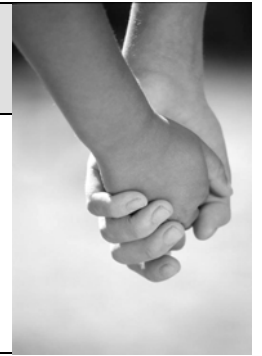


San Francisco

Department of Children, Youth
and Their Families



Minimum Compliance Standards

1st Edition
May 2006

Gavin Newsom
Mayor

Margaret Brodtkin
Director





Gavin Newsom
Mayor

Margaret Brodkin
Director

May 10, 2006

Dear Grantee,

We are excited to release the DCYF minimum compliance standards. These new standards are the product of an unprecedented year-long collaboration between DCYF and over 50 of our community based grantees and six city agencies. Together we have created the city's most comprehensive tool for ensuring consistent quality in the programs that we fund.

DCYF's new focus on program standards is the direction that many of you, as practitioners, requested from us. You encouraged us to use quality as the benchmark in assessing and evaluating the programs we fund. And you encouraged us to develop strategies to assist you in increasing the quality of your programs. The standards we developed together embody your years of experience, as well as the latest research and best practices in the field.

We recognize that programs are at different places on the quality continuum. That is why we have created both minimum standards that will serve as a foundation, as well as an exemplary level of standards for which to strive. In this document, we focus on the foundation – the minimum standards that programs must meet in order to be funded by DCYF. Your compliance will be assessed by your DCYF Program Officer at site visits. While it is ultimately your responsibility to improve your program to meet the minimum standards, please know that DCYF is committed to working with you to address problems before the next funding cycle. Know also, that only programs that meet minimum standards in the coming year will be eligible for funding in the 2007-2010 cycle.

We look forward to a wonderful learning experience, as we start down this road together. We know the ultimate beneficiaries of the Standards Initiative will be the children, youth and families that we serve. Thank you for your hard work and for your partnership in this endeavor.

Sincerely,

Margaret Brodkin
Director

Acknowledgements

DCYF would like to acknowledge the many people who have supported the Standards Initiative by facilitating stakeholder meetings, providing information about research and best practices to inform the standards development, offering feedback on the many drafts generated in this process, and serving on the Advisory Groups for the various clusters. We are especially grateful to the members of the Advisory Groups who month after month came to DCYF, rolled up their sleeves, and took on the hard work of creating a set of standards that they believed will benefit all children, youth and their families. Below is a list of organizations represented by these many talented people.

Bay Area SCORES
Boys and Girls Club of San Francisco
California Lawyers for the Arts
Center for Juvenile and Criminal Justice
Chinatown Beacon Center
Community Bridges Beacon
Community Educational Services
Community Network for Youth Development
Community Youth Center
Donaldina Cameron House
Ella Hill Hutch Community Center
Family Services Agency of San Francisco
Golden Gate Community, Inc.
Homeless Children's Network
Horizon's Unlimited of San Francisco, Inc.
Huckleberry Youth Programs
Instituto Familiar De La Raza, Inc.
Jamestown Community Center
Japanese Community Youth Council, MYEEP
Jewish Vocational Services
La Casa de las Madres
Larkin Street Youth Services
Lavender Youth Recreation & Information Center
Legal Services for Children, Inc.
Mayor's Office of Community Development
Mayor's Office of Criminal Justice
Mission Neighborhood Center

National Youth Employment Coalition
OMI/Excelsior Beacon Center
Portola Family Connections
Private Industry Council of San Francisco
Richmond District Afterschool Collaborative
San Francisco Court Appointed Special
Advocates
San Francisco SafeStart
San Francisco Brown Bombers
San Francisco Department of Public Health
San Francisco Juvenile Probation Department
San Francisco Family Support Network
San Francisco Health & Human Services Agency
San Francisco Unified School District, SF ExCEL
Special Services for Groups
Stonestown Family YMCA
Sunset Neighborhood Beacon Center
Sunset Youth Service
Temple Tutorial Program
Tenderloin Afterschool Program
TURF
Urban Services YMCA
Western Addition Beacon Center
Western Addition Community Technology Center
Youth Leadership Institute
Youth Guidance Center Improvement Committee

Background

The Department of Children, Youth and Their Families (DCYF) grants \$32 million dollars to over 200 community-based programs. These programs provide direct services to San Francisco's children and youth to support their social, emotional and physical development; they support parents and caregivers to raise healthy and vibrant children; and they work with their communities to create safe and supportive environments where children, youth and families can thrive. These programs collectively touch the lives of over 35,000 of the city's children, youth, parents and caregivers each year. DCYF is committed to creating a shared understanding of quality and supporting funded-programs to continuously improve quality so that San Francisco's children and youth have the opportunity to achieve their fullest potential.

As part of this commitment, DCYF launched the **Standards Initiative** in June 2005 to develop quality program standards to guide the work of the department and our funded partners. This initiative brought together over 50 stakeholders from DCYF funded-programs, other city agencies, and professional development intermediaries to develop program standards that serve as benchmarks of quality. To facilitate this process, DCYF created five service clusters: Afterschool, Early Care and Education, Family Support, Wellness Empowerment and Youth Employment (see description of the service clusters at the end of this section). Each cluster was made-up of a stakeholder advisory group that led the charge to create minimum and high quality standards for their respective cluster.

The spirit of the Standards Initiative is about working together to provide the best possible services to children, youth and their families. In this spirit, research and best practices were used to identify standards that are linked to the positive outcomes we want for children and youth. In addition, when developing **minimum** program standards the advisory groups used a common set of criteria to create a baseline for quality that all funded programs could embrace. These criteria required that a minimum program standard be 1) an essential foundation to building quality, 2) attainable by programs at various stages of development, 3) measurable with minimum subjectivity, 4) and applicable to all or a large majority of the programs in the cluster. The **high** quality standards, which will be released over the next six months by cluster, are standards of exemplary program practices that all programs should strive to achieve.

This document focuses on DCYF's Minimum Compliance Standards (MCS) for all funded-programs. The MCS establish a baseline for quality and serve as the foundation for monitoring and evaluating programs funded by DCYF. Although DCYF recognizes that there are many facets to quality,

the standards that made the list of MCS were identified as being foundational to organizational health and program quality in the following three areas.

1. **Organizational:** Organizational minimum compliance standards focus on key fiscal and administrative practices, including the safety of program participants. Although the grant agreement contains additional organizational requirements that must be maintained by all funded-programs, the minimum organizational compliance standards highlight key requirements of the grant agreement that will trigger immediate corrective action if out of compliance.

The minimum organizational compliance standards apply across all funded programs. Compliance with organizational minimum standards will be assessed by the DCYF program officer during fiscal and programmatic site visits to the program.

2. **Workplan:** Workplan minimum compliance standards are used to monitor the grantee's progress toward their projected number of participants to be served and to ensure that services delivered are in-line with the program's workplan.

The workplan minimum compliance standards apply across all funded programs. These standards will be monitored on a monthly basis by the DCYF Program Officer through a review of required monthly participant and activity data reported through DCYF's Contract Management System (CMS).

3. **Program:** A program standard describes what we want children, youth and families to experience at a program. It is a practice or essential element of programming that is widely recognized as being important to attaining program excellence, and it serves as a benchmark for professionalism in the service delivered. *Minimum program compliance standards* are standards that serve as a foundation for program quality.

Department of Children, Youth and Their Families Service Clusters

Cluster Name	Cluster Definition
<p>Afterschool</p>	<p>The wide range of programs that promote learning, take place outside of regular school hours and enhance the cognitive, social, physical, artistic and/or civic development of youth.</p> <p>Afterschool programs provide a safe, accessible space and operate at both school and community sites and encourage youth to explore the world around them.</p> <p>These programs generally provide services in one or more of the following areas: academic support, tutoring or homework help, arts and cultural enrichment, recreation and sports, and youth leadership. Programs in this cluster may include a counseling or case management component.</p>
<p>Early Care and Education</p>	<p>Programs that are focused on promoting the cognitive, social, emotional and physical development of children 0 to 5. For the purpose of the Standards Initiative, minimum <i>program</i> compliance standards for this cluster apply only to programs that are providing direct child care services.</p>
<p>Family Support</p>	<p>Programs that are designed to strengthen families by helping parents to raise safe and healthy children and supporting them to become self-sufficient and take an active role in their communities. These programs may be providing respite or drop-in child care, parenting education, or family case management services.</p>
<p>Wellness Empowerment</p>	<p>Programs whose primary purpose is to provide case management, general counseling and mental health services to children, youth and families. Services may be provided in any number of settings including schools, child care programs, and community locations. Clients may also be involved in other service systems such as juvenile justice, foster care or child welfare. Programs in this cluster that provide mental health services use clinical licensed or license-eligible staff. Programs in this cluster providing case management and counseling may <i>or may not</i> be using licensed staff.</p> <p>For the purposes of the DCYF Standards project, the services provided by CBOs in the Wellness Empowerment Cluster fall under two service strands: Behavioral Health Services and General Social Services</p>
<p>Youth Employment</p>	<p>Programs with a primary focus on preparing youth for employment through job readiness training, vocational/employment training, and/or work experience opportunities.</p>

Minimum Organizational Compliance Standards, May 2006

Organizational (Org) minimum compliance standards focus on key fiscal and administrative practices, including the safety of program participants. Although the grant agreement contains additional organizational requirements that must be maintained by all funded-programs, the minimum organizational compliance standards highlight key requirements of the grant agreement that will trigger immediate corrective action if out of compliance.

The minimum organizational compliance standards apply across all funded programs. Compliance with organizational minimum standards will be assessed by the DCYF program officer during fiscal and programmatic site visits to the program.

Assessing Minimum Standards

The following categories will be used to rate a program's standing on the organizational minimum compliance standards.

- M -- (Meets Standard): standard is met by the program.
- A -- (Approaching Standard): standard is not yet met; the program needs focused assistance on the standard.
- NM -- (Not Met): standard is not met; the program needs significant support on the standard.
- W -- (Waived): standard is being waived for program.

Fiscal Management	
Standard Org.1	<p>Agency has a global budget that is current for the fiscal or calendar year with the following information documented:</p> <ul style="list-style-type: none"> Approval by the board as evidenced in board minutes. Details available at cost level or program center. Demonstrated link to cost allocation plan. Clear list of all funding sources.
Standard Org.2	<p>Agency has a written fiscal policy and procedures handbook that is current (i.e. incorporates any changes from recent audit recommendations) and can demonstrate that:</p> <ul style="list-style-type: none"> Policies are in use. Staff have been trained in regards to fiscal policy and procedures.

Minimum Organizational Compliance Standards, May 2006

Fiscal Management continued	
Standard Org.3	<p>Agency has the following tax forms completed: State: DE6 (2 most recent quarters). Federal: 941 (2 most recent quarters) <u>and</u> 990 (most recent, or extension filed).</p>
Standard Org.4	<p>Agency has balance sheet for the current month or quarter that shows: Numbers add up correctly. Liabilities are not excessive or unusual.</p>
Standard Org.5	<p>Agency maintains record keeping system that provides evidence of the following: General ledger is accurate and appropriate. Receipts match expenses. Credit card slips clearly indicate nature of purchases. Subcontractor fees match billing statements. Financial records are secure. Expenses are clearly linked to appropriate cost centers. Petty cash system in place.</p>
Administration	
Standard Org.6	<p>Agency has board minutes for the prior 12 months that: Note status of quorum. Show 2 meetings open to the public, including evidence that proper notification of public meetings was made (applicable only to CBO's that receive \$250,000 in City funds).</p>
Standard Org.7	<p>Agency has written current employee manual with applicable City requirements and can demonstrate that staff are trained on personnel policies and procedures. City requirements include:</p> <ul style="list-style-type: none"> ▪ Grievance procedure. ▪ Confidentiality statement. ▪ Drug free workplace policy. ▪ Benefits (to include Domestic Partner policy). ▪ Finger printing clearance.

Minimum Organizational Compliance Standards, May 2006

Administration - Safety	
Standard Org.8	<p>Agency shall have the following safety procedures in place.</p> <ol style="list-style-type: none">1. All areas involving youth are supervised at all times.2. Youth to staff ratios allow for adequate supervision of activities and program participants so that staff are available to intervene in a situation or have one on one conversations with youth needing attention.3. All staff and volunteers have been fingerprinted and cleared required background checks before contact with the youth <u>and</u> the agency has an established process for formally reviewing the results of such checks and weighing the potential risks found in a background check.4. Program has written rules of conduct to ensure the safety of program participants, including a zero-tolerance for violence, weapons, and other actions that might jeopardize the safety of the program staff and participants.5. All youth participants have complete and up-to-date emergency and medical forms, including release for treatment. These forms are accessible by supervising staff.6. Program has a safety plan in place to respond to fire, earthquake, violence and/or the threat of violence.7. Program has sign-in and sign-out procedure for tracking when participants arrive at and leave the program.8. Service sites are well lit and maintained and entrances ensure safe passage to program.

Minimum Workplan Compliance Standards (May, 2006)

Workplan (WP) minimum compliance standards are used to monitor the grantee's progress toward their projected number of participants to be served and to ensure that services delivered are in-line with the program's workplan. The workplan minimum compliance standards apply across all funded programs. These standards will be monitored on a monthly basis by the DCYF Program Officer through a review of required monthly participant and activity data reported through DCYF's Contract Management System (CMS).

Assessing Minimum Standards

The following categories will be used to rate a program's standing on the organizational minimum compliance standards.

- M --** (Meets Standard): standard/indicator is met by the program
- A --** (Approaching Standard): standard/indicator is not yet met; the program needs focused assistance on the standard/indicator
- NM --** (Not Met): standard/indicator is not met; the program needs significant support on this standard
- W --** (Waived): standard is being waived for program

Standards	
Standard WP.1	Program demonstrates a logical relationship between the program description and budget.
Standard WP.2	Program demonstrates a logical relationship between the program description and the services and activities provided.
Standard WP.3	Program's participant attendance is in-line with the program cycle and projected units of service throughout the grant period.
Standard WP.4	Program achieves at least 90% of their projected units of service (including youth, parent, caregiver and outreach) for the fiscal year by the end of the fiscal year.
Standard WP.5	Program enters the following required data into the Contract Management System within 60 days of the close of the month. <ul style="list-style-type: none"> ▪ Participant demographics. ▪ Attendance/encounter data for group, individual, drop-in and outreach activities. ▪ Program narrative.

AFTERSCHOOL MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

The Afterschool (AS) Cluster includes the wide range of programs that promote learning, take place outside of regular school hours and enhance the cognitive, social, physical, artistic and/or civic development of youth.

Afterschool programs provide a safe, accessible space and operate at both school and community sites and encourage youth to explore the world around them.

These programs generally provide services in one or more of the following areas: academic support, tutoring or homework help, arts and cultural enrichment, recreation and sports, and youth leadership. Programs in this cluster may include a counseling or case management component.

Definitions

Standard: A standard describes what we want children, youth and families to experience at a program. It is a practice or essential element of programming that is widely recognized as being important to attaining program excellence, and it serves as a benchmark for professionalism in the service delivered.

Minimum program compliance standards: *Minimum program compliance standards* are standards that serve as a foundation for program quality. All programs are expected to be in compliance with the *minimum program compliance standards* for their cluster. DCYF program officers will work with programs to help them access the necessary supports in achieving minimum standards.

Indicator: Each minimum standard has one or more indicators. These indicators are the evidence DCYF looks for to determine whether, and to what extent, a standard is being addressed or met. Indicators might include written policies, materials, curriculum, or a program practice.

Assessing Minimum Standards & Indicators:

The following categories will be used to rate a program's standing on a standard/indicator.

- M -- (Meets Standard): standard/indicator is met by the program.
- A -- (Approaching Standard): standard/indicator is not yet met; the program needs focused assistance on the standard/indicator.
- NM -- (Not Met): standard/indicator is not met; the program needs significant support on the standard/indicator.
- W -- (Waived): standard is being waived for program.

How Indicator Ratings Link to Standard Rating:

- Programs that receive an "M" (Meets Standard) on all the indicators associated with a standard will receive an "M" (Meets Standard) on that standard.
- Programs that receive an "A" (Approaching Standard) on at least half of the indicators associated with a standard will receive an "A" (Approaching Standard) on that standard.
- Programs that receive a "NM" (Not Met) on more than half of the indicators associated with a standard will receive a "NM" (Not Met) on that standard.

AFTERSCHOOL MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Safety (Emotional & Physical): Ensuring a program environment where participants are physically and emotionally secure respected and accepted for who they are.	
Standard AS.1	Program promotes a peaceful environment within the program by using strategies and interventions for addressing violence, negative comments, and/or physical or verbal harassment; including but not limited to a young person's culture, language, ethnicity, national background, gender, or sexual orientation when it does occur.
<i>Indicator AS.1.1</i>	Program rules and/or expectations are formally communicated to participants on a regular basis.
<i>Indicator AS.1.2</i>	Staff are trained on how to appropriately intervene when program rules or expectations are not followed.
Relationship Building: Promoting trust and confidence between participants and staff in a supportive environment so that young people can experience guidance and emotional and practical support.	
Standard AS.2	Program has time set aside (staff meetings, etc.) to discuss the progress of the young people in the program.
<i>Indicator AS.2.1</i>	The program has an organized system for staff to communicate about participants, such as staff meetings, daily check-ins, shared participant notes.
Standard AS.3	Program has strategies and resources to ensure effective communication, through relevant language and culture, of information about the program and community resources with youth and families.
<i>Indicator AS.3.1</i>	All program information, such as applications, rules, schedules and brochures are translated into the languages of the community served.
<i>Indicator AS.3.2</i>	Program activities, events, and environment show an understanding and respect for the cultures of the program participants.
Youth Participation: Giving participants an opportunity to play a meaningful, active role in their program so that young people can have input into decision-making, opportunities for responsibility and leadership, and feel a sense of ownership.	
Standard AS.4	Staff provide participants with opportunities to have input into what they will do in the program and during activities.
<i>Indicator AS.4.1</i>	Program schedules allow for participants to make choices about how they will spend some of their time while in program.
<i>Indicator AS.4.2</i>	The program has structured opportunities for youth to share their interests, preferences, and/or satisfaction to influence the format or content of program services.

AFTERSCHOOL MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Community Involvement: Promoting knowledge building, interaction and communication with the community so that young people gain an understanding of the greater community and a sense of being able to make a positive contribution to their community.	
Standard AS.5	Staff utilize community assets and resources (volunteers, neighborhood business, local parks, neighborhood leaders, other service providers) to strengthen and enhance the program.
<i>Indicator AS.5.1</i>	Community residents and/or family members participate in the program as presenters, instructors, volunteers, mentors and in other ways.
<i>Indicator AS.5.2</i>	Program has formal strategies to inform parents and youth of other available community resources.
<i>Indicator AS.5.3</i>	Staff schedules allow for time to participate in community meetings and connect with other institutions and events in the neighborhood.
Skill Building: Giving participants opportunities to strengthen, explore, and practice new and existing skills so that young people can acquire a wide array of skills and experience a sense of growth and progress.	
Standard AS.6	Staff consistently communicate high expectations and challenge young people to do their best.
<i>Indicator AS.6.1</i>	Staff use a range of approaches to promote the exploration of ideas and the practice of new skills.
<i>Indicator AS.6.2</i>	Program identifies (formally or informally) the skill that youth want to achieve in the program.
<i>Indicator AS.6.3</i>	Program has strategies to assess youth progress in developing identified skills.
<i>Indicator AS.6.4</i>	The program provides structured opportunities to acknowledge the achievements, contributions, and responsibilities of youth (e.g. group presentations, reflections, exhibitions, performances, celebrations).

EARLY CARE AND EDUCATION MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

The Early Care and Education (ECE) Cluster includes programs that are focused on promoting the cognitive, social, emotional and physical development of children 0 to 5. For the purpose of the Standards Initiative, minimum program compliance standards for this cluster apply only to programs that are providing direct child care services.

Minimum program compliance standards: *Minimum program compliance standards* are standards that serve as a foundation for program quality. All programs are expected to be in compliance with the *minimum program compliance standards* for their cluster. DCYF program officers will work with programs to help them access the necessary supports in achieving minimum standards.

Assessing Minimum Standards

The following categories will be used to rate a program's standing on a standard.

M -- (Meets Standard): standard is met by the program.

A -- (Approaching Standard): standard is not yet met; the program needs focused assistance on the standard.

NM -- (Not Met): standard is not met; the program needs significant support on this standard.

W -- (Waived): standard is being waived for program.

Standards	
Standard ECE.1	<p>Program is in compliance with all licensing requirements, of the State of California, Department of Social Services, Community Care Licensing Division (Title XXII of the State Administrative Code).</p> <p>Within five business days, program must notify DCYF in writing of any significant violation or finding impacting their child care license.</p>
Standard ECE.2	<p>Program is in compliance with all public funding requirements, including but not limited to:</p> <ul style="list-style-type: none"> ▪ State of California, Department of Education, Child Development Division (Title V of the State Administrative Code). ▪ Head Start, Bureau of U.S. Department of Health & Human Services, Administration for Children & Families (Program Performance Standards and Regulations) <p>Within three business days, program must notify DCYF in writing of any significant finding impacting the future availability of public funding.</p>

EARLY CARE AND EDUCATION MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Standards continued	
Standard ECE.3	Program staff receive annual, required trainings in first aid/CPR.
Standard ECE.4	Program staff receive mandated child abuse reporting training annually.
Standard ECE.5	<p>If program is currently a California Department of Education, Child Development Division Contractor, program participates in the Central Eligibility List to include following:</p> <ul style="list-style-type: none"> ▪ Input all families (data) seeking subsidized child care into the CEL database in a timely manner. ▪ Participate in timely feedback processes (this may include user meetings, surveys, questionnaires, and/or informal communication via phone, fax or email). ▪ Follow procedures outlined in the CEL policy and procedures manual. ▪ Respect all applicable confidentiality issues. ▪ Designate a primary contact responsible for the Agency's utilization and participation in the CEL system. ▪ Ensure that Agency profile information is kept current at all times.
Standard ECE.6	Program has a process in place to check CalWORKS eligibility for all children enrolled in the program, but not currently enrolled in CalWORKS.
Standard ECE.7	<p>Program participates in the High Quality Mental Health Initiative (HOCMMHI). To be in compliance program must:</p> <ul style="list-style-type: none"> ▪ Work directly with the HOCMMHI mental health consultants. ▪ Participate in any meeting, trainings and/or work groups regarding the initiative.
Standard ECE.8	<p>Program has strategies and resources to ensure effective communication, through relevant language and culture, of information about the program and community resources with youth and families as evidenced by:</p> <ul style="list-style-type: none"> ▪ All program information, such as applications, rules, schedules and brochures are translated into the languages of the community served. ▪ Program activities, events, and environment show an understanding and respect for the cultures of the program participants.
Standard ECE.9	<p>Program participates in the Gateway to Quality project. To be in compliance program must :</p> <ul style="list-style-type: none"> ▪ Participate in or schedule a Gateway to Quality assessment by December 31, 2006. ▪ Receive an environmental assessment score of 3 or greater for each classroom. If a classroom score falls below 4.5, a written quality improvement plan must be submitted to DCYF with a corrective action strategy and timeline within 3 months of the original assessment.

FAMILY SUPPORT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

The Family Support (FS) Cluster includes programs that are designed to strengthen families by helping parents to raise safe and healthy children and supporting them to become self-sufficient and take an active role in their communities. These programs may be providing respite or drop-in child care, parenting education, or family case management services.

DCYF would like to recognize the San Francisco Family Support Network (SFFSN) for their work in developing a set of quality standards for family support programs from which the following minimum compliance standards for the Family Support cluster evolved.

Definitions

Standard: A standard describes what we want children, youth and families to experience at a program. It is a practice or essential element of programming that is widely recognized as being important to attaining program excellence, and it serves as a benchmark for professionalism in the service delivered.

Minimum program compliance standards: *Minimum program compliance standards* are standards that serve as a foundation for program quality. All programs are expected to be in compliance with the *minimum program compliance standards* for their cluster. DCYF program officers will work with programs to help them access the necessary supports in achieving minimum standards.

Indicator: Each minimum standard has one or more indicators. These indicators are the evidence DCYF looks for to determine whether, and to what extent, a standard is being addressed or met. Indicators might include written policies, materials, curriculum, or a program practice.

Assessing Minimum Standards & Indicators:

The following categories will be used to rate a program's standing on a standard/indicator.

- M -- (Meets Standard): standard/indicator is met by the program.
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How Indicator Ratings Link to Standard Rating:

- Programs that receive an "M" (Meets Standard) on all the indicators associated with a standard will receive an "M" (Meets Standard) on that standard.
- Programs that receive an "A" (Approaching Standard) on at least half of the indicators associated with a standard will receive an "A" (Approaching Standard) on that standard.
- Programs that receive a "NM" (Not Met) on more than half of the indicators associated with a standard will receive a "NM" (Not Met) on that standard.

FAMILY SUPPORT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Family-Centered Service Delivery	
Standard FS.1	Program invites parents to participate in program development, implementation, and evaluation.
<i>Indicator FS.1.1</i>	Program solicits feedback from parents/participants to shape and strengthen the program or services offered by the program.
<i>Indicator FS.1.2</i>	Program uses quality of family involvement (i.e. intensity and meaningfulness of involvement) as a standard measure of program success.
Standard FS.2	Program facilitates natural helping networks such as support groups, friends, mentors and role models.
<i>Indicator FS.2.1</i>	Program staff encourage or help participants/families to talk with other participants/families.
<i>Indicator FS.2.2</i>	Program staff facilitate networking opportunities for participants/families outside of their program.
Standard FS.3	Services are easily accessible and are responsive to participants' needs.
<i>Indicator FS.3.1</i>	Program offers services at a place and time convenient to the participant/family (i.e. hours of operation, accessibility for families).
<i>Indicator FS.3.2</i>	Program has a system in place to conduct standardized intakes with families/participants to identify appropriate service needs.
<i>Indicator FS.3.3</i>	Program matches services to the needs and goals of the families/participants served.
<i>Indicator FS.3.4</i>	Program allows family/participants to determine the level and intensity of their involvement.
Cultural and Linguistic Services	
Standard FS.4	Program reflects an atmosphere in which cultural traditions, values and family structures of individuals and families are acknowledged and respected.
<i>Indicator FS.4.1</i>	Program creates a welcoming environment (e.g. waiting area, play rooms, reception area).
<i>Indicator FS.4.2</i>	Resource materials for the parents and center environment are geared to the cultural, racial and linguistic diversity of the community and target audience.
Standard FS.5	Staff reflect the culture and language of the participants served and programs make appropriate language accommodations as needed.
<i>Indicator FS.5.1</i>	Staff has a cultural awareness and understanding of the neighborhood and/or target population of the program and reflects that awareness in their delivery of services.
<i>Indicator FS.5.2</i>	Program provides opportunities for staff and participant/families to share and learn about ethnic/racial/spiritual/cultural customs with each other.

FAMILY SUPPORT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Community-Based and Collaborative Partnerships	
Standard FS.6	Program promotes a sense of connection to the broader community.
<i>Indicator FS.6.1</i>	Program builds relationships and creates awareness of services available in the participants'/families' community.
<i>Indicator FS.6.2</i>	Program helps connects families to a network of support in their community that incorporate other service providers, informal supports, or other families and individuals.
Standard FS.7	Program has written or informal agreements with other agencies and community groups to work collaboratively and leverage resources to link participants to services.
<i>Indicator FS.7.1</i>	Program has an information and referral system in place to inform families about available resources and services in San Francisco, including culturally-specific resources.
<i>Indicator FS.7.2</i>	Staff participate in collaborative efforts to identify and/or address service gaps and duplication with other schools and agencies.
<i>Indicator FS.7.3</i>	<p>Program has written or informal agreements with other agencies and community groups to work collaboratively and to share resources.</p> <ul style="list-style-type: none"> • "Written agreements" may include contracts or MOUs. • "Informal agreements" may include emails, sign-up sheets, flyers, master calendars or telephone logs.

YOUTH EMPLOYMENT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

The Youth Employment (YE) Cluster includes programs with a primary focus on preparing youth for employment through job readiness training, vocational/employment training, and/or work experience opportunities.

Definitions

Standard: A standard describes what we want children, youth and families to experience at a program. It is a practice or essential element of programming that is widely recognized as being important to attaining program excellence, and it serves as a benchmark for professionalism in the service delivered.

Minimum program compliance standards: *Minimum program compliance standards* are standards that serve as a foundation for program quality. All programs are expected to be in compliance with the *minimum program compliance standards* for their cluster. DCYF program officers will work with programs to help them access the necessary supports in achieving minimum standards.

Indicator: Each minimum standard has one or more indicators. These indicators are the evidence DCYF looks for to determine whether, and to what extent, a standard is being addressed or met. Indicators might include written policies, materials, curriculum, or a program practice.

Assessing Minimum Standards & Indicators:

The following categories will be used to rate a program's standing on a standard/indicator.

- M --** (Meets Standard): standard/indicator is met by the program.
- A --** (Approaching Standard): standard/indicator is not yet met; the program needs focused assistance on the standard/indicator.
- NM --** (Not Met): standard/indicator is not met; the program needs significant support on the standard/indicator.
- W --** (Waived): standard is being waived for program.

How Indicator Ratings Link to Standard Rating:

- Programs that receive an "M" (Meets Standard) on all the indicators associated with a standard will receive an "M" (Meets Standard) on that standard.
- Programs that receive an "A" (Approaching Standard) on at least half of the indicators associated with a standard will receive an "A" (Approaching Standard) on that standard.
- Programs that receive a "NM" (Not Met) on more than half of the indicators associated with a standard will receive a "NM" (Not Met) on that standard.

YOUTH EMPLOYMENT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Standards & Indicators	
Standard YE.1	Program demonstrates a logical relationship between the youth they serve and the program mission, components and activities.
<i>Indicator YE.1.1</i>	The program has a written plan for outreach & recruitment that is appropriate for its targeted population.
<i>Indicator YE.1.2</i>	The program has written selection criteria for program and enrolls youth through a formal enrollment process.
Standard YE.2	The program offers a safe, structured environment and a climate that promotes and sustains young people's development and successful transition to work and adulthood.
<i>Indicator YE.2.1</i>	<p>The program has written policies and procedures to ensure the physical and emotional safety of the youth in the program that include:</p> <ul style="list-style-type: none"> • Clear rules, expectations and consequences for misconduct (including the grounds for, and process of, termination); • A written grievance process for addressing violence, negative comments, discrimination, and physical or verbal harassment when it does occur.
<i>Indicator YE.2.2</i>	The program has a process for participants to express issues with a worksite placement regarding quality of work or safety.
<i>Indicator YE.2.2</i>	Subsidized employment programs have a process in place to ensure work placement locations are safe.
Standard YE.3	The program engages youth as active, respected contributors to the program and the community.
<i>Indicator YE.3.1</i>	The program provides opportunities for participants to make meaningful contributions to program development, decision making and continuous improvement of activities and program offerings. These should include at least one of the following: a youth advisory council, focus groups, or youth surveys.
Standard YE.4	Programs, on their own or through collaborative partnerships, help youth develop competencies (knowledge, skills, and abilities) that lead to becoming a productive member of the workforce and achieving economic self-sufficiency.
<i>Indicator YE.4.1</i>	<p>The program provides youth with resources needed to develop competencies to move towards self-sufficiency (program must provide both):</p> <ul style="list-style-type: none"> • Computer and internet access; • Resource library with vocational materials.
<i>Indicator YE.4.2</i>	The program has a written curriculum and/or program materials implemented in the context of the program that provide opportunities for youth to develop and communicate competencies appropriate to securing employment including completing job applications, resume writing, interviewing and job search skills.

YOUTH EMPLOYMENT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Standards & Indicators	
<i>Indicator YE.4.3</i>	The program has a written curriculum and/or program materials implemented in the context of the program that provide opportunities for youth to develop work readiness skills including addressing employer expectations, conflict resolution, and problem solving.
<i>Indicator YE.4.4</i>	<p>The program provides youth with career awareness opportunities as evidenced by one of the following:</p> <ul style="list-style-type: none"> • Career exploration activities (guest speakers, employer visits, job shadows); • Individual career assessment; • Career awareness curriculum (skills and interests); • Opportunities to explore and set personal academic and career goals and create realistic plans to achieve them.
<i>Indicator YE.4.5</i>	The program provides opportunities for youth to participate in work-based learning activities, such as job shadowing, internships, work experience, competitive employment or community service.
<i>Indicator YE.4.6</i>	The program has a standardized process to measure defined program outcomes.

WELLNESS EMPOWERMENT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

The Wellness Empower (WE) Cluster includes programs whose primary purpose is to provide case management, general counseling and mental health services to children, youth and families. Services may be provided in any number of settings including schools, child care programs, and community locations. Clients may also be involved in other service systems such as juvenile justice, foster care or child welfare. Programs in this cluster that provide mental health services use clinical licensed or license-eligible staff. Programs in this cluster providing case management and counseling may *or may not* be using licensed staff. A glossary of "Wellness Empowerment" terms accompanies this draft standards document.

For the purposes of the DCYF Standards project, the services provided by CBOs in the Wellness Empowerment Cluster fall under two service strands: **Behavioral Health Services** and **General Social Services**. Each of these service strands includes a variety of service modalities, which are outlined below. CBOs in this cluster will self-identify which strand(s) and service modalities are relevant to the types of services they provide to children, youth and their families. **The WE glossary of key terms is included in this section following the standards.**

A. BEHAVIORAL HEALTH SERVICE MODALITIES

1. Prevention/Promotion
2. Mental Health (clinical)
3. Counseling/Consultation
4. Clinical Case Management
5. Medication Support and Psychiatric Care
6. Substance Use/Abuse Counseling
7. Addictions Treatment

B. GENERAL SOCIAL SERVICES SERVICE MODALITIES

1. Prevention/Promotion
2. Information & Referral/Service Linkage
3. General Counseling
4. General Case Management (includes home visits and case consultations)
5. Occupational Health Services
6. Mentoring

Definitions

Standard: A standard describes what we want children, youth and families to experience at a program. It is a practice or essential element of programming that is widely recognized as being important to attaining program excellence, and it serves as a benchmark for professionalism in the service delivered.

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Indicator: Each minimum standard has one or more indicators. These indicators are the evidence DCYF looks for to determine whether, and to what extent, a standard is being addressed or met. Indicators might include written policies, materials, curriculum, or a program practice.

WELLNESS EMPOWERMENT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Assessing Minimum Standards & Indicators:

The following categories will be used to rate a program's standing on a standard/indicator.

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WELLNESS EMPOWERMENT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Assessment and Intervention: Assessment and development of appropriate treatments and interventions for youth.	
Standard WE.1	<p>Program has a written statement articulating its:</p> <ul style="list-style-type: none"> • Philosophy of treatment/service provision • Methodology of service delivery • Understanding of appropriate services based on the assessment/diagnosis, age, abilities and developmental needs of client • Caseload and staff: client ratio based on the scope of professional responsibilities, the volume of clients to be served, the amount of time and setting spent with clients, the breadth and complexity of client problems, and the duration of services.
<i>Indicator WE.1.1</i>	Provider presents a written statement articulating its service delivery model which addresses the sequence or set of steps/procedures which constitute its intervention model. Provider describes how these interventions may differ based on the breadth and complexities of client needs.
<i>Indicator WE.1.2</i>	Provider presents a written statement describing how its staff assess and/or diagnose clients (if appropriate.) This statement identifies the factors considered in developing an intervention plan, such as age, ability level, developmental appropriateness, etc.
<i>Indicator WE.1.3</i>	Provider presents a written statement describing its staff/client ratio standards for the various service modalities in the program funded by DCYF.
Standard WE.2	Program has an articulated policy for responding to client referrals/request for services in a timely fashion, based on program design and methodology.
<i>Indicator WE.2.1</i>	<p>Provider presents a written policy which addresses each of the following:</p> <ul style="list-style-type: none"> a - that it responds to client referrals/requests for services in a timely fashion b - its operational (monitorable) definition of "timely" c - how service applicants are prioritized when multiple initial service demands exceed staff availability to provide timely initial contacts d - any other factors affecting the response time, including how response time may vary based on client service requests and client needs

WELLNESS EMPOWERMENT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Assessment and Intervention continued	
Standard WE.3	<p>The program has policy in place regarding the development of Plans of Care for clients. This policy indicates:</p> <ul style="list-style-type: none"> ▪ At what point a Plan of Care is initiated. ▪ Required documentation in Plan of Care, including assessment, intervention plan, and final disposition ▪ Required fields in intervention plan (who, what, by when, dosage) ▪ How participants are able to make meaningful contributions to their own <i>plan of care</i> and improvement of services.
<i>Indicator WE.3.1</i>	<p>Provider presents a written policy statement which addresses each of the following:</p> <ul style="list-style-type: none"> a - under what circumstances a client of the program must be provided with a Plan of Care b - under what circumstances persons receiving services from the program are not required to be provided with a plan of care c - its operational (monitorable) definition of "Plan of Care" which includes reference to: <ul style="list-style-type: none"> (1) The client's goals and/or objectives that are specific and either observable or measurable (2) The client's target dates for accomplishing each goal and/or objective (3) choice of service modality or modalities to be used (see Standard WE.1, Indicator 1) (4) designating the staff person responsible for Plan of Care implementation (5) the anticipated frequency of service contacts (6) an estimated duration for the total episode of service d - the deadline for documenting a valid Plan of Care in the client's record based on reference to either: <ul style="list-style-type: none"> (7) time elapsed following case opening date (8) number of service contacts
<i>Indicator WE.3.2</i>	<p>Provider presents a written policy statement which addresses each of the following:</p> <ul style="list-style-type: none"> a - how clients and/or family members are permitted to make meaningful contributions to their own Plan of Care and improvement of services b - how clients and/or family members are to be informed of the information in item "a" above c - whether or not clients and/or family members will be given the option to sign in agreement with their Plan of Care and, if so, relevant procedures

WELLNESS EMPOWERMENT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Assessment and Intervention continued	
Standard WE.4	Program systematically documents and evaluates client's progress.
<i>Indicator WE.4.1</i>	<p>Provider presents a written policy statement describing its requirements for Progress Notes which addresses each of the following:</p> <ul style="list-style-type: none"> a - the frequency with which Progress Notes are to be documented b - procedures for documenting Progress Notes c - that the content of a Progress Note will include a description of: <ul style="list-style-type: none"> (1) key interventions provided during the service contact (2) client response to these interventions, including recommendations made to the client which are rejected by the client (3) client's progress toward one or more goals and/or objectives listed in the client's Plan of Care (4) any significant new assessment information acquired during the service contact
<i>Indicator WE.4.2</i>	Provider presents a written policy statement describing how evaluation will be made of a client's progress toward the goals and/or objectives of the client's Plan of Care.
Relationship Building and Cultural Competency: Promoting trust and confidence between participants and staff in a supportive environment so young people can experience guidance and emotional support.	
Standard WE.5	<p>The program has a policy around cultural competency that includes:</p> <ul style="list-style-type: none"> • training, • dialogue and reflection on cultural & linguistic competency • strategies for client-staff relationship-building.
<i>Indicator WE.5.1</i>	<p>Provider presents a written policy regarding its approach to "cultural competency" which includes:</p> <ul style="list-style-type: none"> a - its operational (monitorable) definition of "cultural competency" b - specific cultural competency topics for which its staff are required to obtain or be provided with training c - that cultural and linguistic competency issues are to be addressed in the organization's staff meetings, supervisory sessions, and other venues for communication commonly used within the organization d - the specific strategies to promote client-staff relationship building e - how clients and staff are to be informed of these specific strategies f - how the agency attempts to recruit staff that are culturally competent

WELLNESS EMPOWERMENT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Safety and Confidentiality: Ensuring a program environment where participants are physically and emotionally secure, and their rights to privacy are respected.	
Standard WE.6	Program has policies and procedures in place relating to consent for services and confidentiality, including compliance with HIPAA as appropriate. Programs which are <u>not</u> subject to HIPAA have internal policies regarding client confidentiality and the sharing of information internally and externally. All program staff are trained in these policies.
<i>Indicator WE.6.1</i>	<p>Provider presents a policy describing how <i>valid informed consent</i> to services will be obtained.</p> <p>a - For agencies which provide medical/clinical services, the policy will state how consent is to be obtained under each of the following circumstances:</p> <ol style="list-style-type: none"> (1) the client is a minor under the age of 12 (2) the client is a minor legally authorized to provide minor consent to services (3) the minor has one or more living parents (4) an entity other than the parents is the legal guardian and/or "in loco parentis" <p>b - For agencies which provide general social services, the policy will state how consent is to be obtained for service provision.</p> <p>c - For all agencies, including agencies providing general social services, the policy will state that the entity authorized to give consent to services will be provided with at least the following information:</p> <ol style="list-style-type: none"> (1) the purpose of the services (2) risks related to the services (3) relevant costs (4) right to refuse or withdraw consent (5) the time frame covered by the consent
<i>Indicator WE.6.2</i>	<p>Provider presents its <i>written confidentiality policy</i> which addresses each of the following issues:</p> <p>a - under what circumstances staff may disclose confidential information with valid consent from a client or a person legally authorized to consent on behalf of a client.</p> <p>b - under what circumstances staff may disclose confidential information without valid consent</p> <p>c - a statement that when client information is being released staff should disclose the least amount of confidential information necessary to achieve the valid purpose and with only information directly relevant to the purpose being revealed</p> <p>d - how and when clients are to be informed about the nature of confidentiality and limitations of clients' right to confidentiality under the provider's confidentiality policies</p> <p>e - 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</p> <p>f - how confidentiality of written records will be physically secured</p> <p>g - how confidentiality of electronic records will be electronically and physically secured</p> <p>h - how and when records containing client information will be disposed of</p>

WELLNESS EMPOWERMENT MINIMUM PROGRAM COMPLIANCE STANDARDS, MAY 2006

Safety and Confidentiality continued	
<i>Indicator WE.6.3</i>	<p>Provider declares whether or not provider serves families, couples or groups of clients. If YES, provider produces its confidentiality policy which address each of the following issues:</p> <ul style="list-style-type: none"> a - that agreement will be sought among the parties involved regarding each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others in the course of receiving services (co-participants) b - that clients will be informed that staff cannot assure that co-participants will honor such agreements c - how an individual's confidential information may or may not be shared by staff with other co-participants d - how clients will be informed of these policies
<i>Indicator WE.6.4</i>	<p>Provider presents a policy statement declaring that each staff member is to be trained in these policies and describing how it documents that such training has occurred for each staff member.</p>
<i>Indicator WE.6.5</i>	<p>If provider has described itself to the public as a "health care provider" or "health services provider" or other terms to that effect, then provider presents a written statement declaring whether or not it is a HIPAA covered entity.</p>
<i>Indicator WE.6.6</i>	<p>Provider produces a Notice of Privacy Practices (NPP) which addresses each of the HIPAA mandated content areas.</p>
<i>Indicator WE.6.7</i>	<p>Provider presents the written policy requiring that this NPP is given to every client receiving health services from the provider.</p>

WELLNESS EMPOWERMENT STANDARDS, GLOSSARY OF TERMS

A. Behavioral Health Services: An umbrella term that includes clinical counseling, psychiatric care, marriage and family counseling, and addictions treatment and substance abuse counseling. Services may be provided by a myriad of providers, including social workers, counselors, psychiatrists, psychologists, and even nurses and family practice physicians.

For the purposes of the DCYF standards project, this strand of services is provided by licensed professionals or license-eligible interns or trainees. [Persons with doctorates in clinical psychology are typically licensed as *Psychologists*. Persons with master's degrees in clinical psychology are typically licensed as *Marriage and Family Therapists (MFT)*. Persons with master's degrees in clinical social work are typically licensed as *Licensed Clinical Social Workers (LCSW)*.]

Service Modalities

1. Prevention/Promotion
2. Mental Health (clinical) Counseling/Consultation
3. Clinical Case Management
4. Medication Support and Psychiatric Care
5. Substance Use/Abuse Counseling/Consultation
6. Addictions Treatment

B. General Social Services: Services which promote social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being.¹ Services may be provided by a myriad of providers. For the purposes of the DCYF standards project, this strand of services is provided by non-licensed professionals or peer counselors.

Service Modalities

1. Prevention/Promotion
2. Information & Referral/Service Linkage
3. General Counseling
4. General Case Management (includes home visits and case consultation)
5. Occupational Health Services
6. Mentoring
7. Prevention/Promotion

C. DEFINITIONS OF TERMS

Assessment: A professional review of a child's and family's needs that is done when they first seek services from a caregiver. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the caregiver and family decide what kind of treatment and supports, if any, are needed.

Case Management: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. Case management facilitates the achievement of client wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation. Based on the needs and values of the client, and in collaboration with all service providers, the case

¹ Source: <http://www.ifsw.org/en/p38000208.html>

WELLNESS EMPOWERMENT STANDARDS, GLOSSARY OF TERMS

manager links clients with appropriate providers and resources throughout the continuum of health and human services and care settings, while ensuring that the care provided is safe, effective, client-centered, timely, efficient, and equitable.²

Types of Case Management:

- Clinical: Case management services provided by a clinical professional
- General: Case management services provided by a non-clinical professional or peer
- Intensive: Clinical or general case management services in which a large number of hours are dedicated to a case. The definition of what constitutes as "intensive" case management will vary from organization to organization.

Case Manager: A service that helps people arrange appropriate and available services and supports. As needed, a case manager coordinates mental health, social work, education, health, vocational, transportation, advocacy, respite, and recreational services. The case manager makes sure that the child's and family's changing needs are met.

Coordinated Services: Child-serving organizations, along with the family, talk with each other and agree upon a plan of care that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. Case management is necessary to coordinate services.

Cultural Competence: Help that is sensitive and responsive to cultural differences. Caregivers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.

Early Intervention: A process for recognizing warning signs that individuals are at risk for mental health problems and taking early action against factors that put them at risk. Early intervention can help children get better faster and prevent problems from becoming worse.

General Counseling : A confidential process that takes place in the context of a *professional or peer-to-peer relationship*, wherein individuals, groups of individuals, or members of a family attempt to gain an understanding of self and others that will enable them to effectively solve problems and resolve conflicts in their daily lives.³ Often, *General Counseling* focuses on helping persons resolve problems or role issues related to work, school or family matters. In this setting, the counselor is a "problem solver" who through direct advice or non-directive guidance helps the client make rational decisions.

Individualized Services: Designed to meet the unique needs of each child and family. Services are individualized when the caregivers pay attention to the child's and family's needs, strengths, ages, and stages of development.

Information and Referral Services: Services designed to support clients (individuals and families) and/or their caregivers in assessing their needs, identifying the most appropriate services to meet their needs and linking the client and caregivers to the agencies providing needed services. Information and

² Source: <http://www.cmc certification.org/pages/136body.html>

³ Source: http://www.findarticles.com/p/articles/mi_qa3934/is_200112/ai_n9015902

WELLNESS EMPOWERMENT STANDARDS, GLOSSARY OF TERMS

referral services aim to enable clients to locate and use services and resources, which promote their well-being, independence, and self-determination, and to protect their interests and rights. It is an integral component for the development and implementation of service plans for case management services. In addition, information and assistance services collect and make available data to support community needs assessment and community planning.⁴

Mental Health: Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress, relating to other people, and making decisions.⁵ From early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self esteem.⁶

Mental Health Counseling (Clinical Counseling): Provision of professional counseling services, involving the application of principles of psychotherapy, human development, learning theory, group dynamics, resiliency and/or strengths assessment, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families, and groups, for the purposes of promoting optimal mental health and treating psychopathology.

The practice of Mental Health Counseling includes, but is not limited to, diagnosis and treatment of mental and emotional disorders, psychoeducational techniques aimed at the prevention of such disorders, consultation to individuals, couples, families, groups, organizations, and communities, and clinical research into more effective psychotherapeutic treatment modalities.⁷

Mental Health Problems: Mental health problems are real. These problems affect one's thoughts, body, feelings, and behavior. They can be severe. They can seriously interfere with a person's life. They're not just a passing phase. They can cause a person to become disabled. Some of these disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Occupational Therapy: Occupational therapy is skilled treatment that uses productive or creative activity to help individuals achieve independence in all facets of their lives. It gives people the "skills for the job of living" necessary for independent and satisfying lives.

Occupational therapy services typically include:

- Customized treatment programs to improve one's ability to perform daily activities
- Transition plan with measurable goals toward independence
- Life skills, job readiness and social skills training
- Performance skills and vocational assessments
- Guidance to clients, family members and caregivers
- Mental Health referrals

⁴ Source: <http://www.aging.state.va.us/serviceprograms/Information%20&%20Assistance%20Draft.pdf>

⁵ Source: <http://www.pinofpa.org/resources/glossary.html>

⁶ Source: http://www.nasponline.org/advocacy/Wrobel_Medicaid.ppt

⁷ Source: <http://www.uni.edu/coe/elcpe/mhdr.htm>; from *The National Academy of Certified Clinical Mental Health Counselors*

WELLNESS EMPOWERMENT STANDARDS, GLOSSARY OF TERMS

Plan of Care: A treatment and/or intervention plan designed for each child or family. The plan:

- Identifies the child/family's strengths and needs
- Establishes goals and details appropriate treatment/intervention services to meet particular needs, including dosage of services
- Identifies who is responsible for ensuring the client meets the goal(s) and by when

Service: A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

System of Care: A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organization work in teams to provide these services.

Wraparound Services: A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services, such as family therapy and special education.

Youth Development: the physical, social, and emotional process all young people experience as they transition from childhood to adulthood. During this time, young people seek ways to meet their basic needs and gain the knowledge and skills necessary to lead a healthy life⁸

Youth Development Practices: practices which youth-serving organizations can implement to ensure that the young people in their programs receive the support they need to learn and grow. These practices are: providing physical and emotional safety, creating environments where young people build supportive relationships with adults and their peers, providing opportunities for meaningful youth participation, community engagement, and skill-building.⁹

⁸ Source: SF DPH, Youth Development Standards of Practice

⁹ Source: Community Network for Youth Development—CNYD