FPOCF Quality Assurance Plan and Report

FY 2025-2026

Family Partnerships
of Central Florida

BREVARD | ORANGE | OSCEOLA | SEMINOLE

Table of Contents

I. Background and Introduction

A. Legal Basis/Scope of Work of Lead Agency

Lead Agencies are subject to Federal (2CFR 200) and State (Chapter 394/409) regulation as well as contractual oversight by the Florida Department of Children and Families. Florida law for Community Based Care is outlined in (409.987) and specific requirements are further defined in DCF Contracts and Operating Procedures.

Lead Agency Requirements	Board Duties & Obligations
Serve Children referred due to abuse, neglect, or abandonment	Must provide oversight and ensure accountability and transparency for the system of care.
Serve children adopted from the child welfare system whose families require post adoption supports	Provide fiduciary oversight to prevent conflicts of interest, promote accountability and transparency, and protect state and federal funding from misuse.
Serve children who are at risk of abuse, neglect, or abandonment to prevent their entry into the child welfare system	At least 75% of the membership of the Board must be comprised of Florida residents, and at least 51% of the state residents on the Board must reside within the Lead Agency's catchment area.
Address the unique needs of fathers of children served by the lead agency	Must participate in annual training related to their responsibilities – minimum training criteria set forth by DCF.
Must be licensed as a child-caring or child-placing agency by DCF	Approve the Lead Agency's budget and set operational policy and procedure.
Lead Agency foster homes, shelters, or other placement facilities must be licensed by DCF	Hire the CEO.
Must provide dependent children with services that are supported by research or that are recognized as best practices in the child welfare field	
Must be governed by a Board of Directors	

***Board Duties & Obligations (F.S.409.988)**

B. Lead Agency Overview

Family Partnerships of Central Florida (FPOCF) is the lead agency for foster care, adoption, child abuse prevention, and independent living services in Brevard, Seminole, Orange and Osceola Counties. Brevard and Seminole Counties comprise Judicial Circuit 18, and Orange and Osceola Counties comprise Judicial Circuit 9. Embrace Families is one of three (3) lead agencies that comprise the Central Region of the Department of Children and Families. Family Partnerships of Central Florida (formerly known as Brevard Family Partnerships) has held the lead agency contract since 2005 in Brevard County and for the expanded area since April 2024. The protective investigation function is conducted by the Department of Children and Families. Children's Legal Services (CLS) represents the state in dependency proceedings in both judicial circuits. In Orange County the Guardian Ad Litem Program (GAL) is administered by Legal Aid Society of the Orange County Florida Bar Association, with pro bono attorneys representing the best interest of the child; in Brevard, Osceola and Seminole Counties lay volunteers assist professional staff in the advocacy role.

FPOCF operates a county level operations management model with a centralized agency level administrative function. FPOCFs' service locations include four service centers (Osceola, East Orange, Brevard Central and Brevard South) and administrative offices in Rockledge (Brevard) and Maitland (Seminole County). The Administrative Service Center in Maitland is a shared office space with our contracted case management provider for Seminole County, Thompson. Case management is subcontracted to community partners in three counties: Seminole County: Thompson; Orange County: Camelot Community Care, and in Osceola: Gulf Coast Jewish Family and Community Services. Brevard case management is provided by Family Allies, a division of FPOCF. Adoption program specific work is subcontracted to Camelot Community Care in all 4 counties (secondary assignment at goal change). Independent Living/Youth Services are subcontracted to Crosswinds in all 4 counties (secondary assignment for youth age 13+ in OHC, and primary assignment for youth age 18+). Prevention and Diversion programs include programs that are subcontracted (Non-Judicial In-Home Services and Safety Management Services: Henderson Behavioral Health); Family Support Services: in-house/CARES. Grant programs that have a high fidelity wrap around intervention target specific zip codes in Orange and Brevard County. FPOCF diversion staff are co-located at each CPI service center and assist CPI staff with referrals to services or resources; a service case is opened if care coordination is needed as a family support case, in accordance with FPOCF Operating Procedures for Family Support Services.

1. Service Continuum

Our system of care is built on the premise that families should, and will have access to, the least restrictive service level available to address their identified needs, based on their individual family circumstances. The Department's (DCF) practice model "Safety Decision Making Methodology" includes procedures and tools that guide the collection of information designed to aid in the assessment of risk & safety. In our system of care, the majority of families are referred to FPOCF as a result of an investigation of abuse/neglect/or abandonment conducted by the

Department of Children and Families, Child Protective Investigations (CPI). The CPI's initial assessment of child safety drives the service level, and the case plan/service plan developed with the family is focused on enhancing the parents' protective capacity and improving child well-being factors. The service continuum ranges from voluntary services to court ordered services/supervision.

Description of Service Levels

Family Preservation FPOCF provides an intensive family preservation model to keep children safely at home with their families designed to reduce the risk of future neglect and abuse, improve family functioning, prevent children from being placed out of the home, allowing timely reunification while honing families' skills to prevent future crises and sustain families long term with aftercare plans. The Youth Advocate Program (YAP) provides young people, adults, and their families with intensive support in their home, school, and community. YAP blends best practices from research in wraparound, mentoring, and positive youth development while partnering with families to build and strengthen essential skills and resources needed to thrive, such as increasing problem-solving abilities. developing social, emotional, academic and career competencies, and building their network of community support. Advocates meet with youth and families multiple times a week according to family's need with an emphasis on safety and support. Individualized plans balance involuntary service demands with activities driven by youth and family needs. The Family Preservation/Stabilization Program of Orange County serves families and children at risk of removal and services are aimed at keeping the family safely together in the community. Family Preservation uses a strengths-based model, and services are family driven and youth guided. Families are the primary drivers in creating the Family Care Plan, which begins with the family vision statement and formation of the family team consisting of staff, the family and other identified providers. Community providers and natural resources provide a support network remaining after services are terminated. Services are tailored to the needs of each family and individual family members.
Family Support Services Children and families served in Family Support Services receive community-based prevention and diversion evidenced based model utilizing High Fidelity Wraparound to serve families (primary caregivers) with a least one child under the age of 18 at risk for abuse, neglect, or abandonment. FPOCF uses the CARES model, developed in Brevard County in 2005 and

designed to reduce the census of children in the formal child welfare system, keeping children safe and in their homes, diverting from child dependency. The model engages the local community in supporting families when stressors may lead to child abuse, significantly reducing costs by keeping children in-home, as opposed to out-of-home care. The model is structured to significantly alter the cycle of child maltreatment with family guidance and family, youth, and community buy-in building upon families' strengths using the Wraparound Principles to prevent children from entering or deeper involvement into the formal child welfare and/or juvenile justice system. FPOCF is in the process of expanding the CARES model to Orange, Osceola, and Seminole Counties. The model uses measurable goals and outcomes that result in family stabilization and preservation to keep safe in their homes, community, and schools-free from system involvement.

In-Home Non Judicial Services

Children that are identified by the CPI as unsafe at the conclusion of a child abuse investigation, but the safety of the child can be managed in the family home with a safety plan, and the family agrees to willingly participate without judicial involvement are referred to In-home Non Judicial Services. FPOCF contracts with Henderson Behavioral Health to serve this population in all 4 counties. Many of the requirements of this program are outlined by the Safety Decision Making Practice model incorporated in DCF Operating Procedures.

Dependency Case Management

Children that are determined to be unsafe at the conclusion of a DCF Investigation, and court intervention is required (child has been removed from the home, or a parents access will be restricted) require judicial involvement. An MDT-Circles of Support (case transfer staffing) is scheduled, and the case will be transferred for ongoing case management. The Safety Decision Making Practice Model is utilized and all requirements outlined in DCF CFOPs are followed, to include completing or referring families for evaluations to inform service needs when indicated, ongoing engagement of parents, children, and caregivers as relevant in the case planning process and ongoing for purposes of assessment. Concurrent planning is considered as indicated by family history, the circumstances of involvement, and the ability of the parent to reunify with the child within 12-15 months from date of removal. Progress toward case goals are evaluated on a regular basis during supervisory reviews and permanency staffing's.

Conditions for Return are continually evaluated to assess when children can be returned to their parents/legal custodian. Prior to reunification, a Conditions for Return Staffing is held assessing family conditions: the specific behaviors or conditions that must be in place for a child to return home, home environment: the condition of the residence and the ability of the caregiver to maintain it, safety plan: the specific safety services needed to manage safety in the home, and caregiver capacity: the caregiver's ability to manage the danger and implement the safety plan. Staffing's are led by FPOCF Permanency Specialist under the direction of the lead agency Operations Manager and subcontracted CMA.
Adoption Promotion and Supportive Services FPOCF contracts with Camelot Community Services for adoption supportive services. Two Wendy's Wonderful Kids Recruiter positions are provided through a grant from the Dave Thomas Foundation. Adoption promotion is achieved through FPOCF communications and marketing team through public awareness campaigns and community recruitment activities.

1. **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.

2. **Vision**
   - The safety of children will be the foremost concern, always.
   - Permanency issues will be resolved in accordance with a child's sense of time.
   - Services are customized to meet the unique needs of each child and family and are provided by a comprehensive, community-based network of providers who are dedicated to delivering a family-centered, customized, need driven, responsive service delivery system.
   - Resources will be efficiently and effectively managed to achieve better outcomes for children with the 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

3. Principles of Practice

Our 10 principles of practice are:

- Family Voice and Choice
- Team-Based
- Natural Supports
- Collaboration
- Community-Based
- Culturally Competent
- Individualized
- Strengths-Based
- Persistent/Unconditional
- Outcome Based

II. PQI Framework

A. Overview of QM Model

1. Philosophy & Purpose

The FPOCF system of care is family-centered strength-based, and community driven. Our core values are based belief that all children have the inalienable right to grow up safe, healthy, and fulfilled with families that love and nurture them. While the safety and well-being of children is always the foremost concern, we also believe that the family is the principal resource we must work with to meet the child's needs. This value drives FPOCF's commitment to the continuous improvement in quality services and outcomes for children and families we serve. FPOCF strives to promote excellence and continuous improvement through a broad based, organization wide philosophy that is endorsed by the FPOCF's Board of Directors and is shared throughout the community: from the Community Alliances, case management agencies, network providers, contract providers, and in the communities at large.

The purpose of the FPOCF Quality Management System is to strengthen practice, improve the timeliness, accessibility, quality, and effectiveness of services and increase natural and enduring community supports for children and families. FPOCF seeks to identify in-process drivers and end-process measurements that align with these goals while also ensuring substantial conformity with federal requirements of the Adoption and Safe Family Act (ASFA) and achievement of the contract performance measures set forth in the FPOCF contracts.

The FPOCF's Quality Management Plan is designed to measure the impact and progress toward the long term priorities and goals set forth in the FPOCF strategic plan through the evaluation of quantitative and qualitative outcomes data. The Quality Management plan evaluates the organizational performance of FPOCF while assessing the quality of service delivery of our network to ensure positive client outcomes. FPOCF believes it is essential, not only to continually provide information to our stakeholders/community but also to solicit reciprocal input and feedback as from the community. We recognize that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produce the best outcomes for children and families. We value the relationships and partnerships that we build with our community that allow us to build a stronger network together.

FPOCF produces data that provides quantitative, qualitative, and financial cost information, (as applicable) on the:

- Demographics of the population served
- Level of services provided (Diversion/Family Support, In Home Non-Judicial Services, In-Home Judicial Services, Out-of-Home Care, Post Placement Supervision, Post Termination of Parental Rights, Youth Services, Extended Foster Care and Post Adoption)
- Level of care needed and provided (licensed care)
- Safety in care and periods of time after service provision has ended
- Time to permanency and type of permanency
- Provision of preventative dental and medical services (child)
- Quality and effectiveness of services delivered
- Caseload size, turnover, vacancies, and staff professionalism (Child Welfare Certified)
- Foster home and group care capacity, placement stability, and utilization patterns
- Performance on quality assurance instrument reviews
- Program Performance and Compliance Indicators
- Contract performance
- Complaints and Grievances
- Incident Reports
- Exit Interviews (licensed care)
- Stakeholder Survey results (internal and external)

This information is often shared with the community, network providers, and case management agencies for the purposes of planning (program improvement, contracting, policy and procedural changes), identifying training needs and reallocating resources or enhancing funding sources. The process of gathering, sharing, evaluating, and acting upon information is continuous as the needs of the population of clients receiving child welfare prevention and intervention services changes over time, and because the funding for services and the availability of services changes as well.

Goal	Objective	Champion	Action Items
Communications & Public Relations Optimize Family Partnerships of Central Florida social media and website for increased brand recognition and program awareness	Develop and execute a Why I Said Yes foster recruitment campaign, helping achieve FPOCF goal of 150 foster families by year end Develop and execute year 1 plan for Fostering Futures podcast Update website with current brand standards and informative content. Streamline site for enhanced clarity and brand messaging. Develop and execute integrated social media calendar that's targeted and increases followers and engagement, with linkage to landing pages and digital content demonstrating ROI Establish system and methodology for utilizing data collection for follow-up contact for adoption and foster parenting interest	LaChrista Jones/Bryan Culbert	Identify foster parent youth and FPOCF staff for story potential for success stories Create themes for 6-8 one-hour interviews, outlining prospective topics and guests Create a blog with first content on foster partnering and greater use of video on social channels Develop a comprehensive list of content for development or updating. Collaborate with preferred vendor to maximize budget and projected spend. Website updates to include new Youth Mentoring content. Lead internal communication team, partnering with IT, to develop first intranet site.
Generate increased earned media, build relationships with reporters, and develop crisis communication materials and plans	Secure at least 4 media interviews with Florida media, distribute 1 news	Bryan Culbert	Outreach to targeted media and lay groundwork for future Media Day at Rockledge location.

	release on timely topic such as Annual Report release or county advisory board formation etc. Create Speakers Bureau for FPOCF leadership, with 2025 opportunities in the community identified		Prepare crisis communications planning for potential media contact on high-profile cases Prepare organic media contact lists for internal use, including social media influencers and podcasters, press kit, standard PowerPoint FPOCF overview presentation, and media tracking archives. Work with FPOCF on key message development and media preparation for interviews
Strengthening community partnerships through strategic outreach and program awareness communications throughout the four counties served, leading to greater foster care recruitment and donors	Build relationships with churches, schools, corporate partners, chambers of commerce, and local community organizations throughout the four counties served. Formally recognize donors and volunteers through frequent and timely appreciation Leverage new advisory boards to create and organize targeted relationship-building activities in counties served Enhance communications for foster parenting and recruitment through	LaChrista Jones	Develop dashboard reports for Communication team goal tracking Formalizing processes and technology for how we collect and manage data for the use in marketing on FPOCF outreach and community education around adoption and foster care. Develop a contact plan for community stakeholders outlining how and when partnering opportunities are shared Conduct AB testing on Constant Contact emails to drive higher open rates and recipient action

	targeted and measured digital outreach Continued development and expansion of Just One campaign		
Finance Expand internal financial reporting format to provide increased (customized) detail of components for Management and high-level end users.	Improved understanding of financial performance, aiding in projecting potential areas of deficit and aiding in earlier recognition of categories requiring a greater level of strategic management. Improved understanding of *Lead Agency Schedule of Funds* components in relation to budgeting *Passthrough* and *Core* revenue categories. Greater ability to recognize expenditure trends timelier in OOHC.	Don Johnson	Review financial reporting categories with C-Suite members and Financial Planning & Analysis Department monthly during Budget Meeting. Discuss components of financial reporting categories and solicit input for potential areas of expansion. Implement changes to reporting based upon discussion and refining, as necessary.
Generate and track detailed budget for UM and ARGOS funding pots and coordinate monthly meetings with Directors and Financial Planning & Analysis Dept to review performance.	Improved ability to understand placement of budgeted funding and evaluation of the adequacy of targeted funding in terms of over/under utilization. Increased utilization of UM and ARGOS system services.	Don Johnson	Work with Financial Planning & Analysis Department to create budget reporting structure for UM and ARGOS. Schedule reoccurring meetings with Directors to review monthly performance of ARGOS and UM service funding categories.

Monthly Departmental Budget Reviews with Departmental Heads	Increased ability of Department Heads to take ownership of their own performance through a greater level of understanding of their individual budget and how their expenditures are tracking compared to budget. Greater efficiency and accuracy in building future budget years. Greater ability to manage unique and/or challenging circumstances through a higher-level of financial understanding.	Don Johnson	Determine Departments and Department Heads who would benefit from Monthly Departmental Budget Reviews. Coordinate initial meeting between Financial Planning & Analysis Dept and individual Department Heads to discuss specific areas of reporting that would provide benefit. Coordinate meeting to review draft financial reporting structure for each Department Head. Establish reoccurring meetings with Department Heads and Financial Planning & Analysis Dept to review monthly financial reporting customized based upon input from each individual Department.
Licensing & Kinship Improve and increase staff engagement, growth, and collaboration across the Licensing Division.	Staff will feel seen, heard, and appreciated through intentional recognition, inclusive engagement, and responsive leadership. Improved information sharing across agencies and teams. Increased Interdisciplinary Collaboration Improved ability to identify and address issues quickly	Ashley Carraro	Develop, implement, and utilize staff surveys to establish baseline. Staff (frontline) will be heard and involved in decision making when appropriate through established feedback loops. Creation of lead opportunities (meetings, implementation of new ideas, approaches, etc.) Establish teaming opportunities and collaboration meetings to share Agency creation of small budget for quarterly or bi-annual appreciation /

	through open lines of communication Teams feel more connected, informed, and supported in their work through regular communication and collaboration		break bread / gathering as a large group function.
Retain, support, and Improve communication with foster families.	Increased foster family satisfaction and resulting in fewer newly licensed families closing within the first year. Foster parents feel valued, supported and equipped to continue in their roles. Strengthening foster parent orientation and education on role expectations, the licensing process, and shared challenges. 2.d. Improved clarity of the licensure process through preparation at the front end coupled with support after the licensure will increase overall satisfaction and retention.	Ashley Carraro	Sharing the annual satisfaction survey results with FP Advisory Board to create solutions. Improve exit interview process to ensure data collection clearly determines why families are leaving. Implement a robust support program with experienced foster families and new families across all 4 counties Implement a robust mentor program across all 4 counties. Develop a user-friendly roadmap or visual guide outlining each step of the licensure process. Revamp orientation materials focus on role expectations, available support, and common challenges Create a centralized communication platform (newsletter, text updates, portal development) to share updates, resources and success stories for families going through the pre-service process.

Increase the number of Level 1 foster homes to 40%.	Increased engagement with the families at initial placement. Increased communication and education of Level 1 benefits with caregivers. Improved licensing efficiency and timeliness 60 days)	Ashley Carraro	Increased Level 1 staffing patterns to allow for more timely staff outreach. Increased Level 1 staffing patterns to allow improved customer service and outreach by Level 1 team members to engage families earlier in the process. Increased and improved education of CMA, GAL and courts about the process for Level 1 licensure to avoid delay, remove barriers and ensure eligible families receive services. Level 1 staff provide ongoing training and presentations to judiciaries about Level 1 programmatic processes, eligibility requirements, and licensing roadmaps. Explore referral functionality within ARGOS for Level 1 which will ensure improved ability to identify and address issues quickly. Increased and improved data collection to identify gaps. Licensing POC to be added to circle of support calls for early identification and support.
C18 Prevention & Diversion Increasing efforts to obtain leads for new grant opportunities.	Cares will secure at least one new grant award during the upcoming fiscal year as a result of increased efforts.	Heather/Syrian/Rebecca	Increase community connections/network- Search the web for opportunities

Engage the Seminole County community in awareness and education about CARES and the continuum of services available.	There will be an increase in prevention efforts/referrals in Seminole County – PLL, PAT, FSS	Lindsey/Heather/Rebecca/Syrian	Attend outreach events at least monthly Attend meetings with DCF at least quarterly
Initiate TCM billing process and successfully bill for activities associated with Wraparound Codes.	Successfully obtain provider credentialing and panel approval with Sunshine Health.	Syrian/Rebecca	Follow up with Sunshine regarding our application and complete any additional steps identified
C9 Diversion & Prevention Update Diversion & Prevention materials.	Update Operating Procedures related to FSS cases. Update Diversion Manual. Update Diversion Checklist.	All Diversion Managers, Specialists, DJJ Liaisons, CARES Supervisor, & Director	
Establish a system to identify barriers to effectively & efficiently manage diversion & prevention families.	Start an internal quality review system. Examine & respond to results of survey provided to DCF regarding diversion & prevention programming. Address barriers at all team meetings. Provide feedback to leadership regarding identified barriers.	Diversion Managers & Director. Director	
Establish a comprehensive post-adoption assistance program.	Collaborate with Commission 127 to build up continuum of support for post-adoption families. Develop a resource guide for teens & young adults in	Post-adoptions & Director Keri Flynn, Alexi-Ann Duncan, Permanent Guardianship	

	partnership with the Independent Living team. Update existing materials provided to adoptive families.	Coordinator, Post-adoptions, & Director Circuit 18 post-adoption team	
Increase team well-being.	Establish out-of-the-office quarterly meetings for team building and unwinding. Share strategies for work/life balance at team meetings.	All circuit 9 diversion & prevention team leaders, CARES	
Case Management & Permanency Consistent and sustained increase in permanency achieved within 12 months in all 4 counties.	Increase the number of children placed in kinship care Establish consistent process for family finding efforts Integrate CFR practices earlier and into each staffing done by Operations Team Continuing permanency projections monthly Better concurrent planning	Nicole Musgray/Nikki Riggsbee/Katie Guemple/LaJoyce Stout LaJoyce Stout Nikki Riggsbee/Nicole Musgray/Katie Guemple Nikki Riggsbee/Nicole Musgray/Katie Guemple Yolanda Demont/Hilary Farnum	Track and monitor pending home studies increase communication between case management and DCF Family Navigator to explore potential kinship placements that may have been missed at initial placement. Hire family finding specialist in tri-county and establish better reporting/documentation of FF efforts Train Operations Managers to conduct CFR staffing's in tri-county as they are currently done by a different position. Ensure CMA leadership is trained by Operations staff on monthly monitoring for projections Assign adoptions team as secondary at goal change rather than at TPR to

			decrease the timeframe between TPR and finalization on adoptions cases.
Enhance kinship placement stability and support to kinship caregivers	Increase early engagement of kinship team with kinship caregivers	LaJoyce Stout	Kinship staff to attend all initial CTS staffing where kinship is the initial placement -ensure level 1 information is being provided to kin caregivers at initial engagement -add kinship staff to adjudication report
	Identify efficiencies within the kinship program in the agency	Jennifer Williams/LaJoyce Stout	Centralize kinship department for all 4 counties under 1 director to streamline best practices and leverage resources
	Look for areas of opportunities between case management, level 1, and kinship team to increase communication and support to caregivers	Jennifer Williams	Schedule brainstorm meetings between level 1, kinship, operations, and case management leadership -identify any current barriers
Increase medical and dental measures	Look for partnerships in each county for initial medical screens and medical homes for children entering out of home care	Jennifer Williams	-re-engage True Health
	Review current process for children receiving medical screens and dental screens when coming into care	Jennifer Williams/Sr. Directors of Operations	look for efficiencies -meet with DCF to discuss barriers in getting children to initial medical screenings

	Identify dental partners in all 4 counties who are willing to partner with FPOCF	Jennifer Williams	Review list of current providers and look for new ways to partner
	Brainstorm meeting with CMA leadership, UM, and Operations to discuss top barriers for missing the targets		
Performance, Training and Quality Assurance Each Functional Department will have a scorecard which measures their functional health that aligns with agency performance on statewide contract measures & QA targets	PMT will support each functional department in developing & finalizing their scorecard to align with agency scorecard by the end of FY.	Diane Greene Diane Greene Sheila Ferguson/Shelly Rose Diane Greene	Develop Calendar to meet with each functional Department Finalize discussion points Complete crosswalk of data indicators by Dept. Schedule Diversion/Prevention, Youth Services, Operations Meetings
FPOCF will meet/demonstrate progress toward meeting all contract measures	Targeted data reviews will be completed on any contract measure underperforming to assist or inform Workplans.	D Greene S Rose S Ferguson, H Howlett S Rose S Ferguson	Identify areas that have had 3 months or more of underperformance Complete Data Review Schedule Meetings and develop Work Plans Meet monthly to review progress (or more often as team determines)
Youth Services Expand Funding Streams for the Youth Services Department Maintain a Fully Staffed and Highly Skilled Workforce	The Youth Services Department will identify and apply for at least four grants annually.	Keri Flynn	identify staff on team that will apply for grants -research grants specific to YS

Establish an Internal Quality Assurance Process Offering Ongoing Training Opportunities for Internal and External Partners	The Youth Services Department will implement a collaborative internal process involving Case Management, Information & Eligibility, and Master Trust Specialists to ensure that at least 90% of eligible young adults are actively receiving SSI or SSA benefits. The Youth Services Department will achieve official Vocational Rehabilitation Vendor status. In partnership with the Human Resources department, the Youth Service Department will work to maintain a vacancy rate of no more than 25%. The Youth Services Department will ensure that 100% of staff complete the DCF Independent Living Certification Training. The Youth Services leadership team will provide at least 12 internal training opportunities for staff each fiscal year.	Keri Flynn/Chris Martinez/Amber Barrett Chris Martinez/Keri Flynn	-assign grants to identified staff -set up meeting with chiefs re: current process and changes needed -collaborate with teams to train CMAs on new process. -contact VR regularly until approved meet with HR to establish rate -offer YS certification training twice a year -schedule at least 1 training course per month for team identify areas needing QA -create tool -determine reviewers

	The Youth Services Department will conduct at least four specialized quality reviews each fiscal year. The Youth Services Department will create performance improvement plans for all areas identified as needing enhancement during the quality reviews. The Youth Services Department will deliver department-specific training for 100% of DCM Pre-Service Academies. The Youth Services Department will provide a minimum of four department-specific training sessions per year for external stakeholders, including but not limited to the GAL program, Children's Legal Services, Judges/Judiciaries, Caregivers/Foster Parents, and Support Staff.	Keri Flynn/Chris Martinez/Amber Barrett	create training -create schedule
Placement & Behavioral Health Enhance the effectiveness of the Out-of-Home Care Transitions (OOHCT) team by reducing the number of children under 12 in At-Risk Group Care by 30%, minimizing unnecessary APD applications, decreasing sibling separations,	Reduce Group Care for Young Children:	Administrator/Senior Director of OOHC/OOHT	

and establishing standardized operating procedures to guide team functions—all with the overarching objective of reducing out-of-home care costs while improving placement stability and outcomes.	Decrease the number of children under age 12 in At-Risk Group Care by 30%, from 34 (as of 6/12/25) to 25 or fewer by 06/30/2026.		Implement a tracking system to identify and monitor all children under age 12 currently placed in At-Risk Group Care. Divide the caseload among OOHCT team members, with each championing specific cases and providing weekly updates on placement status and permanency opportunities. Refer all eligible children for step-down to appropriate levels of care (e.g., Family Care, Level II Foster Homes, APD) on a weekly basis. Present and advocate for this child rendering bi-weekly foster home capacity meetings with licensing to identify viable placement options. Prior to placing any child under 12 in At-Risk Group Care, exhaust all lower-level placement options and initiate HLOC staffing's when higher levels of care are indicated.
	Reduce the number of children requiring vetting for APD eligibility by 10% each quarter through active documentation collection and assessment. Starting baseline: 69 children identified as potentially eligible	Administrator/Senior Director of OOHC/APD Manager	Implement a tracking system to flag children in care who may meet the criteria for APD services. Provide weekly updates on each child's APD status to determine qualification and ensure progress. Submit applications for children who qualify; document reasons for ineligibility for those who do not meet criteria.

	Develop and implement a comprehensive Standard Operating Procedure (SOP) for the Out-of-Home Care Team (OOHCT) that clearly defines all departmental functions. Each quarter, specific functions will be prioritized and completed to ensure full SOP implementation by year-end.	Administrator/Senior Director of OOHC/ OOHCT	Draft a comprehensive layout of all core functions within the OOHCT department. Assign a process champion from each circuit to co-develop and document processes related to their region's functions. Identify commonalities and key differences across circuits and integrate the most effective practices into a unified SOP.
	Increase sibling placement together in foster care by reducing the percentage of separated siblings in licensed out-of-home care by **5%**, with progress monitored and reported quarterly.	Administrator/Senior Director of OOHC/ OOHCT	Develop a centralized tracker to identify and monitor separated siblings in licensed out-of-home care (LOOHC). Assign a team representative to actively participate in Circuit 18's workgroup focused on separated sibling placements. Track and report efforts to reunify siblings and coordinate with placement teams to prioritize sibling placements in foster homes.
Ensure compliance with Sunshine Health contractual requirements and drive system performance through data-informed practices that support the efficient and equitable distribution of care grants and benefits to children and families.	Maintain 100% with Sunshine Health documentation requirements. Ensure timely performance and responsiveness to Sunshine Health required TOC (transition of care) forms. Timely processing and distribution of care grants	Administrator/Director of Nursing/NCCs Administrator/Director of Nursing/NCCs	Monthly random sampling of documentation. Utilize monthly report received from Sunshine Health program manager to review documentation. Utilize checklist. Utilize tracking system to monitor performance. Ensure TOC's are completed timely and follow-up is completed.

	to meet child and family needs. Improved understanding among staff and partners of available support and how to access them.	Administrator/Director of Nursing/NCCs	Centralized tracking system for all care grant requests, approvals, disbursements, and outcomes. Conduct targeted outreach and training with case managers, caregivers, and providers on available benefits and how to apply.
Increase placement stability and timeliness to exit children from licensed out of home care, toward permanency, and to reduce out of home care costs.	Increase timeliness of early assessment and documentation of youth's behavioral health needs to improve recommendations for clinically appropriate placement and treatment interventions.	Administrator/ Senior Director of BH/ FPOCF Training Team Administrator/Senior Director of BH/Clinical Managers	Training for behavioral health staff and key stakeholders regarding FFPSA levels of care, suitability process, and therapeutic placements. Identify time management and efficiency strategies for staff documentation.
	Decrease rate of re-entry into higher levels of care after successful discharge.	Administrator/Senior Director of BH/Clinical Managers Administrator/Senior Director of BH/Senior Director of OOHC Administrator/Senior Director of BH/UM and Provider Partnerships	Training and clinical oversight for behavioral health staff in managing discharge planning conversations as part of the HLOC MDT process. Meet with therapeutic providers to address systemic barriers to effective discharge planning and continuity of care. Increase access to quality outpatient treatment interventions to effectively support caregivers and youth during transition to less restrictive environments.
Enhance overall service delivery by expanding provider capacity, improving communication between providers and	Expand provider network by at least 10%	Administrator/Senior Director of Provider Partnerships	Identify current provider capacity gaps by region and service type

CMAs, and reducing referral reassignments caused by waitlists.			Conduct targeted outreach and recruitment Host provider orientation and engagement sessions Streamline credentialing and contracting process Monitor progress quarterly
	Increase communication between providers and CMAs	Administrator/Senior Director of UM	Schedule regular joint case staffing and provider-CMA forums Develop a shared communication protocol and contact directory Implement a feedback loop to address gaps and successes Offer cross-training sessions between CMAs and providers
	Identify cases without assigned activities and address service delays	Administrator/Senior Director of UM	Conduct weekly referral reviews to flag unassigned activities Implement a tracking system to monitor waitlist trends Collaborate with Care Coordination to resolve barriers Provide monthly reports to leadership with action summaries
By June 30, 2026, recruit and contract 12 new credentialed providers offering in-person and in-home services, with fluency in Spanish and/or Creole, focused on Seminole County, Osceola County, and specific Orange County zip codes (32818, 32808, 32811, 32805, 32801).	Outreach list of at least 20 prospective providers completed. Credentialing dashboard shows 100% compliance for all 12 new providers. Conduct 2 webinars for	Administrator / Senior Director of Provider Partnerships	Develop and complete outreach list targeting priority areas. Organize and deliver two informational webinars to engage prospective providers. Facilitate credentialing process to ensure compliance. Negotiate and execute

	prospective providers and partners. Sign contracts with 12 new providers demonstrating willingness for in-person/in-home visits and language capacity. Geographic targets: minimum 3 providers in Seminole County, 3 in Osceola County, and 6 in identified Orange County zip codes.		contracts with selected providers. Monitor geographic distribution and language capabilities to meet target goals. Provide regular progress reports to leadership.
CARES Model Replication, Wraparound Training, Certifications and Technical Assistance Increase CARES replication by adding an additional CARES sight Increase awareness of CARES Model by acceptance on the FFPSA Title IV-E Prevention Clearinghouse Add additional revenue streams by adding coursework for peer support and community coaching outside of replication	One new CARES replication sight will be added The completed CARES study will be finalized, and the results will be published Peer Support Certification Curriculum completed Leadership Development Curriculum developed	Kathryn Parker Kathryn Parker/ USF Partners Tracy Little/ Jarred Vermillion Kathryn Parker	Follow up with Iowa and Centene on inquiries for replication and funding opportunities USF will submit the final study to DCF for their approval. The final approved study will be submitted to the Title IV-E Prevention Clearinghouse for review Formal curriculum to be added as a course offered for peer support certification Additional classes and consultation opportunities outside of replication added as a service array
Information and Eligibility Process integration and standardization	I&P Process: System consolidation, eliminate	Stacy Peacock	

Process improvements: Increase access to information; improve information sharing across functional areas, reduce rework, reduce errors; reduce adjustments, Increase timeliness CCWIS Integration and Agency readiness 2026: Planning and Evaluation SOC Impact	paper process; increase data sharing across functional teams: Contracts/I&P/IES/Providers Reduce placement rate errors and reconciliation tasks Service Authorization: process evaluation; transition planning – consolidated system use Complete user design sessions and start evaluation of readiness	Stacy Peacock Stacy Peacock	Update I&P OHC reporting; Brevard I&P ARGOS training & Implementation: end I&P paper form process Default service rates: IVE budget template rate information integration Identify remaining UM development priorities; determine tool for process integration ARGOS or Mindshare; outline transition plan Participating in design sessions
Human Resources Enhance the new employee experience Strengthen employee engagement Enhance employee development	More engaged employees Improve connection to the family of agencies and their missions Enhance employee relations specifically with HR Build stronger peer connections and increase job competence	Cyndi Hernandez	
Information Technology Tenant Migration and Network Integration IT resource consolidation and standardization	FPOCF staff on the same network	Mark Monn	Migration Phases and timelines Finalized VPN update

Establishing agency data strategy agency data strategy establishing IT roadmap & future state	FPOCF staff same e-mail address FPOCF access to same resources & support FPOCF updated and consolidated infrastructure		G Drive archive Evaluation file name & cloud restrictions The Brevard team migrate to new tenant The OOS teams migrate to new tenant Implement domain changes
Contracts/Risk Management/Legal Risk Management Committee will meet Quarterly to address risk issues as outlined in RQ502. Compliance Committee will meet quarterly to provide Executive Team oversight to risk issues identified by the Risk Management Committee as outlined in RQ506. Contracts will be in compliance with all requirements including termination dates, appropriately documented rates, and compliance with deliverables. Maintain compliance with all Centene/Sunshine Health requirements including exclusion screening and compliance training.	Identifying risks and strategize on reducing exposure Contracts with providers will be executed and uploaded to ARGOS with IV-E templates. Reduce need to “backtrack” and update rates for provider payments	John Hubbard Chris Goncalo/Sylvia Henson	Formalize contracts with completed IV-E budgets Upload rates/budgets into ARGOS Review on at least a quarterly basis training and exclusion compliance.

Executive Establish a blueprint strategy for the development of FPOCF Community Advisory Councils for all four counties (Orange, Osceola, Seminole and Brevard). Elevate awareness, promotion, and training of our internal customer service expectations. Redesign our Marketing and Public Affairs framework and delivery. Continue consistency and standardization of practices and protocols Create a culture of learning and professional development Ensure efficient processes and drive organizational excellence	Each county will have an Advisory Board of four members including Chair, Vice Chair and Secretary All Family Partnerships of Central Florida staff will receive training in internal customer service expectations, consider a customer service campaign for branding The new Director of Communication will ensure strategic refinement of FPOCF marketing and public relations delivery to promote and enhance agency awareness Each county's practices and protocols in all departments will be standardized and consistent in protocol and delivery Each Administrator will engage in team building.	Phil Scarpelli Phil Scarpelli Phil Scarpelli Valerie Holmes	

	Leadership development, and avail team members to training and professional development opportunities Each Administrator will identify efficiencies to drive organizational excellence and improve performance	Valerie Holmes Valerie Holmes	

Continual evaluation of performance and other data elements provide the basis for defining quality assurance activities that both support and encourage quality improvement activities.

2. Strategic Plan

The strategic plan developed by FPOCF in collaboration with each functional Department, sets the strategic goals and framework to create efficiencies in service delivery movements toward desired outcomes and support an environment of continuous quality improvement. At least quarterly the agency collects a status report from each functional Department to inform progress. The strategic plan is updated annually.

In addition to the internal CQI work that is being done within the agency, the FPOCF Board of Directors and the FPOC Management Team believe it is imperative for leadership to promote a culture, in the communities we serve, that is committed to improving and expanding the quality of services provided and available to children and families. We believe in strengthening community providers through ongoing collaboration. FPOCF will continue to improve our community and lead agency outcomes by contracting with network providers that demonstrate high performance, and ongoing improvement towards program goals. FPOCF PQI structure is multi-tiered to ensure information exchanged throughout the FPOCF System of Care (from stakeholders, network providers, the FPOCF organization, and FPOCF Board of Directors) is provided in an accurate and efficient manner. The focus is on performance reporting, problem/gap identification, solution driven activities, and system and outcome improvements.

3. FPOCF Management team/FPOCF Board of Directors

It is the role and responsibility of the FPOCF Board of Directors and the FPOCF Management Team to promote and sustain continuous quality improvement to maintain a successful organization. Making quality a priority changes the culture from one with a compliance focus to one which focuses on qualitative services and improved and sustained outcomes. FPOCF internal PQI processes incorporate the critical functions of utilization management, network development/support, data management and reporting, program management, quality assurance, and finance. Sunshine Health internal PQI processes incorporate medical and mental health alerts and system controls to monitor child well-being and promote optimum health and maximum benefit of available resources.

Note: On May 14, 2024, the Embrace Families lead agency contract in Orange, Osceola and Seminole Counties ended. Brevard Family Partnerships (BFP) was awarded the lead agency contract and began transitioning service delivery to BFP in the expanded service area on April 1, 2024. BVP changed their corporate name to Family Partnerships of Central Florida to reflect the expanded coverage area.

The FPOCF Board is responsible for approving FPOCFs Compliance Plan. The FPOCF Board Liaison provides and coordinates Board Meetings and ensures that information required is shared with Board members. Information is provided which includes information and recommendations from the FPOCF Executive Leadership Team from the evaluation of trends, risk, systemic factors/barriers, and community feedback. The FPOCF Board has an essential role in ensuring that continuous quality improvement is occurring and the strategic plan goals are being achieved. The Board's established standing committees present reports and recommendations to the Board for appropriate action. The Board may establish special committee/task forces as needs are identified, to research and present information and make recommendation for Board action.

The Board's Role in Compliance

Approve	Approving Compliance Plan
Establish	Establish Compliance Committee (QI Committee)
Receive	Receive Reports on Compliance and Risk Management
Review	Review Annual Risk Management Report and Progress on Goals
Receive	Receive Reports on Claims History and Trends
Review	Review Policies and Approve Compliance Policies
Participate	Participate in Risk Management Trainings
Ensure	Ensure Management of Individual Board Member Risk
Budget	Budget for Risk Management/Compliance Program and Insurance

Christopher Goncalo, Director of Contracts and Compliance, serves as the agency leading on convening a quarterly Risk Management Meeting with FPOCF staff identified as responsible for the collection and analysis of information in key areas defined as having the potential for risk exposure. Following the collection of information Mr. Goncalo convenes a meeting with the Executive Team, and a few other key staff, to review the information gathered. This report is then shared by the Executive Team with the FPOCF Board Compliance Committee.

Performance data on contract measures established by the Department of Children and Families, as well as a number of other data points identified as important to assess compliance or manage workflow/movement toward agency goals are collected and reported in several meeting forums. Each meeting has a specific setting and agenda and information collected or discussed in the meeting is captured and sent to the attendees and maintained on the agency g- drive (or equivalent). See attachments (sample) of each meeting type (confidential information removed as applicable

Performance Meeting Matrix

Meeting Name	When	Participants	Purpose
Quarterly FPOCF/CMA Performance Meeting	August, Nov, Feb, May 2nd Wed of Month 11:30-1pm August: Q4 & FY Data November: Q1 Data February: Q2 Data May: Q3 Data	**Led by QA/PMT** FPOC County Directors, Operations Managers, CMA Leadership, TAQA, Contract Management (In-person preferred, virtual available).	Review of Contract Performance Measures (DCF & CMA); Service Center Performance Data (All counties, East/West Orange separate), state avg and CBC ranking
Quarterly FPOCF All Staff Meeting	August, November, February, May (2nd Thursday of month) 9am -12pm	**Led by Training**; agenda approved by CEO/VP All FPOCF Staff No external CMA staff	CEO Organizational Updates Agency Priorities Training
Bi-weekly FPOCF Leadership Meeting	1st & 3rd Monday @11am	**Rotating Chair** Leadership Team Standard Agenda	Report Department Priorities Department Scorecard items in red that affect organization (#kids in unlicensed care, Avg Daily Cost of Care Trend, focus on areas in red) Identify, Discuss, Solve Upcoming Events
Monthly FPOCF/CMA Partnership Meeting	Seminole: 4th Wed @ 11:00 am Orange : 4th Friday @1:30pm Osceola: 2nd Thurs 2p-3:30p Brevard: 4th Thurs @ 2:00	**Led by Sr Director of Operations** All staff of CMA/FPOCF assigned to support service center	Review Operational Performance at unit level Report on progress of workplans (CQI) FPOCF Updates (informed by FPOC Leadership Mtg) CMA Updates Includes Frontline staff
Bi-weekly Service Center Healthy Systems Meeting	**1st & 3rd Mondays** Seminole: Mon @ 2pm Orange : Mon @ 2pm Osceola: Mon @1pm Brevard: Weds @10 am	**Led by Sr Dir of Operations** Operations Manager CMA Leadership Contract Manager TAQA Adm/Senior DCF Representative	Review Current Performance Data/Progress to goal Reporting Template 3rd Monday – Required Contract Meeting component

Monthly FPOCF Functional Team Meeting	As set by Admin/Director	**Led by Admin/Director** All staff on functional team (or subset) Standard Agenda	Review Team performance/scorecard Set Team Priorities
Bi-Weekly FPOCF Functional Team Meeting (Check-In)	As set by Admin/Director	**Led by Admin/Director** All staff on functional team (or subset)	• Team Cohesion • Drive Execution • Monitor Progress
Monthly: One: One staff Meeting	As set by Supervisor	**Led by Supervisor**	• Individual Accountability • Coaching • Career Development

The Quality/Training/Performance Management Team is led by the Administrator of Performance, Quality & Training (Diane.Greene@FamilyPartnerships.org), 901 N. Lake Destiny Road, Maitland FL 32751, 407-441-2060, under supervision and direction of Dr. Valerie Holmes, Vice President of Operations and Chief Operating Officer (Valerie.Holmes@FamilyPartnerships.org)

The team is divided into three primary functional responsibilities: Training, Quality Assurance, and Performance Management. The Training Team facilitates in-services trainings as well as child welfare training for staff that are required to become child welfare certified as a condition for their employment. Pre-Service training "The Florida Academy for Child Protection and Family Resiliency" (aka "The Academy") is conducted in person in the classroom and incorporates Virtual Reality, Live action simulations, and structured field days. The curriculum has recently been updated to current practices; trainees must pass the knowledge test and demonstrate competencies on performance assessments before they can be assigned cases.

The Quality Team is led by Heather Howlett, Senior Director of Quality. This team is responsible for several types of case file reviews which are valuable as they determine the quality of services provided to children and families.

- **Internal CFSR reviews for Continuous Quality improvement completed in the Administration on Children, Youth and Family's Children's Bureau federal portal (OMS).** The sample is randomly selected by the FPOCF Senior Director of Quality. 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. Following the completion of each CFSR style review, FPOCF provides a case debrief to share strengths and improvement opportunities to strengthen future case practice in safety, permanency, and well-being. Onsite Review instrument (OSRI) reporting features are utilized for further trend analysis.
- **CFSR Desk Reviews completed in the DCF Qualtrics account by DCF Office of Quality and Innovation staff.** The team is responsible for being the liaison between DCF QA staff and the case management agencies. The DCF Office of Quality and Innovation completes approximately 65 cases in each of our 2 circuits annually. FPOCF assists in reviewing tool accuracy, tracking outstanding

tasks and responding to Immediate Child Safety Action Requested (ICSARs). On a quarterly basis, an FPOCF QA Team member also partners to complete a Desk Review side by side with DCF staff.

- **External CFSR reviews for Round 4 PIP activities completed in the Federal OMS portal.** The DCF contract/State QM Plan also requires that our agency participate as a co-reviewer with the Department on the PIP reviews for the CFSR Round 4 sites that are required (approximately 3 a quarter).

***PIP required reviews**

Community Based Care Lead Agency	Sample Size FY 2025-2026					
	In-Home Children	Out of Home Children	Total	Lead Agency PIP Co Reviews		Total Annual PIP Co Reviews
	FSFN June 2025	FSFN June 2025		Q1 & Q3	Q2 & Q4	Qtrs. 1-4
FPOCF	1807	3148	4955	3	3	12

- **Special Reviews** on targeted topics such as quality of supervision and psychotropic medication are completed on a requested/ as needed basis to address specifically identified issues. This past FY included reviews of quality of supervision, psychotropic medication compliance, and data analysis review of compliance with medication log collection. Data reviews were conducted in numerous areas to address length of time to permanency, sibling and relative placement rates, re-entry, and abuse during service provision.

FPOCF QA staff also participate in state led Benchmark Panels, as available, which provides an opportunity to advance understanding of CFSR rating and item applicability through the consensus building review of selected cases. Each month the Senior Director of Quality convenes an internal QA Meeting which includes the case management agency QA staff. At the meeting updates are shared from the State QM Meeting and discussions and analysis of case reviews completed in the quarter are discussed. Information is shared regarding reviews/activities that the CMA agency QA staff are planning, and those that the FPOCF are planning.

Performance Management Team Is comprised of 2 staff that have specific data reporting responsibilities for the agency to include collecting information for the Financial Viability Plan, ensuring performance data is posted to the DCF Website; and that other data needs and reports are completed as needed by FPOCF Operations/Case Management partners. Sheila Ferguson, Data & Performance Specialist provides data for Brevard & Osceola County Operations and Shelly Rose, Performance and QA Specialist, provides data and reports for Orange County &

Seminole County Operations Teams. The team prepares and presents performance data at the county level Partnership Meetings that include an overview of performance on contract measures at the FPOCF agency level, to the case management agency level, and down to the unit level by the case management agency. In addition, data reports ("exception reports") of cases that were out of compliance on specific data elements are provided to case management and FPOCF Operations with review and follow-up expected. Quarterly all the case management agency leadership and key staff attend a quarterly performance review led by Shelly Rose, FPOCF Data & Quality Specialist where data on contract measures is shared at the state, agency (FPOCF) and Case Management Agency level and agencies "compete" on a weighted scale for top agency award/designation for the quarter. The weighted scale focuses on agency priorities established by the Case Management and Permanency Administrator, Jennifer Williams.

Areas found to be underperforming for more than 3 consecutive months are discussed at the FPOCF QA/Performance Management Team weekly check-in meeting and a plan is developed to approach the case management agency leadership for purposes of collaborating on a Work Plan to address the deficient area. The FPOCF Performance Team conducts an in depth data analysis on the performance item in preparation for the discussion and provides this data analysis to the case management agency local leadership in advance of the meeting. FPOCF Data Specialist will serve as the facilitator and scribe, but the actions identified that will be taken to address the deficient area is determined by the Case Management Agency. A cadence of meetings, including inviting additional staff, is discussed. Systemic factors that require resolution are assigned to the FPOCF Performance Team to assist in resolution. At present, each case management agency has an active Work Plan in place to address the rate of separated siblings (and relative placement) across the system of care. Any training needs identified during any meeting are brought to the attention of the FPOCF Training Manager for resolution. Most recently the training manager has created online training using Articulate software for Level 1 Licensure (What it is and is not); trainings for relative/non-relative caregivers (Dependency Overview and Funding Options for Relative and Nonrelative Caregivers); and one for case managers, (What case managers need to know about funding options for relative and non-relatives).

Training Team	Quality Team	Performance Management
Ellen Taylor, Training Manager	Heather Howlett, Senior Director of Quality	VACANT Performance & Training Specialist
Robin Hoffman, Training Specialist	Sheryl Charles-White, Quality Specialist	Sheila Ferguson, Data & Performance Specialist
Kreshia Julien, Training Specialist	Renelou, Gonzalez, Quality Specialist	Shelly Rose, Performance & QA Specialist

Chadra Hutchinson, Training Specialist	Samantha McGabe, Quality & Training Specialist	
Bobby Bonilla, Training Specialist	Chelsea Johnson, Quality & Training Specialist	
Erika Austin, Training Specialist	VACANT Quality Specialist	• Color coding represents staff funded under QA

The **Contracts and Compliance Department** is under the purview of the Chief Legal Officer, John Hubbard. The Director of Contracts and Compliance, Christopher Gonacalo, manages the Council on Accreditation process to ensure that the agency meets the requirements to maintain accreditation at the exceeds standards level. In addition, the team manages all the FPOCF contracts, including a regular cadence of monitoring of those contracts, in accordance with the risk rating assessed for each. The team coordinates all aspects of soliciting, awarding, and managing contracts or agreements as outlined by the Department of Children and Families in CFOP 75-2 and supplemented by the Procurement and Contracting Playbook. The team chairs the Residential Group Care monthly meeting, Risk Management Meeting (monthly), and regular contract meetings with individual contracts. The Contracts and Compliance Department will issue a request for a Program Improvement Plan to a contracted agency when indicated, and as approved by the Executive Leadership Team. The team manages the Incident Reporting system and ensures appropriate notice and follow up is assigned to appropriate staff when warranted. Client complaints received in reference to Brevard operations are managed by the Client Relations and Caregiver Support Specialist and for tri-county operations by the Case Management and Permanency Administrator (Jennifer Williams).

Child Welfare Case Management Operations is overseen by the Case Management and Permanency Administrator Jennifer Williams. The operations/permanency team consists of a small team in each county (Orange County team under Nikki Riggsbee, Senior Director of Operations) and Seminole/Osceola Teams under Nicole Musgray (Senior Director of Operations). The teams in the tri-county perform an oversight role and support to the case management provider and facilitate the bi-weekly Healthy Systems Meeting and monthly Partnership Meetings. In addition, the operation team conducts a minimum of quarterly permanency staffing's (parents, caregiver, and youth as appropriate are invited) where case goal is reviewed, and child well-being (parent/sibling visits, ed/behavioral health, physical and dental health) is discussed. The team ensures that the permanency goal is appropriate, and activities are occurring to support compliance with case management requirements. In this role, the team is responsible for chairing MDT's that are focused on conditions for return/reunification, to ensure that the decision is appropriate and that a transition plan is identified when appropriate. The team oversees

ongoing permanency initiatives to include a continual review of the permanency cohorts to ensure work is completed as identified to move children toward permanency, to include an evaluation of the other parent (not part of removal household), relatives/non-relatives. The team addresses systemic issues that arise and help navigate difficult and complex situations. The FPOCF court liaisons work closely with the court systems to ensure that the Judicial Reviews or other paperwork/activities ordered by the court have been completed timely and follow-up has occurred as ordered. The Missing Child Specialist is assigned to all 4 counties and oversees compliance with reporting and search efforts are adhered to. The Kinship team/Fatherhood Specialist report to the Case Management and Permanency Administrator and receive notice of all children that enter care and are placed in relative/non-relative care. They reach out to the caregiver and assist with system navigation (benefits) and other support as needed, including an invitation to a support group for caregivers. The Educational liaisons provide assistance with navigating school related enrollment and attendance and work to ensure that educational stability is maintained whenever feasible. The team has an Adoption Director in each Circuit and a Guardianship Assistance Specialist (combined role for Circuit 18) that assists with meeting the oversight and approval requirements of those programs.

The Brevard Operation Team (under the purview of the Case Management and Permanency Administrator) is a full case management team that is overseen by Katie Guemple, Senior Director of Operations. She has an expanded team that provides full case management responsibility.

The **Placement and Behavioral Health Team** is under the purview of Wanda Arocho, Placement and Behavioral Health Administrator. This team manages the clinical review oversight for children in OHC, to include identifying and coordinating placement, placement stability and ensuring that children are placed in an appropriate level of care and receive the specialized mental/behavioral health services that they require. The team has expertise in medical care (Nurse Care Coordinators), and with developmental disabilities (APD). This team reviews and authorizes non-Medicaid services for youth and parents as applicable to ensure that funding is appropriately identified and that the service being requested is clinically appropriate. The utilization review process is critical to ensuring that appropriate services are identified, available and being delivered by a qualified provider/clinician. The team also collaborates closely with the community to build a clinical network that supports the needs of the families in our System of Care.

The **Licensing and Kinship Team** is under the purview of Ashley Carraro, Licensing and Kinship Administrator. The team provides or arranges for training of Foster and Adoptive Parents utilizing DCF approved curriculum and licensing procedures. This includes the licensing of Level 1 Kinship caregivers, as well as level 2-5 foster caregivers.

Level 1	Relatives and non-relatives with an existing relationship with a specific child in foster care
Level 2	Individuals interested in fostering children

Level 3	For caregivers providing a safe environment for victims of Human Trafficking
Level 4	For caregivers with specialized training to care for children and adolescents with significant emotional, behavior, or social needs
Level 5	For caregivers with specialized training to provide care for children and adolescents with chronic medical conditions

The team works closely with operations to ensure that licensure work is completed in priority order, this is important level 2-5 homes must retain their license to continue to care for children placed in their home; new homes must be licensed to ensure adequate placements are available to care for children, based on their needs and near their removal home (continuity of connections). Quality of care concerns and exit interviews (interviews with children exiting licensed foster care) are reviewed by Caregiver Risk and Regulation Manager, Nancy King. Oversight of overcapacity waivers, attendance at Institutional Staffing involving foster homes, are attended by a Team representative to ensure that any risk or safety issues identified for a child in licensed foster care are addressed.

The **Youth Services Team** is under the purview of Keri Flynn, Youth Services Administrator. The team provides/oversees direct case management to young adults that turn 18 while in foster care up to age 23. The team includes specialists that assist in the areas of education, employment, and engagement/advocacy They work with case management and provider to ensure that all teens in out of home care are exposed to appropriate live skills and have a transition plan in place as they get closer to age 18. The contracted provider, Crossroads provides graduated support for youth in OHC based on age.

The **Administrative Team** is overseen by Stacy Peacock, Chief Administrative Officer. The team is responsible for ensuring administrative functions effectively support the operational needs and business goals of the organization. The team includes Information Technology, Business Analytics and Automation, Information & Eligibility, Business and Property Management and agency Emergency Response.

The goals of the team include:

- optimizing systems and services by equipping the teams with the necessary tools to enhance productivity and streamline daily operations.
- Informed Decision Making: ensuring access to timely and accurate data to make strategic decision confidently.
- Timely Benefit Access and payments: Ensuring that caregivers and youth have access to benefits and timely payments contributing to overall well-being

- Team Support and Collaboration: Fostering a Safe and Supportive Environment where teams communicate and collaborate seamlessly

The responsibilities of this team include conducting quality reviews of federal eligibility determinations.

The Prevention and Diversion Teams are separated by circuit. The Circuit 18 Team is overseen by Rebecca Melick, Director of Prevention and Diversion; and the Circuit 9 Team is overseen by Ann Lindsey-Mowery. They oversee case management and resource referrals for children/families referred due to an intermediate/high risk determination by the CPI, or cases where the child has been assessed as unsafe, but where children can remain safely in the home with a safety plan, in the care of the parents, without court intervention. In addition, they support children/families that need assistance post adoption. The team provides families access to many evidence-based practices that can assist the family in caring optimally for their children. Programming includes access to programs that include Head Start, Neighborhood Partnership Program, Mobile Response Team, Parents as Teachers, and Parenting with Love and Limits.

The Finance Team is under the purview of Donald Johnson, Chief Finance Officer. The Finance Team ensures that funding is available and utilized in accordance with policy and procedures that are required, and payments are released as scheduled to all providers, contractors, and caregivers. They set the budget for board approval and forecast expenditures routinely so they can ensure that financial resources will meet the needs of the organizational mission.

The Marketing and Communication Team is under the purview of Bryan Culbert, Communications and PR Director. The team publishes employee and stakeholder communications to include newsletters like Partners in Progress and Annual Reports. They manage the company website and social media accounts and work with the media to advance public awareness, to include conducting special events that bring attention to child abuse prevention and the need for foster parents. The team is instrumental in securing donations and community engagement. There are several fund raising events that the team organizes that provide additional support to things the families and children that we serve need that are not fully covered by the contract/funding provided by the Department.

III. Measurements & Outcomes

A. Management/ Performance

Operational performance is measured by FPOCF using the contract measures and data indicators that our agency has established that are relevant to safety, well-being, or permanency outcome achievement and which are accessible in the BOE extract tables. Where applicable the CFSR item identified below includes the quantitative measures that FPOCF tracks monthly. Green shading in the box in FPOCF Percent Strengths is color coded green if FPOCF is rated above the statewide performance identified by the Department.

1. CFSR and Contract Performance Measures

Safety Outcome 1: Children are, first and foremost, protected from abuse & neglect

QA: Item 1 (CPI timeliness to responding to investigations)

CFSR Desk Review Results

FPOCF all n=140	Number Strengths	Number ANI	Number n/a	FPOCF Percent Strengths	Statewide
Item 1	**68**	**10**	**62**	**87.2%**	

This measure is specific to the timeliness of investigative response and a measure related only to CPI performance.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

QA: Item 2 (Concerted efforts to provide services prior to removal)

QA: Item 3 (Concerted efforts to assess and address risk & safety concerns)

CFSR Desk Review Results

FPOCF all n=140	Number Strengths	Number ANI	Number n/a	FPOCF Percent Strengths	Statewide
Item 2	67	19	54	77.9%	71.5%
Item 3	70	69	1	50.4%	45.9%

Summary of Common Reasons for Strength Ratings: Successful Service Implementation: Agencies provided targeted services (e.g., parenting, substance abuse, safety planning) that helped prevent foster care entry or re-entry. **Comprehensive Risk and Safety Assessments:** Agencies conducted **initial and ongoing formal and informal assessments** of risk and safety, and assessments were described as **accurate and comprehensive**. **Timely and Appropriate Safety Planning**: Agencies implemented **safety plans** in response to identified risks or present danger,

and the plans were monitored and adjusted as needed. **Effective Monitoring and Home Visits**: Monthly or frequent **home visits** were used to observe and assess child safety. **Use of Safety Monitors**: Relatives (e.g., **maternal grandmothers**) were often designated as **safety monitors** and caregivers. **Use of Collateral Information**: Safety assessments included input from **medical teams, caregivers, and other professionals**. **Court-Ordered Safety Measures**: Supervised visitation and other **court-ordered safety actions** were in place and deemed appropriate.

Quantitative Data: In-Home Safety Plans

	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole
6/30/2025	93.30%	96.07%	98.02%	98.00%	96.04%	96.15%	98.07%
6/30/2024	93.31%*	94.09%	96.35%	98.19%	93.91%	95.92%	90.57%

* Embrace Families data only, BFP data is reflected in the Brevard column for June 23-24

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

QA Item 4: Stability of Placement

QA Item 5: Timeliness & Appropriateness of Permanency Goal

QA Item 6: Efforts to achieve permanency goals in effect; timeliness of adoption goal

FPOCF all n=140	Number Strengths	Number ANI	Number n/a	FPOCF Percent Strengths	Statewide
Item 4	79	15	46	84.0%	77.3%
Item 5	82	12	46	87.2%	82.5%
Item 6	44	49	45	47.3%	56.7%

Summary of Common Reasons for Strength Ratings:

Item 4 strength ratings were attributed in most cases because the children experienced **only one placement** during the Period Under Review (PUR), which remained stable. Examples include placements with relatives (e.g., grandparents, aunts) or licensed foster homes. **Appropriate Placement**

Matching Child's Needs: Children were placed in homes that could meet their medical, emotional, or behavioral needs. Medical foster care was often cited for children with complex health issues. **Caregiver Commitment**: Caregivers expressed willingness to care for the child long-term or pursue adoption. Some had previously adopted siblings or were familiar to the child before placement. Children experienced **No Disruptions or Safety Concerns**: Placements were free of disruptions, safety threats, or emerging risks. Even when minor issues arose, they did not affect placement stability. **Supportive Environment**: Children were thriving, meeting milestones, and receiving necessary services.; Agencies conducted regular assessments and provided support to maintain stability. **Transition Planning**: In cases where placement changed, transitions were planned and in the child's best interest (e.g., due to caregiver health or reunification goals).

Data Source: OCWFW dashboard 9/18/2025 (Placement Moves)

	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole
24-25 (Q4)	4.47	4.28	4.65	4.69	4.35	4.06	4.53
23-24 (Q4)	5.2	5.36	5.01	5.66	5.11	7.19	4.68

Item 5: **Summary of Common Reasons for Strength Ratings: Appropriate Goal determination**: Agencies determined goals in a timely manner, established appropriate permanency goals based on items such as no prior removal history, no egregious abuse, and parent engagement and willingness.

Item 6: Common Themes for Cases that received an ANI included: **Delays and Documentation Issues** especially due to incomplete or late documentation. Lack of **appropriate staffing** and unclear case records hindered timely decisions. **Court and Legal Processes**: **Court delays**, postponed hearings, and **TPR (Termination of Parental Rights)** filings are recurring issues. Legal processes often impact the **adoption timeline** and **reunification efforts**. **Parental Engagement and Services**: there was insufficient efforts to **engage parents**, especially fathers, and a lack of **individualized services**, such as language-appropriate or accessible support. **Service referrals** were often delayed or not followed up. **Case Planning and Permanency Goal:** Cases frequently lacked **clear or concurrent permanency goals**. Agencies sometimes failed to **reassess or adapt case plans** based on family progress or barriers. **Systemic and Procedural Barriers**: Issues with **funding**, **provider availability**, and **inter-agency coordination**. Systemic challenges like **insurance denial** or **placement instability** affected outcomes.

Quantitative Data on Permanency Measures:

Source OCWFW dashboard 9/18/2025
Permanency within 12 months (entry cohort)

Target 35.2%	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole

24-25 (Q4)	28.93%	22.48%	35.79%	36.62%	23.26%	19.61%	33.61%
23-24 (Q4)	24.38%	20.81%	27.48%	24.88%	23.10%	14.77%	33.33%

Permanency within 12-23 (entry cohort)

Target: 43.8%	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole
24-25 (Q4)	53.78%	48.92%	58.46%	61.00%	50.00%	46.15%	52.08%
23-24 (Q4)	0.46	41.33%	52.36%	58.03%	42.54%	37.18%	41.75%

Permanency in 24+

Target: 37.3%	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole
24-25 (Q4)	49.44%	48.38%	50.97%	54.11%	48.46%	48.05%	46.85%
23-24 (Q4)	43.84%	42.49%	45.70%	48.50%	38.06%	56.47%	40.45%

Number of months since most recent removal date for all children with out of home care type assigned as primary as of 6/30/2025. Data Source Clients Active Report auto email distribution 6/30/2025

91	0-3	4-8	9-12	13-16	17-20	21-24	25-28	29-32	33-36	37-40	41-44	45-48	5+ years	Grand Total
Brevard		72	71	65	28	42	40	30	20	15	14	6	24	427
Orange	66	87	49	74	71	50	37	19	34	27	6	14	74	608
Osceola	14	17	19	31	18	8	8	21	9	6	7	4	15	177
Seminole	18	29	23	22	14	12	20	9	17	5	5	11	22	207
All	189	205	162	192	131	112	105	79	80	53	32	35	135	1510

Number of months since most recent removal date for all children with out of home care type assigned as primary as of 6/30/2024. Retrieved from Clients Active Report auto email distribution 6/30/2024 **Note: highlighted boxes are the timeframe that had most of the children still in care are Length of Stay (as of 6/30/2024).**

	0-3	4-8	9-12	13-16	17-20	21-24	25-28	29-32	34-36	37-40	41-44	45-48	5+ YEARS	Grand Total
Brevard	93	88	74	93	81	47	25	30	18	20	10	12	23	614
Orange	99	134	112	95	68	63	70	34	39	47	24	21	52	858
Osceola	37	42	19	28	32	30	9	24	7	4	6	9	19	266
Seminole	39	42	32	41	36	33	18	16	19	11	14	2	20	323
ALL	268	306	237	257	217	173	122	104	83	82	54	44	114	2061

OCWDRU 1182 -
Exit 7/1/2024-
6/30/2025

	0-3	4-8	9-12	13-16	17-20	21-24	25-28	29-32	33-36	37-40	41-44	45-48	5 years +	Grand Total
Brevard	12	40	66	39	40	54	50	25	17	10	13	17	18	**401**
Adoption		1	3	7	13	24	28	21	14	6	13	14	7	**151**
Age of Majority		1	2	2		1		2		2			7	**17**
Guardianship		3	3	9	10	11	6	1	3	2		1	3	**52**
Non-Licensed Entity (Adoption)			1											**1**
Reunification w/ Parent(s)/Primary Caretaker	12	35	57	21	17	18	16	1				2	1	**180**
Orange	13	29	76	40	67	44	45	42	24	23	28	10	40	**481**
Adoption	2	3	6	9	16	23	21	25	15	8	10	7	18	**163**
Age of Majority		1	3	3	3	1	3	1	2	6	2	1	7	**33**
Death Of Child		1				1								**2**
Guardianship		2	3	7	16	3	6	9	7	9	12	1	15	**90**
Reunification w/ Parent(s)/Primary caretaker	11	22	64	21	32	16	15	7			4	2		**194**
Osceola	5	19	14	21	15	14	13	13	8	12	6	1	16	**157**
Adoption		3	7	10	4	9	7	7	6	4	4		10	**71**
Age of Majority	1	1	0	3	0	1	2	1	1	2	0	0	6	**18**
Death Of Child								1						**1**
Guardianship			1					2	1	6	1			**11**
Private Agency				1										**1**
Reunification w/ Parent(s)/Primary Caretaker	4	15	6	7	11	4	4	2			1	1		**55**
Seminole	6	24	18	21	23	16	22	9	10	13	5	9	12	**188**
Adoption			2	2	5	3	10	2	3	9	2	9	9	**56**

Age of Majority	1	2	0	0	1	1	1	2	2	0	1	0	3	**14**
Death Of Child				1										**1**
Guardianship	1	4	3	3	3	7	6	4	2	3	1			**37**
Reunification w/ Parent(s)/Primary Caretaker	4	18	13	15	14	5	5	1	3	1	1			**80**
Grand Total	**36**	**112**	**174**	**121**	**145**	**128**	**130**	**89**	**59**	**58**	**52**	**37**	**86**	**1227**

The table above provides detail on the length of stay for children exiting OHC in FY 24/25. Children in Seminole had the highest number of children exiting OHC between 4-8 months (22.5%); and Osceola had the highest rate of children exiting via adoption 45.22% compared to other counties (Seminole 29.79%, Orange 33.89%, Brevard 37.66%). 509/1227 or 41.83% of children in the System of care that exited were reunified, Osceola had the lowest rate of reunification at 35.03%. FPOCF identified that backlog of adoptions and timeliness of Level 1 licensure (GAP) were impacting length of stay and guardianship, on average adding 7+ months to the length of stay. Strike force contracts were executed, with the assistance of the Department to assist with timeliness of adoption in 24/25, with Osceola having a higher rate of backlog. FPOCF reviews entry cohort and exit cohort data, alongside QA reviews to inform plans/prioritization.

Permanency Outcome 2: The continuity of family relationships and connections is preserved

QA Item 7: Sibling placement in OHC

QA Item 8: Visitation between children & parents

QA Item 9: Preserving child's connections

QA Item 10: Relative placement

QA Item 11 Relationship of Child in Care with Parents

FPOCF all n=140	Number Strengths	Number ANI	Number n/a	FPOCF Percent Strengths	Statewide
Item 7	34	9	97	79.1%	75.6%
Item 8	24	57	59	29.6%	37.3%
Item 9	35	59	46	37.2%	40.6%

Item 19	60	34	46	63.8%	64.8%
Item 11	18	57	65	24.0%	29.4%

Item 7: Summary of Common Reasons for Strength Ratings: **Children were placed together** in foster or relative care. **Efforts were made to keep siblings together**, or valid reasons were documented for separation. **Stable placements** were maintained throughout the review period. **Specialized needs** (e.g., medical, or behavioral) were considered when siblings were placed separately. **Family-based placements** (e.g., with grandparents, aunts/uncles) were prioritized.

Item 8: Cases rate as ANI were due to **Insufficient Frequency of Visits**: Many cases mention that visits between children and parents or siblings were not occurring as frequently as court orders required. When children visited their parents the **visit was not a quality visit.** They often lacked meaningful engagement, bonding activities, or appropriate supervision. **Poor Documentation** Case records frequently lacked details about the nature, duration, and quality of visits, making it hard to assess agency efforts. **Barriers Not Addressed** Agencies often failed to address logistical or behavioral barriers (e.g., transportation, incarceration, substance use) that prevented visits. **Inconsistent Sibling Contact**: Sibling visitation was either not occurring regularly or lacked quality interaction, especially when siblings were placed separately. **Virtual Visits Not Adequately Supported**: Virtual visits were sometimes used but not monitored or documented well, and in some cases, deemed inappropriate for certain children (e.g., non-verbal, or autistic children).**Court Orders Not Followed**: Several comments highlight that agencies did not comply with court-ordered visitation schedules or failed to follow up on court directives. **Caregiver Supervision Without Agency Oversight**: In some cases, caregivers were supervising visits without agency involvement or documentation, raising concerns about consistency and quality.

Item 9: Common Themes for Cases that received an ANI included: **Lack of Efforts to Maintain Connections**: Most entries mention that the agency did not make concerted efforts to preserve the child's relationships with: Extended family (grandparents, aunts, uncles), Siblings (especially those not in foster care) and Friends and community members. **Insufficient Documentation** Many reviews note that there was no documentation of: Conversations about the child's connections, Follow-up on previously identified relationships or efforts to maintain school, religious, or cultural ties **Placement-Related Disruptions**: Children were often placed far from their original communities, leading to: School changes, loss of neighborhood and peer connections and limited contact with family due to geographic distance. **Missed Opportunities for Engagement** Several cases identified that: Relatives who expressed interest but were not followed up with, Children requested contact with specific people that was not facilitated and caregivers willing to support connections, but no agency action taken

Tribal Affiliation (ICWA): Most entries clarify that the child is **not affiliated with a tribe**, and ICWA as **not applicable**.

Item 10: Common Themes for Cases that received an ANI included a **lack of Efforts to Identify Relatives**: Many comments mention that the agency **did not make concerted efforts** to identify, locate, or evaluate **maternal and paternal relatives** for placement **Insufficient Documentation**: There are repeated concerns about **missing documentation** of family finding efforts or follow-ups with identified relatives. **Unstable or Inappropriate Placements** several cases describe **placement disruptions** or relatives being ruled out due to health, housing, or background issues. **Missed Opportunities for Family Engagement:** reviewer comments often note that the agency **failed to re-engage** previously identified relatives or explore **additional family connections**. **Systemic Gaps in Family Finding**: Some entries suggest that **systemic issues** (e.g., lack of follow-through, incomplete searches) hindered the agency's ability to secure family placements.

Quantitative
Performance Data

Percent whose initial placement is kinship care (Goal: 60%+) I

	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole
24-25 (Q4)	55.74%	50.76%	64.58%	64.94%	50.77%	50.72%	63.53%
23-24 (Q4)	57.59%	59.63%	55.04%	63.50%	60.79%	55.34%	54.35%

Data Source OCWFW dashboard 9/18/2025

Placement with Relatives and non-relatives

	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole
24-25 (6/30/25)	51.39%	48.71%	54.39%	55.62%	49.60%	45.70%	51.39%
23-24 (6/30/24)	55.49%	52.03%	59.36%	60.67%	54.99%	42.69%	56.45%

While the agency is above the state average ranking for relative placement rate in qualitative measures we are not meeting the contract requirement of 60%. During a recent Florida for Coalition of Children QA /Training call the agencies meeting the standard indicated that the primary contributing factor was the rate at which the CPI placed children with relatives at the time of initial placement. FPOCF at this time has a large number of relative home studies pending which if completed could impact this rate. Workplans are in placed in all 4 counties to address sibling placement, with Orange County & Seminole County also adding relative placement rate as a related workplan. Contact was made with the Department Leadership to discuss a recent low trend in initial placement with relative rate and an agreement that the efforts would be evaluated at the time of the MDT/Circles of Support Staffing. Report automation tools have been developed in ARGOS to assist with maintaining an accurate list of separated children, to include the predominant reason for separation and information on whether the separation was for best interests

purposes. Once each county has completed the initial data entry the report is built to provide a current on demand list that would include the reason for separation. Brevard is the furthest along on the workplan and has reviewed all the separated children and have identified 10 reasons for separation. Additional action steps will be developed once we have all 4 counties with completed data analysis/entry. The agencies did identify confusion over relative benefits as a barrier to placement and stabilizing placements, and as a result online trainings were developed to address this issue, from both perspectives (case manager and caregiver).

Item 11: Common Themes for Cases that received an ANI included: Lack of **Parental Involvement**: Lack of efforts to promote or support nurturing relationships between child and parents. No mentoring or engagement strategies used to strengthen bonds. **Medical Appointments**: Parents were not informed or invited to attend medical, dental, or therapy appointments. Missed opportunities for parental participation in health-related decisions. **School Activities**: Parents were not encouraged to attend school events, IEP meetings, or extracurricular activities. No support for educational involvement. **Visitation Only**: Agency efforts were limited to arranging visits without additional relationship-building activities. **Lack of Updates**: Parents were not kept informed about the child's progress, appointments, or case developments. **Transportation Issues**: No assistance or arrangements made for parents to attend appointments or events due to transportation barriers . **Incarceration or Absence** Parent's incarceration or unknown whereabouts were not addressed with alternative engagement strategies

Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs.

QA Item 12 a. Assess the Needs of and provide services to (a) Child (other than Med, Den & Behavioral Health) 12b. Parent(s), 12c. Caregivers

QA Item 13 Concerted Efforts to involve the parent and children in case planning

QA Item 14 Frequency and quality of case worker visits with child

QA Item 15: Frequency and quality of visits between case workers and parents were sufficient to promote achievement of case plan

FPOCF all n=140	Number Strengths	Number ANI	Number n/a	FPOCF Percent Strengths	Statewide
Item 12	31	107	1	22.5%	20.6%
Item 13	35	92	13	27.6%	24.4%
Item 14	62	77	1	44.6%	40.8%

Item 15	19	102	18	15.7%	17.5%

Item 12: Cases rated as a strength for child had**: Comprehensive Assessments of the Child's Needs**: The agency conducted both formal (e.g., CBHA, FFA-O, Progress Updates) and informal (e.g., home visits, caregiver interviews) assessments. These assessments were sufficient in frequency and quality to determine the child's social, emotional, and developmental needs. In many cases, no service needs were identified, but the assessments were still considered thorough. **Appropriate Services Provided Based on Identified Needs**: When needs were identified (e.g., behavioral issues, developmental delays), the agency linked the child to appropriate services such as: Child-Parent Psychotherapy (CPP), daycare, mentoring, therapy or counseling and services were monitored and adjusted as needed.

Cases rated as strength for parents (12B): had **Effective Assessment and Support for Parents**: Parents were assessed using formal tools and interviews. Services were tailored to their needs (e.g., substance abuse treatment, parenting education, mental health counseling). Agencies made efforts to overcome barriers to service engagement (e.g., transportation, insurance issues).

Cases rated as a strength for assessment and support of caregivers (12C) documented **Ongoing Assessment and Support for Caregivers**: Foster parents or relative caregivers were assessed regularly through home visits and discussions. Agencies provided support such as: Kinship services, Level 1 licensing assistance, Financial support (e.g., WIC, daycare referrals, caregiver funds). No unmet needs were identified, or identified needs were addressed promptly. **Documentation of Engagement and Monitoring :** Agencies documented consistent contact with children, parents, and caregivers. Progress was tracked through updates and staffing's. Providers were contacted to verify service engagement and outcomes.

Cases rated as ANI included the following themes: **Insufficient or Incomplete Assessments: Children**: Lack of depth in assessing emotional regulation, peer relationships, or independent living skills. **Parents**: Formal assessments were outdated, repetitive, or missing; informal assessments were superficial or infrequent. **Caregivers**: Needs (e.g., financial, behavioral support) were often not assessed or followed up. **Service Gaps and Delays**: Referrals for services (e.g., ABA therapy, mentoring, parenting classes, psychological evaluations) **Delayed** (e.g., mentoring discussed in September but not provided until January), **Unmonitored** (no follow-up with providers). **Not tailored** to individual needs (e.g., language barriers not addressed). **Poor Documentation and Follow-Through**: Progress Updates were often **duplicative** across months. Lack of provider feedback, behavioral change tracking, or evidence of engagement. Missing records (e.g., psychological evaluations, therapy progress). **Limited Engagement with Parents:** Parents were often: **Incarcerated**, out-of-state, or unresponsive, not assessed for barriers to service access (e.g., transportation, insurance). Or not provided alternative service options or follow-up. **Unmet Caregiver Needs**: Agencies failed to provide: Diapers, formula, car seats, translation services, respite care, or behavioral support. Some caregivers received support (e.g., WIC, daycare), but many did not. **Failure to Address Recommendations:** Common recommendations ignored: CBHA follow-ups, Batterer's Intervention Programs

(BIP), Parenting education, and Caregiver licensure support. S**ystemic Oversight**: Agencies did not adjust case plans based on evolving needs (e.g., employment, housing). There were missed opportunities to reassess after milestones. Minimal strategic oversight in service coordination.

Item 13: Summary of Common Reasons for Strength Ratings: **Parental Involvement:** *Mother*, *father*, and *parents* are frequently cited, suggesting that agencies made concerted efforts to involve parents in planning and decision-making. **Child Consideration:** Although many children were too young to participate, *child* appears often, indicating that their needs and developmental appropriateness were considered. **Service Coordination:** words like *services*, *needs*, and *efforts* reflect the agency's role in identifying, coordinating, and adjusting services to meet family needs.

Item 14: **Summary of Common Reasons for Strength Ratings:** Consistent and Frequent Visits: Agencies ensured regular face-to-face contact, often monthly or biweekly, which met or exceeded policy expectations. **Agency Engagement:** Caseworkers were actively involved, conducting thorough assessments and building rapport with children and caregivers. **Home Environment Observations**: Visits included evaluations of the home setting, caregiver-child interactions, and physical safety checks.

Item 15: most frequent themes documented in cases rated as ANI included: **Mother** – Most comments reference the mother's involvement, indicating concerns about engagement, visit frequency, or quality of interaction. **Agency** – Many entries critique the agency's efforts, particularly around communication, documentation, and follow-up. **Father** – Similar to the mother, lack of contact or engagement with the father is a frequent issue. **Visits** – Insufficient frequency or poor quality of visits is a major reason for ANI ratings. **Case** – Case planning and execution are often cited as lacking depth or consistency. **Face-to-Face Contact** – Lack of in-person engagement is a repeated concern. **Efforts** – Comments often mention that **concerted efforts** were not made to engage parents or assess needs. **Home** – Missed opportunities for home visits or inadequate assessment of home conditions. **Quality** – The quality of interactions, especially discussions around safety, permanency, and well-being, is often deemed insufficient. Common Patterns **Compliance-focused conversations** rather than meaningful engagement. **Missed opportunities** to meet parents in appropriate settings. **Limited documentation** of efforts or outcomes, **Failure to address barriers** (e.g., language, incarceration, housing instability). **Inadequate follow-up** on services or referrals.

Quantitative Data (Parent Contact)

	FPOCF	C9	Seminole
24-25 (6/30/25)	34.37%	29.88%	32.74%
23-24 (6/30/24)*	33.69%	25.16%	25.85%

Retrieved from Argos outputs report

Brevard data retrieved from Mindshare

During the last quarter of FY 24/25 FPOCF added Camelot Orange & Seminole to the ARGOS auto email and text message alert system that is sent to parents, when contact information in FSFN is available, and when the legal status of the parent was not parental rights terminated. This was at the request of Camelot leadership. Each month an alert is sent week 2 by one method and in the 3rd week by the alternative form. The text reminds them to contact their case manager for purposes of coordinating an in person contact, and agency contact information is included. They are also given an alternative number to call if they are experiencing any difficulty contacting with their Case Manager. This system has been used by Osceola for a year. They have made moderate gains in the months when they had stable staffing patterns and when the manager was able to prioritize this for his team. Prompts are in the home visit application that includes quality prompts; however, the lack of quality supervision hinders improvement. FPOCF sends out weekly correspondence on compliance with quarterly supervision and front end consultations and fluctuations have existed when turnover is higher.

Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs

QA Item 16: Assessment of children's needs and appropriately addressing in case planning and case management activities

CFSR Desk Review Results

FPOCF all n=140	Number Strengths	Number ANI	Number n/a	FPOCF Percent Strengths	Statewide
Item 16	38	27	75	58.5%	53.8%

Summary of common reasons for strength rating: proactive educational assessments, collaboration with schools and caregivers, provision of specialized services (e.g., therapy, IEPs, ESOL), monitoring and supporting academic progress.

Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs

QA Item 17: Physical health care needs of child(ren) are being addressed

QA Item 18: Mental health care needs of child(ren) are being addressed

CFSR Desk Review Results

FPOCF all n=140	Number Strengths	Number ANI	Number n/a	FPOCF Percent Strengths	Statewide
Item 17	50	52	37	49.0%	45.0%
Item 18	23	40	76	36.5%	34.4%

Summary of Common Reasons for Strength Ratings: **Physical Health Assessment & Services**: **Routine medical exams** were completed (e.g., well-child checks, annual physicals). **Specialist appointments** were attended (e.g., neurology, cardiology, pulmonology, orthopedics). **Medical conditions were monitored and treated**, including Seizures, Asthma, developmental delays, and congenital conditions (e.g., cleft palate, heart defects). **Therapies provided**: Physical, occupational, and speech therapy. **Medication management**: agencies monitored prescriptions and ensured proper administration. **Hospital visits and surgeries** were documented and followed up appropriately.

Quantitative Data

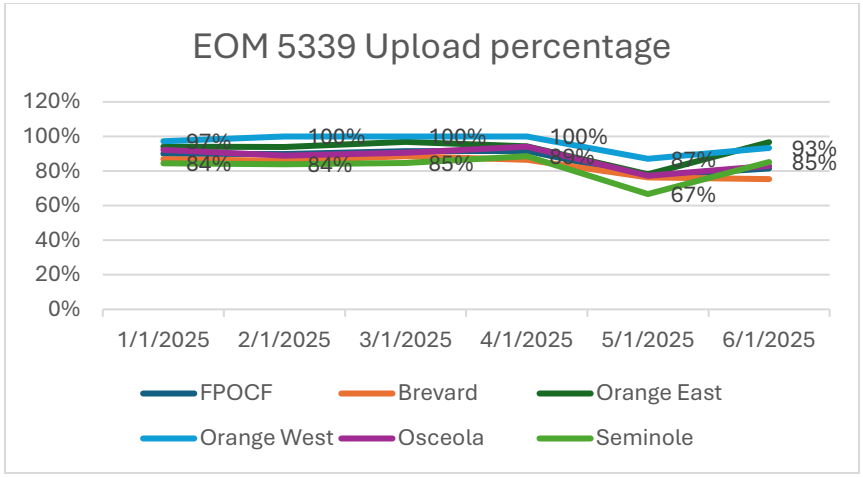
Percent of psychiatric Medications with the required consent or court order. (by med)

	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole
24-25 (6/30/25)	86.89%	87.25%	86.54%	88.31%	89.06%	84.21%	81.48%
23-24 (6/30/24)	n/a	77.68%	n/a	n /a	77.27%	78.22%	87.93%

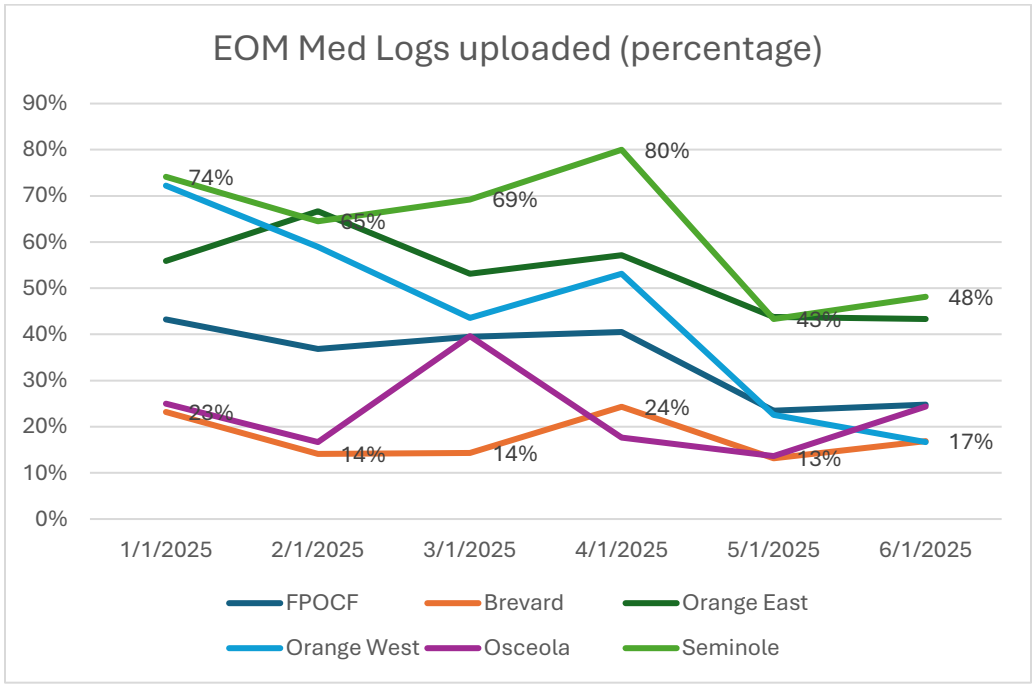
Percent of psych med logs collected from OHC caregiver and uploaded into FSFN monthly, (by child)

	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole
24-25 (6/30/25)	40.91%	43.22%	38.81%	22.56%	44.72%	40.79%	87.27%
23-24 (6/30/24)				Not available			

January-July 2025



2.
3.
4. **January – July 2025 trend**



Dental Health Assessment: Routine dental exams were conducted. **Dental treatments** were provided when needed (e.g., sealants, cleanings, fillings, fluoride treatments). **Documentation & Oversight: Medical records were uploaded** and maintained in FSFN. **Caregiver communication** was consistent and informative. **Case notes and assessments** reflected ongoing monitoring. **EPSDT screenings** were completed and documented. **Agency Involvement:** Agencies made **concerted efforts** to: Schedule and attend appointments, Communicate with caregivers and medical professionals, Address concerns promptly.**,** ensure no unmet health needs remained.

Quantitative Data Medical/Dental Services

Children in out of home care who received medical services within the last 12 months

Goal: 95%	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole
24-25 (Q4)	94.09%	95.22%	92.81%	91.57%	95.83%	93.12%	95.81%
23-24 (Q4)		91.02%	94.53%	95.87%	89.56%	95.82%	91.75%

Retrieved from OCWFW dashboard
9/18/2025

Children over the age of 3 in out of home care who received dental services in the last 7 months

Goal: 95%	FPOCF	C9	C18	Brevard	Orange	Osceola	Seminole
24-25 (Q4)	90.91%	92.51%	88.98%	88.29%	93.21%	90.21%	90.51%
23-24 (Q4)	0.84	79.64%	79.64%	92.76%	75.63%	92.43%	82.59%

Retrieved from OCWFW dashboard
9/18/2025

Improvement on Medical/Dental evaluation appointments being held timely has been an area of focus throughout the FY. Improvement is noted when the agencies can prioritize contacting/reminding and assisting with appointments, obtaining any requisite documentation, and entering the information in the medical file cabinet in FSFN. In Brevard, a leader is setting standing meetings with staff to review FSFN. They will continue the weekly meetings with this focus until staff have made this more of a routine in their follow up. Seminole County has been in compliance for an extended period. Orange County has scheduled dental vans successfully in the past.

Item 18: Summary of Common Reasons for Strength Ratings: **Provision of therapy or counseling** –Children were engaged in individual, group, play, or family therapy to address behavioral or emotional needs. **Assessment of mental/behavioral health** –Agencies conducted formal and informal assessments to evaluate children's mental and behavioral health. **Caregiver involvement** –Caregivers actively participated in supporting the child's mental health needs, including attending sessions and providing updates. **Medication management** –Children were prescribed psychotropic medications, and agencies ensured proper monitoring and administration. **CBHA conducted** –Comprehensive Behavioral Health Assessments were completed to guide service provision. **Positive progress or improvement** Documentation showed that children responded well to services, with

noted improvements in behavior or emotional stability. **Addressing trauma** –Services were provided to help children cope with trauma, such as abuse, removal from home, or grief. **Referral to services** –Timely referrals were made to appropriate mental health providers or programs. **Mental health diagnosis** –Diagnoses such as ADHD, anxiety, or depression were identified and addressed. **Baker Act involvement** –In some cases, children were Baker Acted, and agencies responded with appropriate follow-up care.

FPOCF utilizes twice a month performance teams meetings focused on ensuring progress toward contract goals which is reviewed at the unit level in monthly Partnership Meetings with each agency. Quarterly the performance team meeting includes all agencies together for active discussion of successes they have experienced and can share with peers. For the first three quarters of the FY, Brevard County achieved top agency award, Seminole County took over the lead spot on the leader board for 4th quarter. Brevard County experienced turnover/vacancies that had a direct impact on their capacity to achieve some of the operational targets.

Appendices include examples of reports discussed throughout this plan.

2.Chart of Contract Performance, June 2025 (ending) Contract Measures, and CFSR Outcomes as of June 30, 2025, Note: any variances in data is related to the time data was retrieved from the system. This chart utilizes historical performance data reported by FPOCF at Partnership Meeting for June 2025 (ending).

CFSR Item	Rating	Above/Below State Avg	Met Baseline Target (PIP) Y/N	Contract	Rating	Met Target +/-
Item 1 Timeliness of Investigative Response	87.2%	CPI only	TBD	SCM 1 No recurrence of verified maltreatment within 12 months of a prior verified maltreatment 90.3%	93.58%	+
Item 2 Services to prevent removal	77.9%	+		SCM 2 Children achieve permanency within 12 months 35.2@	30.43%	-
Item 3 Safety plans sufficient/Safety in OHC	50.4%	+		SCM 3 Children achieve permanency within 12 months for children in care 12-23 months 43.8%	54.43%	+
Item 4 Placement Stability	84.0%	+		SCM 4 Children achieve permanency within 12 months for children in OHC 24+ months 37.3%	50.76%	+
Item 5 Appropriateness of Permanency Goal	87.2%	+		SCM 5 Children do not reenter foster care within 12 months of achieving permanency 94.40%	95.56%	+

Item 6 Efforts to Achieve Permanency	47.3%	-		SCM 6 Rate of Children Not Abused while in OHC placement <9.07%	3.76%	+
Item 7 Sibling Placement	79.1%	+		SCM 7 % of Children Not Abused or Neglected while receiving in-home services 95%	99.12%	+
Item 8 Visits between Siblings and with Parents	29.6%	_		SCM 8 % of Children Seen Every 30 days 99.5%	99.77%	+
Item 9 Connections Preserved	37.2%	-		SCM 9 % of visits made with parents every month 80%	n/d	n/d
Item 10 Relative Placement	63.8%	-		SCM 10 Children's placement moves every 1,000 Bed Days in Foster Care <4.5	2.58%	+
Item 11 Promoting/Supporting Rel with Parents	24.0%	-		SCM 11 % of Children Placed with Relative or Non- Relative Caregivers >60%	51.20%	-
Item 12Assess needs of child, parents, caregiver	22.5%	+		SCM 12 % of Sibling Groups where all siblings are placed together 60%	52.06%	-
Item 13 Engagement in case planning	27.6%	+		SCM 13 Number of Children with Finalized Adoption 428	441	+
Item 14 Frequency and Quality of Caseworker visits with child	44.6%	+		SCM 14 % of Children In OHC received Medical Services in the prior 12 months 95%	95.21%	+
Item 15 Frequency and Quality of Caseworker visits with Parents	15.7%	-		SCM 15 % of Children in OHC who received Dental Services within the last 7 months 95%	90.09%	-
Item 16 Educational Needs of Child	58.5%	+				
Item 17 Medical & Dental Needs	49.0%	+				
Item 18 Behavioral & Mental Health Needs	36.5%	+				
Overall Average	48.6%					

3. Additional Case Management Performance Measures (agency level), Collected and Reported Monthly, June 2025 ending.
   Note these measures are extracted from custom reports, ARGOS or reported by the individual responsible for tracking activity.

FP CMA Measure 1	Percentage of Post Placement Supervision visits for children ages 0-5 completed per month consistent with the most recent safety plan.	95%	CMA Self Report	Pending
FP CMA Measure 2	Percent of Judicial Review Reports that are filed with CLS at least 20 calendar days prior to scheduled Judicial Review Hearing.	95%	CMA Self Report	82.63% - 214/259
FP CMA Measure 3	Percent of provisionally certified CMA staff utilize case management portal to record home visits with child, parents & caregivers.	100%	Argos	37.50% - 3/8
FP CMA Measure 4	Percent of staff utilizing Visual Vault.	90%	Argos	8.15% - 11/135
FP CMA Measure 5	Percent of required exit interviews are conducted timely (5 business days) for all applicable children exiting OHLC.	100%	Nancy King	61.36% - 27/44
FP CMA Measure 6	Percent of required Foster Care Referrals completed timely application to case management.	100%	Nancy King	0/1=0%
FP CMA Measure 7	Percent of cases with a completed progress update within the last 90 days.	>95%	Emily Report	89.49% - 937/1047

FP CMA Measure 8	Percent of in-home cases with an approved safety plan within the last 180 days.	>95%	Emily Report	96.59%- 425/440
FP CMA Measure 9	Percent of cases with a supervisory review within the last 90 days.	>90%	CARS Report	95.45% - 1931/2023
FP CMA Measure 10	Percent of psych meds with the required consent or court order.	>95%	UM Report	86.89% - 179/206
FP CMA Measure 11	Percent of psych med logs collected from OHC caregiver and uploaded into FSFN monthly.	>95%	UM Report	40.91% - 171/418
FP CMA Measure 12	Missing Child Efforts	100%	CMA Output Report - Argos	57.14% - 8/14
FP CMA Measure 13	MCR staffing's	95%	CMA Output Report - Argos	90% - 9/10
FP CMA Measure 18	Percentage of Permanency staffing's held timely	95%	OCWDRU Report 1351	97.99% - 535/546

IV. Summary and Recommendations

The FPOCF QM Plan involves every staff person and functional Department within the Agency. The community, stakeholders and families served are encouraged to provide feedback, and their involvement is solicited in the Quarterly Provider Group Meeting, Parent Advisory and Youth Advisory Councils and through surveys and publications. This past year has continued work to merge two systems of care, to resolve issues from the former lead agency that had resulted in children being placed in night to night and other temporary housing situations and to realign and develop resources where there were known gaps. At the present time the agency has unified under one strategic plan that is comprehensive and focused on moving the system of care forward in a planful manner. Information technology has moved all staff to one email and a new intranet; operating procedures and protocols are in the final stages of review. Case Management agency changes occurred for West Orange and Seminole County to align case management providers to a county operation model and expanded contracts resulted in changes to Adoption Program, Youth Services Program, and the Non Judicial In-Home Services/Safety Management Provider in tri-county,

The most significant barrier to quality work right now is the turnover of frontline staff. Once the workforce stabilizes there will be opportunities to introduce new technology and tools that support a more efficient workforce. The training Department is working on a library of how to online short

videos that staff can access to walk them through a workflow. In the past year several have been developed to meet HR training requirements, and for the pre-consent review when a child is on two or more psychiatric medications. The challenge is to keep up with the way that individuals want to receive training and ensuring there are no difficulties with accessing when and where it is needed.

Recommendations:

1. Create an inventory of micro trainings aimed at demonstrating/ helping an individual navigate a process or protocol.
2. Complete an inventory of functional department scorecards that align to create a comprehensive agency scorecard
3. Add a Quality Rating Line item score on the Quarterly CMA/Operations Scorecard, which adds a visual reminder to the importance of Quality Outcomes
4. Prepare A Quality Management Review Checklist to be utilized at the end of every Fiscal Year to validate that all systems and requirements of the system of care are in alignment with agency operating procedures and the Departments Operating Procedures
5. Develop ARGOS training to support full utilization