
Series:	Operating Procedures	COA: Net A 5.01-5.05, 6.01-6.03, CFOP: 175-09
Procedure Name:	Centralized Intake and On Call Procedure	
Procedure Number:	OP-1009	
Revision #/Date:	(3) 10/07/10	
Effective Date:	09/17/09	
Applicable to:	BFP staff and its subcontracted agencies	

PURPOSE: To define the tracks of the Centralized Intake System and to manage the after hours and weekends requests necessary for the BFP on call response to emergencies and placement requests.

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PROCEDURE:

Overview

To outline Brevard Family Partnership (BFP) centralized intake processes and on call procedure for the management of after hour requests for placement, Mobile Response Team and assistance for existing cases through BFP's subcontracted case management agencies. In order to support the continuing efforts of BFP to ensure the safety and well being of the children entrusted to our care, this procedure will clarify the protocols, steps and line of authority of parties involved in placement and other on call duties (defined below). The proper application of this procedure will ensure that BFP Brevard meets its commitment to ensure the safe and appropriate placement of children.

1. Public Access to Network Services: All calls are received through BFP's Centralized Point of Access and screened by Intake Specialists. Intake Specialists guide callers appropriately based on case track; outlined below.
2. 211 Subcontracted Service: Brevard Family Partnership subcontracts service referrals received from the community for the Prevention and Diversion program called Brevard C.A.R.E.S. (Coordination, Advocacy, Resources, Education, Support) program to 211. 211 then submits all requests to CBCB Intake Specialists.
3. Program Guidelines: The types of assistance available through case tracks include Information and Referral, Prevention and Diversion Brevard C.A.R.E.S, Mobile Response Team, Voluntary Protective Services and Court ordered cases (In home licensed and non licensed care and non shelter cases).

Information and Referral Track

The Information and Referral track is designed for low risk cases in which the Protective Investigator (PI) determines that there is no evidence of abuse or neglect and no identified need for “formal” services. At the same time, the PI may see a need for linkage to community resources to improve child or family functioning and reduce future risks.

This track serves families that are in need of general information: If the PI believes that families are in need of general community referrals, the PI will refer the family to BFP for linkage to “FIRST CALL FOR HELP” (211) for free access to health and human services in their communities. These 211 services provide a critical connection between individuals and families in need and the appropriate community based organizations and government agencies. They provide callers with information about and referrals to services such as: Basic human need resources – food banks, clothing closets, shelter, rent assistance, utility assistance. This includes information regarding physical and mental health resources – health insurance programs, Medicaid, Medicare, maternal health, Kid Care, crisis intervention services, support groups, drug and alcohol intervention and rehabilitation, work supports – financial assistance, job training, transportation assistance, education programs. Supports for elder and persons with disabilities – adult day care, congregate meals, Meals on Wheels, respite care, home health care, transportation, homemaker services. Children, youth and family supports – child care, after school programs, Head Start, summer camps, family resource programs, mentoring, tutoring, protective services.

Prevention and Diversion Track; Brevard C.A.R.E.S.

The Brevard C.A.R.E.S. (Coordination, Advocacy, Resources, Education, Support) Program provides support to families while diverting them from the formal child welfare system. Brevard C.A.R.E.S. assists families by providing services, support and linkages with resources. The program provides Wraparound Services and Family Team Conferencing, Counseling, Financial Assistance, and links to natural community supports. The Brevard C.A.R.E.S. program links families with the rich resources that Brevard County has to offer and sustains families in a time of crisis.

Families can be referred to this program by calling the Brevard Family Partnership (BFP) intake line at 321-752-3226 or 1888-CARES09. Referral can be made by the community, Child Protective Investigators and families may also self-refer to the program.

Once the request is received through the intake line, families are connected to our Care team which consists of a para-professional Family Partner and a Care Coordinator. The Care team meets with the family to conduct a Strengths Discovery to determine the level of support the family will need. The family is then set up for a Family Team Conference (FTC). During the FTC the care plan is developed with the family as an integral part of the development. Once services are in place the FTC team determines the frequency of follow up FTC called Utilization Reviews (UR). The BFP Care team will work with the family as long as needed to ensure the family is receiving the support they need to be successful.

Check List for Brevard C.A.R.E.S.:

1. Check FSFN to determine if family has open report with the Department of Children and Families.
If yes, not appropriate for prevention track.
2. Inquire about how many priors the family has received.
If family has multiple priors this indicates potentially chronic problem: indicating more than likely intervention beyond what Diversion can provide is necessary. Evaluate on case by case basis and consult as needed with team members.
3. Are there immediate and imminent safety issues that need to be addressed?
If yes then may not be appropriate for prevention track. While Brevard C.A.R.E.S. cases can be prioritized based on need, the Strengths Discovery and subsequent Family Team Conference typically occurs within 2 weeks of case acceptance.
4. Is the risk level of this case anything above low risk?
If yes then not appropriate for prevention track. If this is referred through DJJ for potential mental health issues, consult with available clinicians prior to acceptance.

Mobile Response Team

Consistent with TIP recommendations, BFP has implemented a mobile crisis intervention team called the "Mobile Response Team" that consists of Masters Level Therapists available at any time during the life of a case. This service can be requested by the PI at the time of the initial investigation to prevent removal or to work with the family to reduce the level of risk (to enable the child to stay safely in the home.) This service is also available to support children and families with an open case in the BFP system of care during times of stress or crisis (that could threaten child safety or a current placement's stability.) The Mobile Response Team can be accessed through the Care Manager, community or Protective Investigator via the BFP Intake Line.

For open cases, after the case has been transferred to the Case Management Agency, technical assistance to providers and direct caregivers is available through the Intake line. If needed, BFP will deploy the Mobile Response Team to stabilize crises that threaten placement stability and to ensure that the family receives appropriate services and supports following the crisis (these will be facilitated by the assigned Care Manager/Care Coordinators). The crisis intervention services are further described in a later section of this document

Checklist for Mobile Response Team:

1. Is there an immediate and pending crisis that requires stabilization?
2. Yes? Appropriate to send Mobile Response Team

Mobile Response Team services must be pre authorized. Mobile Response should not be utilized to determine whether or not the children need to be removed (the Protective Investigator makes this decision) or as a safety assessment before a PI closes the case. There is one necessary criterion: that there is a current crisis and the family is in need of support, stabilization and crisis management. Mobile Response can be accessed by PI's to prevent a removal whenever possible, foster homes, relatives and non relatives for placement preservation.

Voluntary Protective Services: (VPS)

If the family needs supervision and willingly agrees to work with the Case Management Agency and service providers, VPS may be an appropriate option. Consideration must be given to the individual risk level and to the maltreatment indicators. The family must also be willing to sign a VPS agreement. VPS may be an appropriate track if the family if the family needs supervision AND linkages to services and supports. The case should be assessed as low risk and present no immediate safety concerns.

Court Ordered Cases**1. Placement in licensed foster care:**

When the PI has determined that the child must be taken out of his/her home and there is no immediate or appropriate relative available for placement, the PI will request placement services and supports from BFP Intake Specialists for placement identification and file a shelter petition.

The PI will photograph and fingerprint the child, screen for bruises or other visible signs of injury that might require immediate attention, and briefly assess the child for health, mental health or behavioral problems that might impact placement or require immediate services following placement. When the PI has all the information needed to complete the Intake/enrollment checklist, the PI will call the Intake Specialist and provide enrollment information. At a minimum, at the time of the initial intake call the PI will provide BFP with the Pre Placement Tool.

2. Protective Supervision In-home:

When the PI determines that the child can remain at home with court supervision the PI will initiate the non-shelter dependency petition and make the referral to BFP for further assessment of service needs and ongoing case management. A Team Staffing (formerly Early Services Intervention Staffing) will be scheduled at the Care Center the next business day from the request of the PI. Mandatory participants include designated BFP Care Center Manager, the assigned Care Manager and the PI. After the case is reviewed and the case transfer task list is completed, the Care Manager will assume responsibility for case management and will make contact with the family within 24 hours (The case transfer task list has been developed jointly by BFPB and PI's). At the initial meeting with the family, the BFP Care Coordinator will schedule the initial Family Team Conference after completion of the Strengths Discovery. All required screens and assessments that have not been previously scheduled by the PI, and make appropriate referrals for services for the child/parents.

3. Children Placed in Relative/Non-relative Care:

When the PI decides that placement with a relative or non-relative caregiver is the appropriate decision, the PI will photograph and fingerprint the child, screen for bruises or other visible signs of injury that might require immediate attention, and briefly assess the child for health, mental health or behavioral problems that might impact placement or require immediate services following placement. When the PI has all the information needed to complete the Intake/enrollment checklist, the PI will call the BFP Intake Specialist, provide enrollment information, and review any information that might require immediate assessment or services following placement with relatives/non-relatives.

On Call Staff

BFP has three tiers in the on call process. The first tier are those staff that participate in front line response and consist of the following positions: Intake Specialists, Care Coordinators, Caregiver Liaison, Adoption Recruiters and Utilization Review Specialists. The second tier consists of administrative staff who serve as a back up support to the first tier. The second tier staff are available to answer questions and provide authorization when required (outlined below) and consists of the following positions: DOO, Care Center Managers, Director of Wraparound and UM, Utilization Program Manager and Child and Family Services Program Manager. The third tier consists of the Chief Operations Officer and Chief Compliance and Utilization Officer.

In the event an employee leaves the agency and is scheduled for an on call shift, it is the responsibility of the immediate supervisor to either assume that shift or identify an appropriate and trained replacement. The supervisor must notify all BFP on Call staff of the change prior to the start of the on call shift.

Time Frame of On Call Responsibilities

This procedure applies to the time frame of 5:00pm to 8:00am on the weekdays and from 5:00pm Friday to 8:00am on Monday on the weekends. The BFP Intake Line (321-752-3226) will be rolled over at the close of business each day to the after hours respondent. The BFP on call cell phone is rotated among the first tier on call staff member. This will ensure that on call respondents do not use their own personal cell phone or home phone for call backs.

On Call Binder

Each on call respondent is provided a three ring binder that consists of the following information: Pre Placement Tool, vacancies from each Child Placing Agency, Group Home Facility vacancies, Case Management Agency On Call Schedule, phone directories including Child Placing Agencies, Case Management Agency Staff, On Call Procedure and Procedure, information regarding rate agreements, Pre Placement Tool, Critical Incident Operating Procedure and Reporting Form, Corrective Action Form, BFP On Call Responsibilities Outline, The Prevention and Placement of Child Victims and Aggressors Involved in Child on Child Sexual Abuse, Sexual Assault, Seduction or Exploitation in Substitute Care Operating Procedure, and the Prevention, Reporting and Services To Missing Children Operating Procedure. It is the responsibility of each individual participating in on call to ensure proper preparation for on call shift including (but not limited to) the current on call schedule for BFP, subcontracted case management agencies, active VPN access, Clients Active as Case Dependents List and Child Placing Agency and Group Home vacancy report. Each individual is also responsible for contacting BFP Intake Specialists to become apprised of any potential issues that may arise prior to on call shift.

After Hours Request for New Placements

BFP must secure a placement for all new removals within four (4) hours of the placement request. The four hours starts when the PI notifies the on call respondent that a removal episode has occurred and a placement is needed. The On Call Staff will respond to after hour requests in the following manner:

1. The Child Protective Investigator (PI) will notify BFP that placement is needed after the removal of a child. BFP will not search for a placement until there has been a removal episode.
2. The on call staff member will reference the Pre Placement Tool as a guideline to obtain the following demographic information: child name, date of birth, gender, race, reasons for removal, child's siblings, educational needs, medical/mental health needs, social, recreational and any special needs. Any additional background information available will be shared at this time.
3. The PI will be notified of the placement location and transport the child.
4. The PI will fax a Pre Placement Tool to the Intake, Diversion and Assessment unit the following day and the Shelter Order when this becomes available.
5. All information about after hour placements will be communicated to the Intake, Diversion and Assessment Unit the following day. A note log has been provided in your on call folder. It is imperative that all on call activity be reported to the Intake Specialists the next business day.

Procedure for placement location

- a. Request information as outline above for initiating placement. The four hours to locate placement begins when the request is received.
- b. Contact all Child Placing Agencies with placement request.
- c. Document your placement efforts in the log of the on call binder.
- d. If placement has not been secured in a family foster home, contact group homes with placement request.
- e. If a placement has not been located, contact the Welcome Center for short term placement.

After Hours Request for Mobile Response Team

All requests for the Mobile Response Team are filtered through the On Call Respondent for after hour requests. The Mobile Response Team consists of three on call therapists who can accommodate the North, South and Central areas of Brevard County. The schedule contains a back up therapist in the event that the primary therapist cannot be reached and the home and cell phone number of each therapist. The Mobile Response Team can be utilized by the Protective Investigator and Care Managers to prevent new removals, the case management agencies for placement preservation for relative, non relatives and foster parents as well as group home facilities and the community in general. All services for the Mobile Response Team must be pre authorized by BFP Intake Specialists or the 1st Tier on Call Respondent.

On Call Schedule

The call schedule is dispersed to all staff 30 days prior to the beginning of the new month.

Authorization from Second Tier

The second tier administrative staff must be contacted for authorization of the following:

- a. Out of County Placement: If all available placement options have been exhausted within Brevard County it may be necessary to seek an out of county placement. An Out of County

placement request form must be completed and submitted to BFP Intake Specialists the following business day. Prior to executing placement, authorization must be obtained from the second tier administrator. BFP's philosophy is that out of county placements occur only under extenuating and unique circumstances and not without prior approval from the second tier.

- b. Over cap or approval of a waiver for a foster home: It may be necessary to temporarily over cap a foster home to accommodate a placement request. Authorization must be obtained from the second tier administrator prior to placement. Reasons for over cap must be in compliance with Florida Administrative Code 16C-13.032 Capacity, Placement and Over Capacity Assessment and include the following: 1. To accommodate a sibling group. This may be a sibling group with some of the children already in the home as well as a sibling group being placed for the first time. 2. To accommodate a child or sibling group needing placement who has previously lived in the home; 3. To allow a teen parent in substitute care to have his or her child or children placed in the same home and 4. If the prohibition of the placement would be contrary to the child's best interest.

c. Placement in a clinically inappropriate setting: At no time is a child to be placed, or requested to be placed, in a facility where that placement would result in exceeding the capacity for that facility or to be placed in a clinically inappropriate setting without the approval of the on call administrator. If there is any question about what is and is not clinically appropriate the on call respondent should contact the second tier administrator. If the second tier administrator has any question, the third tier Chief Operations Officer should be contacted. *At no time shall a child be retained over night in a care center, office space or other equally inappropriate location or with a care manager. The first tier should contact the second tier administrator within the first hour of identification of the problem for placement assistance.* It is appropriate to contact alternate placement representatives and proceed up the Child Placing Agencies chain of command if necessary/and or a short term placements can be arranged (such as weekend or overnight) if necessary only in extenuating circumstances. BFP Intake Specialists will be notified in the morning of the next business day of placement activities.

d. Client Death: A person whose life terminates due to or allegedly due to an accident, act of abuse, neglect or other incident occurring while in the presence of an employee, in a BFP of Brevard operated or contracted facility or service center; while in the physical custody of Brevard Family Partnership or when a death review is required pursuant to the Child Death Review Procedures.

- e. Serious injury or serious illness of a child: A medical condition of a client requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident occurring while in the presence of an employee, in an CBC of Brevard subcontracted facility or service center.
- f. Potential Media Coverage: Any incident that may result in negative media coverage. The third tier on call administrator must be contacted in the event of a client death, serious injury or serious illness of a child or for potential media coverage.

Requests for Cases open to BFP Sub contracted Case Management Agencies

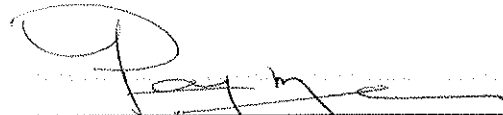
The below outlines agency protocol as applicable to BFP Subcontracted Case Management Agencies (Devereux and Children's Home Society):

- a. On call staff will identify which agency is managing the case and relay the information to the appropriate on call Case Management Agency (CMA) staff at CHS or Devereux.
- b. Contact the Children's Home Society or Devereux on call staff member.
- c. Each CMA will provide the on call schedule to BFP 30 days ahead of time.
- d. If the identified CMA on call staff member is non responsive, the BFP on call staff member will contact the CMA supervisor and ultimately the CMA Program Director.

On Call Concerns

Should any on call respondent experience delays in responsiveness from Child Placing Agencies, Case Management Agencies or other providers that result in an impediment to carry out assigned tasks, the assigned On Call Respondent that experienced the delay must complete a Corrective Action Form (attached) and forward to the BFP Contract Manager the next business day for immediate follow up and corrective action plan with agency administration. It is incumbent upon the first and second tier on call staff to complete the Correction Action Form within three business days to ensure that the necessary correction action is taken with the subcontractor.

BY DIRECTION OF THE CHIEF EXECUTIVE
OFFICER:



DR. PATRICIA NELLIUS-GUTHRIE
Chief Executive Officer
Brevard Family Partnership

APPROVAL DATE: 11/10/10