



**Brevard Family
Partnership**

**Quality Assurance Plan
FY 2020-2021**

TABLE OF CONTENTS	PAGE NUMBER
INTRODUCTION	3
PHILOSOPHY	4
ORGANIZATIONAL STRUCTURE & STAFF RESOURCES	5
QA/CQI ACTIVITIES & SCHEDULE	9
INTERFACE BETWEEN BFP & DCF	11
PROGRAM IMPROVEMENT PLAN (PIP)	12
QA PLAN	14
NATIONAL ACCREDITATION PLAN	15
STAKEHOLDER PARTICIPATION	15
LONG-TERM PLANNING	15
SHORT-TERM PLANNING	16
SERVICE ARRAY	16
FTC AND UTILIZATION REVIEW	16
ADDITIONAL REVIEWS	17
INFORMATION MANAGEMENT	18
INTERNAL QUALITY MONITORING	19
TRAINING	21
FEDERAL FUNDING	23
OUTCOME MEASURES	23
MEASUREMENT OF CONSUMER SATISFACTION	25
CORRECTIVE ACTION	25
FEEDBACK MECHANISMS & PROGRAM IMPROVEMENT	25

INTRODUCTION

Brevard Family Partnership (BFP) was established as a lead agency to provide a robust continuum of care that is comprehensive, trauma informed, and family centered for children and families through community-based network providers. As the lead agency in Brevard County, Brevard Family Partnership is committed to a comprehensive, culturally competent seamless service delivery continuum of care that is community-based. Brevard Family Partnership oversees a Provider Network that delivers case management, prevention and diversion services, foster care and related services, and aftercare pursuant to Chapter 409.986 and 409.987, Florida Statutes, while ensuring each child and family's safety, permanency, and well-being.

The system of care has been redesigned in Brevard County to ensure that resources are redeployed to:

- Support the goals of the Adoption and Safe Families Act (ASFA): Child safety, permanence, and well-being.
- Build appropriate foster home licensing capacity.
- Support evidence based best practices.
- Support state statute, administrative code, and policies; and
- Ensure accountability for outcomes.

Brevard Family Partnership delivers services through community-based partnerships, based upon the program goals of the Adoption and Safe Families Act, ensuring safety, permanence, and well-being of children and families who are now, or have been, at risk of abuse or neglect.

The Quality Assurance Plan is applicable for Brevard Family Partnership and its network providers. The system of care consists of an integrated strategic process for Quality Assurance activities across the system of care. The plan is reviewed at least annually and updated, as necessary. This plan includes the following key components:

- Quality Assurance
- Quality Improvement
- Contract Performance Monitoring
- Utilization Review and Management
- Risk Management
- Evidence-Based Practices

The goals of the Quality Assurance Program are to:

- Increase evidence-based practices in the system of care.
- Ensure results-oriented accountability for outcomes.
- Ensure all programs are providing services in accordance with agency standards, state, and federal guidelines.
- Ensure the delivery of the highest quality services to the children and families served.
- Ensure that client needs are accurately assessed that services are identified appropriately and delivered timely, and that progress is evaluated.
- Provide mechanisms for monitoring and evaluating all of service outcomes in an objective and systematic manner throughout the System of Care.
- Identify deficiencies or gaps in service delivery, review and track corrective actions, ensure deficiencies or gaps are assessed annually, and provide opportunities and tools to improve quality of care.
- Provide suggestions for implementing necessary changes to resolve identified problems in the continuum of service delivery.
- Provide ongoing assistance to all programs in identifying discrepancies and following up on service delivery and staff development needs.
- Create a positive culture by training and educating staff regarding the expectation and requirements of the continuous quality improvement process.

- Reward and recognize the efforts of staff and programs as they strive for excellence in providing quality services to their clients; and
- Evaluate and develop methods of improving the efficacy of the continuous quality improvement process.

Quality Assurance is accomplished by periodic external and internal review activities conducted by Brevard Family Partnership to assure that the agreed upon level of quality services is achieved and maintained by the provider and its subcontractors. Quality assurance activities assess compliance with contract requirements, state and federal law and associated administrative rules, regulations, and operating procedures as well as validate quality improvement systems and findings. Quality assurance may also include evaluation of the provider's services by outside, third party experts employed for that purpose.

Quality Improvement is an internally driven process utilizing available performance data generated by supervisors and staff that are responsible for service delivery. Continuous internal improvements in service provision and administrative functions are conceived and implemented by employees.

Contract Performance Monitoring is the acquisition, review, and reporting of information about Brevard Family Partnership's external services. This includes monitoring Case Management Agency's compliance and other network providers' compliance with the contract's terms and conditions, both administrative and programmatic. To maximize Brevard Family Partnership's limited resources and minimize disruption to the Case Management Agency (CMA), contract monitoring integrates administrative and programmatic elements to the greatest extent possible. All efforts are made to reduce duplicative activities and conduct coordinated contract monitoring.

Utilization Management is a process to ensure that children receive services at the level and intensity needed for their wellbeing. Many children who enter the child welfare system have significant mental health issues and behavioral challenges. Some require more intensive treatment than foster, group, or relative care.

Placement decisions for children in licensed out of home care, with enhanced mental health or behavior needs, are made with consideration of the child's functioning as evaluated by the BFP Assessment Specialist. A standardized assessment tool may also help determine the appropriate level of care. The Child and Adolescent Functional Assessment Scale (CAFAS) or another agreed upon assessment tool is completed by the Assessment Specialist. Children placed in a level of care higher than traditional foster care are reviewed by the BFP Clinical team during the Clinical Review process and also those Multidisciplinary Team Meetings, utilizing the Comprehensive Behavioral Health Assessment, Suitability Assessment, and other criteria such as a Bio-Psychosocial Assessment.

PHILOSOPHY OF QUALITY ASSURANCE

Brevard Family Partnership's mission is to develop and manage a comprehensive, community-based, coordinated system of care for abused, neglected, and abandoned children and their families. All children and families served deserve the highest quality of care customized to their need, in sufficient quantity, and delivered in a consistent, integrated, and timely manner. To this end, Brevard Family Partnership has developed and supports a network-wide Quality Assurance (QA) Program and Training Program. A QA Program helps to ensure that mechanisms are in place to monitor and evaluate services on a regular basis and to identify any deficiencies or performance improvement plans that may be indicated. The continuous quality improvement process allows for systemic change at all levels of the network, building upon strengths and encouraging staff to work collaboratively as a cohesive team to identify and implement quality changes. These practices will continuously enhance services for the children and families served.

The Quality Assurance process, encompassing both quality assurance and quality improvement activities, is designed to provide crucial information to Brevard Family Partnership organizational leadership, Network Providers, the Department of Children and Families, and other key stakeholders. QA activities involve collecting, reviewing, analyzing, and using data from key areas

of operations to ensure compliance with standards, contracts, and best practices to improve performance and outcomes.

BFP's commitment to quality permeates all levels of the organization from the Board of Directors to our front-line staff. It is an expectation that all staff consistently provide the highest quality of customer service, and continuously improve the quality of service delivery on an ongoing basis in pursuit of excellence. The continuous quality improvement (CQI) culture is a positive one that encourages staff feedback and participation at all levels. The BFP FOA staff is committed to respecting the rights of the children and families served and ensuring the confidentiality of all information, including data elements and case information reviewed for quality improvement purposes.

All components of the Quality Assurance program are designed to recognize and reward exceptional service delivery. This helps ensure that services in the continuum of care consistently meet high professional standards and recognizes outstanding performance to enhance staff support. Given the existing commitment to excellence in all aspects of service delivery, outcome goal achievement, and results oriented accountability is a supportive mechanism that promotes professional growth and development.

ORGANIZATIONAL STRUCTURE AND STAFF RESOURCES

Brevard Family Partnership is responsible for managing a comprehensive Quality Assurance Program. Roles and responsibilities are defined for Brevard Family Partnership staff, Case Management Agencies, Network Providers, employees of the network, community leaders, and stakeholders. The agency believes that the delivery of superior services requires the commitment and involvement of staff, the management and leadership team, Case Management Agencies, Network Providers, Contracted Provider and Brevard Family Partnership. A successful QA Program is all-inclusive; involves all levels of agency staff that actively strive to monitor, evaluate, and enhance respective services and implement appropriate changes or improvements when warranted. BFP's philosophy is that everyone has something exceptional and significant to contribute to the quality improvement process.

The importance of providing superior services is also outlined in all employees' job descriptions. Newly hired case management staff receive Pre-Service Training and intensive orientation from their supervisors ensuring that job expectations and quality indicators are clearly understood. This is followed by the expectation that employees will continue to develop professionally throughout their tenure with the agency availing themselves of training opportunities offered both internally and externally. The agency supervisory and performance appraisal process ensures that constructive feedback is provided on an ongoing basis. Consequently, staff skills are enhanced which result in improved service delivery.

Along with the agency-wide commitment to QA, there are also specific areas of responsibility for individuals in the Case Management Agencies and Brevard Family Partnership as part of the ongoing quality improvement process.

Brevard Family Partnership QA Staff and Organization Structure

The QA, Performance and Training department is under the purview of the Senior Director of Quality Assurance, Performance and Training. The department consists of four Quality Assurance and Training Specialists and a Special Projects Coordinator. Each staff member is cross trained to provide Pre-Service Training including follow up coaching and QA activities such as Rapid Safety Feedback Reviews, Child and Family Services Reviews, Safety Together Assessments Reviews, discretionary reviews, feedback loops and in-service trainings. The team assesses both strengths and deficiencies through data analysis, scorecard performance on state and federal measures and observed trends in performance. Deficiencies are addressed through comprehensive training plans for targeted areas of improvement.

Primary Quality Assurance Staff



As of FY 2020-21, the Senior Director of Quality Assurance, Performance and Training is responsible for addressing quality improvement issues for the Lead Agency and its case management agencies, Family Allies and Brevard C.A.R.E.S. As part of the commitment to continuous quality improvement, the Senior Director of Quality Assurance, Performance and Training receives vital information from the respective QA Specialist regarding any quality issues to evaluate outcomes, performance and to identify trends or patterns at the local and regional levels. The Senior Director of Quality Assurance, Performance and Training identifies and removes obstacles to quality service with the participation of BFP management, who will in turn involve their applicable program area as appropriate. Concrete action plans and work plans are developed to implement change in the identified areas.

The BFP Quality Assurance, Performance and Training division serves as the focal point for all quality improvement activities and is responsible for coordinating quality improvement functions. This division is responsible for overseeing the development, implementation, and maintenance of quality improvement activities, and provide reporting of results. It is the role of the Quality Assurance, Performance and Training Division to create a positive quality culture and encourage staff ownership of quality work. Other functions include tabulating quality improvement data, generating meaningful reports, tracking follow-through on processes, and offering suggestions for agency-wide quality improvement needs ongoing. The Quality Assurance, Performance and Training Division is responsible for the orientation of new agency staff to agency-wide quality improvement process and continued in-service trainings.

Brevard Family Partnership Contracts and Compliance Division

The BFP Contracts and Compliance Division is responsible for the development, implementation, and maintenance of contracting, compliance and monitoring quality improvement activities. The goal of these activities to promote and encourage high quality service delivery to children and families served. This is accomplished primarily through annual and ongoing contract monitoring of each contracted provider and monthly contract management meetings. Monitoring activities include reviewing agency financials, performance measures, outcomes, staff hiring and ongoing training and other significant factors such as critical incident reporting and corrective action plans. Monthly contract management meetings review staffing issues, financials, QA activities, QA data, training needs and other timely relevant issues. When deficiencies are present, Contract and Compliance staff work with the provider to identify and monitor corrective action plans that will positively impact improved performance. Due to the Corona Virus public health crisis, the monitoring team expects to conduct monitoring activities as much as possible via a desk review as opposed to a site visit.

Case Management Agency Managers and Leaders

Managers and CMA Leaders are responsible for the monitoring and supervision of the staff and supervisors in their programs. It is part of their commitment to the quality improvement process to be aware of any systemic or programmatic issues that have surfaced in respective program areas. They are further responsible for helping staff and supervisors resolve any issues that cannot be resolved at the program level and for ensuring program, contractual, and compliance with performance measures and outcomes. Managers and CMA Leaders are a critical link in the feedback loop to ensure accountability for the staff and supervisors on quality improvement issues and encourage change when warranted. CMA staff and leadership participate in CQI activities by reviewing those activities, participating in and serving as champions for work groups, assisting the staff supervisors to identify and remove obstacles in their programs, as well as communicating necessary information to the Brevard Family Partnership Lead Agency. Performance is reviewed weekly by the BFP Leadership team and monthly Operations and contract meetings are held with each CMA.

Case Management Agency Frontline Staff and Supervisors

Supervisors and staff are responsible for the implementation of sound, ethical practices to ensure that activities are meeting compliance standards as well as the individualized needs of children and families served. Staff must be committed to delivering the highest quality of services possible to achieve program, contractual, and outcome goals. This includes openness to constructive feedback and willingness to implement necessary changes to improve quality. Supervisors and staff must be actively involved in specific quality improvement activities, such as case consultations and the Satisfaction Survey process. Supervisors as team leads for their respective programs are therefore involved in an ongoing process of motivating, empowering, facilitating, and encouraging change in their program staff and services. Supervisors are expected to meet with their staff, provide feedback, and closely monitor all cases with their respective workers. A record of the reviews and supervision issues are documented and maintained by the supervisor. Supervisors and staff are also responsible for identifying and removing obstacles to quality service delivery at the program level by establishing concrete action and work plans with identified champions to address the areas of concern.

Brevard Family Partnership CEO and Board of Directors

As part of their commitment to continuous quality improvement, the CEO and Board supports the agencies' participation in the quality improvement process. Regular feedback, ideas, and suggestions are made to the Quality Assurance, Training and Performance Division. The CEO receives reports on QA activities throughout the agency and the Board reviews monthly state and federal performance data. These reports identify patterns and trends in service delivery, highlighting agency strengths and deficits with recommendations for quality improvement. Reports on priority incidents, critical incidents and discretionary reviews are provided to the CEO on an ongoing basis.

QA/CQI ACTIVITIES AND SCHEDULE

The State of Florida's Department of Children and Families, in collaboration with CBC's has developed a quality assurance review system. The key components of Quality Assurance are the Rapid Safety Feedback Review (RSF) tool and Florida's Continuous Quality Improvement (CQI) version of the Federal Child and Family Services (CFSR) process. During Fiscal Year 2020-2021, BFP will complete 88 case file reviews using the two tools discussed previously.

Case Reviews July 2020- June 2021

Each 6 Month Period

FL CQI	FL CQI In-depth Reviews	Federal PIP Monitored	Rapid Safety Feedback Case Review	Total Case Reviews (Each 6 months period)
<i>No Interviews (Adjusted for PIP)</i>	<i>w/ Case Specific Interviews</i>	<i>Includes Case Specific Interviews</i>	<i>In-home Cases</i>	
20	1	3	20	44

CBC QA RSF Reviews

Rapid Safety Feedback Reviews assess real time case work practice related to safety of children ages zero to 4, in the home with a parent or caretaker in the living arrangement who has been an alleged perpetrator for allegations of Family Violence Threatens Child and/or Substance Misuse. The review samples for each quarter are selected using the business objects report entitled Children Receiving In-Home Services Listing – OCWDRU in Florida Safe Families Network (FSFN). Once the quarter’s sample has been defined, the BFP Training and QA Specialist collectively reviews a total of 10 cases each quarter. The review period for RSF cases are the previous 30-60 days prior to the date of review. All cases are open at the time of the review and a consultation is completed with the case manager and supervisor within 24-48 hours of completion of the review as required. Tools are updated with information and documentation obtained during the consultations.

CBC QA FL CQI Reviews

Florida’s Continuous Quality Improvement (CQI) Review is a version of the Federal Child & Family Service Review (CFSR) process. The cases are either identified as Out-of-Home Care or In-Home. For the case to qualify as In-Home, the children have to be placed in the home during the entire period under review; if at any point during the review period the children are placed out of the home for more than 24 hours, the case does not qualify for the In-Home Sample but must be reviewed as an Out-of-Home Care Case. The review samples for the cases identified as In-Home are randomly selected each quarter using the business objects report entitled Children Receiving In-Home Services Listing – OCWDRU in Florida Safe Families Network (FSFN). The review samples each quarter for the cases identified as Out of Home Care are randomly selected using the Adoption and Foster Care Analysis and Reporting (AFCAR) extract provided by DCF. The cases are not required to be open at the time of the FL CQI Review and only FSFN documentation is considered as a resource for the ratings. The reviews that have an interview component each quarter are assessed and rated using a combination of case file documentation and interviews of all case participants. Like the RSF reviews, a consultation is completed with the case manager and supervisor ideally within 24-48 hours of completion of the review. Additionally, prior to the CQI review being completed, QA staff meet with the current or most recent primary case worker and supervisor for a Quality Roundtable discussion. This discussion is focused on a checklist of items from the CFSR review tool and is intended to highlight gaps in case documentation for the case worker to rectify prior to the actual review. The primary case worker will then have “protected time” where they will set aside specific work time to review the case documentation and ensure all documentation is completed and uploaded to the case record and to address any identified gaps. Florida will conduct “rolling reviews” for PIP monitored cases and FL CQI Cases which are outlined in the chart below.

Rolling Samples and Period under Review

Florida CQI Period Under Review

Review Months	Periods Under Review (Time Period Covered for Case Review)
July 2020	7/1/2019 to Date of Review
August 2020	7/1/2019 to Date of Review
September 2020	7/1/2019 to Date of Review
October 2020	10/1/2019 to Date of Review
November 2020	10/1/2019 to Date of Review
December 2020	10/1/2019 to Date of Review
January 2021	1/1/2020 to Date of Review
February 2021	1/1/2020 to Date of Review
March 2021	1/1/2020 to Date of Review
April 2021	4/1/2020 to Date of Review
May 2021	4/1/2020 to Date of Review
June 2021	4/1/2020 to Date of Review

CBC QA Special Population Reviews

To support statewide efforts to increase performance outcomes in various areas, an additional case review may be identified by the Office of Child Welfare (OCW), Department of Children and Families. The OCW defines the population and the random selection methodology. Once the quarter's sample has been defined, the Brevard Family Partnership Senior Director of Quality Assurance, Performance, and Training assigns these cases; reviewers submit their results to the Senior Director who then consolidates the data and reports the findings.

BFP STAR Reviews

Brevard Family Partnership Quality Assurance team, in conjunction with the contracted Case Management Agencies, recognized that most case workers do not participate in either a CQI or RSF review over the course of a 6-month period. As such, they do not participate in the consultation process with the QA team and do not receive the guidance and feedback this process allows. To rectify this gap, and Contract Oversight Unit review response, the Safety Together Assessment Review (STAR reviews) tool was developed in November 2019. This tool focuses on aspects of Items 3, 12, 13, and 17 of the CFSSR tool. These reviews evaluate specific aspects of safety planning, assessment, and family engagement over the course of 90 days prior to the date of the review. A sample of cases is obtained every six months of case workers who have not been involve in a CQI or RSF review over the prior six months. If during the following two quarters the case worker has a case selected in the CQI or RSF sample, they are removed from the STAR Review sample. BFP QA staff meet with the primary case worker and supervisor within a week of the completion of the STAR Review to discuss the findings of the review and provide feedback and guidance for improvement.

Executive Management Discretionary Reviews

To support department leadership in assessing topics of concern and supplement information obtained from other QA processes, each year the Department determines through various data analyses and other critical factors such as a Performance Improvement Plan which programmatic areas, functions, or processes might require a more focused review than provided by general quality assurance activities. Based on quality assurance review results or other information, the

Secretary or other member of the Department’s executive management may specify at any point during the year that a statewide focused topic review will be conducted and provide guidance on the requirements. The Family Safety Director will consult periodically with the Secretary and Assistant Secretary for Programs to select focus areas based on circumstances or trends. Where relevant to the directed topic, existing or tools in development tools for various program components (e.g., licensing, independent living, adoptions) will be reviewed, completed, and/or revised. Brevard Family Partnership works in cooperation with DCF to coordinate review efforts and ensure any review requests are completed timely.

Provider Network Case Record Reviews

Case file reviews are a core element of the annual on-site review of contracted provider agencies. In developing the customized monitoring scope, the BFP Contracts and Compliance Manager determines the sample size of these records. It is appropriate for monitors to gather information by examining a limited number of records. The monitoring team exercises good judgment to make common sense decisions regarding sample size. It is reasonable to adjust the sample size during a monitoring. It may be reasonable to reduce sample size if results are extremely consistent for the first records reviewed. Sample sizes may be increased if the team identifies a problem in a high-risk area.

For each case to be reviewed, the Contracts and Compliance Manager: 1) verifies documentation of the delivered service, and 2) analyzes the quality and compliance levels of the delivered service based upon standardized requirements that are made available to the provider with monitoring notification at least 30 days in advance of the monitoring date.

The projected contract monitoring schedule for FY 2020-2021 is outlined in the chart below.

Contract Monitoring Schedule FY 2020-2021

Agency	Monitoring Dates
Yellow Umbrella FSS	10/8/2020
Brevard CARES	10/15/2020
Brevard Behavioral Cons FSS	10/22/2020
Impower Adoptions	10/29/2020
Friends of Children and Families RGC	11/5/2020
Devereux RGC	11/12/2020
The Haven RGC	12/3/2020
Crosswinds IL & RGC	12/10/2020
Eckerd Supervised Visitation	1/7/2020
Coastal Behavioral FSS	1/14/2020
Family Allies	1/28/2020
Pinnacle Family Services STFC CPA	02/04/2021
One More Child CPA	02/11/2021

At any time, during any of the reviews described above, if a threat of life, health or safety of a child is discovered that cannot be ameliorated by the case consultation, the reviewer will complete a Formal Request for Action (RFA) in the Florida Safe Families Network (FSFN) and will immediately notify the Case Management Agency staff, the Program Manager, and Executive Leadership. In addition, the BFP QA Senior Director will be notified. The RFA is expected to be resolved and documented in FSFN within three business days. Other concerns that do not immediately impact child safety are assigned follow-up tasks. RFAs and outlined tasks are tracked by BFP through completion.

The Rapid Safety Feedback tools are entered into the state’s Qualtrics Survey Platform. The QA Senior Director reviews and approves all tools before finalizing in Qualtrics. Final tools and data are shared with the Department of Children and Families, Case Management staff, as well as BFP staff. The FL CQI tools are entered into the Administration on Children, Youth and Family’s Children’s Bureau federal

portal. QA Manager's also receive these reports from OCW after the data entry deadline and can pull the Onsite Review Instrument for each case reviewed, as well as a State Rating Summary for all BFP's reviews.

The BFP Senior Director utilizes these reports to determine strengths and opportunities for improvement for each review period. Areas that need improvement are further analyzed using root cause analysis to determine what factors may be contributing to poor performance and what actions can be immediately implemented to improve performance. These results are shared with DCF, BFP management, community stakeholders and the subcontracted case management agencies. After each review quarter, the Senior Director and QA Specialist meets to analyze results from the current and previous quarters and identify any training needs. Additionally, data is presented monthly and quarterly basis to the subcontracted case management agencies. The Quality Assurance, Performance, and Training team schedules in-service training sessions to address training needs as they are identified.

The agency tracks and reports on ongoing improvement initiatives that will be occurring during the upcoming fiscal year. Specifically, the QA Annual Report must include information from Rapid Safety Feedback and FL CQIs. Once all cases have been reviewed, CBC QA staff must internally analyze the data collected overall and identify trends, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss CBC practices and performance. CBCs must submit an annual report to the Department's central office 45 days after the end of the fiscal year (August 30). At a minimum, the report must address findings and trends in the areas listed below.

Safety	This section will include data and analysis using Rapid Safety Feedback Data Items, Florida CQI Data from Safety Outcomes 1 and 2 (items 1-3), and Scorecard Measures 1-4.
Permanency	This section will include data and analysis using the Florida CQI Data for permanency outcomes 1-2 (items 4-11) and Scorecard Measures 5-8 and 12.
Well-being	This section will include data analysis using the Florida CQI data for well-being outcomes 1-3 (items 12-18) and Scorecard Measures 9-11.
Systemic Factors	The report must also include discussion about the CBCs performance in the 7 CFSR Systemic factors.

Items that rise to a corrective action are monitored on a regular basis for compliance. This information is reported to the DCF Contract Manager. The agency may also identify additional areas of monitoring where deficiencies have been noted.

For more detailed information, the DCF Child Welfare Quality Assurance Regional Model document can be found online at: <http://centerforchildwelfare.fmhi.usf.edu/> under Results Oriented Accountability. The following section provides a summary of some of the significant quality assurance activities, as described in the DCF Child Welfare Quality Assurance Regional Model.

INTERFACE BETWEEN BREVARD FAMILY PARTNERSHIP AND DCF QA AND QI

A commitment to cooperation and partnership is essential to the success of community-based care in Brevard. With that perspective in mind, the Brevard Family Partnership Contracts and Compliance Manager and/or Senior Director of Quality Assurance, Performance, and Training meet with the DCF Contract Manager and/or Quality Assurance staff to assure a seamless program that meets all reporting requirements while providing essential data to assist in the development of policy, procedure and in decision-making. Brevard Family Partnership also communicates the results of any QA audits or reports to the DCF Contract Manager on a regular basis to assure that information continues to flow seamlessly between both organizations.

PROGRAM IMPROVEMENT PLAN (PIP)

As a result of the state of Florida's federal review as part of the CFSR, every Region is under a Program Improvement Plan (PIP). Each Region, including both CBC's and DCF, developed a PIP and quarterly reporting began during FY 2017-2018. During FY 2019-20 additional updates were made to the Central Region Program Improvement plan and will continue through FY 2020-2021. As part of the Central DCF Region's plan, BFP is focusing on the following initiatives:

- Infusion of the CFSR Checklist into the system of care including use during pre-diversion staffings, Case transfer staffings, FST's, permanency staffings and all supervisor consults and reviews. (SAFETY, PERMANENCY, & WELL-BEING)
- Implementation of Quality Round Tables to ensure cases are prepared for Quality assurance reviews, supervisors share best practices, and transfer learning (SAFETY, PERMANENCY, & WELL-BEING)
- Increased shadowing of PIP monitored cases by Program Directors, Master Practitioners, and supervisors to learn more about actual practice in the field and gain a better understanding of the review tool and process. (SAFETY, PERMANENCY, & WELL-BEING)
- Continued practice of Permanency Roundtables. Out of Home Care reviews every 60 days and special review of cohort of children in OHC for 18-24 months. (PERMANENCY)
- Implement practices to ensure candidacy goals are met and safety plans are completed and updated. (SAFETY)
- Implement the BFP STAR tool to review cases that would not otherwise receive a QA review during the quarter for best practices in family engagement. (SAFETY, WELLBEING)
- Implementation of a Reunification Support Team to identify supports and barriers when a reunification is at risk of failing. (PERMANENCY)
- Increase support of caregivers through Comfort Calls, Mobile Response Team, and Clinical Services Specialist to support placements in distress, Caregiver Support Specialist and Foster Parent Navigator. (PERMANENCY)
- Create monthly Inservice trainings for the case management team that increase knowledge of the CFSR tool and how it is applied. (SAFETY, PERMANENCY, & WELL-BEING)
- Revamp the Supervisor Review/Consultations tools to ensure alignment with Safety Methodology practice and CFSR and create a Supervisory Consultation Guide (SAFETY, PERMANENCY, & WELL-BEING)
- Fatherhood Initiative, Non-Maltreating tip sheet, Mindshare reporting to identify parent contacts on Non-Judicial cases, Involvement of all bio parents on Non-Judicial cases (LOCAL PRACTICES)
- Implement a local agreement with the jail system to access incarcerated parents (LOCAL PRACTICES)

OHC Reviews

OHC reviews are completed on children in out of home care for three and four months and all children in OHC for 12 months or longer if they are not post termination of parental rights. The reviews are conducted on all children in the population monthly. In addition to reviewing plans/obstacles/solutions to achieving permanency, the reviews also include staff from Intake and placement, the GAP Team, relative support, and the Adoptions Team to discuss separated siblings, adoptions, and kinship supports. These reviews began in August 2017 and will continue through FY 2020-2021. BFP and Case management believe this is a driving force in the increase of children achieving permanency.

Fathers, Incarcerated Parents, Non-Maltreating Parents

BFP hosted a Fatherhood initiative during June 2020 designed to remind case managers to involve fathers in visitation, service assessment, and case planning. Family Allies implemented an

incarcerated parents' protocol with the Brevard County jail. BFP created a Non-Maltreating Parent tip sheet for use primarily with CPI and the Brevard C.A.R.E.S. Non-Judicial team to assist with talking points to use with Non-maltreating parents. BFP plans to present the Non-Maltreating Parents tip sheet at CPI All Staff trainings during Q1 of 2020-21. BFP plans to continue hosting a Fatherhood initiative during the month of Father's Day in 2021.

Kinship Search

Family Allies created a paraprofessional Family Finder position to initiate family finding and assist the Child Welfare Specialists in completing diligent searches for kin. The Specialists Support Unit is comprised of two specialists, one per service center and the paraprofessional Family Finder. The Family Finder is slated to begin in September 2020.

Permanency Roundtables

The purpose is to develop a permanent plan for each child/youth that can realistically be implemented over a six month period; to stimulate thinking and learning about pathways to permanency for these and other children; and to identify and address barriers to permanency through professional development, policy change, resource development, and the engagement of system partners. Representation from the Guardian Ad-Litem, Children's Legal Services, Case Management, BFP and other vested stakeholders collaborate on achieving permanency for our youth in care. The implementation of Permanency Roundtables initiated at Family Allies Central Care Center on April 10 and at the South Care Center on April 11, 2018. Six children were identified from Family Allies for the Roundtable process. Each month the Roundtable participants meet to discuss permanency options or permanent connections for the youth. Currently, there are four children involved in the Roundtable Process and the agency is identifying additional children.

Supervisor Review Templates & Supervisor Consult Guide

BFP led a workgroup at the end of fiscal year 2018 tasked with developing a new Supervisor Review Template. The workgroup consisted of CBC staff, and leadership from both case management agencies. The workgroup finalized the templates and case management began using the tools August 2018. In June 2020, a team began reviewing and updating the Supervisor review templates and creating a Supervisor Consultation Guide. The Supervisor Consultation guide is over 30 pages long and designed to promote and develop the case managers understanding of their responsibilities, skills, knowledge, and adherence to standards of practice in child welfare. The Supervisor Consultation guide has been aligned with both Safety methodology and Child and Family Services Review (CFSR) guidance. The Supervisor Consultation Guide covers the topics of case transfer staffing, safety plan approval, home study approval, other parent home assessment, family functioning assessment, case plan approval, progress update, conditions for return discussion, case closure and more. The Supervisor Consultation Guide is expected to be finalized and published in September 2020.

FFA Ongoing/ Progress Update Best Practice Tools for Case Managers

BFP's Team is to create best practice materials for Case Managers regarding information gathering and documentation in the FFA/Progress Update and publish in October 2020. These will be aligned with Rapid Safety Feedback, Safety Methodology, and CFSR measures.

Improved Case Planning Staffing's

During Q1 of 2020-21, BFP convened a multi-disciplinary group to redesign the current Case Planning Meeting process on Judicial cases. BFP understands that parental participation and input in the case plan is critical to successful reunification and helps drive permanency. BFP's goal is to have an improved process implemented during Q2.

QUALITY ASSURANCE PLAN

Brevard Family Partnership uses an internal Continuous Quality Improvement (CQI) philosophy that encompasses every aspect of program operations and unites Brevard Family Partnership, contract providers, and families in a continuous progress of quality planning, action, and evaluation. Through the CQI process, Brevard Family Partnership uses data to drive the follow-up and resolution process, yielding higher satisfaction for all partners.

Quality Assurance (QA) is the systematic integrated review of Quality Assurance and Improvement activities. The primary purposes of the Brevard Family Partnership Quality Assurance System are to strengthen practice; improve the timeliness, accessibility, quality, and effectiveness of services and increase natural and enduring community supports for children and families. Brevard Family Partnership seeks to identify in-process and end-process measurements that aligns with these goals while also ensuring substantial conformity with federal requirements of the Adoptions and Safe Family Act (ASFA) and achievement of the Contract Performance Measures set forth in the Brevard Family Partnership contract.

The Brevard Family Partnership assumption is that the commitment to the continuous improvement in quality services and outcomes for children and families of Brevard County is shared throughout the community: from the Brevard Family Partnership Board of Directors, case management agencies, contract providers, stakeholders and in the community at large. The Brevard Family Partnership Board of Directors is a group of community members either appointed by the Brevard County Commission or voted in by the board itself. Brevard Family Partnership provides information and requests and solicits reciprocal input and feedback from the community. Brevard Family Partnership recognizes that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produce the best outcomes for children and families.

The information that is gathered through the QA process is shared as appropriate with the community, contract providers, Executive Provider Advisory Board (formed in July 2019) and case management agencies for the purposes of planning (program improvement, contracting, policy and procedural changes), identifying training needs, and reallocating or enhancing funding sources. The process of gathering, sharing, evaluating, and acting upon information is continuous as the needs of the population of children and families receiving child welfare prevention and intervention services changes over time. Additionally, funding for services and the availability of services changes as well. Continual evaluation of performance and other data elements provides the basis for defining quality assurance activities that support and encourage quality improvement activities.

Quality service delivery and accountability to the Department of Children and Families, children and families, and the communities served is the key to success for Brevard Family Partnership. To that end, the QA plan has been developed not only to the minimum standards required by federal, state, and accreditation guidelines, but also to a much higher standard of excellence of best practices. QA activities involve collecting, reviewing, analyzing, utilizing data from key areas of operations to ensure compliance with standards, contracts, and best practices for process improvement.

In summary, it is the intention of Brevard Family Partnership to provide the highest possible level of service to children and families in Brevard County. The Quality Assurance plan, therefore, is designed to assure that the services provided are the most appropriate services for the needs; that they are delivered in an efficient, effective, culturally competent manner; that all staff members demonstrate a deep commitment to the children and families whom they serve; that provider organizations have the resources to complete their jobs and that they remain dedicated to the mission of Brevard Family Partnership. A discussion of each of the elements of that process follows in the remainder of this document.

NATIONAL ACCREDITATION PLAN

Brevard Family Partnership recognizes the value of national accreditation for the purposes of providing yet another layer of quality assurance and for the purpose of enhancing the organization's credibility among children and families served, providers, and stakeholders. Brevard Family Partnership earned an expedited COA accreditation in July 2009, 2013, and 2017 as a result of meeting COA expectations with ratings of one and two for all standards. The next COA reaccreditation is scheduled for November 2021. The Brevard Family Partnership QA plan describes processes and activities required by COA including stakeholder participation, long-term planning, short-term planning, internal quality monitoring, case record review, outcomes measurement, customer satisfaction, feedback mechanisms, information management, provider and employee satisfaction surveys and corrective actions. The Brevard Family Partnership Board of Directors provides governance over the agency and participates in the strategic planning process. The CQI efforts are planned and implemented to support the organization's and system's vision, mission, and core values. It also embraces best practice efforts and state-of-the-art designs in the field of quality improvement; the approach calls for involving consumers and stakeholders in program planning, case planning and case review, as well as convening teams to provide assistance and support in the activation of improvement initiatives.

STAKEHOLDER PARTICIPATION

The Community Alliance for Brevard County, as established in FL Statute 20.19 (6) is Together in Partnership (TIP). TIP provided input into the development of the System of Care, service philosophy, and approach for Brevard County. In addition, TIP established best practice standards, service philosophy, created an emergency response model and conducted a comprehensive analysis of the service delivery network currently in place in Brevard County prior to privatization. The recommendations of TIP were integrated into the development of the service delivery system and continuum of care. Brevard Family Partnership has and will continue to integrate the planning, assessment, and community outcome goals throughout the SOC and throughout the ongoing Quality Assurance Process. Brevard Family Partnership continues to work closely with Together in Partnership to ensure its vision and guiding principles are adhered to.

The Brevard Family Partnership QA process is agency and system-wide and involves staff and stakeholder groups across Brevard Family Partnership organizational units and across the community. All phases of CQI emphasize participation, communication, and cooperation. The participation of stakeholders is fundamental to a well-designed and implemented CQI process. Stakeholders include:

- Children and families served.
- Staff members.
- Board members.
- Contracted Providers.
- Community Stakeholders.
- Together in Partnership (TIP), and
- Department of Children and Families (DCF).

Brevard Family Partnership uses surveys, focus groups and other collaborative forums to gain broad, meaningful, and ongoing stakeholder involvement.

LONG-TERM PLANNING

As an overarching basis for all its QA activities, Brevard Family Partnership has developed a strategic plan. The Brevard Family Partnership strategic plan, developed with input from the Brevard Family Partnership Board of Directors and with input from the community, projects two years into the future and is reviewed and updated annually. Brevard Family Partnership uses data from FSFN, the DCF performance measure dashboard, gaps analysis, current trends, satisfaction surveys, and local databases to determine performance and identify areas for improvement.

SHORT-TERM PLANNING

Short term plans are also developed as building blocks toward achieving the longer-term goals. Progress toward achieving the annual goals will be monitored quarterly. This provides information on progress as well as an indicates each short-term goal's appropriateness and utility to refine the process.

SERVICE ARRAY

Brevard Family Partnership created a robust continuum of care and service delivery system with capacity to deliver a wide range of services that include in-home services; out-of-home services; adoption services; residential and placement services; contracted client services; and prevention services. A service gap analysis is completed annually to ensure all service needs that have been identified by stakeholders are included in the SOC.

FAMILY TEAM CONFERENCING, UTILIZATION MANAGEMENT, AND UTILIZATION REVIEWS

BFP utilizes the Wraparound process to coordinate services for families referred. Care Coordinators, Family Partners and the Director of Wraparound Fidelity and Training facilitate team meetings. BFP has a robust comprehensive system of care that is family centered, strength-based and community driven, offering a supportive process in which needs are assessed at time of entry and addressed ongoing. BFP utilizes Wraparound and Family Team Conferencing, a highly individualized planning process that adheres to the principles of Wraparound that includes:

Family voice and choice: Family, youth, and child perspectives are intentionally elicited and prioritized during all phases of the Wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.

Team based: The team consists of individuals agreed upon by the family and committed to them through informal, formal, community support, and other connections.

Natural supports: The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The care plan reflects activities and interventions that draw on sources of natural support.

Collaboration: Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

Community-based: The team implements service and support strategies that take place in the most inclusive, responsive, accessible, and least restrictive settings as possible that safely promote child and family integration and stabilization.

Culturally competent: The Wraparound process builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

Individualized: To achieve the goals outlined in the plan, the team develops and implements a customized set of strategies, supports, and services tailed to the family's specific needs.

Strength-based: The entire process and plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family.

Persistence: Despite challenges, the team persists in working toward the goals until the team reaches agreement that a formal wraparound process is no longer required.

Outcome-based: The team goals and strategies of the wraparound plan are observable, measurable indicators of success and progress is monitored through subsequent utilization reviews. The plan is revised ongoing according to the family needs.

Clinical Service Coordinators provide oversight of the utilization management process and link children and families with the appropriate level of service. Services are authorized according to the needs of the family.

When services are identified by the assigned case manager, the Clinical Service Coordinator reviews and approves the utilization of services. The parties work together to ensure that planned services are (1) necessary, appropriate, and prioritized according to the family needs, (2) linked to the case plan, (3) based on child/family need, and (4) delivered in the correct setting and at the right dosage of time and frequency. The Clinical Service Coordinator authorizes services and provides instructions to the selected providers regarding the initial authorization and reauthorization period. An authorization form is submitted to the provider through the Mindshare system. When invoices are submitted, each provider in the network submits a progress report of each unit of service delivered along with the authorization form. If services are deemed ineffective, services will not be reauthorized. If additional service units are warranted, the service will be reauthorized followed by a utilization review.

In addition to the monitoring that occurs in the Family Team Conference, BFP conducts utilization reviews to monitor the provision of services. In addition to monitoring the appropriate level of care, the Utilization Review also reviews the effectiveness of the services previously authorized. The frequency of utilization reviews is determined by the Clinical Coordinator. The review focuses on appropriateness, effectiveness, and quality of services provided with consideration to evidences-based practices, other service provision guidelines and outcomes. The review includes managing the cost of services through sound fiscal management of expenditures.

The Intake and Placement team engages in the ongoing clinical review of children placed in licensed out-of-home care to determine that clinical needs are appropriate to the level of care and that needs cannot be met in a less restrictive setting. For all children in restrictive placements, reviews ensure that as children meet treatment goals and needs change that children are safely stepped down to a lower level of care or served in a home with therapeutic supports.

ADDITIONAL REVIEWS

Separated Siblings Reviews

When siblings are separated a staffing involving the Care Manager, Supervisor, and Brevard Family Partnership staff is held quarterly to review progress towards placing the sibling group together when appropriate, and to ensure that separated siblings maintain connection through regular visitation. Additionally, the separated siblings that fall into the Out of Home Care Review population are reviewed through this process.

Care Manager Case Record Reviews (Supervisor Reviews)

Brevard Family Partnership subcontracts case management services with Family Allies (for dependency cases) and with Brevard C.A.R.E.S. for non-judicial in-home services and family support services. CMA case managers and their supervisors are involved in continuous self-review of all open cases. Upon assignment of the case (within 5 days of case effective date), the case manager supervisor completes a review of the case record to provide case direction to the case manager as well as to immediately assess child safety, well-being, and permanency. Supervisors provide guidance to and follow-up with case managers to assure all necessary interventions and services are provided to identify and reach case goals. At the time of this initial review, the supervisor also validates that the information contained within Florida Safe Families Network (FSFN) is complete and accurate. Ongoing supervisor reviews will be conducted at a minimum every 90 days from the date of the initial review. This subsequent review also ensures that child safety, well-being, and permanency are addressed and that the record (case file and FSFN) contains complete and accurate documentation. Each child's case plan is reviewed at least quarterly and includes an evaluation of the family's progress toward achieving service goals. This review is entered in FSFN as a Supervisor Review within 48 hours of the review.

BFP's Senior Director led a workgroup at the end of FY 2017-18 tasked with developing a new Supervisor Review Template. The workgroup has finalized the templates and case management began

using the tools August 2018. In June 2020, a team began working on an updated Supervisory review/consultation tool and associated Case Consultation Guide, covering topics from safety planning to safe case closure. It is expected to be implemented in September 2020.

Due to the critical nature of maintaining contact with the children under supervision, any child that does not receive a face-to-face visit during the calendar month is considered at high risk. This high-risk population requires a supervisor review each month the child not contacted. There are various reasons for being unable to complete a visit and all warrant supervisory oversight. This reason will also direct the review. For example, if the child is missing, the supervisor reviews to ensure that all missing children activities have been completed to locate this child. Another example is the child is out of state. Within this review, the supervisor reviews efforts to initiate Interstate Compact Placement of Children (ICPC) and ensure casework activities support ongoing efforts to ensure child safety and well-being. These children are immediately identified at the conclusion of each calendar month and the supervisor review is completed and inputted into FSFN by the 5th of the following month. Please note that for Fiscal year 2020-21 separate guidance has been provided regarding the use of physical face-to-face and virtual visitation depending on COVID 19 screening and pandemic phase.

STAR (Safety, Together Assessment Reviews)

During FY 2019-20 BFP developed an internal STAR review to assess Family Engagement in services. This tool is utilized for case managers that would otherwise not receive a QA review during the Quarter. During FY 2020-21 BFP/Family Allies/CARES will be further expanding use of the STAR tool to CMA Supervisory staff. Supervisory staff will be trained in the administration of the STAR tool and will complete reviews of cases. This will serve both to increase the number of reviews completed and to increase Supervisory skills at Quality Assurance and case consultation.

INFORMATION MANAGEMENT

This FY (20-21), Brevard Family Partnership created the position of Sr. Executive of Data Analytics and Information Technology. The organization also transitioned Information Technology (IT) Services to Creative Network Innovations. Both changes will strengthen the agencies IT environment and provide greater oversight to its technology platforms. Additionally, the agency consulted with RMW Associates for a Security Risk Assessment. The risk assessment helped strengthen BFP Policies and Procedures regarding IT Security for protecting Health Insurance Portability and Accountability Act (HIPAA) information. Brevard Family Partnership IT equipment consist of servers, routers, switches, and other network connectivity equipment. All equipment is, installed, managed, and maintained in accordance with the server standards, policies, and procedures. Security systems have been implemented to meet state and HIPAA policies and procedures. These include network systems and remote access security methods, formal data access request procedures, network and data activity and logging systems and analysis. CNI will be using Nagios as end-point protection on all servers. Additionally, SolarWinds end-point protection software will be used on each workstation connected to the network. These software platforms will protect the network infrastructure from any potential intrusion or virus attacks. The organization is currently using a Barracuda Email filter to encrypt and defend the email platform against spam and phishing attempts. Brevard Family Partnership's Managed Service provider is responsible for server backups utilizing a process where the system is backed up daily, weekly, and monthly and is electronically transmitted to a data center off site. The Data Center protects the agencies information and acts as a redundant failover system. This ensures no loss of data and accessibility to critical information is always available. The Managed Service Provider will also ensure it maintains and annually updates a Disaster Recovery Plan that encompasses sites, network and data security, hardware, software applications and data backup, redundancy, and recovery systems.

Brevard Family Partnership is aware of the importance of data integrity. Accessibility to information is of the upmost importance to ensure children and families receive appropriate and timely care. Brevard Family Partnership reviews, compares, and updates data contained in Florida Safe Families Network (FSFN), Qualtrics, Mindshare and Children and Families Service Review (CFSR) systems. BFP IT coordinates with state technology personnel to enable accurate data transfer between state data

applications into new technology systems and runs reports in each system to compare data, process updates, and to improve data entry procedures. BFP also reconciles statistics produced by Brevard Family Partnership with those of the State of Florida produces to ensure accuracy. By doing the above-mentioned processes, the data is validated on a regular, ongoing basis.

The critical elements of Data Management are as follows:

- FSFN accuracy
- Demographic Data Validity
- Timely and Valid Data Input

Timely and Valid Input of Data

The Care Manager is the responsible party to update the Case Record as outlined in Brevard Family Partnership OP1042 – Case Chronological Documentation.

To increase the validity of the information, the pre-service training was restructured to support this model. Brevard Family Partnership assumed responsibility for Pre-Service and Certification on January 1, 2006. Brevard Family Partnership has re-designed the pre-service curriculum to integrate the content training with the functionality training for FSFN. This integration supports the timely and valid input within the Case Record.

INTERNAL QUALITY MONITORING

Quality at the Direct Service, CMA and Lead Agency Levels

Brevard Family Partnership recognizes that quality measurement for a Lead Agency or a Care Management Agency (CMA) is different from quality measurement at the level of direct provision of services.

Quality at the Lead Agency/CMA level focuses on outcome measurements relevant to the overall health of the organization (macro level). Quality at the direct service level includes a macro level approach as well as a focus on customer satisfaction, in process measurements and drills down to review performance at the unit and care manager level (micro level). The Brevard Family Partnership QA process is designed to ensure that all staff that impact the system of care understands their role, responsibility, and ownership in the QA process. Staff at all leadership levels will be presented information regarding the systemic performance through the following:

- Performance Reviews
- Provider Network Meetings
- Monthly Operations meetings
- Monthly Data Work group meetings
-

This approach is intended to correlate with the state's QM regional model. Subcontracted agencies are required to have a comprehensive QA Plan in place within their own organizations. When contracts are monitored, evidence of their QA Plan is sought, and its effectiveness evaluated. The TIP best practice standards acknowledge that not all qualified sub-contractors have the resources necessary to garner and sustain national accreditation. Therefore, to maximize the number, type, quality, and appropriate match of services available and accessible, national accreditation for sub-contractors is addressed during contract negotiations with each sub-contractor. Contractor considerations are outcome-focused to include selection standards that reflect the sub-contractor's demonstrated organizational capacity, effectiveness, efficiency, and stability.

Performance Review

To assure that the quality of services to children and families continues to improve, Brevard Family Partnership has established a monthly Operations Meeting, comprised of representation from Brevard Family Partnership, Case Management Agencies, and other interested stakeholders. Membership is as follows:

- Case Management Agency Executive Director, Senior Directors, Directors and Managers
- BFP Manager of Contracts and Compliance
- Senior Director of Quality Assurance, Performance and Training
- Special Project Coordinator
- Senior Executive of Programs
- Chief Risk and Compliance Director
- Executive Director of Brevard CARES and respective Managers
- Case Management Agency Supervisors and Lead workers

The parties shall monthly to review data collected during the previous month, analyze the data for trends, identify areas for improvement, and provide guidance to affected organizations regarding performance improvement plans. The performance review also reviews contract measurements and reports data in a manner consistent with the state's Program Improvement Plan. It is incumbent upon the affected organizations to develop improvement plans for those areas identified as eligible for improvement. The attendees execute the approved plans and are responsible for monitoring their progress to completion.

Provider Network

Brevard Family Partnership Chief Executive Officer and Vice President of Operations host regularly scheduled provider executive leadership meetings and the Senior Executive of Programs hosts a regularly scheduled meeting for provider front-line staff; both to provide a venue for open communication, listen to concerns, make announcements, provide updates, and have a discussion of provider successes and concerns. Brevard Family Partnership structures the agenda to explore issues related to network performance and to identify and problem-solve any barriers to quality care. The ongoing opportunity to share strategies and address challenges builds a more cohesive provider network and leads to innovative new practices. The members of the provider network also review performance and utilization.

Frequency and Intervals of Quality Monitoring

It is anticipated that while some measures must be collected in a regular, on-going manner, while others require longer intervals before re-measurement. To accommodate these considerations, as well as to provide for the most well-rounded quality picture of the organizations, Brevard Family Partnership monitors according to the following schedule:

Daily: Supervisors provide direct oversight to Care Managers to ensure compliance with key Brevard Family Partnership processes. The Case Management Leadership Team manages the flow of intake into the care centers and evaluates case distribution and assesses the Care Center workforce to ensure caseloads remain within COA standards. Standards indicated in the Financial Viability Plan are also addressed daily. The Children and Young Adults in Out-of-Home Care or Receiving In-Home Services (CARS) along with the Child Not Seen Listing is distributed daily. Last year, BFP worked with Mindshare Technologies to help provide user-friendly reports for case management, some examples include: Supervisory Reviews, and Children not Seen in 30 days. BFP sends out safety planning data related to Candidacy daily.

Weekly: Case Management sends out weekly reporting of medical, dental, child not seen, mother and father contact and Family Functioning Assessments On-going to evaluate performance including percent of children in the numerator, the child's last visit date, date when next visit is due and the placement type of the children not meeting the measure.

Monthly: Brevard Family Partnership ensures key performance remain in compliance such as supervisor reviews and client contacts. These critical measures are reviewed during the monthly Operations meeting with CMA and Brevard Family Partnership leadership. Deficiencies identified are immediately be brought to the attention of the CMA Leadership Team.

Quarterly: Brevard Family Partnership analyzes data to determine trends regarding key in process measures and outcome measures. When trends are identified, additional analysis and drilldowns are conducted and presented during the quarterly Performance Review. QA tools are integrated and completed on a quarterly basis. Aggregate information regarding Critical Incident Tracking and Client Complaint Tracking is analyzed for trends by the Risk Management Committee. This information is gathered to look at how the CMA is doing in compliance with Federal and State Statutes, as children move toward permanency while ensuring children's safety and well-being.

Annually: Contract Monitoring of Category A providers includes record reviews, interviews and on-site observations that are coordinated by the Brevard Family Partnership Contract and Compliance Manager. In developing the customized monitoring scope, the BFP Contract and Compliance Manager determines the sample size of these records. It is appropriate for monitors to gather information by examining a limited number of records. The monitoring team exercises good judgment to make common sense decisions regarding sample size. It is reasonable to adjust the sample size during a monitoring. It may be reasonable to reduce sample size if results are extremely consistent for the first records reviewed. Sample sizes may be increased if the team identifies a problem in a high-risk area. Review may include personnel records, client records, agency financial documentation and administrative policies and procedures of contracted providers.

TRAINING

The responsibility and provision of all staff training by Brevard Family Partnership has been in effect since January 1, 2006. Brevard Family Partnership is committed to the delivery of a high-quality training program that supports the ongoing development of all child welfare professionals within Brevard County. This training program is inclusive of Case Management and Licensing Agency staff. The Case Management Agency needs, and provision thereof are delivered as set forth in this plan.

The training provided by Brevard Family Partnership is inclusive of pre-service, in-service, and field training components. Brevard Family Partnership conducts pre-service training primarily at the Central Care Center in Rockledge.

The Pre-Service Training component consists of classroom instruction, Florida Safe Families Network (FSFN) training lab sessions, Shadowing, Field Guide activities and On-Line Instructional Courses. Within the pre-service training there are at the minimum of eight days of Shadowing of experienced workers in the field, four courses of On-Line Instructional Courses and six FSFN lab sessions. Within the curriculum Field Guide Activities have been developed that address major Child Welfare training components.

Field Training Segment (Case Management and Licensing Staff)

In the upcoming year, the BFP Training Team will be working with the Lead Workers in the C.A.R.E.S. and Family Allies units to ensure positive field training experiences for Trainees, including providing guidance on how to coach and motivate new case workers. Lead Workers will also join selected Pre-Service classroom training days to share their knowledge and build rapport with Pre-Service Trainees.

The Case Management Agency and BFP Licensing Staff will also be provided Individual field training appointments by an assigned BFP training team member upon request from the trainee, supervisor and/or classroom trainer. The BFP Trainer will work with trainee on the identified 'needs' to increase and enhance development to increase competency. Following field training activities, the trainer will verbally 'brief' the trainee on the strengths and needs observed during the field/documentation activity. Verbal and/or written feedback will be provided by the BFP Trainer to the trainee's supervisor to enhance ongoing development by the Supervisor.

In-Service Training (Case Management Agency)

Examples of In-Service Trainings provided recently include: Strength Based Supervision training in September 2019, CFSS Learning Circles for Supervisors in November 2019 and Breakfast with the

Feds in January, February, March and April 2020, Informed Service Referral Training in June 2020, and Time Management training in July 2020.

Brevard Family Partnership will continue offering in-service trainings to Case Management Agencies for advanced skill-based training including

2020-2021 Inservice training plans:

Difficult Conversations Training

BFP will be creating this training for 2020-21 to address how to have difficult conversations across the system of care including; introducing the need for Concurrent case planning to biological parents when they aren't showing sufficient behavioral change, how to have conversations around conditions for return and applicable safety plans, discussing father engagement with mothers, how to have a difficult conversation with Children's Legal Services if you disagree with their directives and want to amend or update. Child Welfare is full of difficult conversations but the ability to dialog on tough subjects is key to successful case practice.

Informed Service Referral Training

BFP and a multi-disciplinary team created an Informed Service Referral training last year that covers the importance of utilizing information from CBHA's and other assessments to make an informed service referral. The training also covers how what to include in a quality referral and how to follow up with providers to ensure service engagement. This training that focuses on getting the right services to achieve the right outcome is aligned with Federal CFSR measures and will be offered in Q2 of 2020-21.

Peer Mentoring

BFP will create a peer mentoring program designed to increase Lead workers competencies in leadership, case practice, and mentoring. The peer mentoring program will include a capstone project.

Wraparound Case Planning

BFP will assist in creating and providing technical assistance to ensure that case plan meetings are executed in a manner that is inclusive of family voice and choice and includes natural supports.

Strengths Based Supervision Training

BFP will offer Strengths-Based Supervision (SBS) annually in Q2, this is a model of supervision that was developed for child welfare settings. The model integrates several supervisory processes that are conducted with the primary focus of supporting effective implementation of Family-Centered Practice (FCP). This model considers parallels between the way supervisors interact with supervisees and the ways supervisees interact with children and families as it is essential that child welfare supervisors develop supervisory processes that are strengths based and family centered. In addition, this model encourages supervisor to identify and grow their skills across the three domains that make a good supervisor: administrative, educational, and supportive. In addition to SBS, BFP plans to participate in Child Welfare Supervisory Certification and associated trainings when rolled out by Strong Foundations.

In addition to the in-service training boosters, BFP's QA and Training Division will continue sending a weekly tip of the week to case management that will focus on a wide range of topics around Operating Procedures, Code, and Statue. The goal of this initiative is to expose and remind staff of current Florida Child Welfare practices.

Child Protection Professional Certification Plan (Case Management Agencies)

BFP follows and requires by contract with its subcontractors the certification requirements of the Florida Certification Board for all case manager and licensing positions.

FEDERAL FUNDING

Brevard Family Partnership has three employees that complete Revenue Maximization (Rev Max) work. Revenue Maximization work is primarily completed in the FSFN system and the system requires supervisory approval of the work completed. Data for timely completion of eligibility is a part of the standardized review process.

The Brevard Family Partnership Rev Max Unit maintains ongoing communication with the Central Region Specialist as well as the Central Office Specialists in Revenue Maximization to ensure current and up to date requirements are integrated into the Brevard Family Partnership process. Trainings will be offered by the Brevard Family Partnership training staff, in conjunction with the Rev Max Specialists to ensure that care managers, supervisors and effected staff are kept informed of federal funding policy changes and FSFN user requirements for reporting eligibility.

Currently the Rev Max Specialists track eligibility and send out reminders to staff monthly when updated documentation is due or needed (I.E. court orders, financial information). They will continue to do this monthly so initial eligibility and re-determination of eligibility time frames are met.

OUTCOMES MEASUREMENT

Brevard Family Partnership has outcome measurements that evaluate individual progress and program effectiveness as indicated in the COA standard for Continuous Quality Improvement. Brevard Family Partnership acknowledges that there are several undeniable sources of outcomes that must be considered in the development of the QA plan. Specifically, the Adoption and Safe Families Act (ASFA) of 1997 prescribed seven outcome measures which must be accomplished nationally. Those seven outcome measures – broken down into three domains of Safety, Permanency, and Well-Being – are as follows:

- Safety 1 (S1): Children are protected from abuse and neglect in their homes whenever possible.
- Safety 2 (S2): The risk of harm to children will be minimized.
- Permanency 1 (P1): Children will have permanency and stability in their living arrangement.
- Permanency 2 (P2): The continuity of family relationships, culture, and connections will be preserved for children.
- Well-Being 1 (WB1): Families will have enhanced capacity to provide for their children's needs.
- Well-Being 2 (WB2): School-age children will have educational achievements appropriate to their abilities.
- Well-Being 3 (WB3): Children will receive adequate services to meet their physical and mental needs.

In addition to the ASFA outcomes, a 1998 project conducted by a consortium including the Annie E. Casey Foundation/Casey Family Services and The Casey Family Program, The American Humane Association, the American Bar Association Center on Children and the Law, and the Institute for Human Services Management, identified twenty-three core items that represent a baseline set of indicators essential to child welfare assessment. When those indicators are categorized against the seven ASFA outcomes, another outcome domain emerges: Customer/Client Satisfaction. With that in mind, the Brevard Family Partnership QA plan includes the following eighth outcome measure:

- Customer/Client Satisfaction (CS): The customer will be satisfied that the services provided have either met or exceeded expectations.

For counseling referrals, an initial biopsychosocial assessment will be completed within 30 days to determine treatment goals. The Children's Functional Assessment Rating Scale (CFARS) will be utilized at six months and at discharge to monitor outcomes.

As part of the continuous quality improvement process, Brevard Family Partnership continually assesses the data, identify potential problems, and proposed solutions are tested. Brevard Family Partnership examines and reports on additional outcomes identified through collaboration with sub-contractors and community stakeholders. The Senior Executive of Programs also examines data and

make future determinations of needed measures. Brevard Family Partnership reviews the priorities and contract performance measures, stipulated by contract.

MEASUREMENT OF CONSUMER SATISFACTION

Questionnaire and Satisfaction Survey Process

Brevard Family Partnership Client Relations Specialist coordinates the Annual Questionnaire and Satisfaction Survey process. The results of all surveys are maintained in the database and used to generate, at minimum, annual reports for analysis. These reports are used by BFP in their review of overall quality in meeting the needs of children and families and other stakeholders. Surveys are provided throughout the year as part of an ongoing process to solicit feedback from customers and stakeholders. In addition to ongoing surveys, annual surveys are determined and sent out each year.

Child and family satisfaction surveys includes questions that are directed at the services the clients received, the professionalism of the staff, the ease with which services were provided, and whether the clients felt that they received the help they needed. Survey results are aggregated and reviewed by BFP staff and the information resulting from the reports is used to develop new programming, modify existing services, change staffing patterns, and to strategically plan.

Consumer satisfaction surveys are administered to those agencies/individuals who work with Brevard Family Partnership. This data is also aggregated by BFP and used to identify any issues that consumers have not otherwise communicated to secure the most positive working relationships between agencies and caregivers with the ultimate beneficiary being the children and families served. Data is presented with annual comparisons with the goal of continually improved relations with other consumers.

Satisfaction Surveys: Included below are examples of the types of surveys utilized throughout the year.

Category	Responsible Party
Exit Interview for Children in Licensed/Foster Care	Case Management Agency
Satisfaction Surveys for Foster Parents, Relative/Non-Relative caregivers, case management, and other Community Stakeholders	BFP – scheduled on a rotational basis over multiple years.

Critical Incident Tracking and Client Complaint Tracking

Brevard Family Partnership, its case management agencies and provider agencies comply with Brevard Family Partnership Operating Procedure #1144, Incident Reporting and Client Risk Prevention. This operating procedure establishes guidelines and procedures for identifying and reporting information related to client risk prevention and incidents. All incidents suspected to meet the criterion for a child abuse/neglect/abandonment report are reported immediately made to the FL Abuse Hotline for any reason to suspect that abuse/neglect has occurred by a person responsible for the child’s care. A critical incident report filed with Brevard Family Partnership does not substitute or otherwise negate this responsibility. To increase accuracy and efficiency, starting Fiscal year 20-21 Critical Incident Reports are automated through the Mindshare system.

Reportable Incidents are defined in OP1144 but are not limited to defined categories as ‘other’ category can be used for other critical situations that warrant reporting. Child deaths require immediate notification to the Chief Executive Officer and the DCF Circuit Administrator (or designee) and within 24 hours written notification is required.

All potential media involvement is reported to Brevard Family Partnership and then reported to the Department of Children and Families in accordance with contractual requirements. Information that is reported through incident reports and client complaints is tracked by provider, number, type, and

outcome. The information is analyzed and shared with the Risk Management Committee and Provider Network. Both incident reports and client complaints provide insight into the agencies internal operations that might otherwise be overlooked and are evaluated on a regular basis by the Risk Management Committee.

Client and Grievance Procedures

Brevard Family Partnership desires to create an environment that encourages any person, client, community partner or stakeholder to communicate freely with Brevard Family Partnership. The communication may take the form of an inquiry (information or clarification is needed about a service, provider contract, eligibility, or care manager assignment etc.), concern (caller is providing information about a potential issue that does not directly relate to a particular staff person or provider) or a complaint (dissatisfaction with the service provision, staff member, provider, or child welfare system). Brevard Family Partnership advises all clients and providers of the process for filing a complaint. The information is also contained on the agency website and the grievance can be launched through the BFP website.

Any formal complaint or grievance received through the Circuit 18 Client Relations office or Brevard Family Partnership main office is tracked by the Client Relations Specialist. The Client Relations Specialist maintains a tracking system for resolution of all complaints received that are designated by the caller as a service complaint. If the complaint lodged is against a contract provider (other than the CMA) the matter is forwarded to the Contracts and Compliance Manager for resolution. If the complaint involves a CMA staff member, the complaint will be forwarded to CMA Management. On a monthly basis the Client Relations Specialist of Brevard Family Partnership reports all complaints and grievances filed within the month as part of the Risk Management Committee. This data is analyzed for trends. Results are brought to the attention of Brevard Family Partnership's Risk Management Committee and reviewed. Timeliness of resolution, corrective actions taken, and customer satisfaction with the resolution are evaluated. If necessary, any identified risk can be elevated to the Board Risk Management Committee.

CORRECTIVE ACTION

At any time, during any of the QA reviews, a threat of life, health or safety of a child is discovered the reviewer will complete a request for action form in FSFN and immediately notify the Supervisor and Case Management Program Manager. A response will be returned to the initiator of the concern within 24 hours of the threat being reported. In addition, feedback forms are completed on all case reviews. The purpose of the feedback form is to provide the CMA staff with a synopsis of strengths and opportunities found in the case. When deficits are noted in any cases that are reviewed, the case will be referred to the Case Management Program Manager for further review. Changes in policies and procedures may be instituted based upon the quality reviews. If significant problems are identified within CMAs (or with a specific Care Managers or supervisors), BFP may meet with the CMA Leadership Team or quality staff to examine and explore the problem areas and propose corrective actions to address problems for resolution. The CMA Leadership Team ensures that results of any corrective actions are reviewed within the timeframes agreed to by the parties. If a corrective action is warranted for a contract provider, the Contracts and Compliance Manager reviews and monitors as outlined in the Contract Monitoring Plan.

FEEDBACK MECHANISMS AND PROGRAM IMPROVEMENT

Consistent with COA standards, the Senior Director of Quality Assurance, Performance and Training is responsible for ensuring that clear, accurate, and timely information regarding all aspects of the QA process are provided to its service recipients, staff, and community stakeholders. Through the Performance Review Team, Provider Network, and CMA, Brevard Family Partnership will share this information.

Essential to the success of the QA program is the ongoing process by which data leads to continuous quality improvement. Data collected without analysis is purposeless, analysis with no action results only

in loss of resources. With that in mind, Brevard Family Partnership chairs the Performance Review to assure that the data collected fuel the drive toward increased quality. This review is held at least quarterly to review and interpret data, determine areas for improvement, set plans of action and milestones for improvement initiatives, assign responsibilities for accomplishment of those actions, track results, and report back to stakeholders for further consideration as needed. Only by feeding information back into the system can significant results be achieved.

The Brevard Family Partnership Senior Director utilizes these reports to determine strengths and opportunities for improvement for each review period. Areas that need improvement may be further analyzed using root cause analysis to determine what factors may be contributing to poor performance and what actions can be immediately implemented to improve performance. These results are shared with DCF, BFP management, community stakeholders, and the subcontracted case management agency. After each review quarter, the Senior Director and QA and Training Specialists meet to analyze results from the current and previous quarters and identify any training needs that are needed.

The agency tracks and reports ongoing improvement initiatives that will be occurring during the upcoming fiscal year. Specifically, the Annual Report includes information from Rapid Safety Feedback and Florida CFSRs. Once all cases have been reviewed, CBC QA staff internally analyze the data collected overall and identify trends, effective practices, and areas of concern, synthesizing the information to demonstrate and discuss CBC practices and performance. BFP submits an annual report to the Department's central office by August 31st of each year. At a minimum, the report must address findings and trends in the areas listed below.

Safety	This section will include data and analysis using Rapid Safety Feedback Data Items and Florida CFSR Data from Safety Outcomes 1 and 2 (items 1-3).
Permanency	This section will include data and analysis using the Florida CFSR Data for permanency outcomes 1-2 (items 4-11)
Well-being	This section will include data analysis using the Florida CFSR data for well-being outcomes 1-3 (items 12-18)
Systemic Factors	The report must also include discussion about the CBCs performance in the 7 CFSR Systemic factors.