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DCYF VIOLENCE PREVENTION & INTERVENTION: CASE MANAGEMENT PROGRAMS
Quality Program Standards *(September 2013)*

OVERVIEW:

The Case Management Quality Program Standards are designed to promote quality of care, ensure program accountability, and support industry standards within the field of case management.

The Violence Prevention & Intervention (VPI) Case Management Quality Program Standards include the following categories:

I. Outreaching & Screening: Screening and identifying clients that fit service criteria.
II. Referrals: receiving clients into the program for services and making referrals to other providers
III. Assessment & Intervention: Assessment and development of appropriate treatments and interventions for targeted population.
IV. Relationship Building & Cultural Competency: Promoting trust and confidence between participants and staff in a supportive environment so young people can experience guidance and emotional support.
V. Quality Assurance: assuring that program services are delivered consistently with competent staff that receive an appropriate level of support and guidance.
VI. Safety & Confidentiality: Ensuring a program environment where participants are physically and emotionally secure and their rights to privacy are respected.

INTRODUCTION:

Case Management provided under the VPI Service Area includes programs whose main purpose is to provide case management and counseling services to children, youth and families. Services may be provided in a variety of settings including agencies, schools, and community locations. Clients may be involved in service systems such as juvenile justice, foster care or child welfare. Programs in this area providing general case management and counseling may *or may not* be using licensed staff.

DCYF grantees provide Case Management in 3 main categories: **RISK REDUCTION & LINKAGE, RESTORATIVE CASE MANAGEMENT (RCM)** and **INTENSIVE CASE MANAGEMENT (ICM)**. This chart details each type of case management:

Risk Reduction & Linkage (RRL)	Restorative Case Management (RCM)	Intensive Case Management (ICM)
1. Facilitates referrals and linkages to services within 1 to 6 direct contacts to mitigate immediate risk factors. 2. Serves youth who have established relationships with staff, and have yet to be linked into higher level of care. 3. Linkage & Brokerage to services. 4. Advocacy for services.	1. Returns clients to previous functioning level within 1 to 6 months. 2. Serves youth engage in any system of care, with Juvenile Justice Status, and has no more than 2 risk factors. 3. General Counseling 4. General Case Management 5. Linkage & Brokerage to services 6. Advocacy for services	1. Prevents clients with chronic issues from further deterioration, with goal of increasing baseline functioning within 6 to 12 months. 2. Serves youth engage in multiple system of care, with Juvenile Justice Status, and have more than 2 risk factors. 3. General Counseling 4. General Case Management 5. Linkage & Brokerage to services 6. Advocacy for services

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QUALITY PROGRAM STANDARDS CATEGORIES:

I. Outreaching & Screening: Screening and identifying clients that fit service criteria. Case Management programs should have written policies in place that define the following:

- Target Population: program should have a defined set of clients that will be served that is dictated by the program's capacity and the specific requirements of the DCYF VPI Strategy the program is funded under.
- Outreach Methods: program should have defined procedures for accessing the target population. These procedures should describe how the program will interact with partners such as probation, schools and CBO's.
- Screening Criteria: program should have defined methods and policies for determining if a client is appropriate for services. These policies should be based on the specific requirements of the DCYF VPI Strategy the program is funded under, the needs of the client, the capacity of the program and other relevant factors.

This chart details each element of the Standards Category and provides Indicators that demonstrate that the Standard is being met:

Standards Category Element:	**Indicator:**
Target Population	*Program has a written statement describing its target population, including age, gender, geographic location of clients, and current involvement with various systems of care, such as foster care system, juvenile justice system, mental health system, etc. This policy is grounded in both the capacity of the agency and program as well as the requirements of the DCYF VPI Strategy the program is funded under.*
Outreach Methods	*Program has a written statement that outlines how potential clients are accessed and recruited into activities. The statement should include potential referral sources, methods of recruitment, program guidelines and eligibility requirements and a timeline for when outreach efforts should occur.*
Screening Criteria	*Program has a written statement describing how staff screens clients into different types of case management services. The statement should indicate the process used to determine whether a participant should receive Risk Reduction &Linkage (RRL), Restorative (RCM) or Intensive Case Management (ICM).*

II. Referrals: receiving referrals of clients for services and making referrals to other providers. Case Management programs should have written policies in place that define the following:

- Time Constraints: program should have defined policies that mandate the amount of time that can pass before staff responds to the referral or request for services.
- Prioritization: program should have defined policies that prioritize clients when demands exceeds staff capacity.
- Paperwork: program should have forms and paperwork that are used to both accept and make referrals.
- Contact With Source/Destination: program should have defined policies that indicate how staff connects with the referral source and destination as well as the type of information that should be gathered upon contact.
- Follow Up: program should have defined policies that determine how staff should follow up with referral sources and destinations, when this follow up should occur and the type of information that should be gathered or shared.

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This chart details each element of the Standards Category and provides Indicators that demonstrate that the Standard is being met:

Standards Category Element:	**Indicator:**
Time Constraints	*Program has a written statement describing how quickly staff should respond to a referral or request for service. This policy should indicate the method staff should use to respond as well as limits for how long attempts to contact the client or referral source should be made if contact efforts are unsuccessful.*
Prioritization	*Program has a written statement that outlines how it will prioritize incoming clients when program capacity is limited. This policy should indicate which youth should receive services first and should be grounded in both the expertise of the program as well as the requirements of the DCYF VPI Strategy the program is funded under.*
Contact With Source/ Destination	*Program has a written statement describing the method staff will use to contact the referral source and/or destination. This policy should indicate when this contact should occur as well as the type of information to be gathered or shared.*
Follow Up	*Program has a written statement describing when staff should follow up with the referral source and/or destination as well as the information to be gathered or shared. Programs serving clients receiving RRL Case Management should have written policies in place that describe how staff will ensure that clients have connected with programs or resources they have been referred to.*

III. Assessment & Intervention: Assessment and development of appropriate treatments and interventions for targeted population. Case Management programs should have written policies in place that define the following:

- Assessment Process: program should have policies and paperwork that indicates how clients will be assessed. These policies should also define how clients will be assigned to the 3 types of case management (RRL, RCM or ICM).
- Plans of Care: program should have policies and procedures that indicate how the information gained through assessment will be used to create Plans of Care. These policies and procedures should include discussion of the length of treatment and development of client goals.
- Methodology of Service Delivery: program should have defined policies that detail how the case manager should provide services to clients. These policies should be grounded in the general needs of the target population.
- Frequency of Services: program should have defined policies that detail how often clients receiving each type of case management should receive services as well as how long each session should last. In addition these policies should also define the different types of direct and indirect contact that can be provided by a case manager.
- Tracking Progress & Documentation: program should have a defined method to track progress, document services provided to the client and to ensure that all DCYF reporting is completed in a timely manner.
- Adjusting Plans of Care: program should have policies and procedures that describe when a client should be reassessed in or to adjust the plan of care.
- Exit Plans: program should have policies and procedures that define when a client's treatment should end as well as the process for case managers to terminate the treatment relationship.

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This chart details each element of the Standards Category and provides Indicators that demonstrate that the Standard is being met:

Standards Category Element:	**Indicator:**
Assessment Process	*Program has a written statement describing how its staff assesses clients including discussion of the various tools and assessment instruments used. This statement should identify the factors considered in developing a plan of care including intensity of the case, family make up, developmental appropriateness, etc.*
Plans of Care	*Program has a written statement that outlines its definition of a plan of care as well as when and how it will be developed. This statement should include description of how client goals are developed from assessments, the estimated frequency and duration of service, how other providers are involved and how the client and family will participate in developing the plan. The plan of care should be grounded in the needs of the client as well as the requirements of the DCYF VPI Strategy the program is funded under.*
Methodology of Service Delivery	*Program has a written statement describing the framework of service delivery model. The statement should include the program's method for meeting the goals of each type of case management:* • *Risk Reduction & Linkage (RRL): treatment goal is to link clients to services to reduce potential escalation of risk factors. Intervention is focused on clients' need for referrals to services.* • *Restorative Case Management (RCM): treatment goal is to return clients back to their previous functioning level within 1 to 6 months. Clients in RCM present with issues with an immediate end.* • *Intensive Case Management (ICM): treatment goal is to prevent further deterioration and increase clients' baseline within 6 to 12 months. Clients in ICM present with multiple chronic issues.*
Frequency of Services:	*Program has a written statement describing the frequency of meetings and contacts with clients based on the different types of case management services. This statement should include discussion of DCYF's minimum contact requirements for each type of case management:* • *Risk Reduction & Linkage (RRL): no minimum contact requirement, CM should be short term.* • *Restorative Case Management (RCM): clients should have at least 1 hour of direct contact per week.* • *Intensive Case Management (ICM): clients should have at least 3 hours of direct contact per week.* *Program should also have a written statement defining what direct and indirect contact entails. Direct contact may include face to face meetings, phone contact with client or parents/guardian, collateral contact with other providers, crisis intervention, documentation, linkage to other services, and assessment. Indirect contact may include case supervision and consultation, and case planning and formulation.*
Tracking Progress & Documentation	*Program has a written statement describing requirements for documentation of client progress. This statement should include policies for the frequency of documentation and content of notes as well as guidelines for documenting client progress in DCYF's CMS system. This statement should also provide a checklist of documents to be included in clients' files. On the most basic level this checklist should include: intake forms, assessment documents, plans of care, progress notes, referral forms, consent for services, consent to release or exchange information, confidentiality forms, grievance procedures and contact logs.*
Adjusting Plans of Care	*Program has a written statement describing the circumstances and processes used to reassess clients and adjust plans of care. This statement should document the frequency that each client's plan of care should be updated as well as the required steps for this process*
Exit Plans	*Program has a written statement describing how it will determine when a client is ready to exit services and the process for terminating the treatment relationship. This statement should include any procedures, paperwork, contacts or other steps required to ensure that the participation has been ended.*

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IV. <u>Relationship Building & Cultural Competency</u>: Promoting trust and confidence between participants and staff in a supportive environment so young people can experience guidance and emotional support. Case Management programs should have <u>written policies</u> in place that define the following:

- <u>Client/Staff Relationship Building</u>: program should have defined policies and approaches to help staff build trust with clients, encourage their full participation and build the relationship.
- <u>Cultural Competency</u>: program should have defined policies, approaches and training to help staff build cultural and linguistic competency.

This chart details each element of the Standards Category and provides Indicators that demonstrate that the Standard is being met:

Standards Category Element:	**Indicator:**
Client/Staff Relationship Building	*Program has a written statement describing its plan to ensure that staff have the skills and knowledge needed to develop trusting relationships with clients. This statement should include youth development practices, engagement approaches, strategies used with clients to focus on service planning, adherence to plan, exit from services and transition from services and policies for how clients will be informed.*
Cultural Competency	*Program has a written statement that outlines their approach to cultural competency. This statement should include the program's operational definition of cultural competency, specific cultural competency topics for staff review, strategies used promote client staff relationship building and available training resources. The statement should also include how cultural competency will be addressed in staff meetings, supervisory sessions, or other arenas and how the program will recruit staff that are culturally competent.*

V. <u>Quality Assurance</u>: assuring that program services are delivered consistently with competent staff that receive an appropriate level of support and guidance. Case Management programs should have <u>written policies</u> in place that define the following:

- <u>Caseload</u>: program should have defined for determining appropriate caseload size for each case manager based on their experience and capacity. These policies should take into account the amount of time spent with different types of case management clients.
- <u>Consultation & Supervision</u>: program should have defined policies for clinical supervision and support of staff. In addition these policies should indicate the scope of work for clinical supervisors as well as the frequency and duration of supervision meetings.
- <u>Grievance Procedures</u>: program should have defined policies and procedures for addressing client grievances.

This chart details each element of the Standards Category and provides Indicators that demonstrate that the Standard is being met:

Standards Category Element:	**Indicator:**
Caseload	*Program has a written statement that describes its minimum qualification for determining the appropriate caseload size for each case manager. This statement should be grounded in the contact requirements for each type of case management (see Standard III Assessment & Intervention). At the basic level the statement should reference DCYF's caseload guidelines for each type of case management:* • *<u>Risk Reduction & Linkage (RRL)</u>: there are no caseload guidelines for RRL clients as the intervention is designed to be short term and thus should consume a small portion of the case managers time.*

	• *Restorative Case Management (RCM): A case manager providing RCM only should have a minimum of 20 active RCM cases at any given time, serving 40 to 50 unduplicated RCM clients per year.* • *Intensive Case Management (ICM): A case manager providing ICM only should have a minimum of 8 active ICM cases at any given time, serving 15 to 20 unduplicated ICM clients per year.*
Consultation & Supervision	*Program has a written statement that defines clinical supervision, describes who will provide it, details its nature and indicates its frequency. The statement should be grounded in DCYF's guidelines which define Clinical Supervision as a meeting where a supervisor with direct oversight of services, provides input and feedback to case managers to ensure progress of care as well as compliance with agency and professional standards. All case management programs must provide clinical supervision by a professional who:* • *Holds an MA in Social Work, Psychology or Counseling* • *Is eligible for licensure with the California State Board of Behavioral Sciences (BBS),* • *Has 2 years of demonstrated experience providing case supervision to case managers* • *Has completed a BBS approved 15-hour training on supervision* • *Has completed a BBS approved 6-hour training on Law & Ethics within the past 2 years prior to commencing supervision.* *The statement should also describe the frequency of the case supervision and be grounded in DCYF's guidelines for Clinical Supervision which sets the following frequency guidelines:* • *1 hour of individual case supervision every 2 weeks for each case manager, or* • *2 hours of group supervision every 2 weeks with no more than 8 case managers per group.*
Grievance Procedure	*Program has a written statement that describes the process used for clients and their families to submit formal written grievances. This statement should also detail processes used to address grievances and indicate how clients will be informed.*

VI. Safety & Confidentiality: Ensuring a program environment where participants are physically and emotionally secured, and their rights to privacy are respected. Case Management programs should have written policies in place that define the following:

- Mandated Reporting: program should have defined policies ensuring compliance with California mandated reporting rules.
- Consent For Services: program should have defined policies, procedures and paperwork in place to ensure that consent for services is obtained from clients and parents/guardians.
- Confidentiality: program should have defined policies, procedures and paperwork in place to ensure that policies governing the protection of confidential information are followed and communicated to clients and parents/guardians. These policies and their associated paperwork should clearly define any instances where confidentiality cannot be maintained (e.g. mandated reporting).
- HIPAA Compliance: if program has described itself to the public as a health care provider or health services provider or other terms to that effect, then the program should have defined policies that indicate whether it is a HIPAA covered entity and that describe relevant practices and notifications of clients.
- Training of Staff: program should have defined policies and procedures for ensuring that all staff are trained in regards to consent, confidentiality, mandated reporting and HIPAA compliance.

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This chart details each element of the Standards Category and provides Indicators that demonstrate that the Standard is being met:

Standards Category Element:	**Indicator:**
Mandated Reporting	*Program has a written statement that indicates its procedures and training plan to ensure compliance with California mandated reporting rules including child abuse reporting, dependent adult abuse reporting, and circumstances to invoke duty-to-warn.*
Consent For Services	*Program has a written statement that describes policies and procedures for obtaining valid informed consent for services from clients and their parents/guardians. This statement should describe:* • *How consent will be obtained for service provision, especially under circumstances when minor can or cannot consent to services.* • *How the person providing consent for services will be informed of the purpose for services, the risks associated with it, the relevant costs, the right to refuse or withdraw and the timeframe for the services to be delivered.*
Confidentiality	*Program has a written statement that describes its confidentiality policy. This policy should provide:* • *The circumstances when staff may disclose confidential information with valid consent from a client or a person legally authorized to consent on behalf of a client.* • *The circumstances when staff may disclose confidential information without valid consent* • *Guidelines that state that the minimum amount of information possible should be disclosed when providing information under client consent.* • *Procedures for informing clients about the nature of confidentiality and its limitations.* • *Steps to be taken by staff when a court of law or other legally authorized body orders disclosure of confidential or privileged information without client consent.* • *Policies for protecting confidentiality of written records including how they'll be physically secured.* • *Policies for protecting confidentiality of electronic records including how they'll be physically and digitally secured.* • *Procedures indicating how long client records will be maintained and how they will be disposed of.*
HIPAA Compliance	*If program describes itself to the public as a health care or health services provider the program has a written statement that declares whether it is a HIPAA covered entity. If it is a covered entity, the program has a Notice of Privacy Practices (NPP) which addresses each of the HIPAA mandated content areas gives this document to every client receiving health services.*
Training of Staff	*Program has a written statement describing how staff will be trained on all elements of their policies and procedures for mandated reporting, consent for services, confidentiality and HIPAA compliance. This statement should describe when this training will occur as well as the frequency of retraining.*