**PARTICIPANT /PEER/SUPERVISOR REVIEW CINS/FINS**

**CDS, Family & Behavioral Health Services Inc. Quarterly Review 1(Jul-Sep) 2(Oct-Dec) 3(Jan-Mar) 4(Apr-Jun) [Intake occurred, Circle the applicable quarter]**

**Name of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle one: Peer Supervisor**

**Peer reviews are due by the last day of each quarter to the Data Systems Department.**

**A minimum of 2 open and 2 closed cases should be provided for each counselor.**

**Analysis by: Data Management**

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| Date Reviewed: |  |  |
| Program Reviewed: | \_\_Central \_\_East \_\_N West / \_\_Res. \_\_ Non Res |  |
| Counselor’s Name: |  |  |
| Admission Date: |  |  |
| Discharge Date: |  |  |
| Participant Name: |  |  |
| DJJ (NETMIS) Number |  |  |
| Chart Marked Confidential: | YES NO |  |
| Name on Chart: | YES NO |  |
| Chart Order Correct: | YES NO |  |

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| **2.01: Screening and Intake** | | | | | |
|  | | Problem Identified | | Counselor Response | Outcome |
| Eligibility screening within 3 calendar days of referral? | YES NO |  | |  |  |
| Youth and Parents/guardians receive the following in writing: | | | | | |
| Available service options? | YES NO |  | |  |  |
|  | | Problem Identified | Counselor Response | | Outcome |
| Rights and responsibilities of youth and parents/guardians? | YES NO |  | |  |  |
| Parent/Guardian Brochure? | YES NO |  | |  |  |
| The following is also available to the youth and parent/guardians: | | | | | |
| Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication)? | YES NO |  | |  |  |
| Grievance procedures? | YES NO |  | |  |  |
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| **2.02 Nirvana** | | | | | |
|  | | Problem Identified | Counselor Response | | Outcome |
| Nirvana done within 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)? | YES NO  N/A  Date: |  | |  |  |
| Nirvana conducted by a Bachelor’s or Master’s level staff member? | YES NO |  | |  |  |
| Nirvana includes a supervisor review signature upon completion? | YES NO |  | |  |  |
| Youth was identified with an elevated risk of suicide as a result of the Nirvana? | YES NO |  | |  |  |

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|  | | Problem Identified | Counselor Response | Outcome |
| 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? | YES NO  N/A |  |  |  |
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| **2.03: Case/Service Plan** | | | | |
|  | | Problem Identified | Counselor Response | Outcome |
| Case/Service Plan date: |  |  |  |  |
| Developed within 7 working days if intake? | YES NO |  |  |  |
| The Case/Service Plan includes the following: | | | | |
| Individualized and prioritized need(s) and goal(s) identified by the Nirvana? | YES NO |  |  |  |
| Service type, frequency, location? | YES NO |  |  |  |
| Person(s) responsible? | YES NO |  |  |  |
| Target date(s) for completion? | YES NO |  |  |  |
| Actual completion date(s)? | YES NO |  |  |  |
| Signature of Youth? | YES NO |  |  |  |
| Signature of Parent/guardian? | YES NO |  |  |  |
| Signature of counselor? | YES NO |  |  |  |
| Signature of supervisor? | YES NO |  |  |  |
| Date the plan was initiated? | YES NO |  |  |  |

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|  | | Problem Identified | Counselor Response | Outcome |
| Reviewed for progress/revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after? | YES NO |  |  |  |
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| **2.04 Case Management and service Delivery** | | | | |
|  | | Problem Identified | Counselor Response | Outcome |
| Counselor/Case Manager is assigned? | YES NO |  |  |  |
| The Counselor/Case Manger completes the following: Evidence of action is documented | | | | |
| Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth’s family’s problems and needs? | YES/NO  N/A |  |  |  |
| Coordinates service plan implementation? | YES NO |  |  |  |
| Monitors youth’s/family’s progress in services? | YES NO  N/A |  |  |  |
| Provides support for families? | YES NO |  |  |  |
| Monitors out-of-home placement (if necessary)? | YES NO  N/A |  |  |  |
| Referrals to case staffing address problems and needs of the youth/family? | YES NO  N/A |  |  |  |
| Accompanies youth and parent/guardian to court hearings and related appointments? | YES NO  N/A |  |  |  |
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| **2.05 Counseling Services** | | | | |
|  | | Problem Identified | Counselor Response | Outcome |
| Youth and families receive counseling services in accordance with the Case/Service Plan? | YES NO |  |  |  |
| Group counseling is provided at least 5 days/week (shelter care)? | YES NO  N/A |  |  |  |
| Is the youth’s presenting problems addressed in the following: | | | | |
| Nirvana? | YES NO |  |  |  |
| Initial Case/Service Plan? | YES NO |  |  |  |
| Case/Service Plan review? | YES NO |  |  |  |
| Case notes maintained for all counseling services provided and documents youth’s progress | YES NO |  |  |  |
| On-going internal process that ensures clinical reviews of case records and staff performance? | YES NO |  |  |  |
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| **2.06: Adjudication? Petition process**  **A case staffing committee meeting is scheduled to review the case of any youth/family that the program determines is in need of services/treatment. If the parent requests a staffing, the committee convenes within 7 days (excluding weekends/legal holidays after the receipt of the written request.** | | | | |
|  | | Problem Identified | Counselor Response | Outcome |
| Person initiating the case staffing: Name/Title |  |  |  |  |
| If parent/guardian initiates, staffing is held within 7 days? | YES NO  N/A |  |  |  |
| Notification to family no less than 5 working days prior to staffing? | YES NO |  |  |  |
| Notification to committee no less than 5 working days prior to staffing? | YES NO |  |  |  |

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|  | | Problem Identified | Counselor Response | Outcome |
| Case staffing includes the following: | | | | |
| Local school district representative | YES NO |  |  |  |
| DJJ rep. or CINS/FINS provider | YES NO |  |  |  |
| Other members may include: | | | | |
| State Attorney’s Office | YES NO |  |  |  |
| Mental health representative | YES NO |  |  |  |
| Substance abuse representative | YES NO |  |  |  |
| Law enforcement representative | YES NO |  |  |  |
| DCF representative | YES NO |  |  |  |
| Others requested by youth/family | YES NO |  |  |  |
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| As a result of the case staffing committee meeting, the youth and family are provided a new or revised plan for services? | YES NO |  |  |  |
| Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendation? | YES NO |  |  |  |
| If applicable, the program works with the circuit court for judicial intervention for the youth/family? | YES NO  N/A |  |  |  |
| Case Manager/Counselor completes a review summary prior to the court hearing? | YES NO  N/A |  |  |  |
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Rev: 4/13, 12/14, 5/17, 2/23 F-PR-1316