

**Community Based Care of Brevard, Inc.
Strategic Plan
2009-2012**



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I. Executive Summary

Community Based Care of Brevard, Inc., Brevard County, Florida's lead child welfare agency, created this strategic plan after 9 months of comprehensive evaluation efforts. An independent consultant facilitated the process. Employees, service providers, and clients were surveyed, performance statistics were reviewed, barriers to optimized community functions and service delivery were identified, and focus groups brainstormed potential solutions. Drafts of the plan were presented to Community Based Care of Brevard, Inc.'s Board of Directors and other Brevard County governing and advisory bodies for feedback, and this feedback has been incorporated into the plan.

All identified issues have been addressed in the goals and objectives of this plan: no issue was ignored due to lack of readily identifiable solutions. Focus groups did attempt to craft feasible strategies for addressing the identified issues, though more effective strategies may evidence themselves throughout the course of the three to five years that this plan will be in effect.

II. Authorization

Community Based Care of Brevard's Strategic Plan approved March 22, 2009.

Mr. William Ryder, Board Chair

Date

Dr. Patricia Nellius-Guthrie, Chief Executive Officer

Date

III. Mission and Vision

A. Mission Statement

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.

B. Values

Our System of Care is family-centered, strength-based and community driven. We believe that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them.

C. Vision

It is the vision of CBC of Brevard and its stakeholders to manage a child welfare system committed to the following:

- The safety of children will be the foremost concern, at all times;
- Permanency issues will be resolved in accordance with a child's sense of time;
- Services are customized to meet the unique needs of each child and family and are provided by a comprehensive, community-based network of providers who are dedicated to delivering a family-centered, customized, need driven, responsive service delivery system;
- Resources will be efficiently and effectively managed to achieve better outcomes for children with the ultimate goal being child safety and permanency within a twelve-month timeframe;
- Financial support will be available from diverse federal, state and local sources and flexibly managed at the local level to meet child and family needs in a timely and appropriate manner; and
- The system will be able to collect and use data to accurately forecast what services and supports are needed, at what level of intensity and duration, and at what cost to achieve desired outcomes for each child and family in need.

IV. Organizational Profile and History

A. Brief history of the organization

The CBC initiative was formed in response to the Florida Legislature's mandate that child welfare services be privatized (Section 409.1617, Florida Statutes). It is currently being instituted throughout the State of Florida. The CBC initiative in Brevard County is the collaborative effort of local child welfare agencies and community partnerships through the leadership of Together in Partnership (TIP), Leadership Roundtable Alliance (LRA), Brevard County Government, Devereux, and Children's Home Society. The partners voluntarily assumed responsibility for the health, welfare and safety of at-risk children and families in Brevard County. These agencies worked together for four (4) years prior to implementation to increase prevention and early intervention services with the purpose of strengthening and preserving the integrity of the family while protecting the children. CBC of Brevard, Inc. became the lead agency for child welfare services in Brevard County January 1, 2005.

B. Description of Program and Services

- Community awareness and education
- Prevention and Diversion
- Information and referral
- Family support services
- Mobile response
- Protective supervision
- Licensed care
- Reunification
- Adoption
- Aftercare support

C. Description of Service Population

	% Defined Service Population (see GOV 6.03)
Age	
Under 5	5.1
5-9	5.1
10-14	6.2
15-19	6.3
20-24	5.9
25-34	10.8
35-44	13.3
45-54	15.0
55-64	12.2
65-74	9.8
75-84	7.6
85 and over	2.5
Gender	
Male	49.1
Female	50.9

Racial/Ethnic Composition	
American Indian	0.4
Asian (non-Pacific Islander)	2.0
Black, African-American	9.3
Hispanic, Latino	6.5
Pacific Islander	0.1
White (non-Hispanic/ Latino)	80.2
Other: <i>Other race alone</i>	0.3
Other: <i>2 races</i>	1.2
Major Religious Groups	
Catholic	16.77
Jewish	1.05
Muslim	0.0
Protestant	17.24
Other: <i>Baptist</i>	6.74
Other:	58.2

Demographics of the Children in Brevard

According to the 2000 census, in the United States there are 72,293,812 children under 18 (an increase of 14% since 1990). In Florida the 2007 population estimate indicates there are 4,179,640 children (or 22.8% of the population), a 9.1% increase in the child population since the 2000 census. ¹ In Brevard, there are 111,610 children, representing just over 20% of the general population. ²

The 2003 Kids Count report by the Annie E. Casey Foundation ranks states on a composite of 10 key indicators of child health, family security, education and youth well being. The latest report is based on data from 1990 through 2000. Florida moved up two notches - from 36th to 34th - in national standings on child well being indicators.

Poverty

While abuse, neglect and other maltreatment occur in every economic strata of society, poverty is one factor that increases the risk of child maltreatment. The Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is poor. For example, in 2009 the poverty threshold for a family of four is \$21,204. If a family's total income is less than the family threshold, then that family, and every individual in it, is considered poor. One in 8 children in Florida is poor. ³ The poverty rate in Brevard is significantly higher than the state rate (13.4% of children in Brevard compared to 12.5% statewide). Brevard county has a median income of just over \$40,000 which is higher other counties in the district and the state median but slightly lower than the national median of \$41,990.

¹ Child population data from the Florida Population Estimates and Projections Ages 0-17, January 1, 2008 (Legislative Economic and Demographic Research office.)

² Florida Abuse Hotline Information System, report produced 7/09/03.

³ KIDS Count Data Book online, 2003.

Racial & Ethnic Composition

The racial and ethnic diversity of America's children continues to increase. In 2000, 65 percent of U.S. children were white, non-Hispanic; 15 percent were black, non-Hispanic; 4 percent were Asian or Pacific Islander; and 1 percent were American Indian or Alaska Native. The number of Hispanic children has increased faster than that of any other racial or ethnic group, growing from 9 percent of the child population in 1980 to 16 percent in 2000. CBC of Brevard has made adjustments to serve the growing population of Hispanic families by employing bilingual staff and ensuring publications are available in Spanish. .

Nationwide, there is concern that a disproportionate number of minority children end up in the child welfare system. For example, although African Americans constitute 15% of the population, they account for 31% of the founded reports of abuse and neglect and 45% of children placed in out-of-home care. Caucasian children comprise 66% of the population and only 36% of children in out-of-home care.⁴

This disparity is evident in Brevard County where as of January 2009 34% of the children served are African American, while only 9.3% of the general population is African American.

Age of the Child Welfare Population

The percent of children in the nation's child welfare system under five years of age has grown to 28%. In 1999, 38.8% of Florida children living apart from their families were age 5 or younger, and 9.6% were 16 or older.⁵

In Brevard County, on December 31, 2008, 49.1 percent of the children served are age five and under. At the other end of the age spectrum, 27.6% are over age 11 (with 9.3% between 16-18 years old.)⁶ It is particularly important to look at where and how young children are served, with an emphasis on least restrictive setting and the provision of services and supports to meet developmental and attachment needs.

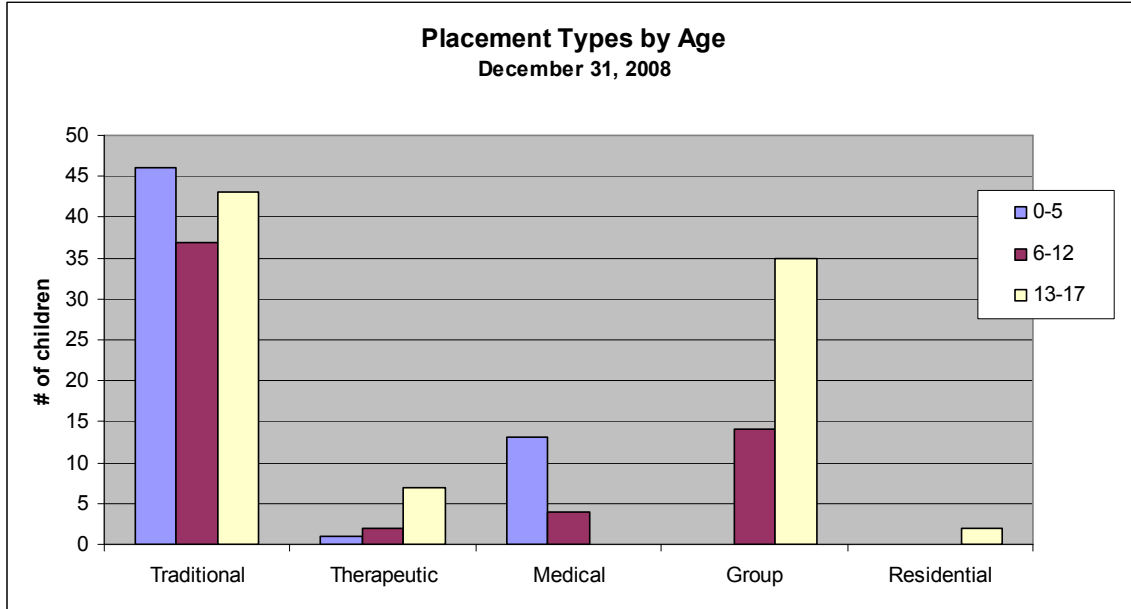
It is easy to see the impact of age on placement trends in Brevard. Just over three-quarters (76.7%) of the children age 0-5 are in traditional foster homes, while only 64.9% of the children aged 6-12 are in that level of care. The age groups most likely to be placed in congregate settings are adolescents—42.5% of all teenagers in licensed out-of-home care are in group homes or residential treatment centers.

⁴ NCANDS and AFCARS, 2001.

⁵ DHHS (2002), Child welfare outcomes report.

⁶ Children Active Receiving Services FSFN report 12/31/08.

Licensed Placements by Age



V. Organizational Mandates

- Child abuse prevention and diversion
- Administrate foster care and related services
- Manage intake, placement and assessment of children and families entering the child welfare system
- Manage and coordinate a seamless continuum of community based services
- Oversee foster care providers
- Oversee and administrate adoptions
- Administrate independent living program for youth and young adults ages 13-23
- Monitor compliance in all areas

VI. Critical Issues and Challenges

- Potential for negative media
- Sole contract/single revenue source
- Capacity limits
- Duplicative practices and monitoring imposed by DCF
- Change in critical leadership and priorities
- Responsibility for 100% of System Of Care while only maintaining 1/3 of the control
- No sovereign immunity
- Influx of referrals
- Financial risk
- Safety risk
- Staff retention
- Superimposed expectations
- Dual purposes and goals
- Funding uncertainties

VII. Strategic Goals and Objectives

Organizational Goals

Goal 1: Improve the level of integration of Brevard County's community-based System of Care.

Objective 1a: Coordinate services across agencies more effectively.

Strategies: * Explore improvements needed to create a more effective system for assigning, tracking, and closing out of service referrals. This may include allowing referral information to be exchanged electronically between agencies, reducing dependence on courier services which can cause unnecessary delay, and providing for a reliable service delivery audit trail. Note that Medicaid providers may need to be provided with additional incentives to comply as they are not contractually bound to provide progress notes on services. Consider web-based Partner Relationship Management (PRM) software, or recommend this capability for FSFN.

* Strengthen the provider networks communication and referral status reporting.

* Consider the feasibility of a system that would allow managers to electronically issue authorizations for services. Consider web-based Partner Relationship Management (PRM) software, or recommend this capability for FSFN.

* Consider web-based PRM software for 211-Brevard. This would allow 211-Brevard employees to route clients' requests electronically to agencies that might be able to serve them, and this would allow the agencies to respond electronically indicating capacity for the requested services. Referrals could be tracked to completion, allowing 211-Brevard to accurately track the results of each referral, and would allow Brevard County to more accurately assess service capacity and unmet needs.

Objective 1b: Coordinate communications across agencies more effectively.

Strategies: * Consider web-based document storage and retrieval for paper-based documents commonly exchanged between agencies to avoid repeated faxing and mailing, and greatly reducing dependence on courier services which can cause unnecessary delay.

* Consider replacing paper forms and forms from CBC's shared drive with online/web-based forms that are accessible to all agencies and always up-to-date.

Objective 1c: Provide better access to county- and state-wide service databases to care managers.

Strategies: * Designate certain CBC employees to have approved access to the economic services (ESS) database so that they can update care managers on the status of food stamp applications and expedite the application process.

* Designate certain CBC employees to have approved access to the 211 Brevard homelessness services database so that they can update care managers on other non-mental health services their clients have accessed in the county.

* Participate in the development of the whole Child Connection Brevard project.

* Consider upon next computer upgrade purchase to provide care managers with laptops, air cards, and data services, and allow them to access FSFN via this equipment. This would eliminate the need for care managers to travel to the office to access FSFN, and would also allow them to enter information from clients' homes and from court. Compare the costs of the laptops and data communication services with care manager travel time and time for data reentry.

Objective 1d: Provide a more consistent client information experience.

Strategies: * Develop and expand the new Client Relations Specialist position.

* Consider web-based Client Relations Management (CRM) software for information scripts and decision trees for common problems that can be used by care center personnel while they are assisting clients. Issues can be logged into the CRM system, and escalated and resolved according to preprogrammed rules.

Goal 2: Promote stability and strive to preserve institutional knowledge in the community-based System of Care.

Objective 2a: Promote greater employee satisfaction to reduce/prevent turnover.

Strategies: * Have ice breakers at monthly meetings that encourage employees to get to know employees from other divisions.

* Include articles in an organization-wide eNewsletter that promote recognition and understanding of CBC of Brevard's divisions and employees, and also contracted agencies' divisions and employees.

* Host town hall meetings at care centers on a quarterly or semi-annual basis to provide information about the organization and to field questions. It is recommended that these meetings are hosted by either the CEO or the COO to drive home the message that the care center staff and their issues are valuable.

* Encourage more internal and external public relations to ensure broad recognition of departments and programs across the agency.

* Continue to develop and expand the role and visibility of the Leadership Team program.

* Redesign the employee recognition program.

Goal 3: Improve effectiveness of the System of Care.

Objective 3a: Work with agencies that received below average evaluations by CBC and non-CBC care managers to improve effectiveness.

Strategies: * Review feedback provided in surveys with these below-average agencies; create a plan for improvement; monitor the plan during execution; adjust as necessary.

* Partner with and promote provider participation in the United Way Service Provider summit.

Objective 3b: Ensure that services, service providers, and service locations best meet the needs of the demographic requiring the services.

Strategies: * Review the zip codes of service requestors and compare to the zip codes of service providers and ensure that services are being sourced from the most strategic locations.

Objective 3c: Encourage the use of evidence based programs and promising practice models throughout the System of Care.

Strategies: * Encourage the use of evidence based programs and promising practice models in CBC of Brevard programs.

* Encourage the use of evidence based programs and promising practice models in programs administrated by contracted agencies.

Objective 3d: Incorporate universal/primary child abuse prevention strategies throughout the System of Care.

Strategies: * Promote parent/child nurturing and attachment; knowledge of parenting and of child and youth development; parental resilience; social connections; and concrete support for parents throughout CBC of Brevard's programs, and throughout all contracted agency programs.

Objective 3e: Ensure system of care core values, philosophy and principles of practice are widely promulgated.

Strategies: * Require all network providers participate in the wraparound training program.

* Implement the use of a wraparound fidelity tool into the family team conferencing process to be used to identify where there are areas for improvement and to determine if lack of fidelity is related to poor outcomes.

Goal 4: Build the capacity of the System of Care.

Objective 4a: Build capacity for identified gaps in services.

Strategies: * Seek grants and partnerships to expand the system's capacity for housing/rent assistance; financial/utilities assistance; substance abuse treatment; transportation assistance; and childcare assistance.

Goal 5: Diversify funding for the System of Care.

Objective 5a: Build community support for the System of Care.

Strategies: * Promote benefits of the System of Care to the community's voters, taxpayers, and elected officials.

* Seek public/private sector partnerships in addressing community needs.

* Become COA accredited to reinforce community confidence in the organization and its System of Care.

Objective 5b: Develop, promote and capitalize on programs that are good candidates for replication.

Strategies: * Develop and promote replication of the Brevard C.A.R.E.S. program once AED has completed validating the model.

* Establish an institute to provide wraparound services training and other technical assistance.

* Seek contracts from sources besides DCF.

* Seek to assume the operations of Brevard County's Country Acres group home should the county decide to outsource this.

* Partner with local child abuse prevention and intervention agencies to explore possible business partnerships that would result in efficiencies, accessibility and continuity of care for consumers.

Program/Service Goals

Program: Brevard C.A.R.E.S.

Goal 6: Improve the system's ability to strengthen families.

Objective 6a: Integrate C.A.R.E.S. system more fully into the System of Care.

Strategies: * Provide regular, ongoing training to private investigators, 211-Brevard employees, and non-CBC case managers regarding when to refer a family to the C.A.R.E.S. program.

* Consider implementing use of a youth and parent partner model that would include former consumers and community members to be trained as a family partner and receive a stipend for each family they partner with through the FTC process.

* Increase the percentage of FTC families who receive written plans.

*Seek alternate funding sources for capacity building purposes.

Program: Out of Home Care (Foster Care, Relative Care, Non-Relative Care)

Goal 7: Improve education outcomes for youth in out-of-home care.

Objective 7a: Improve care managers' access to records of youth in Brevard Public Schools who are in out-of-home care, and smooth the transition for youth in out-of-home care who change schools.

Strategies: * Ensure preservation of guidance counselor for IL youth after Eckerd Family Foundation/Connected by 25 Brevard funding runs out.

* Find funding for Brevard County Public Schools guidance counselor for elementary school youth.

* Explore alternate educational programs for youth

Goal 8: Improve coordination with the Department of Juvenile Justice.

Objective 8a: Ensure appropriate entry into out-of-home care system for abused, abandoned and neglected children.

Strategies: * Work with DJJ to ensure that they do not encourage families to abandon their children so that the children will be placed in foster care solely to receive services from CBC that they should be receiving from DJJ.

Goal 9: Improve communications with foster parents, relative and non-relative caregivers, Guardians Ad Litem, and interested parties from all agencies.

Objective 9a: Ensure that all interested parties are kept informed of the status of the dependency process.

Strategies: * Work with the Judicial Circuit and CMA's to develop a system that allows caregivers, care managers, and GALs to look up up-to-date case status for children in their care. Consider web-based PRM, or recommend automatic updates from FSFN.

Objective 9b: Ensure that all interested parties are aware of ways that they can participate in the dependency process during clinical and judicial reviews.

Strategies: * Work with the Judicial Circuit and CMA's to develop a system that will allow caregivers, care managers, and GALs to look up dates/times/locations of these important meetings. Consider web-based PRM, or recommend automatic updates from FSFN.

* Ensure that caregivers who wish to teleconference during these meetings are accommodated.

Objective 9c: Ensure that all crucial information, including placement moves, critical incidents, legal standing, medication changes, and other issues, is communicated to all interested parties in a timely manner.

Strategies: * Explore the feasibility of developing a system that will allow caregivers, care managers, and GALs to look up or request crucial information about a child. Consider web-based PRM, or recommend automatic updates from FSFN.

Objective 9d: Ensure foster parent voice in policy and practice.

Strategies: * Create a foster parent executive advisory group to meet with the CEO and/or designee to jointly address systemic barriers.

Goal 10: Optimize placement stability for youth in out-of-home care.

Objective 10a: Characterize the percentage of placement changes for youth in foster care due to preventable causes and subsequently make plans for improvement.

Strategies: * Track causes of placement changes to determine if the level system needs to change, or if care managers' impressions need to be corrected, or if the CPAs need to be contractually bound to support foster parents more fully with wraparound services to prevent unnecessary placement disruptions, or if CPAs need to be contractually bound to better train foster parents to prevent placement disruptions. Care managers and providers report that youth will sometimes "act up" to remain in the same placement if they think they are going to be moved to a less restrictive placement due to good behavior; care managers also report that foster parents will unnecessarily stigmatize youth to demonstrate a need for higher compensation.

* Track placement changes that cause children's cases to be managed by a different CPA. This causes changes in case workers and therapists, and can be unnecessarily disruptive. Note that even if a policy change occurs that makes it more difficult to move children from one CPA to another, CBC of Brevard wishes to maintain control over the intake process.

* Track placement changes due to a child running away because they perceive the placement as too strict. Require CPAs to train foster parents and group home staff on behavior management techniques that minimize a child's desire to run away.

Goal 11: Recruit foster homes to optimize available placement options for children in out-of-home care.

Objective 11a: Strategically recruit foster homes to meet the needs of children who enter foster care.

Strategies: * Recruit foster homes from the communities where children are more likely to be removed to minimize school changes after placement.

* Recruit foster families that match the racial and religious demographic of the types of children that are more likely to be placed in out-of-home care to provide a more comfortable and familiar environment for the children.

* Recruit foster families that are willing to take hard-to-place children such as those with special needs and teenagers.

Goal 12: Improve System of Care's long-term effectiveness for children and families.

Objective 12a: Characterize and address the return rate of families to Brevard's System of Care.

Strategies: * Characterize the rate of return of families to Voluntary Protective Services and address if necessary.

* Characterize the rate of return of families over multiple generations and address if necessary.

Objective 12b: Ensure children and families exiting the system have adequate support to sustain them long term.

Strategies: * Increase Family Team conferencing capacity for reunifying families.

* Ensure contracted providers and care coordinators are identifying and creating natural supports and community linkages for families as part of the care planning process.

Program: Adoptions

Goal 13: Improve support for families who have adopted children.

Objective 13a: Improve communications with adoptive parents.

Strategies: * Create a quarterly eNewsletter for adoptive parents that reminds them to take advantage of monthly support meetings if necessary.

Program: Independent Living

Goal 14: Improve the System of Care for youth ages 13-17 in foster care, and young adults ages 18 -23 formerly in foster care.

Objective 14a: Improve the characterization of the challenges faced by young adults formerly in foster care in Brevard. (70 young adults are currently receiving services, while there are an estimated 180 young adults ages 18-23 formerly in foster care in Brevard.)

Strategies: * Partner with local Cby25 ED and Community Board to explore sustainability of the public private partnership model currently funded by EFF.

* Work with Cby25 ED and Community Board to establish locally driven outcomes based upon reliable data analysis through a control-comparison study of the general young adult population in Brevard County.

* Expand funding and build capacity of Independent Living support services.

* Hire former foster youth as peer services personnel to reach out to other former foster youth and provide on-going surveys regarding life after foster care.

* Promote the IL hiring initiative across the system of care providers and partners.

* Strategize on ways to improve education and training services for this population based on the challenges the young adults face as they continue to mature.

III. Appendices

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