

BFP ANNUAL QUALITY ASSURANCE REPORT 2023-2024



**Brevard Family
Partnership**

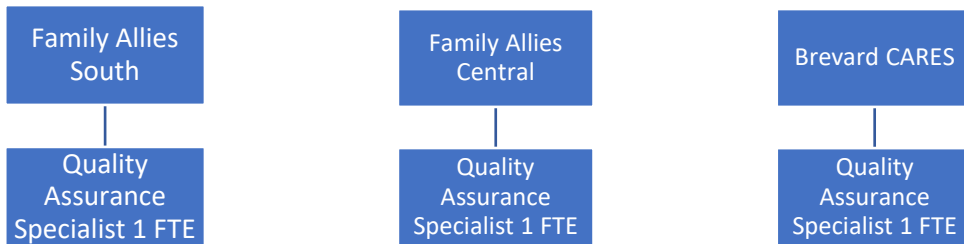
Protecting Children, Strengthening Families, Changing Lives.

Quality service delivery and accountability to the Department of Children and Families, stakeholders, children and families, and our community is our key to success. To that end, the QA plan has been developed not only to the minimum standards required by federal, state, and accreditation guidelines, but also to a much higher standard of excellence of best practices. QA activities involve collecting, reviewing, analyzing, and utilizing data from key areas of operations to ensure compliance with standards, contracts, and best practices for process improvement. Several functions of Quality are covered through various departments including Behavioral health, Data Analytics, Quality Assurance, Performance, Training, Contracts and Compliance.

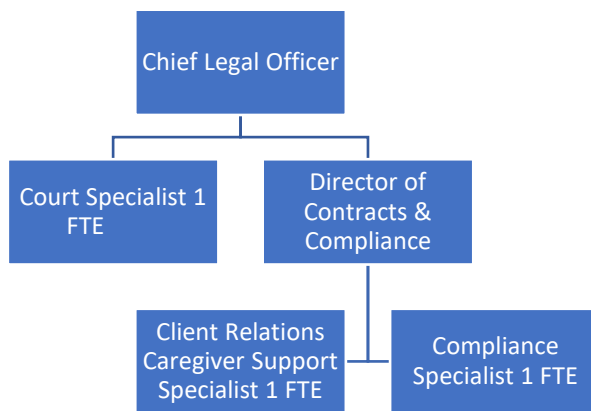
The **Quality Assurance, Performance and Training Department** is under the purview of the Senior Director of Quality Assurance, Performance and Training. The department consists of four Quality Assurance and Training Specialists and a Special Projects Coordinator. Each staff member is cross trained to provide Pre-Service Training including follow-up coaching and QA activities such as Life of Case Reviews, Child, and Family Services Reviews (CFSR), discretionary reviews, feedback loops and in-service training. The team assesses both strengths and deficiencies through data analysis, scorecard performance on state and federal measures and performance trends. Deficiencies are addressed through comprehensive training plans for targeted areas of improvement. The Special Projects Coordinator manages score card data, FSFN reporting, candidacy reporting and facilitates monthly Data Work Groups.



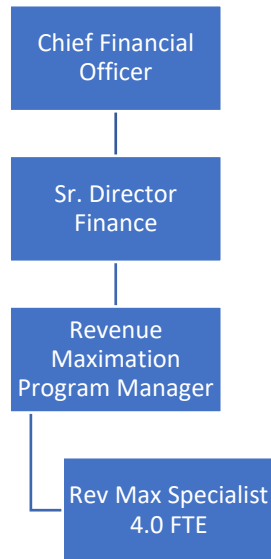
Three new Quality Assurance Specialist positions were added to our subcontracted CMA's this year. Each report to the Program Director at their assigned Care Center. These positions provide direct support to the case management team on quality related issues, assist with Life of Case dissemination and response and support special projects at the case management level. They participate in quarterly trend analysis regarding CFSR style review results and attend DCF led partnership and quarterly meetings.



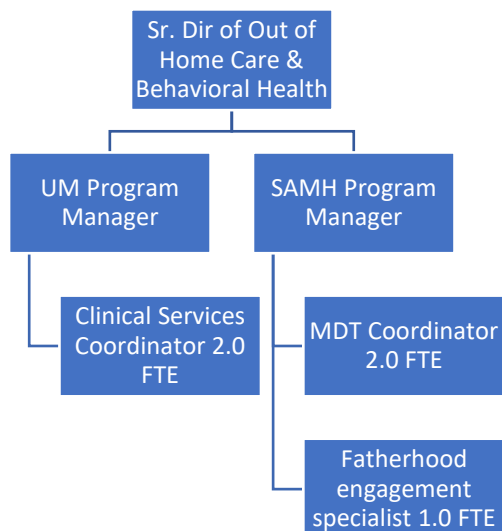
The **Contracts and Compliance Department** is under the purview of the Chief Legal Officer. The department consists of a Court specialist, Director of Contracts and Compliance, a Compliance Specialist and Client Relations Support Specialist. The Director of Contracts and Compliance facilitates a monthly risk management meeting reviewing the results of exit interviews from children ages 5-18 who have changed placement after 30 days or more, open services cases that convert to a higher level of care, placement disruptions, critical incidents reports, missing children and any complaints or trackers to identify trends and appropriate remedies. This team engages in contract monitoring monthly and annually and implements corrective actions when necessary. The team assesses both strengths and deficiencies through data analysis, scorecard performance on state and federal measures and observed trends in performance. The Client Relations Specialist completes an annual satisfaction survey for foster parents, relative/non-relative caregivers, case management and other community stakeholders. This department is also responsible for Critical Incident Tracking and Client Complaint tracking and responses.



The **Finance Department** is under the purview of the Sr. Director of Finance who reports to the Chief Financial Officer. The department contains the Revenue Maximation program. BFP participates in annual Financial Audits and develops a Financial Viability plan annually.



The **Out of Home Care and Behavioral Health Department** is under the purview of the Senior Director of Out of Home Care and Behavioral Health. This department was recently reorganized to include Utilization Management and Substance Abuse and Mental Health services. Responsible staff include a Utilization Management Program Manager, 2 Clinical Services Coordinators who perform utilization reviews to confirm that family is receive appropriate services, 2 MDT Coordinator that facilitate meetings to ensure accountability when important decisions are being made in a child’s life such as changes in placement, school, or separation from siblings. A Fatherhood Engagement Specialist, specializing in engaging fathers; delivers the Evidenced Based Model Dad 24/7 to father’s served in the dependency system.



QA/CQI Activities and Schedule

Case file reviews are a key component of the Quality Assurance process as they determine the quality of services provided to children and families. QA and CQI activities continue regarding preparation for Round 4 Federal Child and Family Service Reviews with new tool guidance and a mock case review process that became available in March 2023. The BFP QA team completed the initial training for Round 4 and the mock case review in the portal. BFP continues to partner with the DCF Office of Quality and Innovation to execute Life of Case tools. During Quarter 4 DCF began a new review process with local CBC QA teams partnering with DCF to review the work of other counties utilizing the CFSR review tool.

BFP's internal team and DCF's Quality office team both completed CFSR style reviews and associated tools in the Administration for Children, Youth and Family's Children's Bureau federal portal. Onsite Review Instrument (OSRI) reporting features were utilized for further analysis. At any time, during the reviews, any child safety issues discovered that cannot be ameliorated by the case consultation, the reviewer completes a Formal Immediate Child Safety Action Request (ICSAR) and immediately notifies the Case Management Agency staff, the Program Manager, and Executive Leadership. In addition, the BFP QA Senior Director is notified. The ICSAR must be resolved within three business days. Other concerns that do not immediately impact child safety are assigned as follow-up tasks. ICSAR's and outlined tasks are tracked by BFP through completion. During FY 22-23 only 2 ICSARs were issued on BFP cases equating to 99.4% of cases containing no Immediate Child Safety Issues. Following the completion of each CFSR style review, BFP provides a case debrief to share strengths and improvement opportunities to strengthen future case practice. Prior to each review occurring a Quality Roundtable is completed with the case manager and supervisor to allow for preparatory activities prior to the actual review.

DCF's Quality office team discontinued completing CFSR style reviews in the Qualtrics platform. All Office of Quality and Innovation staff transitioned to one unit and complete CFSR style reviews in the OSRI portal.

As of July 2021, the DCF Quality Office began completing Life of Case Reviews on case management cases, this information is entered into the state's Qualtrics Survey Platform. BFP assists in tracking and responding to Immediate Child Safety Action Requested (ICSARs), tasks and tool completion identification. BFP saw a significant increase in Life of Case tool completion with 308 completed this year as compared to 56 in the prior year.

Annually

BFP internal CQI CFSR style	DCF CQI side by side	DCF Out of County Review	Life of Case Reviews	Total Case Reviews
No Interviews (Adjusted for DCF Side by Side)	Includes Case Specific Interviews	BFP side by side review Out of County case	Interval reviews-multiple on same case	
12	2	1	308	322

Performance Improvement Process

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

To assure that the quality of services to children and families continues to improve, BFP established a monthly Operations Meeting, with cross representation of from CMA, and other stakeholders. The parties meet monthly to review current data, analyze data trends, identify areas for improvement, and provide guidance regarding performance improvement and work plans. Each month presentations and discussions around quality assurance and training topics are provided.

BFP’s established Data Work groups support safety, permanency and well-being for the children and families we serve. Each month, a root cause analysis is conducted on measures that did not meet the target and reviewed by champions. Each measure and data workgroup utilizes workplans to create scripts for the measures assigned that fall below federal performance target. Champions are assigned as the responsible person for reviewing data and keeping the measure and tasks on point, creating action plans, and reporting the information. The workgroup consists of various levels of staff who review and provide feedback for changes to internal processes.

Contract Monitoring of Category A providers includes record reviews, interviews and on-site observations coordinated by the Director of Contracts and Compliance. Review may include personnel records, client records, agency financial documentation and policies and procedures of contracted providers. Contract monitoring also includes monthly contract meetings with CMA providers.

Our environment encourages any person, client, community partner or stakeholder to communicate freely, openly, and transparently for resolution. Communication may take the form of an inquiry (information or clarification about a service, provider contract, eligibility, or care

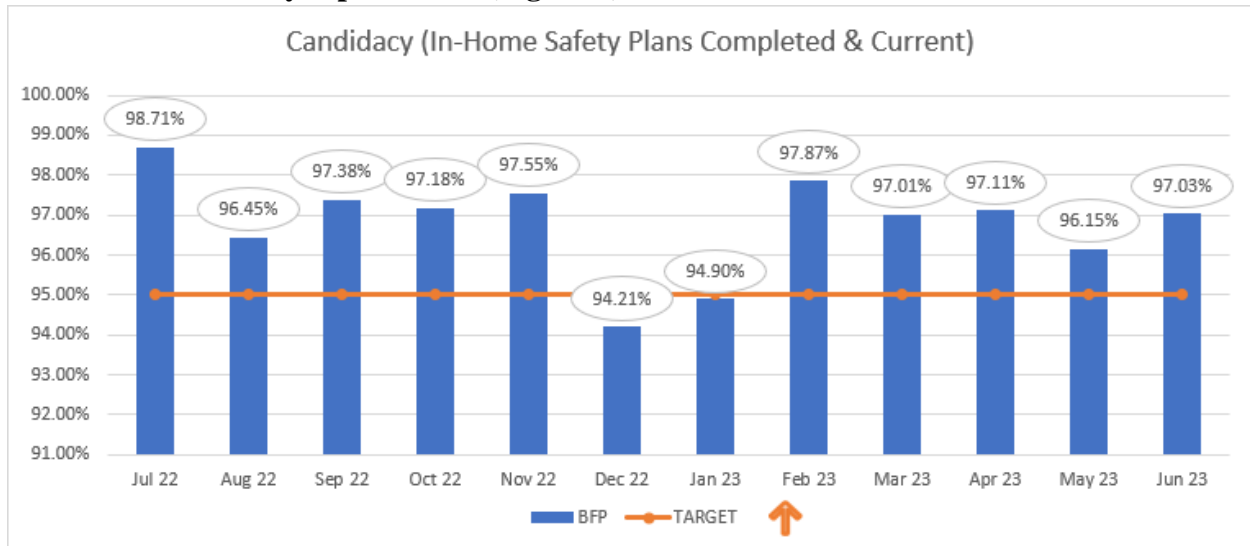
manager assignment etc.), concern (caller is providing information about a potential issue that does not directly relate to a particular staff person or provider) or a complaint (dissatisfaction with the service provision, staff member, provider, or child welfare system). BFPs Client Relation Specialist is the centralized point of contact for filing a complaint. The information is also contained on the agency website and the grievance can be launched through the BFP website.

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

BFP subcontractors and partners develop an Annual Strategic Plan, updated quarterly to assess progress towards goals. BFP also participates in a national accreditation process to enhance the agency’s credibility among children and families serviced, providers and stakeholders and remain in good standing with the Council on Accreditation (COA).

We strive to provide the highest possible level of service to our children and families. This Annual Quality Assurance plan, therefore, is designed to assure that the services provided are the most appropriate, least restrictive, delivered in an efficient, effective, culturally competent manner; that all staff members demonstrate a deep commitment to the children and families whom they serve; that provider organizations have the resources to complete their jobs and that they remain dedicated to our mission and vision of Protecting Children. Changing Lives

**Findings (Evaluative Summary of Findings and Trends Outlined below)
2022-2023 Candidacy report (Figure 1)**



BFP exceeded 95% target for Candidacy in ten of eleven months last year, with two months just under the 95% goal at 94%. This reflects the ongoing in-home safety plans in place.

2022-2023 Scorecard report (Figure 2)

On-Demand OCWDRU Source Rpt.	Scorecard Measure	Target	FY 22/23 Q1	FY 22/23 Q2	FY 22/23 Q3	FY 22/23 Q4	FYTD 22/23 thru June	Statewide FYTD
1116	1) Percent of children with no verified maltreatment within six months of termination of supervision.	> 95%	96.20%	95.63%	95.33%	94.25%	95.37%	97.35%
1227	2) Children with no recurrence of verified maltreatment within 12 months of a prior verified maltreatment.	> 90.9%	95.85%	96.76%	94.17%	94.04%	95.16%	93.40%
1119	3) Children achieving permanency within 12 months of entering care.	> 41%	25.44%	22.22%	34.48%	30.77%	28.00%	28.63%
1138	4) Children achieving permanency w/ 12 months for children in Out-of-home care between 12 and 23 months.	> 44%	56.49%	51.84%	52.59%	50.61%	52.90%	47.66%
1197	5) Children achieving permanency within 12 months for children in out-of-home care for 24 months or more.	> 30%	57.05%	54.98%	50.50%	51.46%	53.56%	44.16%
1100	6) Children who do not re-enter foster care within 12 months of moving to a permanent home.	> 91.7%	97.14%	100.00%	84.13%	92.50%	91.76%	90.64%
1107* manually added formula for percent	7) Percent of children not abused or neglected while receiving OHC	> 98%	99.88%	99.87%	99.62%	99.72%	99.72%	99.60%
1110	8) Percent of children not abused or neglected while receiving in-home services.	> 96%	98.88%	99.32%	99.48%	97.91%	98.92%	99.18%
1144	9) Percent of children under supervision who are seen every 30 days.	> 99.5%	99.79%	99.84%	99.81%	99.75%	99.80%	98.68%
1321	10) Percent of cases with caseworker visits with parents monthly.	> 80%						
1320	11) Children's placement moves per 1,000 days in foster care.	Less than 4.0	2.09	2.18	2.33	3.30	2.18	3.13
1325	12) Percent of children placed with relatives or nonrelatives.	> 65%	61.93%	63.34%	63.12%	61.40%	62.49%	57.42%
1125	13) Percent of sibling groups where all siblings are placed together. Target 65%	> 65%	58.02%	58.59%	61.09%	60.71%	59.61%	60.83%
1337	14) Number of children with finalized adoptions during each state fiscal year	per CBC						
1096	Children Receiving Medical Services in the Prior Twelve Months	NA	97.16%	96.89%	96.60%	97.54%	97.05%	88.88%
1093	Children in Out-of-Home Care Who Received Dental Services within the Last Seven Months	NA	91.59%	87.30%	83.36%	91.62%	88.48%	74.76%
1107	Rate of Abuse per 100,000 Bed Days in Out-of-Home Care. (Prior target was 8.5 or lower)	NA	4.24	4.21	12.88	17.52	9.63	6.64

*Green denotes meeting or exceeding Quarterly target

BFP is meeting or exceeding scorecard measures in ten of twelve measures with established targets for the year. BFP convenes monthly data work groups to address children achieving permanency within 12 months of entering care and percentage of siblings placed together to identify countermeasures for improvement.

Annual Accountability Report (Figure 3)



Circuit 18 (Brevard & Seminole) received an overall 2.8 on the Annual Accountability report.

METRIC PERFORMANCE

Investigations: DCF | Seminole County Sheriff's Office
Lead Agency: Brevard Family Partnership | Embrace Families (Seminole)
Legal Services: DCF

CIRCUIT 18

PERMANENCY	Circuit Performance	Metric Score	Target	Statewide Performance
Children Achieving Permanency and Not Reentering within 12 Months	91.70%	2	94.40%	90.94%
Children Achieving Permanency within 12 Months	30.85%	2	35.20%	29.01%
Children Achieving Permanency within 12 Months for Children in Out-of-Home Care 12 to 23 Months	49.46%	3	43.80%	47.44%
Children Placed with Relatives or Non-Relatives	60.68%	3	60.00%	57.83%
Moves Per 1,000 Bed Days	6.27	1	4.50	5.88
Qualitative Index for Permanency	76.54%	3	90.00%	75.71%

We remain focused on partnering with DCF and our CMAs to provide excellent services for families as demonstrated by the annual accountability metrics. While DCF provides the information at the Circuit level it is important to recognize Brevard’s individual success on permanency measures such as moves per 1,000 bed days, while the Circuit is at 6.27 (metric score of 1) Brevard is consistently below the target of 4.5 and individually would warrant a metric score of 5. (see Figure 2 Scorecard report)

METRIC PERFORMANCE

Investigations: DCF | Seminole County Sheriff's Office
 Lead Agency: Brevard Family Partnership | Embrace Families (Seminole)
 Legal Services: DCF

CIRCUIT 18

SAFETY				
Children Not Abused During In-Home Services	98.96%	5	98.00%	99.19%
Children Not Abused During Out-of-Home Services per 100,000 Bed Days	7.15	4	9.07	6.58
Children with No Recurrence of Verified Maltreatment within 12 Months of a Prior Verified Maltreatment	95.33%	5	90.30%	93.28%
Qualitative Index for Safety	78.90%	3	90.00%	78.50%

Circuit 18 is meeting (3) or exceeding (5) identified accountability metrics regarding Safety.

METRIC PERFORMANCE

Investigations: DCF | Seminole County Sheriff's Office
 Lead Agency: Brevard Family Partnership | Embrace Families (Seminole)
 Legal Services: DCF

CIRCUIT 18

WELL-BEING				
Children Seen Every 30 Days	98.95%	2	99.50%	99.16%
Children Placed with Siblings	59.59%	2	65.00%	60.51%
Qualitative Index for Well-Being	54.07%	1	90.00%	55.11%

While DCF provides the information at the Circuit level it is important to recognize Brevard's individual success on well-being measures such as children seen every 30 days, the Circuit is at 98.95% (metric score of 2) Brevard is at 99.7% would warrant a metric score of 3.5. BFP recognizes the importance of sibling relationships and has implemented a monthly Data Work group, established champions, and continued to review separated siblings for reunification.

Qualitative Standards for Well-Being

CFSR Item #	CPI Criteria on LOC Tool	Case Management Criteria on LOC Tool
Item 12: Needs and Services of Child, Parents, and Foster Parents	<ul style="list-style-type: none"> • Were attempts made to connect the family to appropriate services for children determined to be safe but high risk? 	<ul style="list-style-type: none"> • Was a Comprehensive Behavioral Health Assessment (CBHA) completed for the child upon entering out of home care? • Was a CBHA updated based on case circumstances? • Was a CBHA or other mental health assessment used as part of the case manager's assessment? • Were assessments arranged that accurately identified the children's needs? • Were appropriate services provided to meet any additional needs of the children? • Were assessments arranged or conducted to accurately identify the mother's and father's needs? • Were appropriate services provided to meet the identified needs of the mother and father? • Were ongoing assessments conducted or arranged to identify the service needs of the caregiver or pre-adoptive parents? • Has the child welfare professional had ongoing contact with service providers involved with the family?
Item 13: Child and Family Involvement in Case Planning		<ul style="list-style-type: none"> • Were efforts made to actively involve the child in the case planning process? • Were efforts made to actively involve the mother and father in the case planning process?
Item 14: Caseworker Visits with the Child	<ul style="list-style-type: none"> • Were quality interviews conducted with the child(ren)? 	<ul style="list-style-type: none"> • Was the frequency and quality of the visits with the child(ren) sufficient to address safety, permanency, and well-being and promote achievement of case goals?
Item 15: Caseworker Visits with Parents	<ul style="list-style-type: none"> • Were quality interviews conducted with the parents/ caregivers/household members? 	<ul style="list-style-type: none"> • Were conditions for return discussed with the mother and father on an ongoing basis? • Were quality of case manager visits with the mother and father sufficient to ensure child safety and evaluate case plan progress?
Item 16: Educational Needs of the Child		<ul style="list-style-type: none"> • Were appropriate services provided to meet the child's educational needs?
Item 17: Physical Health of the Child		<ul style="list-style-type: none"> • Were the child's health records up-to-date in the case plan and were identified issues in the case plan? • Were appropriate services provided to meet the child's identified dental needs? • Were appropriate services provided to meet the child's identified medical needs?
Item 18: Mental/Behavioral Health of the Child		<ul style="list-style-type: none"> • Did the agency provide appropriate oversight of prescription medication for mental/behavioral health issues? • Were appropriate services provided to meet the children's identified behavioral health needs?

Over twenty Life of Case questions related to seven CFSR standards compose the Qualitative Index for Well-Being. BFP reconciled LOC Well-being measures with local CFSR results and found similarities in Areas Needing Improvement as related CFSR Items 12b, 13, 15 and 18 also had average FY strengths scores under 30% (see Figure 4). BFP works collaboratively with DCF's Office of Quality and Innovation Performance Improvement planning team to examine barriers to parental engagement (Item 15) which would also enhance items 12 and 13.

Quality Assurance Results 2022-2023 Child and Family Service (CFSR) Style Reviews (Figure 4)

		n=14
		FY Avg
	Safety Outcomes	
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	87.5%
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	79.2%
Item 3	Risk and Safety Assessment and Management	29.2%
FY 22-23	CQI only results-% Strength- Quarterly data	
	Permanency Outcomes 1	
Item 4	Stability of Foster Care Placement	45.8%
Item 5	Permanency Goal for Child	79.2%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	12.5%
FY 22-23	CQI only results-% Strength- Quarterly data	
	Permanency Outcomes 2	
Item 7	Placement With Siblings	75.0%
Item 8	Visiting With Parents and Siblings in Foster Care	0.0%
Item 9	Preserving Connections	37.5%
Item 10	Relative Placement	29.2%
Item 11	Relationship of Child in Care With Parents	37.5%
FY 22-23	CQI only results-% Strength- Quarterly data	
	Well Being Outcomes 1	
Item 12	Needs and Services of Child, Parents, and Foster Parents	12.5%
Item 12A	Needs Assessment and Services to Children	83.3%
Item 12B	Needs Assessment and Services to Parents	12.5%
Item 12C	Needs Assessment and Services to Foster Parents	79.2%
Item 13	Child and Family Involvement in Case Planning	22.9%
Item 14	Caseworker Visits With Child	43.8%
Item 15	Caseworker Visits With Parents	0.0%
	Well Being Outcomes 2 &3	
Item 16	Educational Needs of the Child	75.0%
Item 17	Physical Health of the Child	66.7%
Item 18	Mental/Behavioral Health of the Child	25.0%

Each Quarter the BFP QA team, CMA Leadership and CMA QA Specialists review results and complete problem-solving workshops on the CFSR data. Example trends noted in selected items:

- Item 3 Risk and Safety Assessment and Management Brevard County’s year average on CQI cases for was 29.2%. Item 3 Areas Needing Improvement (ANI) were noted to be around inaccurate assessments of safety such as not including power and control dynamics, safety plans not being updated when case dynamics change, and safety plans not being monitored as required.
- Item 12 B Needs Assessment and Services to Parents Brevard County’s year average for CQI was 12.5%. ANI trends included not involving all bio parents/ non-maltreating parents (often fathers) in assessment and service provision, missing parents, misidentification of

needs. Additional trends were around delayed service referrals or not working through issues when service referrals were declined by providers or not meeting needs of parent, limited contact with services providers.

- Item 13 Child and Family Involvement in Case Planning Brevard County's year average for CQI cases was at 22.9%. Strengths were noted in cases that involved Family Team conferencing. Trends noted for cases with ANI's included lack of documentation of parents' engagement in discussion around case plan construction and goal changes, and limited involvement of children in case planning. Also, a lack of ongoing discussions regarding ongoing case plan progress
- Item 15 Caseworker visits with Parents Brevard County's year average for CQI cases was 0%. Noted trends for cases rated an ANI included a lack of sufficient frequency and quality of contact with the mother and father. Case Management is responsible for discussing and documenting parent's discussion on behavioral changes, case plan tasks, safety planning, child well-being and conditions for return. Trends were also noted around multiple changes in case workers which may have affected rapport and information sharing.

BFP Quality Management Plan

Our QA process ensures all staff in the system of care understand their role, responsibility, and ownership in the QA process. Staff at all leadership levels are presented information regarding the systemic performance through monthly Operations and Data Work group meetings with additional opportunities through Provider Network meetings, risk management meetings and Performance reviews. BFP and CMA management and leadership team attends DCF hosted events to discuss accountability metrics and regional improvement projects. Additionally, the BFP QA team participates in the DCF led Quality Office and Lead Agency Partnership meetings monthly. BFP is continuing to partner with DCF's Office of Quality and Innovation Performance Improvement division to address parental engagement strategies.

The BFP QA team continues to complete internal Child and Family Service Reviews utilizing the 18 question Federal review instrument for continuous quality improvement although not specifically required by Windows into Practice. BFP continues to complete special reviews as requested and added a tracking system to follow and disseminate information from DCF reviewed Life of Case tools. BFP's blended training and quality assurance positions continue to develop in-service training to address gaps such as Difficult Discussions and Home Study training. BFP creates and published "Tip of the Month" sheets on relevant topics such as Youth Voice, Safety Plans and New Children in the Household. To increase participation of fathers in services, BFP added a Fatherhood Engagement Specialist who attends case transfer staffing and provides fathers with enrichment opportunities and advocacy. As of January 2023, BFP's Special Project Coordinator in collaboration with Mindshare created new "Digest" reports shared with the CMA's monthly, tracking such items as overdue safety plans, child placement agreements due, FFAO's due, Progress Updates due, Supervisor Consultations and Parent Visits. These reports have resulted in more timely safety plans, FFAO's and Supervisor consults since implemented. BFP completes a quarterly trend analysis and countermeasures problem solving

workshop on cases reviewed throughout the year. These opportunities are frequently reviewed for strategized implementation.

Example Quarterly Problem Solving and Countermeasure identification chart:

Item Number	Countermeasures/ Problem solving opportunities
<p>Safety: Item 3 Risk & safety assessment & management</p>	<ul style="list-style-type: none"> -invited Level 1 to debrief -more training on working with those with disabilities -more training on intimate partner violence (include CPI) -more frequent supervisor consults on safety plans - assessment and documentation unique to case circumstances -Continued partnership with DCF investigations on QA Review Debriefs/ responses -Safety planning training/ workshops (including random drug screens) -assessment- as evidence by -Process: Special projects coordinator to develop tracking for safety plans -removal of boiler plate language -Tip of the month topics
<p>WB: Item 12 b Needs & Services to Parents</p>	<ul style="list-style-type: none"> -Frequent contact with providers to discuss participation and barriers they may be facing. Discuss during sup consults. -Include the mother/father in engaging with a parent that we are unable to contact. -Encourage outside of the box thinking - Discuss alternative ways to meet the parent’s needs, if traditional service options are not working -Increase use of Peer support positions to help parents engage in treatment -Increase use of Family Finder -increase amount and quality of Supervisory Oversight (HOH) -re-review incarcerated parent protocol -OPHA/ FFA- ask Legal about transitioning from non-maltreating to maltreating (case transfer)- MDT coordinators help with this discussion -Difficult Discussions training -Supervisor consultations- supervisor accountability
<p>WB: Item 13 Case planning involvement</p>	<ul style="list-style-type: none"> -Engage children and spend quality time with the children to include discussion regarding case planning. -The mother and father need to be engaged regularly and included in the case planning. If unable to locate, sufficient attempts should be made to show diligent efforts. Not a phone call with a voice mail but documenting efforts to locate through family, friends, known addresses, searches at the Jail, etc. Engaging and including parents will help to lead to more successful outcomes. -Include parents when developing the case plan and ensure their understanding of tasks and what is being asked -Collaboration with the parents and include them on decisions and goal changes prior to change moving forward -Identify barriers to completing the case plan. -Difficult Discussions training -Motivational Interviewing & behavioral change training -assessing protocol around not talking about case during visit- education needed (opportunity to get children involved)

	<ul style="list-style-type: none"> -Assessing the age of child and including in case planning to hear children’s opinions and thoughts on what is going on if age appropriate. -Increase capacity for FTCs
WB: Item 15 Caseworker visits w/ Parents	<ul style="list-style-type: none"> -Continuing to encourage hard conversations with parents about safety and behavioral change- explore Virtual Reality demos. Motivational Interviewing strategies can assist with more complete conversations. Additional contact even when incarcerated. Father contact (engaging mom to get better outcomes) -work with courts/ DCF OQI to establish more clear guidance around bio and legal fathers -Difficult Discussions Training -Leverage Fatherhood engagement position -Address Purposeful contacts -Process: Special projects tracking parent contact -Non-Maltreating tip sheet presentation- reformat for better consumption -Review Parent contact sheet
Overall	<ul style="list-style-type: none"> -CFSR overview training on safety, permanency, wellbeing measures -Peer Mentor academy including CFSR/ LOC examples -Supervisor Consultation Guide updates -Recommend CMAs begin completing 2nd level reviews -Final review of all tools by local teams and Learning Circles to share results

We are continuing to develop and provide training to increase skills motivational interviewing and assess behavioral change. BFP is developing a multi-part series of interactive training courses on safety, permanency, and well-being and updating our Supervisor Consultation Guide to complete process improvement activities on transitioning from a file review type supervisor review to a face-to-face consultative supervisor consult model in the Case Management Agencies. BFP focuses on innovation in partnership with Mindshare, BFP is developing methods to contact caregivers and gather information through new software on hurricane contacts, and sibling and parental visitations. The full integration of CMA QA Specialist positions is in progress, who participate in quarterly data reviews and problem solving through information sharing at the frontline worker level and during Learning Circles. We added several new EBP’s on Florida’s Family First Prevention Services Act Plan that has resulted in improved outcomes for children and families served.