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Brevard Family Partnership

Protecting Children, Strengthening Families, Changing Lives.

Dear Provider,

This letter is to welcome you to the Brevard Family Partnership Network! The staff at BFP 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 mission and goals. Most importantly, we thank you for your decision to provide services for the children and families of Brevard County.

In July 2005, upon transition from the Florida Department of Children and Families (DCF), Community Based Care of Brevard, Inc./DBA Brevard Family Partnership began providing Child Welfare Services in Brevard County. Since that time, BFP has consistently been a top performing Community Based Care agency 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
CEO

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 BFP 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, needs-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

BFP's initiative was formed in response to the Florida Legislature's mandate that child welfare services are privatized ([Section 409.1671, Florida Statutes](#)). This model has been instituted throughout the State of Florida and is becoming recognized as a viable alternative to state-run systems nationwide.

The 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 of Florida. The partners voluntarily assumed responsibility for the health, welfare and safety of at-risk children and families in Brevard County. These agencies worked together for four years prior to implementation to increase prevention and early intervention services, with the purpose of strengthening and preserving the integrity of the family, while protecting the children. The BFP philosophy empowers and challenges neighborhoods and local communities to take ownership of their community by assisting children and families.

Philosophy and System of Care

In order to 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, either with their biological families or through adoption, and that child welfare services must continue afterwards, in either case, to insure stability and continuity of care for children.

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

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

Office Locations and Contact Information

Office hours are from 8:00 a.m. to 5:00 p.m. Monday through Friday. The child's assigned Care Manager is required to provide his or her direct office phone number, as well as a number where 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 BFP Administrative office site.)

BFP Administrative Office
2301 W. Eau Gallie Blvd, Suite 104
Melbourne, Florida 32935
Phone: 321-752-4650

BFP Central Care Center
4050 Rio Mar Drive, Suite 120
Rockledge, FL 32955
Phone: 321-634-6047

BFP South Care Center
1591 Robert J Conlan Blvd.
Palm Bay, FL 32905
Phone: 321-837-7500

Key Positions

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

Intake Specialists: Serving as BFP's Centralized Point of Access, Intake Specialists accept calls from Protective Investigators for children needing licensed care placements and network with the Child Placing Agency 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/Resource Coordinators: Oversee the authorization and utilization of services and coordinate and facilitate Family Team Conferences (FTC). A resource "expert" is located within each Care Center to identify resources and provide service authorization. The Brevard C.A.R.E.S. program also employs Care Coordinators to facilitate this same FTC process..

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

Utilization Review Coordinator: Assesses children in licensed out-of-home care utilizing the CAFAS model. Children are assessed at intake and every ninety (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.

Director of Child & Family Services: 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.

Contracts and Compliance Manager: The point of contact for all new procurements. Provides direct oversight of all BFP contracts. The Contracts and Compliance Manager sets up the annual contract monitoring schedule and executes any necessary corrective action plans.

How to Become a Provider

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

The BFP Contracts and Compliance Manager or other designated staff will review the documents and materials submitted and notify the service provider within thirty (30) business days if their qualifications have been accepted. If a decision is made that the applicant did not submit adequate information as required, BFP will contact the potential provider, in writing, to inform them of any missing or needed information and grant fifteen (15) business days from the date of notification to submit additional data. If no additional information is submitted and/or BFP

does not certify that the provider meets the minimum qualifications to become a member of the Provider Network, the Contracts and Compliance 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 BFP's Chief Compliance and Utilization Officer within five (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 BFP in the Provider Network:

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

Network Providers and Definitions of Core Components

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

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. Generally, group homes in Brevard have five to twelve children in their homes.

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

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

Services that are predetermined and prescribed in a "one-size-fits-all" approach are bundled. Bundled services are neither flexible nor responsive to the changing needs of the family. In the BFP model, services are unbundled and specific to the family being served. This means that each service request is customized, based on the family need and centrally authorized by either the Utilization Review Coordinators or the Care/Resource Coordinators who have real-time

access to services and community resources as alternatives to “paid” services. The frequency and duration of services are authorized by a team and reauthorized, as needed, during the ongoing Family Team Conference/Utilization Review, which is scheduled according to acuity for close monitoring. This promotes efficient use and maximization of resources that tailors the level and type of support as progress or need indicates. Restructured payment methodologies and authorizations, and centralized, flexible, fund management will ensure all available alternative funding streams and community resources are accessed. BFP has executed contracts and rate agreements with a variety of providers to offer the following services:

- 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 (CMA): Presently, there are two subcontracted Case Management agencies 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 is one Adoption subcontractor which has Adoption Support Coordinator positions, providing adoption-specific casework activities for children whom are available for adoption.

Independent Living (IL): Serves children and young adults between the ages of 13 and 23. Provides assessment, skill training and stipends under the Road to Independence, Transitional Support Services and Aftercare Assistance Programs.

The Mobile Response Team (MRT): Provides a mobile crisis intervention team at various times during the life of a case. There are multiple ways this service could be accessed and used. This service could be requested by the PI at the time of the initial investigation to prevent removal and work with the family to reduce the level of risk to enable the child to remain safely in the home. These services are also available to support children and families enrolled in the BFP system of care during times of stress or crisis that could threaten child safety or a current placement’s stability. Oftentimes, placement disruptions occur with relatives, non-relatives and licensed foster care providers because of additional stressors on the caregiver and/or lack of

support. The MRT may be deployed to de-escalate crisis and stabilize the family unit. The MRT will offer short-term intervention 24 hours per day, 7 days per week. Referrals for the MRT will be funneled through BFP Intake Specialists or through the MRT on-call system.

Family Team Conferencing (FTC): BFP 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 BFP's system of care is to promote access, voice and ownership of families by way of the Wraparound/Family Team Conference process and to continually increase the system's capacity to provide family teams for all families with a goal of reunification. The purpose of Family Team Conference is to:

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

Other Core Components of Our System of Care

The BFP 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's 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 BFP 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 their families are in the system. Information obtained from assessments is used to develop case plans and tailor services to identified needs. Assessments are child-centered and family-focused, with the strengths and needs of the child and family dictating the types and mix of services provided.

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 enlarge the family's support system and create additional resources and relationships that can continue beyond the duration of formal child welfare involvement.

BFP Partners

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

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

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

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

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

- Provide supportive services to all Foster, Shelter, Adoptive, Relative-Kinship Care Associations and all children residing in out-of-home care in the Florida Child Welfare system.
- Take affirmative action, as deemed necessary by the membership of the Association.
- Improve conditions for the betterment of children, families and the Foster, Shelter, Adoptive and Relative-Kinship Care systems.

- Be the collective voice of all of the Association's members.
- Bring about better communication between Foster, Shelter, Adoptive Parents and Relative-Kinship Care Providers, their agencies and the public.
- Provide a vehicle by which the Foster, Shelter, Adoptive and Relative-Kinship Care Providers can improve themselves and the quality of these systems in the state of Florida.

Contact the Florida State Foster and Adoptive Parent Association at 1-866-320-8119.

2. BFP Procedures

Reporting Child Abuse and Neglect

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

Critical Incidents Reports

You must immediately notify BFP if:

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

There are other reasons to complete an incident report. Please refer to our Policies and Procedures on our website under Operations.

Placement and Treatment of Sexual Aggressors

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

Family Foster Home Waivers

BFP approves Family Foster Home Waivers for an authorization period of thirty (30) days only. In order to meet criteria for a waiver, one of the following four conditions must be met under Florida Administrative Code 65C-130.32; 1. To accommodate a sibling group; this may be a sibling group with some of the children already in the home, as well as a sibling group being placed for the first time in the home; 2. To accommodate a child or sibling group needing

placement who has or have previously lived in the home; 3. To allow a teen parent in substitute care to have his or her child or children placed in the same home; and 4. If the prohibition of the placement would be contrary to the child's best interest.

Exit Interviews

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

Foster Care Referrals

When a Protective Investigator receives a report on a Family Foster Home and the report is downgraded to a Foster Care Referral, 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, age 13 years 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 ninety (90) days.

BFP Levels of Care

BFP offers a continuum of care for children in various foster care settings, ranging from a traditional to a therapeutic level. Each level is characterized by specific child needs, foster parent training, CPA support and staggered compensation levels. The CPA and group home is required to give adequate notice for any placement disruption to ensure continuity of care for the child. For those placement changes that are made, BFP requires the CPA to complete the Movement of Child in Placement Notification form (Appendix A). The CPA also has an agreement with each Family Foster Home in the BFP 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 either an increased or decreased level of care. Recommendations are based upon medical necessity criteria and are intended to provide guidance for other services options and interventions in the event that neither Specialized Therapeutic Foster Care (STFC) nor Specialized Therapeutic Group Home (STGH) Care is recommended. These children must be under the jurisdiction of Brevard County and be a part of the Circuit 18 child welfare system. Any party on the case may request a Clinical Review by contacting the Director of Child & Family Services.

Re-licensing of Family Foster Homes

BFP requires Family Foster Homes submit re-licensure packets to BFP at least forty (40) days prior to the expiration of the home's license. After the BFP review, the packets are sent to DCF via courier service. A DCF Central Zone Licensing Specialist must receive the packet at least thirty (30) days prior to the home's license expiration.

Institutional Staffing

If a Protective Investigator receives an abuse report on a Family Foster Home or Group home in Brevard County, an Institutional Staffing is held with the following parties: the identified Point of Contact at the Child Placing Agency or Group Home; the Care Manager assigned to the case; and the DCF Licensing Specialist, therapist, Guardian Ad Litem, Protective Investigator, Supervisor and BFP Intake Specialist. BFP does not facilitate any new placements on a home that has an open investigation. If the DCF Protective Investigator determines that there are some indicators or a verified report of abuse, neglect or abandonment, the CPA must complete a Corrective Action Plan for the home. The Corrective Action Plan must be reviewed and approved by DCF and BFP prior to execution.

Sibling Separation Staffing:

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

Child Welfare Trust Fund

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

State Institutional Claims for Damages caused by Foster Children

When a 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; that legible receipts (or estimates) from a licensed vendor are attached; and 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 in an attachment. Example: A foster child and the biological child of the foster parent were playing in a rough manner and, as a result, the table lamp was knocked over and destroyed. The foster parent might believe that the foster child was at fault because the foster child was older and started the rough play. The Care Manager might believe that both children were equally at fault. In this case, the Care Manager would note his or her perspective of the circumstances before signing the form.

Reunification Policy

Any decision to return the child to his or her home must be made in collaboration with all involved persons and entities to assess whether the child will be safe, and to assess the readiness of parents and child to live together on a full time basis. The collaboration will occur at a Family Team Conference facilitated by the Care Coordinator if the Family has been involved in the FTC process. The criteria to be used 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 or providers.

BFP Family Team Conference

The BFP 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. CMA Resource 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. BFP is committed to building capacity to facilitate FTCs for as many families as possible in the system of care.

BFP also has a voluntary prevention program, Brevard C.A.R.E.S. that utilizes the FTC model tailored to protect children, strengthen families and change lives. Brevard C.A.R.E.S. offers a full-array of support services and Wraparound/FTC to families experiencing stressors that often lead to abuse, abandonment or neglect. The success of this program is due to the proactive participation of the families in need. These families openly engage in this strength-based program, building upon the successes and skills within their family unit. If you know of a family who is experiencing a crisis or is in need of assistance, please call 1-888-CARES-09 (1-888-227-3709) or 211.

General Description

- Wraparound is a planning process that follows a series of steps to help children and their families realize their hopes and dreams. The Wraparound process also helps make sure children grow up in their homes and communities. It is a process that brings people

together from different parts of the whole family's life. With help from a Care Coordinator, people within the family's life work together, coordinate their activities, and blend their perspectives of the family's situation in order to create desired change and help strengthen children, families and communities.

- The Care/Resource Coordinator plays an integral role in coordinating the FTC. The composition of the team ensures the Care Plan is individualized to the family's needs. Members of the team should include 51% informal supports and may include the following: family members (including the child, if appropriate), the Case Management Agency's Dependency Care Manager or supervisor, attorney(s), Care/Resource Coordinator (and other clinical staff as needed), caregiver, network provider, and any others designated by the family such as teachers, therapists, and neighborhood resources. Extended family members, including employers, coaches, clergy, etc. may also be included. With coordination provided by the Care/Resource Coordinator, the team will assess strengths, needs and risks, and develop a Care Plan with goals specific to that child and their family.
- The frequency of team meetings will be determined at the FTC meeting, ensuring subsequent meetings occur no less than every ninety (90) days. Initially, FTCs may occur weekly, or as often as the team agrees necessary based upon the acuity of the family. Any FTC member, including Care/Resource Coordinators, may request the convening of a FTC meeting more frequently than scheduled if significant changes in the child/adolescent or family plan warrant.
- At a minimum, the FTC will be reconvened every ninety (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.
- Family members will be included and present at all FTC meetings. In cases where the family is unable to be present they will have a narrative presented on their behalf or choose a representative to speak on their behalf. Barriers to nonattendance will be addressed initially and throughout the FTC process.
- For children in out-of-home care, residential and foster care providers will be expected to participate in FTCs for children in their care to ensure they are partners in developing and implementing the plan. These FTCs are facilitated by the CMA Resource Specialists (Care Coordinator).

Tasks at Subsequent Family Team Conferences

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 FTCs to reflect change in the family's need.

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

- The care plan must be completed with the family, including the child(ren) when appropriate, at a Family Team Conference.
- Family and participants discuss strengths, issues, and services that need to be in place and the level of court supervision/intervention.
- 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.
- The Resource Specialist/Care Coordinator is responsible to ensure the care plan is completed on all families involved in the FTC process.
- The family is asked if the plan is realistic, fair, and manageable, thereby allowing the family to own the plan.
- Resource Specialist and DCM must ensure all safety issues have been addressed.
- The development of the care plan will be evolutionary, based upon information obtained through formal and informal information and assessments.
- The care plan must be completed in its entirety, and using either the initial care plan or a subsequent care plan.
- Children of all ages are encouraged to participate in the FTC unless emotional, developmental, or physical disability hinders participation or participation would be harmful to the child's well-being. If the child is not participating, the reason should be documented in the case file by the DCM.

Accessing In-Home Support Services

The purpose of BFPs In-Home Support Services Authorization Process is to maximize available resources while supporting families' efforts to build long-term sustainability.

BFP 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

- In home support services are offered on a continuum service array in order to meet the evolving needs of families in complex situations. These support services are designed to assist families in times of stress or acute crisis.
- BFP's goal is to use a range of supportive and therapeutic services that are customized and individualized to the unique culture and strengths of a particular child and/or family.
- In general, In-home services are designed to alleviate family stress and child safety risk factors, to promote parental competence, and to enable families to access resources and natural support networks in order to develop long term sustainability.
- In-home services are family-focused, community and home-based and are designed to support families to alleviate crises that may lead to out-of-home placement for children.
- Families receiving In-home support services may be birth families, foster families, adoptive families or relative/non-relative caregiver families. The goals of these family-focused services are to:
 - Maintain children safely in their own home,
 - Support families preparing to reunite,
 - Assist families in obtaining services and supports in a culturally sensitive manner,
 - Maintain or stabilize placements.
 - Create natural supports and linkages that will sustain the family upon discharge.
- All referrals for in-home support services must be made through the Utilization Coordinator or Resource Specialist/Care Coordinator. The Utilization Specialist or Care Coordinator will prioritize the referrals based on need and availability of the service and available funding.
- All services will have attainable, measurable goals and objectives which are tied to clinical outcomes.
- BFP is the payer of last resort. All possible alternative funding mechanisms must be exhausted prior to requesting the use of BFP funding.

Automated Service Referral System (PSAM)

BFP has worked with Mindshare Technology to create a web-based automated referral and utilization management system. This system was designed to streamline the service referral process, monitor service delivery and utilization, and standardize the invoicing process.

General Description

- The Dependency Care Manager will submit a request for services.
- The Resource Specialist/Care Coordinator will review the request and approve, hold, request more information or deny. If the response is hold, request more information or deny, a reason will be given as to why the request is not being approved.

- When the request is approved, an automatic email notification will go to the provider informing them that they have a new service authorization.
- The provider will assign a worker to the case and make contact with the client.
- The provider will document in the PSAM system all meetings and enter progress notes on a weekly basis.
- The provider will make sure all units used are correct by approving the units and notes.
- The provider will generate an invoice in the system for the previous month and submit to BFP by the 10th of every month.
- The Data & Utilization Management System Administrator will review the invoices for accuracy, ensure progress notes are being submitted and then submit the invoice to finance for payment.
- When an authorization is going to expire, and the provider feels the client could benefit from additional services, the provider will request a service extension at least two (2) weeks before the current authorization is set to expire.
- The Resource Specialist/Care Coordinator will address the reauthorization request as described above.

Flexible Support Provider Requirements

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

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

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

- a. Weekly/Monthly BFP Reports - The provider will complete a weekly progress report in PSAM by Tuesday at 12:00 p.m. for the preceding week, unless the provider's contract calls for monthly submission of reports. All reports must document the measurable goals and objectives the provider and client are working on and be tied to clinical outcomes.

- b. Over-Utilization – If the provider encounters a crisis situation that warrants immediate over-utilization above the current authorized amount of units, the provider will address the crisis. Immediately following the crisis (within 24 hours), the provider will provide a Request for Additional Units request to the respective Utilization Review Coordinator of the Resource Specialist/Care Coordinator including a summary of the crisis. The Utilization Review Specialist or Care Coordinator will review this request, authorize additional units, and enter the authorization in the Utilization Management system. BFP may choose to track all over utilization requests per provider to identify trends. The Director of the Case Management agency or designee may choose to authorize any Request for Additional Units at any time.
- c. Informal Supports – During the provision of services, the Provider will work with the family to link the family to informal supports within the community to continue to support the family following closure. This work should be occurring each time the provider meets with the family and must be documented on the weekly/monthly note. This is a critical piece in developing long term family sustainability.
- d. Utilization Review/FTC – During on-going STC's or FTC's the Utilization Review Specialist or Care Coordinator, provider, referring DCM, and family will meet to review the progress. At that time, the team will determine if services will be re-authorized, terminated or modified. This step is critical to ensure the family continues to drive the process in meeting their needs and ensuring family voice and choice. All services which have been authorized for 24 units will require a Utilization Review meeting prior to any additional services being authorized.

Process Review

For ongoing review, the DCM, DCM supervisor, Utilization Review Specialist or Care Coordinator, the Flex Support Providers and BFP may identify a gap in services or potential improvement that can enhance the process. This must be communicated for review and potential process modification to the BFP Chief Compliance and Utilization Officer.

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. CPAs submit a monthly invoice 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 of \$150.00 is provided to all children, ages 0 through 18, initially entering licensed care.

The annual clothing allowance is a one-time annual payment per child who has been in foster care for a continuous six (6) months as of July 31. Children ages 0 through 4 receive \$200.00

and children ages 5 through 18 receive \$400.00. Receipts for clothing purchased with these allowances are required to be kept by the foster parent or group home. It is the responsibility of the foster parent or group home to return any clothing allowance monies associated with any children that are no longer in their care. In addition, an inventory of the child's possessions, including clothing, should be updated regularly and maintained.

Overpayments and Recouping Payments

Occasionally foster room and board payments, adoption subsidy payments and/or other support payments (e.g., 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, BFP 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, BFP 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

Monthly invoices submitted without error will be paid in a timely manner; at a minimum of thirty (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 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

Final invoices for services rendered within each fiscal year are required to be submitted per contract by a specific date in July. Please refer to your contract regarding this date. Invoices received after this date cannot be paid, per Florida Statute 216 and the BFP contract 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 DCF and agents from the Brevard County Sheriff's Office. The CPT of Brevard utilizes a multi-disciplinary approach when investigating cases of suspected child abuse and consists of 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's professional staff also provides training in the community on issues of child abuse and neglect.

Children's Medical Services

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

The Agency for Persons with Disabilities

The agency provides a comprehensive range of services for persons three years of age or older with 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 appearance is called a "shelter hearing". At this time, the Court decides whether or not the DCF Protective Investigator had "probable cause" to remove a child(ren) from the home.

If the Court finds DCF did have probable cause the child(ren) will remain out of the home. However, if the Court does not find probable cause then the child(ren) could be returned to the parent(s) at that time.

Adjudication and Disposition

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

Case Plan

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

Judicial Review

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

Permanency Goals

Permanency goals include reunification, adoption, permanent guardianship, placement with a fit and willing relative, or 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 ensures 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

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

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

In addition 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 Contracts and Compliance Manager who, in turn, reports on any patterns and trends as part of BFP's overall Performance and Quality Management Team.

On Site Monitoring Frequency

As part of BFP's overall Performance and Quality Improvement Program for its System of Care, BFP's Contracts and Compliance 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, sixty (60) days after the contract has been initiated, a Risk Assessment will also be completed by the Contracts and Compliance 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; the type of services provided through the contract; any change in provider management; prior performance and/or corrective actions; and any critical/safety issues that have been identified. In addition, at any time during a contract term and as part of the 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 BFP subcontracted providers (Category A Providers) receive annual, on-site monitoring. Regular reports from service providers that are contractually required, contract file reviews, informal visits, and on-site monitoring will determine the provider's compliance with the contract terms and conditions, licensing requirements, performance standards, applicable State and Federal statutes and administrative codes, and BFP policies.

Network Workforce Analysis Data

As part of the Network's overall Quality Improvement Process, all contracted providers will be required to complete a workforce analysis on an annual basis. The purpose of this analysis is to review the demographic makeup of the Network's providers in order to determine whether the current demographic and cultural characteristics are reflective of our service population in Brevard County. This analysis will be completed annually with goals established, as needed, in order to improve services and close any gaps that may exist in our System of Care. This report will be submitted to the Contract and Compliance 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 BFP strives to meet its contract measures. Performance, outcome expectations, and achievements regarding contract performance measure data and other identified best practice measures are presented to internal and external stakeholders quarterly and revised based on what is learned. The presentation is available on BFP's web site at www.brevardfp.org for our community stakeholders' review. Publishing this data on a site available to all our community stakeholders, as well as our consumers, helps ensure it is able to be utilized for continuous quality improvement throughout the organization.

The data used in the performance review presentations are gathered from FSFN reports and DCF's on-line performance measure dashboard.

The current Case Management contract measures reported quarterly are:

- 1) The percentage of children reunified within 12 months of the latest removal shall be at least 75.2%.
- 2) The percentage of children reunified who re-enter out-of-home care within 12 months shall not exceed 9.9%.
- 3) The percentage of children who were adopted within 24 months of the latest removal shall be at least 44.6%.

- 4) The percentage of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30 shall be at least 29.1%.
- 5) The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings, shall be at least 86%.
- 6) The number of children with finalized adoptions between July 1 and June 30 shall be at least 61.
- 7) The percentage of children under supervision who are required to be seen every 30 days, who are seen every 30 days, shall be at least 99.5%.

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) Children in licensed OHC shall be referred for IL services within 30 days of turning 13 or entering care-100%.
- 9) Children aged 13-17 in licensed care will have a normalcy plan completed every 90 days-100%
- 10) Children aged 12-17 in licensed care will have an education plan completed a minimum of 1 time per calendar year-100%.

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

In addition to the quarterly performance reviews, the following measures are reviewed weekly on an Operations Conference Call, hosted by BFP, 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) Worker visits with mothers and fathers rates.
- 9) Medical, dental and immunization record completion rates.
- 10) HV chronos lag time rates.
- 11) IL activities.
- 12) Training updates.
- 13) Mindshare updates.

7. Communication

Contract Meetings

BFP 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

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

Child Placing Agency Meetings

BFP conducts monthly Child Placing Agency meetings. During these meetings, the CPA is kept apprised of any new information, policy changes, and added requirements of the Licensing Office as well as any updates to Florida Administrative Code.

Adoption Support Coordinator Meeting

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

Conflict of Interest

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

Complaints and Grievance Processes

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

Complaint/Appeal Process for Current Network Providers and Partners

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

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

8. Provider Appeal Process

Appeals Process for Procurement of Services

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

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

If the matter is not resolved with the Applicant's acceptance of the BFP Appeals Committee

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

Appeals Related to CPI Flex Funds

All disputes/appeals related to CPI Flex Funds are to be resolved the same day, as expeditiously as feasible. If an agreement cannot be reached between the assigned PI, PI Supervisor, Brevard C.A.R.E.S. Resource Specialist and/or immediate supervisor, then the matter will be referred to the Executive Director of Brevard C.A.R.E.S. and DCF POA. If necessary, a joint consultation shall be held. If the matter remains unresolved at this level, then it will be referred to the BFP Chief Executive Officer or designee and the DCF 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 (3) business days of receipt of the appeal.

Appeal Process Related to Services Authorized by BFP Care Coordinators

When an authorization for service is denied, the Utilization Review Coordinator or Resource Specialist/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 Utilization Review Coordinator or Resource Specialist/Care Coordinator in order to request a review and reconsideration of the denial of the authorization.

If the Utilization Review Coordinator or Resource Specialist/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 BFP Client Relations Specialist who will review the merit of the complaint and review the facts surrounding the denial in order to foster an amenable resolution, if possible. Once the appeal has been received, the Client Relations Specialist will forward the appeal to the Chief Compliance and Utilization Officer who will review the appeal and render a decision within five business days of receipt of the appeal.

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

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

General Complaints by Contracted Providers

Complaints that are specific to the BFP Standard Contract signed by the Providers are to be forwarded to the Contracts and Compliance Manager for resolution. If, after following the above step, the provider is still not satisfied with the recommended resolution presented by the Contracts and Compliance Manager, the Chief Compliance & Utilization 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 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 fifteen (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 BFP 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 Child Placing Agency or residential facility may contact the Chief Compliance and Utilization Officer. If the issue is in regard to a client concern, the CPA and/or residential facility may, at any time, contact the BFP Client Relations Specialist.

Appeals by Vendors/Providers for Denial of Payments

Appeals by vendors/providers for denial of payments will be made through their contractual contract with BFP. Contract and rate agreement payment disputes would be processed through the Contracts and Compliance 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 BFP Appeals and Complaints

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

Grievances

At any time an individual, organization, or Network partner feels that procedures have not been followed in relation to procurement, contracting, or placement of children in out-of-home care, authorization of services, denial of services, and/or other practices (including potential conflict of interest) which relate to contracts or rate agreements, they may file a grievance directly by contacting the 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 twenty (20) business days.

BFP Standard Contract Dispute Process

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

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

9. Training

Pre-Service Classroom Training

BFP offers Pre-Service Classroom Training to all employees working in the child welfare/child protection arena. This is mandatory training for all employees of the DCF (Child Protective Investigators), Case Management Agencies, and the Child Placing Agency 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

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

BFP offers specialized training in the following areas:

- 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.

Training and Supervision Committee Meeting

BFP conducts regular and ongoing meetings with our stakeholders, comprised of our community partners and contracted providers. One of the purposes of these 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.

Notification Process for Training Opportunities

BFP training opportunities are listed on www.brevardfp.org. Follow the links to training opportunities. In addition, 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 Contracts and Compliance Manager.

Your Satisfaction

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

APPENDIX A

Exhibit E

Movement of Child in Placement Notification
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Date of Notification: _____

Name of Child: _____

Care Manager: _____

Date Child Moved: _____

Previous Placement Information:

Name of previous foster parent/facility: _____

Address: _____

Telephone: _____

New Placement:

Name: _____

Address: _____

Telephone: _____

Reason for Movement: _____

Email to: intake@brevardfp.org

APPENDIX B

Hurricane Disaster Procedure: During a time of crisis, all staff within the BFP network will provide support to the Caregivers providing direct care to the children under supervision. In preparation for a disaster, BFP 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, as well as any legal documents. 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 thirty (30) days of initial placement. The Care Manager will input this information into a 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 three (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 thirty (30) days of the case effective date. The Care Manager will input this information into a 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 Florida Statutes, section 409.175. 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, schedule all meetings with the foster parents at mutually convenient times.
- d. To provide or arrange for training opportunities, 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, a record of services prescribed 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:

1. To treat department staff, the child's family, and Guardian ad Litem, etc. with respect and courtesy.
2. 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.
3. To take part in twelve hours of yearly in-service training approved by the Child Placing Agency.
4. 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.
5. To notify the department promptly of all contacts the family or any member of the home has with police or any law enforcement agencies.
6. 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 by the Licensing and the Child Placing Agency.
7. To be available 24 hours per day, seven days per week to receive children if the home is licensed as an emergency shelter home.
8. To accept the direction and supervision given by department in caring for the child.
9. To accept the board payment per month as shown in the Child Service Agreement, CF-FSP 5227.
10. To use the clothing allowance referred to in Child Service Agreement, CF-FSP 5227, to buy the child clothes and shoes.
11. To obtain authorization from the department prior to spending money if repayment is expected.
12. 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.

13. To keep the Child's Resource Record up-to-date (including the quarterly photograph of the child provided by the department).
14. 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 identity and authority of staff and other parties when not known to the foster parent.
15. To obtain prior approval for the movement of the child to another home for the purpose of respite.
16. 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.
17. To take the following actions if the child is missing or has run away:
 - a. Immediately notify law enforcement to report a missing child or run away.
 - b. Notify the department that the child is missing or runaway.
 - c. Check to see if any personal belongings are gone.
 - d. 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.
 - e. Locate a recent photograph of the child.
 - f. Contact friends, teachers or employers to see if they have knowledge of where the child is.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
18. To notify the department immediately if the child needs medical attention for sickness, injuries or significant changes in the child's health.
19. To immediately notify the department of any sexually inappropriate action or behavior by the foster child.
20. To work with the department to meet the needs of the child by attending scheduled meetings to discuss the child and his/her family.
21. 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.
22. 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.
23. 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.
24. 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 any time 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-day 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

BFP Representative's Signature

Date

Title



BILATERAL SERVICE AGREEMENT SIGNATURE PAGE

To Be Used at Each Re-licensure

Foster Father's Signature

Date

Foster Mother's Signature

Date

Department Representative's Signature

Date

Title

COMMENTS:

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. 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.

APPENDIX D

BFP Policy and Procedure Manual

CONFLICT OF INTEREST CERTIFICATION FORM

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

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

_____ I am in compliance with the policy

_____ I am reporting the following potential conflicts

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

Name (type or print)

Signature

Date

Disclosures required above are as follows:
