# PARTICIPANT/ PEER REVIEW CINS/FINS

**CDS, Family and Behavioral Health Services Inc. Quarterly Review**

**Name of Reviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Analysis by: Data Management Coding: Yes = + No = - NA = NA Partial = /**

| Number of Files Reviewed | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Reviewed: |  |  |  |  |  |  |  |  |  |  |  |
| Program Reviewed: |  |  |  |  |  |  |  |  |  |  |  |
| Counselors Name: |  |  |  |  |  |  |  |  |  |  |  |
| Admission Date: |  |  |  |  |  |  |  |  |  |  |  |
| Youth Name: |  |  |  |  |  |  |  |  |  |  |  |
| DJJ Number |  |  |  |  |  |  |  |  |  |  |  |
| Chart Marked Confidential: |  |  |  |  |  |  |  |  |  |  |  |
| Name on Chart: |  |  |  |  |  |  |  |  |  |  |  |
| Chart Order |  |  |  |  |  |  |  |  |  |  |  |
| **Comments: First time using this review form. – Blank missing admission dates or numbers.** |
| **2.01: Screening and Intake** |  |  |  |  |  |  |  |  |  |  |  |
| Date referral received: |  |  |  |  |  |  |  |  |  |  |  |
| Date screened: |  |  |  |  |  |  |  |  |  |  |  |
| Eligibility screening within 7 calendar days of referral? |  |  |  |  |  |  |  |  |  |  |  |
| **Youth and Parents/Guardian receive the following in writing:** |  |  |  |  |  |  |  |  |  |  |  |
| Parent/Guardian Brochure? |  |  |  |  |  |  |  |  |  |  |  |
| Available service options? |  |  |  |  |  |  |  |  |  |  |  |
| Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication)? |  |  |  |  |  |  |  |  |  |  |  |
| Rights and responsibilities of Youth and Parents/Guardians? |  |  |  |  |  |  |  |  |  |  |  |
| Grievance Procedures? |  |  |  |  |  |  |  |  |  |  |  |
| **Comments:** |  |  |  |  |  |  | + | + |
| **2.02 Needs Assessment** |  |  |  |  |  |  |  |  |  |  |  |
| Needs Assessment initiated within 72 hours of admission (shelter)? |  |  |  |  |  |  |  |  |  |  |  |
| Needs Assessment done with/in 2 to 3 face-to-face contacts after the initial intake or updated, if most recent assessment is over 6 months old (non-residential care)? |  |  |  |  |  |  |  |  |  |  |  |
| Needs Assessment by Bachelor’s or Master’s level staff? |  |  |  |  |  |  |  |  |  |  |  |
| Needs Assessment includes a supervisor review signature upon completion? |  |  |  |  |  |  |  |  |  |  |  |
| Youth was identified with an elevated risk of suicide as a result of the Needs Assessment? |  |  |  |  |  |  |  |  |  |  |  |
| If yes, the youth was referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional |  |  |  |  |  |  |  |  |  |  |  |
| **Comments:** |
| **2.03: Case/Service Plan** |  |  |  |  |  |  |  |  |  |  |  |
| **Date Case/Service Plan:** |  |  |  |  |  |  |  |  |  |  |  |
| Developed within 7 Working days of **Needs Assessment?****Date:** |  |  |  |  |  |  |  |  |  |  |  |
| **The Case/Service Plan includes the following:** |
| Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment? |  |  |  |  |  |  |  |  |  |  |  |
| Service type, frequency, location? |  |  |  |  |  |  |  |  |  |  |  |
| Person(s) responsible? |  |  |  |  |  |  |  |  |  |  |  |
| Target date(s) for completion? |  |  |  |  |  |  |  |  |  |  |  |
| Actual completion date(s) |  |  |  |  |  |  |  |  |  |  |  |
| Signature of youth? |  |  |  |  |  |  |  |  |  |  |  |
| Signature of parent/guardian? |  |  |  |  |  |  |  |  |  |  |  |
| Signature of counselor? |  |  |  |  |  |  |  |  |  |  |  |
| Signature of supervisor? |  |  |  |  |  |  |  |  |  |  |  |
| Date the plan with initiated? |  |  |  |  |  |  |  |  |  |  |  |
| Review for progress/revised by counselor and parent every 30 days for first 3 months and every 6 months after? |  |  |  |  |  |  |  |  |  |  |  |

**Comments: All peer reviews were missing the Individual Plan date and Needs Assessment date.**

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| --- |
| **2.04 Case Management and Service Delivery** |  |  |  |  |  |  |  |  |  |  |  |
| Counselor/Case Manager is assigned  |  |  |  |  |  |  |  |  |  |  |  |
| **The Counselor/Case Manager completes the following:** |  |  |  |  |  |  |  |  |  |  |  |
| Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth’s/family’s problems and needs? |  |  |  |  |  |  |  |  |  |  |  |
| Coordinates service plan implementation? |  |  |  |  |  |  |  |  |  |  |  |
| Monitors youth’s/family’s progress in services? |  |  |  |  |  |  |  |  |  |  |  |
| Monitors out of home placement (if necessary)? |  |  |  |  |  |  |  |  |  |  |  |
| Referrals to the case staffing committee, as needed, to address problems and needs of youth/family? |  |  |  |  |  |  |  |  |  |  |  |
| Accompanies youth and parent/guardian to court hearings and related appointments? |  |  |  |  |  |  |  |  |  |  |  |
| Refers the youth/family for additional services when appropriate? |  |  |  |  |  |  |  |  |  |  |  |
| Provides case monitoring and reviews court orders? |  |  |  |  |  |  |  |  |  |  |  |
| Provides case termination with follow-up (within 180 days)? |  |  |  |  |  |  |  |  |  |  |  |
| **Comments:** |
| **2.05 Counseling Services** |  |  |
| Youth and families receive counseling services in accordance with Case/Service Plan |  |  |  |  |  |  |  |  |  |  |  |
| Program provides individual/family counseling (shelter care)? |  |  |  |  |  |  |  |  |  |  |  |
| Group counseling is provided at least 5 days/week (shelter care)? |  |  |  |  |  |  |  |  |  |  |  |
| Is the youth’s presenting problems addressed in the following: |  |  |  |  |  |  |  |  |  |  |  |
| Needs Assessment? |  |  |  |  |  |  |  |  |  |  |  |
| Initial Case/Service Plan? |  |  |  |  |  |  |  |  |  |  |  |
| Case/Service Plan Reviews? |  |  |  |  |  |  |  |  |  |  |  |
| Case notes maintained for all counseling services provided and documents youths? |  |  |  |  |  |  |  |  |  |  |  |
| On-going internal process that ensures clinical reviews of case records and staff performance? |  |  |  |  |  |  |  |  |  |  |  |
| **Comments:** |
| **2.06 Adjudication/Petition Process** |  |  |  |  |  |  |  |  |  |  |  |
| Youth Name: |  |  |  |  |  |  |  |  |  |  |  |
| Youth DJJ Number: |  |  |  |  |  |  |  |  |  |  |  |
| Admission Date: |  |  |  |  |  |  |  |  |  |  |  |
| **Comments: If yes please check peer review sheet for additional standards.** |
| **2.07 Youth Records** |  |  |  |  |  |  |  |  |  |  |
| The program maintains confidential records for each youth? |  |  |  |  |  |  |  |  |  |  |  |
| All records are marked “confidential” and kept in a secure room or locked in a file cabinet that is marked confidential, which is accessible to program staff? |  |  |  |  |  |  |  |  |  |  |  |
| Youth records are maintained in a neat and orderly manner so that staff can quickly and easily access information? |  |  |  |  |  |  |  |  |  |  |  |

**Records Reviewed: CINS/FINS/ FLJ**