# 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**