



# Family Handbook



**(321) 632-2737**  
**[www.brevardcares.org](http://www.brevardcares.org)**

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## LOCATIONS

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- ♥ *All offices are open Monday thru Friday 8:00 a.m. to 5:00 p.m.*
- ♥ *For assistance after hours and weekends, call: (321) 752-3226*
- ♥ *If you are experiencing a crisis please contact our Mobile Response Team 321-213-0315*

# WELCOME!

Brevard C.A.R.E.S. was formed in 2008, with a mission to reduce the number of children entering the foster care system and serves as Brevard Family Partnership's innovative, voluntary prevention and diversion program tailored to protect children, strengthen families, and change lives.

We look forward to working with you and your family. The length of our programs are 2 to 9 months in duration. The minimum criteria for admission to the program are for the child or children to be at risk for abuse or neglect and be under the age of 18. Additional criteria include significant history with the child welfare dependency system, number of child welfare investigations, mental health issues for parents and children, substance abuse history, domestic violence, lack of a support system, homelessness, and loss of income/employment.

This handbook will provide you with information about Brevard C.A.R.E.S. (Coordination, Advocacy, Resources, Education and Support) and the services we offer, as well as explain how we will work with you and your family. Your Coordinator will go over this handbook with you and answer any additional questions you may have. They will ask you to sign a form stating that you have received this handbook and understand your rights and responsibilities.

Brevard C.A.R.E.S. has developed a seamless continuum of care for children and families committed to promoting prevention and providing the support you and your family requires to live successfully after graduating from the program.

Brevard C.A.R.E.S. uses a Wraparound Family Team Conferencing (FTC) approach to address the needs of families. The goal of the Brevard C.A.R.E.S. System of Care is to enable children to safely remain in their homes, while ensuring families have access, voice, and ownership in the planning process. FTC's are used for care planning and the periodic utilization (progress) reviews of all sections of the Care Plan.

The purpose of Family Team Conference is to:

- 1) Ensure successful engagement of families occurs early in the process, with the identification of the family's vision, strengths and potential barriers to success;
- 2) Clarify with the family the reasons for Brevard C.A.R.E.S. involvement;
- 3) Focus on the safety and permanency needs of the child;
- 4) Ensure the family drives the process in identifying needs;
- 5) Ensure the family has access, voice, and ownership of their plan;
- 6) Clarify expectations for behavioral change with all persons involved;
- 7) Acknowledge the family's strengths and commitment to their child;
- 8) Document the families' accomplishments;
- 9) Form community-based, culturally sensitive support groups that will provide ongoing support to the family; and
- 10) Identify community resources that can provide assistance to the family.

# OUR BELIEFS, MISSION, VISION AND VALUES

**We believe that every child needs a home with a heart** and that all children deserve to grow up safe, healthy, and whole, in families that love and nurture them. Brevard C.A.R.E.S. believes in family-driven care; as such, families are partners in the planning process. It is our goal to assist and strengthen families by creating access to community-based resources and natural supports that promote safety, build trust, and ensure permanency for children. We believe that mobilizing resources for children and families is the responsibility of the entire community and will help families access the necessary supports to meet their ongoing needs throughout Brevard County.

## **Our Mission**

The mission of Brevard C.A.R.E.S. is to prevent child abuse and neglect by supporting and strengthening families so that they can remain together in the community.

## **Our 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.

## **Our Vision**

It is the vision of Brevard C.A.R.E.S. and its stakeholders to manage a System of Care for children and families committed to the following:

- ♥ The safety of children will be the foremost concern, at all times;
- ♥ Services are customized to meet the unique needs of each child and family and are provided by a community-based network of providers who are dedicated to delivering a family-centered and responsive service delivery system;
- ♥ Resources will be efficiently and effectively managed to achieve better outcomes for children with the ultimate goal of child safety;
- ♥ 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.

## WHAT ARE THE BREVARD C.A.R.E.S. PROGRAMS?

Brevard C.A.R.E.S. offers unique prevention, safety management, and diversion programs tailored to protect children, strengthen families, and change lives. Brevard C.A.R.E.S. offers a full-array of support services and Wraparound Family Team Conferencing to families that are experiencing the stressors that often lead to entry into the child welfare system. The success of these programs is based upon a family-centered approach that promotes a family's access, voice, and ownership of the planning process and openly engages them in this strength-based program by building upon the successes and skills within their family unit. Families work in partnership with the staff and their team to have their needs met.

If you are experiencing a crisis please contact our Mobile Response Team 321-213-0315

## WHY IS WRAPAROUND CARE COORDINATION SO HELPFUL?

Together, we:

**Build** a Child and Family Team, consisting of a natural network of people that you choose to be on your family team.

**Determine** what is needed to help your family manage and eliminate the stressors you are facing.

**Work** hard to find what is needed to help your family be successful and create desired changes.

**Follow** the process called "Wraparound," which means that supports and services are "wrapped around" the child and family to support and sustain you beyond discharge from our program.

**Find** creative solutions based on your family's strengths, needs, culture, values and community.

**Will** decide when you have achieved your goals and are ready for graduation.

# WHAT IS THE WRAPAROUND PROCESS?

Wraparound is a planning process that follows a series of steps to help children and their families realize their hopes and dreams, and meet their family goals. This enables families to be free of child welfare and other systems involvement, and their increase skills in navigating community resources. The steps are outlined in more detail:

## **STEP ONE: Getting Started and Hearing the Family's Story**

The initial conversation with the child and family, and others, who are close to them, establishes a partnership with the family and the Brevard C.A.R.E.S. staff, determines team membership, and develops an initial set of strengths and needs from which the team will work.

## **STEP TWO: Starting the Meeting with Strengths**

At the initial Family Team Conference (FTC), the team reviews each member's perspective and issues relating to strengths and needs. The strengths focus is established and is central to the team's operation.

## **STEP THREE: Developing a Team Vision**

Through consensus and the process of normalization, the team identifies a vision, a unified picture developed by the FTC team, of how things will be for the child and family when involvement with Brevard C.A.R.E.S. is completed.

## **STEP FOUR: Identify Needs Across Life Domains.**

The team participates in a thorough exploration of the family's needs across life domains. Life domains are areas of the family's life that present challenges. These domains are areas such as: a place to live, mental health, cultural, social, spiritual, educational, vocational, financial, safety, etc. The Brevard C.A.R.E.S. staff leads the conversation, assuring family voice, while checking with team members for other needs and shared understanding of the needs held by the family.

## **STEP FIVE: Prioritize Needs**

The team, using family voice and perspective, selects the most important needs to work on during the time frame of the meeting. While family needs are critical, system needs are also considered and prioritized, if needed.

## **STEP SIX: Develop Action Strategies**

The team brainstorms strategies that will help the family move to the better life they defined in their vision statement. These actions must be tied to the strengths and culture of the child, family, team and community.

## **STEP SEVEN: Assign Tasks and Solicit Commitments**

Team members commit to tasks with specific follow-up dates.

## **STEP EIGHT: Document the Plan, Evaluate, Refine and Monitor Progress**

The team documents the plan and develops mechanisms for knowing when it's working and makes plans to change it, as necessary. As time goes on, the team determines strategies for transition to more informal, responsive supports, fading system involvement.

The Wraparound process is a planning process that brings people together from different parts of the whole family's life. With help from a Coordinator, people within the family's life work together, coordinate their activities, and blend their perspectives of the family's situation in order to create desired change and help strengthen children, families, and communities. The family decides how often they would like to schedule their FTC meetings, as often as weekly, or as infrequently as every six weeks. Life circumstances will occur outside of the FTC and the family might decide they want to call a FTC. The family and team members can determine, at any time that a FTC needs to be convened to discuss new circumstances or information that warrants additional planning.

### ***10 Principles of the Wraparound Process***

- ♥ **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
- ♥ **Team based.** The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
- ♥ **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
- ♥ **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
- ♥ **Community-based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
- ♥ **Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
- ♥ **Individualized.** To achieve the goals outlined in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
- ♥ **Strength-based.** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

- ♥ **Persistence.** Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.
- ♥ **Outcome-based.** The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

### **How is Wraparound and Family Team Conference approach different?**

- ♥ It is based on the strengths of you, your family, and your community.
- ♥ It is something your family does; it is not something you are told to do.
- ♥ It is a team effort with you, your child, service providers and other people or supports that are important to you.
- ♥ It is a process that respects who you are and focuses on what you need.
- ♥ It is a process where every team member decides to never give up and provides the care, support and commitment necessary to bring about success.
- ♥ It values the importance of social networks or “natural supports.”
- ♥ Wraparound celebrates success and sets realistic goals.

### **What is the role of the parent / caregiver?**

With the partnership, support and help of other team members, you will:

- ♥ Identify and recruit family team members.
- ♥ Establish your family’s vision statement of “Life will be better when...”
- ♥ Discuss your family’s strengths and needs in your team meetings.
- ♥ Ask questions when you do not understand.
- ♥ Let the team know if your plan is meeting your needs.
- ♥ Call your Care Coordinator if you are unable to attend a Family Team Conference or other meeting.

### **What is the role of the Coordinator?**

Coordinators are the cornerstone of our system. They perform strength and cultural discoveries, assemble the family team, conduct/facilitate Family Team Conferences, and help to determine the needs and resources with the family to assist the Family Team in identifying services to meet those needs. They oversee the authorization and utilization of services delivered to ensure the maximization of resources, and monitor the implementation and ongoing progress of the care plan. Once you have a strength/cultural discovery or Family Team Conference scheduled, your Coordinator is the person you will want to call to change or cancel the meeting. When you have questions about the Wraparound process or want to discuss your FTC, either one you’ve completed or an upcoming conference, please call your Coordinator for further discussion.

**What is the role of the Family Partner?**

Family Partners are individuals employed by the program who have been a consumer of services in the child and family service system or perhaps some other system, from the “other side of the counter,” as a caregiver or loved ones or recipients of service. It is this unique perspective that allows the Family Partners to relate to families in a different way. It is the responsibility of the Family Partners to assure that the parent’s or caregiver’s voice and perspective is understood by the team. Additionally, as their Advocate, they assist the family in navigating their way through any systems of care in which they are involved. In this model, the Family Partner partners with the family throughout the Wraparound Process, supporting and advocating for them the entire way.

**What is the role of the Provider?**

Brevard C.A.R.E.S. provides an array of services designed to assist families in regaining optimal functioning and to alleviate family crises that may lead to placement disruption or out-of-home placement of children. These services are a resource for families that want to prevent the removal of their children. The services within the system of care are family-focused and responsive to the unique needs of families, and delivered as close to home and community as possible.

Once a referral has been sent to a provider, the provider has two business days to call you to set up your first appointment with them. Providers will meet with you or your family member at your convenience. They will submit to Brevard C.A.R.E.S. a weekly progress report that lists actions taken to assist you or your family in meeting your goals. Providers may ask you to sign something each time they work with you or your family to verify they met with you. Except for an evaluation or assessment, all providers will work with you each time they meet with you to increase your support system and connect you with community resources. This is critical so that when you graduate from the C.A.R.E.S. program you will have the skills and resources to support you in the future; we call this “long-term sustainability.” If this does not occur, immediately let your Care Coordinator know.

**What is the role of my child?**

Depending on your child’s age, he or she, with the support of team members, will be involved in the following areas:

- ♥ Setting goals.
- ♥ Motivating himself/herself.
- ♥ Communicating strengths, needs and opinions to the team.
- ♥ Trusting parents and the family team.
- ♥ Finding hope.
- ♥ Being persistent. Never giving up.
- ♥ Knowing his/her limits.
- ♥ Asking questions in the team process.
- ♥ Asking for help from the team.

# RIGHTS AND RESPONSIBILITIES

## Family & Children

Please ask your Coordinator to explain these rights to you if you have any questions. It is important that you understand them and are satisfied with how your family is being treated.

### ***You have the right to...***

- ♥ Receive services regardless of your race, religion, ethnicity, cultural background and sexual orientation.
- ♥ Be treated with respect.
- ♥ Be ensured that all records and information are secure and confidential (as per the Health Insurance Portability and Accountability Act (HIPAA) standards).
- ♥ Have your rights explained to you in a manner which is clear.
- ♥ Understand the documents that you are asked to sign.
- ♥ Contact the Florida Abuse Hotline (1-800-96-ABUSE) and/or any other professional involved with you to report allegations of abuse or neglect.
- ♥ Refuse services, unless the law states otherwise and the right to be informed about the consequences of such a refusal, which can include discharge.
- ♥ Submit a complaint if you are unhappy with the services you are receiving and receive a response within a reasonable time frame.
- ♥ Services and supports that are individualized, built on strengths, resources, values and preferences, and take your family's culture into consideration.
- ♥ Services and supports that meet the needs of you and your family, and reflect your priorities, goals, and vision.
- ♥ Make decisions regarding the types of services that are provided and the person/agency who will provide the service.
- ♥ Participate as full and active partners in the process, and have a voice and choice in decision making.
- ♥ Work together with a team to develop, implement and evaluate your care plan.

### ***You also have the right to.....***

- ♥ Invite others you view as supporters to participate with you in your Family Team Conference.
- ♥ Have services and supports which are sustainable, flexible and unconditional, and change as the needs of you and your family change.
- ♥ Receive copies of your Care Plan, court paperwork and any other relevant documents.
- ♥ Fair and equitable treatment.
- ♥ Receive services in a non-discriminatory manner; and the freedom to express and practice religious and spiritual beliefs.
- ♥ Request an in-house review of your Care Plan and service authorizations.

# INFORMED CHOICE

All direct service staff are responsible for encouraging consumers of Brevard C.A.R.E.S. to take the most active role possible in choosing the direction of their services and treatment plan. Staff should always be working to assist consumers in the process of seeking their personal path of self-determination. This means using the tools provided to them to identify interests, strengths and the direction for services. These services shall be individually tailored, incorporating goals and objectives based on the unique needs and preferences of each client we serve. The services shall be coordinated and integrated in a manner that addresses personal growth and reflects the individual's informed choice.

## **Staff should seek ways to help consumers to:**

- ♥ Express who they are;
- ♥ Express their vision in terms of where they are now versus where they would like to be;
- ♥ Share how they plan to achieve that vision;
- ♥ Take responsibility for their choices and understand the risks inherent in their choices, in terms of health and safety; and,
- ♥ Feel confident that they are taking control of their life choices.

In addition, through the use of the Strengths Discovery and Family Team Conferencing process, the person and their family are encouraged to actively participate in making decisions about services and supports, including:

- ♥ The expected results of services and supports;
- ♥ How the design of the services and supports employed meet their needs;
- ♥ How services will be delivered, the expected duration of services and possible alternatives for services; and,
- ♥ How services will be evaluated, along with any other information that is requested by the consumer or family.

During the Strengths Discovery and Family Team Conferencing Process, any health or safety risk will also be identified. Suggestions on how to minimize those risks will be provided. It will be up to the individual and caregiver to share in the responsibility for their choices.

Furthermore, discussion will also include the qualities of staff that would best work with a particular individual. Input from the individual and their caregiver will be utilized in the selection of the direct services staff.

All consumers will have input in all phases of service planning for that individual and/or family at the time of admission and subsequent reviews such as but not limited to monthly reviews during team meetings and at discharge, or when circumstances are requiring informed choice.

The Strengths Discovery and Family Team Conferencing Process shall be the primary but not the exclusive way of soliciting the active involvement of persons served and their family and/or advocate in planning and implementing program services.

### **Informed Consent for Photos and Video/Voice Taping**

To protect your privacy, if you are asked to be photographed, video/audio taped, or to be viewed through a one-way mirror, you must first be told of this and you must agree to it. If you do not agree, the activity cannot be done. If you agree, you will:

- ♥ Receive a written description of the request and the reasons for it;
- ♥ Not be encouraged, given payment, or other incentives to agree to the request; and
- ♥ Be asked to sign a form giving your informed consent.
- ♥

## **COMPLAINT AND GRIEVANCE PROCEDURE**

Brevard C.A.R.E.S. is dedicated to providing the highest quality service delivery system to the children and families of Brevard County. Our system is designed to be family centered, strength-based, culturally sensitive and inclusive. In order to ensure our services meet your satisfaction, Brevard C.A.R.E.S. has outlined avenues for you and your family to give feedback that will assist us in continuously improving our processes.

We hope to gain your feedback in many ways. We will conduct surveys to solicit your input and suggestions and at times may request to convene meetings with you to ensure you have access to the services and supports that will be most helpful to you and your family. Brevard C.A.R.E.S. also wants to ensure that you and your family have voice and choice in the planning process as well as ownership of your plan.

### **The Grievance Procedure**

The grievance procedure was developed to provide another method of addressing concerns or barriers that are unable to be resolved through the informal methods.

### **What is a grievance?**

A grievance is a formal process that has been established to address a particular concern you may have that has not been successfully resolved through other informal methods. This procedure is applicable to:

- ♥ All customers of the C.A.R.E.S. program who receive services (and/or their families);
- ♥ Families receiving services through Brevard C.A.R.E.S. providers or through our Case Management agencies; and
- ♥ Other interested stakeholders.

You have the right to file a grievance at any time, without interference or fear of retaliation. Brevard C.A.R.E.S. will ensure that your services are continuous and consistent while a resolution regarding your grievance is formulated.

### **When Issues or Concerns Arise:**

When an issue arises regarding services provided through Brevard C.A.R.E.S., individuals who are dissatisfied with any decision regarding their services are encouraged to meet with the appropriate Brevard C.A.R.E.S. staff and/or the Community Partner who provide the services in order to resolve these concerns. If an issue has risen to a level where it cannot be resolved through this process, then you may want to consider filing a formal grievance.

**First Step:**

You may wish to put your concerns in writing by using the form included in the handbook. You may also call the Brevard Family Partnership Client Relations Specialist (CRS) at (321) 752-4650 extension 3082 to voice your concerns. The CRS will help you complete the necessary paperwork over the phone. Once the form is completed, either through an interview over the phone or by receipt of this form completed by you, the CRS will review the grievance and determine the action to be taken to best address your concerns.

If the grievance being filed has to do with decisions made by Brevard C.A.R.E.S. staff regarding eligibility and/or denial of services, appropriateness of services, timeliness of service decision or provision of services by Brevard C.A.R.E.S. staff, or other issues regarding Brevard C.A.R.E.S. or its staff, the CRS may assign the grievance to the appropriate Brevard C.A.R.E.S. or Brevard Family Partnership manager/director and/or officer as appropriate, based on the nature of the concern. This level of review will not involve the person about whom the complaint has been made or the person who reached the decision under review.

Grievance timelines are subject to modification, determined by the critical nature of the grievance and whether a child or client's safety and well-being is a prevailing concern. It is the intent of Brevard C.A.R.E.S. to address all complaints in a timely manner. All grievances will be closed no later than 20 business days from the date received by the CRS.

**What happens if my grievance is not resolved to my satisfaction?**

If the grievance remains unresolved or you feel the response to the grievance is still unsatisfactory, following receipt of the response provided, you have the right to have the grievance reviewed by the Compliance Committee and/or Chief Executive Officer of Brevard C.A.R.E.S. or Brevard Family Partnership by contacting the CRS within five business days of the receipt of the initial response. The Compliance Committee and/or Chief Executive Officer will have 15 business days to respond to this grievance request. A copy of the final response will be mailed to you within this time frame.

The Brevard C.A.R.E.S. Chief Executive Officer is designated as the final authority to address concerns that were not resolved through the Grievance and Appeal Resolution Process.

**Procedures for grievances regarding one of our Community Partners:**

Brevard C.A.R.E.S. is part of a comprehensive network of quality child welfare services for Brevard County. As part of this network, we are required to have a process to address complaints and/or grievances. When an issue arises with one of these Community Partners who directly provides a service, you are encouraged to meet them in order to resolve your concerns.

If issues cannot be resolved through this informal method, you should follow the specific agency's grievance procedure. If you do not have their grievance procedure, you may request this at any time, either directly from the agency or through your Care Manager/Care Coordinator, or by contacting Brevard Family Partnership's CRS. Once the written response has been received from the respective community agency, you may contact BFP if you still feel the issue has still not been resolved. BFP will follow our respective timelines for resolving this grievance as described above.

At any time, you may contact BFP's CRS at (321) 752-4650 to directly file your complaint or grievance. Brevard C.A.R.E.S. strives to ensure customer satisfaction and seeks timely resolution of all concerns raised by consumers.

At any time during this process, you have the right to contact the State of Florida Department of Children and Families regarding this or any grievance and make a complaint through their website.

## **PARTNERS AND PROVIDERS/211 INFORMATION**

Brevard C.A.R.E.S. offers a continuum of flexible support services. Often called "Flex Support" these providers are contracted with Brevard C.A.R.E.S. to provide an array of services. The Brevard C.A.R.E.S. network provides services to families flexibly and individually tailored to meet the needs of the child or children and family. Services that are predetermined and prescribed in a "one-size-fits-all" approach are bundled. Bundled services are not flexible or responsive to the changing needs of the family. In the Brevard C.A.R.E.S. model, services are unbundled and specific to the family being served.

This means that each service request is customized based on the family need and centrally authorized by Care Coordinators who have "real-time" access to services and community resources as alternatives to "paid" services. The frequency and duration of services are authorized by the team and reauthorized, as needed, during the ongoing Family Team Conference/Utilization Review, which is scheduled according to acuity for close monitoring.. This promotes efficient use and maximization of resources that tailors the level and type of support as progress or need indicates. Restructured payment methodologies and authorizations, and centralized flexible fund management ensure all available alternative funding streams and community resources are accessed.

Brevard C.A.R.E.S. has executed contracts and rate agreements with a variety of providers to offer the following services:

- ♥ Assessments and Evaluations
- ♥ Trauma Education and Training
- ♥ Behavior Management
- ♥ Parent Education Classes
- ♥ Parenting Groups
- ♥ Reunification Support
- ♥ Family Mentoring Services
- ♥ Parent Support and Advocacy
- ♥ Family Preservation
- ♥ Individual Therapy
- ♥ Functional Family Therapy
- ♥ Clinical Intervention Programs
- ♥ Social Skills Building Groups
- ♥ Anger Management
- ♥ Psychological Evaluations
- ♥ Psychiatric Evaluations
- ♥ Medication Management
- ♥ Certified Behavior Analyst
- ♥ Psychosexual Evaluations
- ♥ Sexual Abuse Counseling Services

No person shall on the grounds of age, color, handicap, national origin, race religion or sex be excluded from participation in, be denied benefits or be subject to discrimination under any program or activity receiving or benefiting from federal assistance.

Additionally, all clients and applicants for services who have impaired sensory, manual or speaking skills are entitled to equal opportunity to use and benefit from programs and services of BFP of Brevard. Auxiliary aids will be provided free of charge to the client or applicant which may include brailled and taped materials, interpreters or other aids.

For more information about our Partners and Providers, please visit our website at [www.brevardcares.org](http://www.brevardcares.org) or contact your Brevard C.A.R.E.S. representative.

## MANAGEMENT AND PROTECTION OF PRIVATE HEALTH INFORMATION

Brevard C.A.R.E.S. is required by law to maintain the privacy of Protected Health Information (PHI). This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

***Please review the following carefully.***

### **Our Duties As They Relate to Your Protected Health Information (PHI).**

Our records about clients contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard our client's PHI, which includes individually identifiable information about:

- ♥ A consumer's past, present, or future health or condition.
- ♥ Consumer's provision of health care to you.
- ♥ Consumer's payment for the health care considered PHI.

We are required to:

- ♥ Safeguard the privacy of client's PHI;
- ♥ Give consumer's this Notice which describes our privacy practices; and
- ♥ Explain how, when and why we may use or disclose your PHI.

Except in very specific circumstances we must use or disclose only the minimum PHI that is necessary to accomplish the reason for the use or disclosure.

We must follow the privacy practices described in this Notice; however, we reserve the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all protected health information that we receive, disclose or maintain. Should our Notice change, we will post a new Notice at Brevard C.A.R.E.S. You may request a copy of the new notice from Brevard C.A.R.E.S.

### **Why We May Need to Use or Disclose Your PHI:**

We use or disclose PHI for a variety of reasons. For some of these uses or disclosures, we must have your written authorization. For some, the law permits us to make some uses or disclosures without your authorization.

Generally these uses or disclosures are related to treatment, payment, or health care operations. Some examples of these uses or disclosures are:

- ♥ For Treatment: Your PHI will be shared among members of your treatment team.
- ♥ To Obtain Payment: We may release portions of your PHI to Medicaid to get paid for services that we have given or provided for you.

**Uses and Disclosures for Which We Require Your Authorization (consent):**

When the use or disclosure goes beyond treatment, payment or health care operations, we are required to have your written authorization. There are some exceptions to this rule and they are listed below.

Authorizations can be revoked by you at any time to stop future uses or disclosures, except where we have already used or disclosed your PHI in reliance upon your authorization.

**Uses and Disclosures for Which We Do Not Require Your Authorization:**

The law permits us to use or disclose your PHI without written authorization in the following circumstances:

- ♥ When a Law Requires Disclosure: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or in response to a court order, or to a law enforcement official. We must also disclose PHI to authorities who monitor our compliance with these privacy requirements.
- ♥ For Public Health Activities: We may disclose PHI when we are required to collect information about diseases or injuries, or to report vital statistics to a public health authority.
- ♥ For health oversight activities: We may disclose PHI for health oversight activities such as audits, inspections and civil or criminal investigations, or actions.
- ♥ Relating to decedents: We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors.
- ♥ For organ, eye or tissue donations purposes: We may disclose PHI to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
- ♥ For research purposes: In certain circumstances and under supervision of a privacy board or institutional review board, we may disclose PHI for research purposes.
- ♥ To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or others persons who can reasonably prevent or lessen the threat of harm.
- ♥ For specialized government functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
- ♥ For workers' compensation: We may disclose PHI to comply with workers' compensation laws.

**Uses or Disclosures for Which You Must Be Given an Opportunity to Object:**

Sometimes we may disclose your PHI if we have told you that we are going to use or disclose your information and you did not object. Some examples are:

- ♥ Patient directories: Your name, location, general condition, and religious affiliation may be put into our patient directory for use by clergy and callers or visitors who ask for you by name.
- ♥ To family, friends, or others involved in your care: We may share with these people information directly related to your family's friend's or other person's involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

If there is an emergency situation and we do not have time to allow you to object to the disclosure, we may still disclose your PHI if you have previously given your permission and disclosure is determined to be in your best interests. If we do this, you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

### **Your Rights As They Relate to Your Protected Health Information (PHI).**

You have the following rights relating to your PHI:

- ♥ Request restrictions on uses or disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.
- ♥ Choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.
- ♥ Inspect and copy your PHI: Unless your access is restricted for clear and documented reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days for PHI we keep on-site and within 60 days for PHI that is not kept on-site. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed.
- ♥ Request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is:
  - Correct and complete;
  - Not created by us or not part of our records; or,
  - Not permitted to be disclosed.

A denial will state the reasons for denial. It will also explain your rights to have your request, our denial, and any statement in response that you provide, added to your PHI.

If we approve the request for amendment, we will change the PHI and inform you, as well as others who need to know about the change in the PHI.

- ♥ Find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose and what content of your PHI has been released, except for instances of disclosure that were made for treatment, for payment, for health care operations, to you, per a written authorization, for national security or intelligence purposes, to correctional institutions or law enforcement officials, or for the facility directory.

We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

- ♥ Receive a copy of this notice: You have a right to receive a paper copy of this Notice or an electronic copy by email, upon request.

**How to Complain about our Privacy Practices.**

If you think we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section IV below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the following address:

United States Department of Health and Human Services (HHS)  
Attention: Office for Civil Rights  
Sam Nunn Atlanta Federal Center, Suite 3B70  
61 Forsyth Street SW  
Atlanta, Georgia 32303-8909

No retaliatory action will be taken against you if you make such complaints.

**Contact Person for Additional Information, or to Submit a Complaint.**

If you have questions about this Notice, need additional information or have any complaints about our privacy practices, please contact:

Brevard C.A.R.E.S., Inc.  
Executive Director  
Administrative Office  
4085 South US Hwy. 1  
Rockledge, FL 32955

## TITLE IV OF THE CIVIL RIGHTS OF 1964

Brevard C.A.R.E.S. complies with the Title IV of the Civil Rights Act of 1964 regarding Auxiliary Aids Plan for Persons with Disabilities or Limited English Proficiency (LEP).

To ensure compliance with Title IV of the Civil Rights Act of 1964, Statutory Citation: 42 U.S.C. Section 2000d et seq., and to appropriately serve our clients for service, Brevard C.A.R.E.S. has implemented this policy. While this ensures compliance with the “letter of the law”, it is Brevard C.A.R.E.S.’ intent to also comply with the “spirit of the law” and to that end intends to ensure that client have access to our services.

Brevard C.A.R.E.S. and its contracted providers will make available auxiliary aids to persons with disabilities and interpreters for clients who are limited in their ability to speak, read, or understand English. Provision of these accommodations is mandated by Federal Civil Rights Laws to ensure that all clients, applicants, and employees have an equal opportunity to participate in or benefit from programs, services and employment, regardless of disability or national origin.

Auxiliary Aids may include, but are not limited to, brailled and taped material, interpreters (sign and foreign language), readers, listening devices and systems, television decoders, visual fire alarms, captioned films and other assistive devices. This procedure applies to all Brevard C.A.R.E.S. offices and programs. Clients include potential clients seeking services from Brevard C.A.R.E.S. or its contract providers

**Requests for Auxiliary Aids:**

1. All services available to clients are equally available to clients with disabilities. To ensure equal accessibility of programs and services to clients with disabilities, Brevard C.A.R.E.S. and subcontracted staff assess client needs by consulting with the client. As applicable, staff will consult with counselors, parents, guardians, other family members, and/or other representatives who may be able to assist the client.
2. All Brevard C.A.R.E.S. related requests for auxiliary aids and reasonable accommodations are to be directed to the Brevard C.A.R.E.S. Program Manager. This contact shall be made directly through the "Intake" business phone which is: (321) 632-2737.
3. The communication options for hearing impaired persons may include but not be limited to TDDs (Telecommunication Devices for the Deaf), FAX (telephone facsimile transmittal), phone amplifiers, sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these. TDDs will be available for use by clients and employees who are deaf or hearing impaired within two (2) business days of a request. This request is directed to the Brevard C.A.R.E.S. Program Manager (321) 632-2737. Clients in need of TDD equipment may obtain this free of charge through Florida Telephone Relay.

The Regional Distribution Center for hearing impaired equipment is located at:

The Space Coast Center for Independent Living  
803 N. Fiske Road  
Cocoa, FL 32922  
Voice: (321) 632-9141  
TTY: (321) 632-9134

The Florida Telephone Relay service is also available. To call Florida Relay, dial 7-1-1, or use the toll free numbers:

1-800-955-8771 (TTY)  
1-800-955-8770 (Voice)  
1-800-955-1339 (ASCII)  
1-877-955-8260 (VCO-Direct)  
1-800-955-5334 (STS)  
1-877-955-8773 (Spanish)  
1-877-955-8707 (French Cr)

# CLIENT INQUIRIES AND CONCERNS FORM



Please provide your contact information and mail to: 2301 W. Eau Gallie Blvd., Suite 104, Melbourne, FL 32935. You may fax the completed form to: 321-752-3188. Our Client Relations Specialist will contact you within two business days after receipt of your request.

For immediate assistance you may contact our Client Relations Specialist at 321-752-4650 Ext. 3082.

## YOUR CONTACT INFORMATION:

Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NAME OF COORDINATOR OR FAMILY PARTNER: \_\_\_\_\_

SELECT LOCATION:  BFP Admin. Office  Central Care Center  
 Brevard C.A.R.E.S.  South Care Center

NAME OF CHILD(REN), IF APPLICABLE: \_\_\_\_\_

YOUR RELATIONSHIP TO CHILD(REN):  Self  Parent  Guardian  Other Family  
 Non Relative Caregiver  Relative Caregiver  Service Provider  State Agency  Other

Please write your questions and/or concerns below. Please be as detailed as possible:

\_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for taking the time to provide constructive feedback. We appreciate your comments and look forward to speaking with you to address your concerns. This form will be processed in our administrative offices in Melbourne, Florida. Note that under Florida law email addresses are public records. If you do not want your email address released in response to a public-records request, do not provide or send electronic mail to this entity. Instead, contact this office by phone or in writing.



Brevard C.A.R.E.S.  
4085 S. Hwy. US 1  
Rockledge, FL 32955  
(321) 632-2737 – Office  
(321) 633-1963 – Fax  
[www.BrevardCARES.org](http://www.BrevardCARES.org)

## HIPAA ACKNOWLEDGEMENT FORM

Brevard C.A.R.E.S. Policy complies with 45 C.F.R. Parts 160, 162, and 164, federal regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable Florida Statutes.

As defined by the Act, *protected health information* is information which can be used to identify an individual and which relates to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

As defined by the Act, *disclosure* means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

HIPAA Privacy Notice: The federal Health Insurance Portability Act and Accountability Act (HIPAA) of 1996 provides privacy protection of an individual's verbal, written and electronic health information. Brevard C.A.R.E.S. will comply with all HIPAA requirements in order to protect your health information. By signing below you are acknowledging receipt of the Federal HIPAA policy.

**Client Signature:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**BFPB Program Staff Signature:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



# AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize

\_\_\_\_\_ to release the following  
 Name of Agency Providing Information

confidential information consisting of (Indicate the specific information that may be released, i.e., Psychiatric, Drug/Alcohol Records or Information, HIV or AIDS information, Medical Records or Information; Social History; Psychological Records or Information, Educational or School Records, etc.) for the purpose of assisting with diagnosis, treatment, rehabilitation and/or delivery of other services to Brevard C.A.R.E.S.

Regarding (check one or both)  myself  the following minor children

Minor Child \_\_\_\_\_ (Date of birth)  
 (Print child's name)

Minor Child \_\_\_\_\_ (Date of birth)  
 (Print child's name)

Minor Child \_\_\_\_\_ (Date of birth)  
 (Print child's name)

Minor Child \_\_\_\_\_ (Date of birth)  
 (Print child's name)

I understand that only specific information can be disclosed only to the above mentioned agency. This release is protected under Federal Confidentiality Regulations, (Title 42, Code of Federal Regulations Part 2 and Public Law 91-646, Sec. 33, amended by Public Law 93-282, Sec. 333) and Florida State Statutes (Chapter 415.51). A general authorization for releases of medical information or other information is not sufficient.

The date of consent expires, not to exceed 90 days from when the consent is given, and not to exceed 1 year, or as law requires when a contractor or cooperating service provider requires a new release of information for ongoing service provision. I also understand that I may revoke this consent or authorization at any time, providing I notify the program in writing to this effect. Revocation has no effect on action previously taken.

I acknowledge that this Release of Information has been fully explained to me and this consent is given of my free will.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



### Behavior Support and Management Release of Information

I understand that Brevard C.A.R.E.S. uses a preventative behavior support and management approach that does not permit the use of restrictive behavioral management interventions and that any behavior support and management services needed will be provided by subcontracted providers within the Brevard C.A.R.E.S. network.

I, \_\_\_\_\_, hereby authorize

\_\_\_\_\_ (Name of Agency Providing Information) to release the following confidential information consisting of (Indicate the specific information that may be released, i.e., Psychiatric, Drug/Alcohol Records or Information, HIV or AIDS information, Medical Records or Information; Social History; Psychological Records or Information, Educational or School Records, etc.) for the purpose of Behavior Support and Management services.

Regarding (check one or both):  Myself  The following minor children

Minor Child \_\_\_\_\_ (Print child's name) \_\_\_\_\_ (Date of birth)

Minor Child \_\_\_\_\_ (Print child's name) \_\_\_\_\_ (Date of birth)

Minor Child \_\_\_\_\_ (Print child's name) \_\_\_\_\_ (Date of birth)

Minor Child \_\_\_\_\_ (Print child's name) \_\_\_\_\_ (Date of birth)

I understand that only specific information can be released, and only to the above-named agency. Although, this release is protected under Federal Confidentiality Regulations, (Title 42, Code of Federal Regulations Part 2 and Public Law 91-646, Sec. 33, amended by Public Law 93-282, Sec. 333) and Florida State Statutes (Chapter 415.51), information in all cases is entered into a database for tracking, monitoring and statistical analysis purposes in order to maintain funding for the programs offered. A general authorization for releases of medical information or other information is not sufficient.

The date of consent expires, not to exceed 90 days from when the consent is given, and not to exceed 1 year, or as law requires when a contractor or cooperating service provider requires a new release of information for ongoing service provision. I also understand that I may revoke this consent or authorization at any time, providing I notify the program in writing to this effect. Revocation has no effect on action previously taken.

Treatment, payment, enrollment, or eligibility is not contingent upon authorization. Please be advised that there is a potential information disclosed via this authorization to be potentially subject to re disclosure by the recipient and therefore is no longer protected by federal code.

I acknowledge that this Release of Information has been fully explained to me and this consent is given of my free will.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Brevard C.A.R.E.S.  
4085 S. Hwy. US 1  
Rockledge, FL 32955  
(321) 632-2737 – Office  
(321) 633-1963 – Fax  
www.BrevardCARES.org

## ACKNOWLEDGEMENT OF RECEIPT

This Acknowledgement of Receipt form will be filed in your record and indicates that you have read and understand the following information:

- ♥ Brevard C.A.R.E.S. Mission Statement
- ♥ Definitions
- ♥ Client Rights and Responsibilities
- ♥ How to file a Grievance
- ♥ Confidentiality and Release of Information
- ♥ Informed Consent

Note: The original, signed “Acknowledgement of Receipt” form is to be filed in the client’s record to document receipt of the above information.

\_\_\_\_\_  
Client Name                      Date                      Signature

\_\_\_\_\_  
Client Name                      Date                      Signature

My signature above indicates that I have received the Brevard C.A.R.E.S. Handbook. I was given time to ask questions and I understand the answers that were given to me.

**Coordinator:**

**My Coordinator is:**

---

**My Coordinator can be reached at:**

---

**Family Partner:**

**My Family Partner is:**

---

**My Family Partner can be reached at:**

---

**Meeting Date / Time:**

---

**Meeting Date / Time:**

---

**Other Team Members:**

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Sponsored by Brevard Family Partnership and the State of Florida, Department of Children and Families.



CREDIBILITY • INTEGRITY • ACHIEVEMENT

Brevard Family Partnership is a Council on Accreditation (COA) accredited agency.