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Applicable to: Brevard C.A.R.E.S. Staff

SUBJECT: Brevard C.A.R.E.S. Access to Services, Screening and Intake

PURPOSE: The purpose of this procedure is to outline Brevard C.A.R.E.S. procedures for referring and transitioning families to Brevard C.A.R.E.S. This procedure also outlines the protocols and steps taken by the Brevard C.A.R.E.S staff to ensure the safety and well-being of the children and families referred and prompt quality access for families to the services. The proper application of this policy will ensure that Brevard C.A.R.E.S. meets its commitment to ensure continuity of care for families using a family centered, consumer driven, strength based approach to care in keeping with the wraparound principles of care.

PROCEDURE:

**C.A.R.E.S. Program (Family Support)
Access to Services, Screening and Intake Process**

Community Referrals - Brevard C.A.R.E.S. does not accept C.A.R.E.S. Program (Family Support) referrals from the community and/or from families who self-refer. The Brevard C.A.R.E.S. Director of Operations will review self-referral request to re-open Family Support Services of former clients and request to open Family Support Services due to a child in the home recently being released/pending release from a Baker Act facility to determine if they are eligible for services. If accepted, the Brevard C.A.R.E.S. Director of Operations will generate an electronic record in Mindshare and Florida Safe Families Network (FSFN).

Juvenile Justice Referrals – Brevard C.A.R.E.S. works directly with the Department of Juvenile Justice Detention Center to provide community-based service coordination and support to at-risk families. The Detention Center staffs the case with the Brevard C.A.R.E.S. Child and Family Staffing Specialist when there are concerns that a youth may enter foster care as a result of a lockout or due to conditions related to criminal charges. Upon receipt of a referral from the Department of Juvenile Justice and acceptance by the family the Child and Family Services Specialist builds the referral in Mindshare and FSFN and sends it to the Program Manager/designee for assignment.

Child Welfare Referral – Brevard C.A.R.E.S. works directly with Department of Children and Families Child Protective Investigations to provide Family Support Services to at-risk families

when a child has been determined safe but at high/very high risk. The Child Protective Investigator (CPI) staffs the case with the Brevard C.A.R.E.S. Staffing Services Specialist.

- The Staffing Services Specialist post a schedule of available staffing times. The Child Protective Investigator (CPI) is expected to have completed the Risk Assessment prior to the staffing. The completed Risk Assessment is needed to ensure the case receives the appropriate level of intervention when opened to Family Support. If a Risk Assessment has not been completed prior to the staffing it will be jointly completed during the staffing.
- During the staffing the Staffing Specialist reviews the Brevard C.A.R.E.S. Consent Form, Face Sheet and Risk Assessment with the referring CPI, discusses the family history, current family dynamics, and identified needs. This staffing is documented in FSFN. At the conclusion of the staffing, the Staffing Specialist and CPI attempt to contact the family. This serves as the first attempt to engage the family and is documented in FSFN within forty-eight hours.
 - If the caregiver refuses services during this joint attempt with the CPI, the Child and Family Services Specialist documents the refusal and CPI's planned next steps in FSFN. The Staffing Specialist schedules a close the loop staffing within 2 business days with the referring CPI and Supervisor for all families referred to Family Support determined to be safe but at high or very high risk who are unwilling to engage and participate,
 - If the caregiver accepts services during the joint contact with the CPI, the Child and Family Services Specialist builds the referral in Mindshare and FSFN within one business day and sends it to the Program Manager/designee for assignment.
 - If the attempt to reach the caregiver is unsuccessful, the Staffing Specialist documents the failed attempt in FSFN. The Staffing Specialist will attempt a total of 3 calls within the first two business days.
- If the caregiver accepts services during a follow up attempt, the Staffing Specialist builds the referral in Mindshare and in FSFN within one business day and sends to the Program Manager/designee for assignment. The Staffing Specialist will document the acceptance in FSFN and notify the CPI of the acceptance and document notification in FSFN.
- If the caregiver refuses services during a follow up attempt, the Staffing Specialist will document the refusal in FSFN and notify by email the CPI and CPI Child Protective Investigations Supervisor (CPIS) of the refusal and intent to close the referral as a refusal. This notification will be documented in FSFN and the Staffing Specialist will complete the "close the loop" staffing during the next weekly DCF/Brevard C.A.R.E.S. Staffing Meeting with the CPIS, CPI Program Administrator, and Brevard C.A.R.E.S. Director of Operations to discuss next steps. If the Staffing Specialist is unsuccessful at reaching the caregiver in 3 attempts, and all attempts are documented in FSFN the Staffing Specialist will notify by email the CPI and CPI Child Protective Investigations Supervisor (CPIS) of the refusal and complete the "close the loop" staffing during the next weekly DCF/Brevard C.A.R.E.S. Staffing Meeting with the CPIS and CPI Program Administrator and Brevard C.A.R.E.S. Program Director to discuss next steps.

Brevard C.A.R.E.S. Leveling System

Upon receipt of the referral, the Staffing Specialist The Child and Family Staffing Specialist will be assigned to Level II Safe but Moderate Risk and Level 1 Safe but Low Risk families. Level III

Safety but High or Very High-Risk families are assigned jointly to both a Family Partner and to a Care Coordinator.

The Brevard C.A.R.E.S. Family Support Supervisor , or designee, will determine the prioritization of the family depending on the circumstances of the referral. Within the Brevard C.A.R.E.S. Family Support Program there are three levels of intervention utilized to help gauge and determine the level of need and complexity of the families served in the program.

Level III (Safe High/Very High-Risk) – High/Very High-Risk referrals are assigned to the Brevard C.A.R.E.S. High Fidelity Wraparound Team. Families served at this level receive Family Support Services with care coordination throughout the life of the case targeted at building a families' protective factors at a macro level and addressing barriers to long term safety. These cases may include victims of Human Trafficking. Upon receipt of the referral, contact will be made within 2 business days and a Strength and Cultural Discovery is completed within 5 days of the referral. The Family Team Conference occurs no later than 5 business days from the completion of the Strength Discovery.

Level II (Safe Moderate Risk) and Level 1 (Safe Low Risk) –Families served at this level receive Family Support Services delivered through community referrals to aid families with resource needs with no required case coordination. These services may include but not be limited to: community linkages, by-passes, and use of Flex Funds. Upon receipt of the referral, contact will be made within 5 business days.

In cases where additional documentation is necessary to determine the appropriateness of the referral to the C.A.R.E.S. Program, the Care Coordinator or Family Partner will contact the family to request any necessary information and documentation, indicating that a Strength Discovery cannot be conducted until such documentation is reviewed by the Program Manager. Documentation of all conversations will be kept in FSFN and the client file.

If the referral does not meet the criteria for the Brevard C.A.R.E.S. Program, the case will be staffed with the Program Manager for review. If the Program Manager determines the case is not appropriate for C.A.R.E.S., the Program Manager, or designee will contact the referral source to inform them of the disposition. A follow up letter will be sent to the referral source with a copy placed in the case record. In cases where the referral does not meet program criteria, documented effort will be made to link the family to community resources. In cases where the family does not meet the program entry criteria and the family disagrees with the determination, they will be referred to the Brevard C.A.R.E.S. Executive Director for review.

Family Support Services for High and Very High-Risk Families

Family Support Services will be recommended by the Department of Children and Families when they have determined that the children in the family are safe from present and impending danger, however, the family has a high or very high likelihood for maltreatment given their risk level as determined by the FSFN tool. Families Support Services for high and very high risk families are voluntary. Children who have been determined to be unsafe by the Department of Children and Families are not eligible for Family Support Services.

Non Judicial In Home Services (for families referred for Child Welfare Diversion Case Management Services)**Access to Services, Screening and Intake Process**

Brevard C.A.R.E.S. works directly with Department of Children and Families Child Protective Investigations (CPI) to provide case management services to families when a child(ren) has been determined to be unsafe due to impending danger but the danger threat can be managed with a safety plan.

“Impending danger” refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child. Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/ caregiver functioning to sufficiently assess and understand how family conditions occur.

The NJIHS Supervisor posts a schedule of available case transfer conference staffing times. The CPI is responsible for requesting the case transfer conference with NJIHS as soon as the Family Functioning Assessment (FFA) is complete and a child is determined to be unsafe. The CPI will complete a Brevard C.A.R.E.S. Consent Form and Case Transfer Checklist and supporting documents.

Prior to the case transfer the NJIHS Supervisor should accomplish as much preparation as possible regarding the information collection and safety decision making reflected in the FFA-Investigation and any history in Florida Safe Families Network (FSFN) so that the transfer conference can be focused and purposeful. Upon request of a case transfer conference, the following preparation activities should be completed by the NJIHS Supervisor or designee to the extent possible in order to prepare for the case transfer:

1. Review and evaluation of the documentation for the case. This review should include the FFA-Investigation, Safety Analysis, the Safety Plan and Conditions for Return when there is an out-of-home safety plan.
2. Identification of any questions regarding information sufficiency related to impending danger, the rationale for the safety plan, and the level of intrusiveness for safety management. Action items to consider include:
 - a. Develop questions to ask during the Case Transfer conference.
 - b. Identify information that must be gathered prior to the completion of the FFA-Ongoing

The NJIHS Supervisor will assign all new referrals for NJIHS within twenty-four (24) hours upon acceptance of the case. FSFN reflects an initiation date of the date on which the case was accepted.

Mobile Response Team (MRT)

The Mobile Response Team (MRT) supports families, with a minor child, in serious distress with immediate crisis intervention and mental health services in Brevard County, over the phone or in person. The primary goal of MRT is to de-escalate the crisis situation, stabilize the family,

maintain children in their natural home environment, provide support to families and connect families with appropriate resources.

MRT supports are available to families 24 hours a day 365 days a year at no charge. Services are accessed by calling the MRT line at 321-213-0314.

All requests for MRT will be assessed and filtered by the Mobile Response Team Coordinator. The Mobile Response Team consists of the Mobile Response Team Coordinator and on call therapists who can accommodate the North, South and Central areas of Brevard County. 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. MRT should not be utilized for ongoing counseling services or support. It should be considered a one-time emergency service in most situations.

The MRT supports families in serious distress with immediate crisis intervention and mental health services in Brevard County, over the phone or in person, in order to reduce Baker Acts, arrest, and/or placement disruptions and ensure everyone receives the proper care.

The Brevard C.A.R.E.S. Mobile Response Team Coordinator or backup answers all calls promptly and responsively to identify urgency of needs and ensure that family are linked timely with appropriate services and interventions. If the call is appropriate for MRT services, the Mobile Response Team Coordinator or backup will evaluate the circumstances to determine the most appropriate response level:

- **Telephone Triage:** The Mobile Response Team Coordinator or trained mental health professional provides de-escalation techniques to prevent or resolve the crisis over the phone and decides if a referral will be made to a community resource or crisis stabilization.
- **On-Site Crisis Response:** If care is needed beyond a phone call, a licensed and/or master level therapist will deploy within an hour to wherever the youth and family may be in the community, in order to provide effective intervention at the height of the crisis. MRT services can occur in family homes, schools, hospitals, or other community and residential settings. Therapeutic interventions by the teams are primarily centered on assessing the immediate safety needs of the family, stabilizing the youth in crisis, and providing assistance and support to the caregivers.

If the call does not meet the criteria for MRT supports, the Mobile Response Team Coordinator will direct the caller to the appropriate community resource or 211. If the caller indicates suicidal ideation the Mobile Response Team Coordinator and the caller refuses Mobile Response Team supports then the Mobile Response Team Coordinator will call 911 requesting law enforcement response for a well-being check.

Safety Management Services Team (SMT)

Brevard C.A.R.E.S. works directly with Department of Children and Families Child Protective Investigations (CPI) to provide Safety Management Team services (SMT) to families when a child(ren) has been determined to be in present danger but the danger threat can be managed in the home with a safety plan.

All requests for SMT services for families with identified Present Danger will be made directly to the Safety Services Manager for expedited access to services and to prevent individuals and families from experiencing any unnecessary barriers. Upon request the Safety Services Manager will complete an intake staffing with the requesting CPI Program Administrator or designee. If Present Danger exists, and a slot is available, the case will be immediately assigned to a SMT.

Present Danger. Present Danger exists as an immediate, significant, and clearly observable family condition, child condition, individual behavior or action or family circumstances which are in the process of occurring and which obviously endanger or threaten to endanger a child and require immediate action to protect a child. Present danger threats are usually identified at initial contact by an investigator. Present Danger exists when:

1. The CPI can visibly identify or readily assess historical information for out of control conditions that are immediately harmful to the child. The family conditions are such that the threatening family condition or behavior putting the child in danger could happen at any time and requires an immediate response.
2. The threatening family condition may be readily apparent, or it may be an allegation of significant harm that if true requires protective actions.
3. Present Danger Threshold. The qualifiers that must exist to justify present danger are the following:
 - a. “Immediate” for present danger means that the dangerous family condition, child condition, individual behavior or act, or family circumstances are active and operating. What might result from the danger for a child could be happening or occur at any moment. What is endangering the child is happening in the present, it is actively in the process of placing a child in peril. Serious harm will result without prompt investigation and/or case manager response.
 - b. “Significant” for present danger qualifies the family condition, child condition, individual behavior or acts, or family circumstances as exaggerated, out of control, and/or extreme. The danger is recognizable because what is happening is onerous, vivid, impressive, and notable. What is happening exists as the matter that must be addressed immediately. Significant is anticipated harm that can result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment or death.
 - c. Present danger is “Clearly Observable” because there are actions, behaviors, emotions or out-of-control conditions in the home which can be specifically and explicitly described which directly harm the child or are highly likely to result in immediate harm to the child.

- d. Danger Threats may manifest as Present Danger when:
- i. Parent/legal guardian/caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child. This refers to caregivers who anticipate acting in a way that will result in pain and suffering. "Intended" suggests that, before or during the time the child was mistreated, the parents'/primary caregivers' conscious purpose was willfully to act in a manner which would reasonably hurt/harm the child. This threat must be distinguished from an incident in which the parent/legal guardian or caregiver meant to discipline or punish the child, and the child was inadvertently hurt.
 - ii. Child has a serious illness or injury (indicative of child abuse or neglect) that is unexplained, or the parent/legal guardian or caregiver explanations are inconsistent with the illness or injury. This refers to serious injury which parent/legal guardian or caregivers cannot or will not explain. While this is typically associated with injuries, it can also apply when family conditions or what is happening is bizarre and unusual with no reasonable explanation. Generally, this will be a danger threat used only at present danger. One example is the following: A child has sustained multiple injuries to their face and head and the parent/legal guardian cannot or will not explain the injuries and the child is very young or non-verbal. The parent(s)' explanation changes over time as to how the injury or illness occurred.
 - iii. The child's physical living conditions are hazardous, and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health. This threat refers to conditions in the home which are immediately life threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).
 - iv. There are reports of serious harm and the child's whereabouts cannot be ascertained; and/or there is a reason to believe that the family is about to flee to avoid agency intervention; and/or the family refuses access to the child; and the reported concern is significant and indicates serious harm. This threat refers to situations in which the location of the family cannot be determined, despite diligence by the agency to locate the family. The threat also refers to situations where a parent/legal guardian/caregiver refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward the investigator or case manager, is avoiding staff, refuses access to the home, hides the child, or refuses access to the child and the reported concern is significant and indicates serious harm. The hiding of children to avoid agency intervention should be thought of in both overt and covert terms. Information, which describes a child being physically confined within the

home or parents who avoid allowing others to have personal contact with the child, can be considered “reported concern is significant and indicates serious harm.”

- v. Parent/legal guardian or caregiver is not meeting the child’s essential medical needs and the child is/has already been seriously harmed or will likely be seriously harmed. This refers to medical care that is required, acute, and significant such that the absence of care will seriously affect the child’s health. “Essential” refers to specific child conditions (e.g., blindness, physical or developmental disability, medical condition) which are either organic or naturally induced as opposed to parentally induced. The parents will not or cannot address the child’s essential needs.
- vi. Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian is unwilling or unable to manage. This refers to specific deficiencies in parenting that result in the exceptional child being unsafe. The status of the child helps to clarify the potential for severe effects. Clearly, exceptional includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.
- vii. Parent/legal guardian or caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child. Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be regularly active or generally potentially active. This threat is concerned with self-control. It is concerned with a person’s ability to postpone; to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; and/or to manage emotions. This is concerned with self-control as it relates to child safety and protecting children. So, it is the absence of caregiver self-control that places vulnerable children in jeopardy.
- viii. Parent/legal guardian or caregiver is not meeting child’s basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed. “Basic needs” refers to the family’s lack of:
 - 1. Minimal resources to provide shelter, food, and clothing; or,
 - 2. The capacity to use resources to provide for a minimal standard of care if they were available.
- ix. Parent/legal guardian or caregiver is threatening to seriously harm the child, or is fearful he/she will seriously harm the child. This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a “call for help.”
- x. Parent/legal guardian or caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious

harm to the child. “Extremely” is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be identified, these types of perceptions must be present and the perceptions must be inaccurate.

- xi. Other. This category should be used rarely. Consultation with and approval by a supervisor must occur to determine that the threat identified is not covered in any of the standard danger threat definitions. Documentation should accurately describe the threat, including the threshold qualifiers.

If the referral does not meet the criteria for SMT, or if a slot is not available, the Safety Services Manager will consult with the CPI Program Administrator or designee to determine if there is a community resource that can be engaged as a safety management service to assist in managing the safety plan. When a community resource is identified a by-pass referral will be completed by the Child and Family Services Specialist. In cases where the family does not meet the program entry criteria and the CPI Program Administrator disagrees with the determination, the case will be referred to the Brevard C.A.R.E.S. Executive Director for review.

Head Start Family Support Services

Access to Services, Screening and Intake Process

Families who have been screened and determined to meet federal eligibility requirements by the Head Start grantee, Brevard Public Schools, (including children aged 3 to 4) have access to Head Start services through Brevard C.A.R.E.S.

Brevard Public Schools ensures that each family referred to Head Start meets eligibility requirements to be served through the Head Start program and compiles family demographic information (minimally family name, phone number, address, child’s name and assigned Head Start school.) This screening practice ensures equitable treatment and supports timely initiation of community linkages and supports. The Head Start Care Coordinator receives this information, creates an intake in the centralized database and assigns to self. The identified staff member schedules the initial contact with the family no later than 3 days of receiving the referral and completion of the Strength and Cultural Discovery within 5 days. There are multiple supports available for each child served in Head Start that includes a pre-determined “team” consisting of; Head Start Classroom Teacher, Head Start Family Engagement Social Worker, Family Literacy Specialist, Home Visiting Nurses, Instructional Assistants that function as Family Advocates and Children’s Mental Health Services Provider. All families minimally receive information and referral services, the identification and development of family goals and regular follow up to revisit family’s changing needs. Families that initially present with more acute needs (beyond information and referral) receive more intensive case management including Family Team Conferencing. This level of need determination is made at the initial family meeting once the assessment is completed. This continuum is designed to flexibly meet family’s needs as families experience either increased risk levels or as risk to the family decreases and stabilization occurs. Brevard C.A.R.E.S. utilizes the following protocol to ensure that families that are experiencing immediate crisis are triaged for intensive service delivery: referring Brevard Public Schools personnel alerts Head Start Care Coordinator of immediate crisis

situation that has been presented for subsequent family contact, engagement and crisis stabilization. In these instances, the family is contacted within the same day whenever possible but no later than 24 hours from referral. All Head Start families have access to a 24/7 on call service and mobile crisis response team. The agency's written procedures regarding immediate intervention and crisis stabilization are outlined in OP BC 1018 (that includes crisis and safety planning) as well as connecting the family to more intensive services and emergency response as appropriate. Progress notes including case chronological information is entered into the required state database system (PROMIS) and FSFN. This includes updates to the family needs and goals as appropriate to identified intervention.

In instances where families do not meet Head Start eligibility criteria, families can elect to be served voluntarily through Brevard C.A.R.E.S. Wraparound Program after review for eligibility by the Program Manager or are referred and connected to appropriate community resources.

Cribs for Kids

Access to Services, Screening and Intake Process

Brevard C.A.R.E.S. conducts Safe Sleep Workshops on a bi-monthly basis at the Family Resource Center, monthly in the north and south areas of the county, and annually in four Brevard County Public School High Schools. Safe Sleep Workshops are scheduled at other locations as needed.

1. Requests for a crib can be made through a referring agency and self-referrals will also be accepted.
2. All Cribs for Kids Workshops are available on the Brevard C.A.R.E.S. website and updated regularly. Workshops are held biweekly and more frequently as needed.
3. The infant in need of a crib must be a Brevard County resident and be under 12 months of age.
4. Unless there are multiple births, the family can receive only 1 crib per household.
5. Parent/Caregiver will be required to complete a Cribs for Kids Program Referral Form

Homelessness Prevention and Rapid Re Housing

Upon receipt of the referral where the presenting problems include housing instability, the Housing Specialist will enter the family in the Brevard C.A.R.E.S. database within one business day. The Brevard C.A.R.E.S. Housing Specialist will determine the prioritization of the family depending on the circumstances of the referral. Within the Brevard C.A.R.E.S. Family Support Program there are three levels of intervention utilized to help gauge and determine the level of need and complexity of the families served in the program.

Level III (Safe High/Very High Risk) – High/Very High Risk referrals are assigned to the Brevard C.A.R.E.S. High Fidelity Wraparound Team. Families served at this level receive Family Support Services with care coordination throughout the life of the case targeted at building a family's protective factors at a macro level and addressing barriers to long term safety. Upon receipt of the referral, contact will be made within 2 business days and a Strength and Cultural Discovery is completed within 5 days of the referral. As part of the Strength and Cultural

Discovery the Family Partner will complete the eligibility screening. On the first visit, the Family Partner will assist the parent(s) to complete an application for assistance that aligns with the assessment and application used by the Continuum of Care. If a family is deemed ineligible for services, documentation will reflect the reason(s) for exclusion. The Family Team Conference occurs no later than 5 business days from the completion of the Strength Discovery.

Level II (Safe Moderate Risk) & Level I (Safe Low Risk) – Safe Moderate/Low Risk referrals are served through community referrals to aid families with resource needs with no required case coordination. These services may include but not be limited to: community linkages, by-passes, and use of Flex Funds. Upon receipt of the referral, contact will be made within 5 business days.

The Housing Specialist first priority at all times is family safety, which may involve immediate placement into temporary housing via agreement with area hotels.

Brevard C.A.R.E.S. is a Brevard Homeless Coalition (Continuum of Care) provider agency and may help provide direct funding to help households achieve long term housing stability and avoid becoming homeless again. The Housing Specialist targets resources to help those most in need, ensure data collection and performance measurement. The program is tailored to meet the individualized needs of the family given the strengths and challenges in Brevard County in a holistic approach that encompasses services to keep families intact and to improve family dynamics. Such services might include child care, early education, employment counseling, linkages to welfare programs to provide for basic needs, medical care, clinical preventative services, mental health counseling (especially for PTSD, depression and domestic violence), treatment for substance abuse, and case management to integrate and coordinate individual services. This is accomplished through a multi -step process that entails the following;

- a. Ensuring the family meets the definition of homelessness or at risk of homelessness;
- b. Ensuring the family has an income level of 30% below the median income of \$48,483. The process of income verification is achieved by examining source documentation to provide evidence of annual income such as wage statements, pay stubs, tax returns, interest statements and unemployment compensation statements. Third party verifications may be used for income verification; this includes contacting an outside entity (with the consent and executed release of information from the family authorizing the third party to release the required information) such as employers, banks, the U.S. Social Security Administration and public assistance agencies.
- c. Completing an assessment, using the VI-SPDAT (Service Prioritization Decision Assistance Tool) and in depth analysis of family needs which will result in rendering the family's risk level as high, moderate or low. Homeless families who score in the range of 5-9 will be referred for Rapid Rehousing and to the Coordinated Housing Assessment Team (CHAT) to determine priority order for Section 8 housing vouchers based on household acuity.
- d. Families that are classified as high risk will receive immediate prioritization.
- e. For families that are classified as moderate/low risk, the Housing Specialist will utilize the Brevard Homeless Coalition to network and serve as the family liaison and advocate to secure resources or supports in which the family meets eligibility criteria. This includes communication and coordination with representatives of non-profit homeless providers, victim services providers, faith based organizations,

governments, businesses, advocates, public housing agencies, Brevard County school district, social service providers, mental health agencies, hospitals, affordable housing developers and other organizations that serve homeless families (including serving veterans) and provide transitional or permanent housing.

BY DIRECTION OF THE EXECUTIVE
DIRECTOR:



KATHRYN PARKER
Executive Director
Brevard C.A.R.E.S., Inc.

APPROVAL DATE: 03/12/2021