to the child include:

- a. To make a commitment to work with the child for the length of time necessary before the child goes to a permanent home.
- b. To provide acceptance and care to the child by praising the child often, showing appropriate emotional responses, listening to the child's feelings and asking for the child's opinions.
- c. To treat the child as if the child is their own. The child must receive the same food as the rest of the family, should be taken on family outings, and vacations and should be shown the same amount of time, interest, and patience the rest of the family receives.
- d. To ensure that the child has supervision appropriate to his/her age and/or developmental level.
- e. To assist in setting up visits with the child's parent(s) or relatives.

- f. To never make negative statements about a child's family.
- g. To work with the child, parents, department, and significant others to ensure that the child has a smooth transition when he/she returns to family or is placed in another permanent home or interim placement.
- h. To transport and accompany the child to medical, dental, mental health appointments and visits with parents and relatives.
- i. To provide the child his/her monthly spending allowance, which is included in the board payment.
- j. To buy the child clothing and necessary toiletries with the monthly board rate and clothing allowance as referenced in the Child Service Agreement, CF-FSP 5227.
- k. To keep an inventory of all belongings the child brought to the home as well as those purchased or subsequently obtained for the child. These belongings must go with the child when they leave the foster home.
- l. To support and encourage the religious beliefs, ethnic heritage and language of the child and the child's family. If the child wishes to attend cultural events or religious services, the foster parents will provide or arrange transportation.
- m. To adhere to the department's safety and discipline policies, see Attachment A. Failure to comply with the department's safety and discipline policies may result in the removal of children from the home.
- n. To give the child medication in the dosage and duration as prescribed by a doctor or psychiatrist and keep thorough documentation in the Child Resource Record.
- o. To enroll each school age child in school within three school days of child's placement in the home. To request assistance from the department if there are problems.
- p. To inform the school in writing that they (foster parents) wish to be notified and participate in Individual Education Plan meetings, school activities and conferences.
- r. To encourage and facilitate parental participation in school activities, including Individual Education Plan meetings, conferences, etc. (Unless parents' rights have been terminated, the parents have the right to give school-related consents.)
- s. To attend and take part in court hearings, and other staffings concerning the child and the child's family.
- t. To promote the following conditions for the child in the home:

1. Opportunities and encouragement to communicate and have contact with family members, friends and other people important to the child. The only exception is when the court specifically bars contact with an individual.
2. Respect for the child's body, person, possessions, bed and personal space.
3. Encouragement and assistance in decorating his/her room with items that reflect the child's interests, heritage, culture, family and individual personality.
4. Opportunities to develop interests and skills through participation in school and community activities, such as music, art, sports and special interest clubs.
5. Encouragement and support in making new friends and maintaining past friends who have a positive relationship with the child.
6. Encourage the child's sense of pride and accomplishment in his/her abilities when goals are achieved. Provide special recognition and praise when the child does something important for their progress and well being.
7. Provide the child with suitable clothing, is appropriate for the weather, and appropriate for the age of the child. Whenever reasonable, the child's preferences in clothing should be considered.

Foster Parent Responsibilities to the department include:

To treat department staff, the child's family, and Guardian ad Litem, etc. with respect and courtesy.

To complete the Foster Parent's Review of Family Services Counselor Performance form, CF-FSP 5224 as requested for children who were in the home 30 days or more.

To take part in twelve hours of yearly in-service training approved by the Child Placing Agency.

To notify the department immediately of a potential change in address, living arrangements, marital status, family composition (who is in the home), employment, significant health changes or any other condition that may affect the child's well-being.

- a. To notify the department promptly of all contacts the family or any member of the home has with police or any law enforcement agencies.
- b. To take only the department's children into care and make no plans for allowing other children or adults to reside in the home, without prior approval is given by Licensing and the Child Placing Agency.
- c. To be available 24 hours per day seven days per week to receive children if the home is licensed as an emergency shelter home.
- d. To accept the direction and supervision given by department in caring for the child.
- e. To accept the board payment per month as shown in the Child Service Agreement, CF-FSP 5227.

- f. To use the clothing allowance referred to in Child Service Agreement, CF-FSP 5227, to buy the child clothes and shoes.
- g. To obtain authorization from the department prior to spending money if repayment is expected.
- h. To hold confidential all information about the child and the child's family and discuss the information only with a department staff member or a specialist (i.e., doctor, psychiatrist, therapist) working with the child.
- i. To keep the Child's Resource Record up-to-date (including the quarterly photograph of the child provided by the department).
- j. To allow the child to be removed from the foster home only by a department staff member, Guardian ad Litem, or another party granted permission by the department or the court. To verify the identify and authority of staff and other parties when not known to the foster parent.
- k. To obtain prior approval for the movement of the child to another home for the purpose of respite.
- l. To know where and with whom the child is staying and the type of supervision the child is receiving when foster parents approve an outing or overnight activity. Children may not remain in an unlicensed setting for any time other than a planned, supervised outing or overnight activity without the explicit approval of the department.
- m. To take the following actions if the child is missing or has runaway:
  - 1. Immediately notify law enforcement to report a missing child or run away
  - 2. Notify the department that the child is missing or runaway
  - 3. Check to see if any personal belongings are gone
  - 4. Write down what the child was last seen wearing, if the child has any identifying marks, if the child has any medical or physical conditions that require immediate attention
  - 5. Locate a recent photograph of the child
  - 6. Contact friends, teachers or employers to see if they have knowledge of where the child is
  - 7. Once a missing person report is taken the foster parent must record the case number, obtain a copy of the report (if available) and provide them to the department
- r. To notify the department immediately if the child needs medical attention for sickness, injuries or significant changes in the child's health.
- s. To immediately notify the department of any sexually inappropriate action or behavior by the foster child.
- t. To work with the department to meet the needs of the child by attending scheduled meetings to discuss the child and his/her family.

- u. To work with the department in planning for the child, which may include transfer to an adoptive placement or return to parent(s) or relative(s) or becoming an adoptive placement.
- v. To refrain from engaging in any legal action to acquire custody of the child without the department's consent. Adoption by a child's foster parents is often the best choice for finding a permanent home for a child when reunification is not an option. In these situations the foster parents and the department will work together to achieve this goal.
- w. To notify the department if any Family Services Counselor with a child in the home does not make a visit each calendar month. Notification should be made by calling 1 800 FLA-FIND. (Note: The 1 800 FLA FIND number will not be active until September 1, 2002)
- x. To not sign blank or incomplete visitation forms or to falsify any record on which the department relies. (Such action may result in the foster care license being revoked.)

The department may remove the child from the foster home at anytime but will, whenever possible, give a two-week notice. Foster parents may request the department to remove a child from the home, but will, give the department and Child Placing Agency a 30 notice, except when the child poses a threat to himself, herself or others, or a crisis in the foster family compromises the foster care parents' ability to care for the child.

Non-compliance with any of the above provisions may result in administrative action by the Department which could include, corrective action, suspension, revocation or denial of further licensure pursuant to Chapter 120, Florida Statutes.

I/we have read, understand and agree to abide by the terms of this agreement.

\_\_\_\_\_  
Foster Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Brevard Family Partnership Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



**BILATERAL SERVICE AGREEMENT SIGNATURE PAGE**

To Be Used at Each Relicensure

\_\_\_\_\_  
Foster Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**COMMENTS:**

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**INSTRUCTIONS FOR COMPLETING THE BILATERAL SERVICE AGREEMENT**

The Bilateral Service Agreement is for use between the Department, a Community Based Care Lead Agency, or a Contract Case Management Provider and a Foster Parent.

The Licensing Specialist must:

**A. At Initial Licensure**

1. Review the Bilateral Service Agreement with each newly licensed foster parent, secure the signature of each parent on the document, and sign the agreement on behalf of the department.
2. File the original agreement in the licensing file and provide a copy to the foster parent(s).
3. Provide a copy of the following documents to the foster parent and explain each:
  - A. Attachment A: Safety and Discipline Policies
  - B. Family Services Counselor's Review of Foster Parent(s) Performance, CF-FSP 5223
  - C. Foster Parent's Review of Family Services Counselor Performance, CF-FSP 5224
  - D. Quality of Foster Home: Community Input, CF-FSP 5225
  - E. Child Service Agreement, CF-FSP 5227

**B. At Re-licensure**

1. Review the Bilateral Service Agreement with each foster parent at the time of re-licensure, ask for comments and concerns, secure the signature of each parent on the Re-Licensure Bilateral Service Agreement Signature Page, and sign the document on behalf of the department.
2. Address any concerns/issues noted by the family.
3. File the original in the licensing file, and provide a copy to the foster provider.
4. Provide a copy of the Family Services Counselor's Review of Foster Parents Performance form to each counselor who has worked with a child in the home during the past year.
5. Review the input provided and address concerns as needed. File the completed forms in the licensing file.
6. Provide copies of the Quality of Foster Home: Community Input form, to individuals within community who have interacted with the child and/or foster provider within the past year. (Examples: GUARDIAN AD LITEM, service providers, school, etc)
7. Review the input provided and address concerns as needed. File copies of completed forms in the licensing file.

Any Counselor who places a child must:

**A. At the time of placement of a child:**

1. Complete the Child Service Agreement.
2. Ask the foster parents to sign and date the agreement.
3. Sign and date the agreement on behalf of the agency.
4. Provide a copy to the foster parents and place the original in the child's case file.

**B. At the time a child leaves a foster home:**

1. Provide a copy of the Foster Parent's Review of the Family Services Counselor's Performance form to the foster parent(s) at the time a child departs from the home (for a children in the home for 30 days or more) and request that it be completed and mailed to the Family Services counselor's supervisor.
2. The completed form must be reviewed by the Family Services counselor's supervisor for feedback and to address concerns, and then placed in the counselor's file.



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



CREDIBILITY • INTEGRITY • ACHIEVEMENT

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