

<p>Milwaukee County Department of Health and Human Services Division of Youth & Family Services</p> <p>POLICY & PROCEDURE</p>	<p>Original Date Issued: 04/01/2018</p> <hr/> <p>Last Revision Date: N/A</p>	<p>Date Last Reviewed: 01/15/2019</p> <p>Last Reviewed By: DP</p>	<p>Section: ADMINISTRATION</p>	<p>Policy No: 064</p>	<p>Pages: Page 1 of 6 (3 Attachments)</p>
<p><input checked="" type="checkbox"/> Division of Youth & Family Services (DYFS)</p> <p><input checked="" type="checkbox"/> Detention Center</p> <p><input checked="" type="checkbox"/> DYFS Services Network</p> <p><input checked="" type="checkbox"/> Purchase of Service Agencies</p>	<p>Last Effective Date: 04/01/2019</p>	<p>Subject:</p> <p style="text-align: center;">DYFS</p> <p style="text-align: center;">Formal Incident Review Process</p>			

I. Policy

It is the policy of the Division of Youth and Family Services (DYFS) that all significant incidents that meet the scope as outlined in this policy will be examined as a part of a Formal Incident Review. This qualitative process will ensure that incidents involving youth that fall within the scope of this policy are assessed and evaluated for outcomes and trends to drive improvements in the youth justice system.

II. Formal Incident Review Scope

A. The FIR threshold applies, but is not limited, to all youth that have an open DYFS case and one or more of the following occur:

1. Any incident that results in police contact, and includes an injury (to the youth or another victim), that is directly related to that specific police contact.
2. Any incident with a youth in the Intensive Monitoring Program-Aftercare, the Milwaukee County Accountability Program (MCAP) or Bakari House Residential Treatment Center that results in police contact.
3. Any request from authorities for review.
4. Any high-risk incidents such as high-profile cases, media coverage cases, requests from Milwaukee County, Department of Health and Human Services (DHHS), or program monitoring concerns, etc.

B. The FIR threshold also applies to youth that have an open DYFS case (*i.e. on an order of formal supervision/probation order, consent decree, Deferred Prosecution Agreement or DOC-DJC Order*) and receive a new referral that results in a new adjudication for a select group of charges. These select charges include the following:

- Car theft (or related)
 - Operating Auto Without Owners Consent
 - Take & Drive
 - Hit & Run
 - Car Jacking
- Use or Possession of a Weapon
- Robbery
- 1st Degree Sexual Assault

✚ *Exception: If the offense date is greater than six (6) months from the disposition date, then a FIR will NOT be conducted.*

C. The FIR threshold will not include youth who do not have an open case with the DYFS, unless the

DYFS case was within the three (3) months prior to the incident. The DYFS FIR record will reflect that the request was made, document the information available and will be closed.

III. Procedure – Formal Incident Review Notification

All cases defined in the scope of this policy can come to the attention of the DYFS Administrator, the Deputy Administrator and/or their designee (DYFS Administration) in a variety of ways. These can include, but are not limited to:

- **Scope II. A.:** Requests from stakeholders, such as the County Executive’s Office, DHHS, Court Judiciary, etc.
- **Scope II. A.:** Determinations made based on information received from DYFS personnel, such as Administrative Coordinators, Human Service Workers (HSW) and/or Supervisors.
- **Scope II. B.:** The Information Systems Application Specialist (ISAS) will forward a data report based on the scope, as identified in section II.B. of this policy, to the Quality Assurance (QA) Department. This report will be forwarded on the first working day of a month for the month that preceded the previous month, *i.e. on May 1st, a data report for March.*

In all instances, this information will be shared with DYFS Administration and using professional judgement, a determination will be made based on current information whether a Formal Incident Review is necessary.

IV. Procedure – Formal Incident Review Response Type Determination

When a determination is made by DYFS Administration that a FIR is necessary, a response-type determination must immediately follow as to whether an emergency or non-emergency response is needed.

- ❖ An **emergency** response will require that a review take place and a resolution be reached preferably that same business day, but within a maximum of three (3) business days from the time of notification.
- ❖ A **non-emergency** response will require that a review take place and a resolution be reached within ten (10) business days from the time of notification.

V. Procedure – Emergency Response Cases: Scope A

For emergency cases that require up to a 72-hour (3 business day) response, the following procedure must be followed:

- A. DYFS Administration receives the information and makes the determination that a Formal Incident Review is required.
- B. DYFS Administration determines that an emergency response is required.
- C. DYFS will notify the following parties of the need for a Formal Incident Review via email:
 1. Community Intervention Specialist (CIS),
 2. Human Service Worker (HSW),
 3. HSW Supervisor,
 4. Section Manager
 5. QA Department

The email must:

- Youth First and Last Name and DOB
- Include the FIR Response Form [located at: H:\Management\QA\DYFS Incident Review\DYFS Incident Review]
- Indicate the type of response required, i.e. emergency or non-emergency
- Designate who is responsible for completing the FIR form, i.e. HSW, CIS, etc.
- Specific date/time that the FIR Form is due

✚ All parties must immediately acknowledge that they have received this email.

- D. The CIS must complete the FIR Form – Part I (*Refer to Attachment A-Part I*). If the CIS is not available, then the HSW, HSW Supervisor or Section Manager will be responsible for gathering the information and completing the required portion of the form.
- E. The CIS will submit the completed FIR Response Form – Part I to DYFS Administration, and include Quality Assurance (QA) Administrative Coordinator on the email, within twenty-four (24) business hours from the original email notification. If multiple youth are involved, time requirements are extended to forty-eight (48) business hours.
- F. If possible, a FIR meeting must occur within 72 business hours, with the DYFS Administration, CIS, HSW and HSW Supervisor. If a QA representative is available, they, or the CIS Supervising Administrative Coordinator, will be present to assist in the documentation process.
- G. The assisting party, i.e. the QA representative or the CIS Supervising Administrative Coordinator, will initiate the FIR Response Form – Part II documenting the meeting date/time, parties present, all recommendations and any action planning that results from the FIR meeting. For tracking and informational purposes, they will also maintain electronic versions of the original completed FIR forms and provide all documentation and updates a QA representative (if not present at the meeting).
- H. A QA representative (if not present at the meeting) will then follow-up to ensure that the FIR Meeting Form (*Refer to Attachment A-Part II & III*) is completed and ensure that pertinent information is documented in the central repository.
- ✚ The central repository will be password protected and located on the DYFS shared drive: H:\Management\QA\DYFS Incident Review.
- I. DYFS Administration will immediately compile the FIR Response Forms for each youth involved in the incident and forward the forms to the appropriate parties (*i.e. DHHS, County Executive's Office, etc.*).
- J. If necessary, an Action Plan will be developed by a QA representative to address any pertinent issues identified and implement potential preventative measures (*Refer to Attachment A-Part IV*). The Action Plan will address **any identified policy compliance** concerns and consist of the following elements: the specific action step, evidence of completion, the person(s) responsible, and target due dates as well as follow-up. The Action Plan will be distributed to all necessary parties.

VI. Procedure – Non-Emergency Response Cases: Scope A

For non-emergency cases that require a ten (10) business day response, the following procedure must be followed:

FIR Notification

- A. DYFS Administration receives the information and determines that a FIR is required.
- B. DYFS Administration determines that a non-emergency response is required.
- C. DYFS (*or designee*) will notify the following parties of the need for a FIR via email:
 1. Community Intervention Specialist (CIS),
 2. Human Service Worker (HSW),
 3. HSW Supervisor,
 4. Section Manager
 5. QA Department

The email must:

- Contain Youth First and Last Name and DOB
- Include the FIR Response Form [located at: H:\Management\QA\DYFS Incident Review\DYFS Incident Review]
- Indicate the type of response required, i.e. emergency or non-emergency
- Designate who is responsible for completing the FIR Response Form, i.e. HSW, CIS, etc.
- Specific date/time that the FIR Response Form is due

✚ All parties must immediately acknowledge that they have received this email.

FIR Response Form Completion

- D. The CIS must complete the FIR Response Form – Part I (*Refer to Attachment A-Part I*). If the CIS is not available, then the HSW, HSW Supervisor or Section Manager will be responsible for gathering the information and completing the required portion of the form.
- E. The CIS (*or designee*) will submit the completed FIR Response Form – Part I to QA via email (DCSDQA@milwaukeecountywi.gov), within seventy-two (72) business hours of the original email notification.

FIR Meeting

- F. DYFS QA will assume responsibility for scheduling the FIR meeting with all necessary parties. This must include the HSW, HSW Supervisor, Section Manager and QA. This meeting can also include the Wraparound Milwaukee Care Coordinator and, if applicable, any identified providers.
- G. When notifying parties of the confirmed meeting date, QA will provide summary of agenda items (*refer to J. 2. of this policy*) and the names of youth that will be reviewed during the meeting. Meeting participants must be prepared to discuss the Youth Assessment Screening Instrument (YASI) risk level, case plan and case management efforts.
- H. QA will ensure that the FIR meeting occurs within ten (10) business days of QA's receipt of the FIR Response Form. If this meeting cannot occur within that time frame, the DYFS Administrator or their designee must be notified and DYFS Administration and/or the CIS Supervising Administrative Coordinator may also facilitate the review.
- I. QA will complete the qualitative review portion of the FIR Response Form (*Refer to Attachment A-Part II*) prior to the FIR meeting.

- J. QA will facilitate the FIR meeting. The process will include the following:
1. QA will take all notes and complete Part II & III of the FIR Form. Applicable portions of this information will be saved in an Excel Spreadsheet.
 2. The review will follow an agenda that includes case presentation and inquiry into the case management and communication practices, effectiveness of teaming and adherence to applicable policy using a Root Cause Analysis process to determine whether the incident could have been predicted, prevented, or mitigated.
 3. The review panel will make final observations and recommendations based on the information shared.

FIR Documentation and Follow-Up

- K. Within three (3) business days of the meeting's conclusion, QA will complete the FIR Response Form (*Refer to Attachment A-Part III*) and ensure that pertinent information is documented in the central repository.

✚ The central repository will be password protected and located on the DYFS shared drive: H:\Management\QA\DYFS Incident Review.

- L. Upon documentation completion, QA will notify DYFS Administration that the FIR is complete.
- M. QA will provide DYFS Administration, the assigned Section Manager, HSW, HSW Supervisor and CIS with a copy of the completed FIR Response Form. This email will include a summary from the FIR Response Form in the email body with the completed form attached.
- N. If necessary, an Action Plan will be developed by the QA representative to address any pertinent issues identified and implement potential preventative measures (*Refer to Attachment A-Part IV*). The Action Plan will address **any identified policy compliance concerns** and consist of the following elements: the specific action step, evidence of completion, the person(s) responsible, target due dates as well as follow-up.
- The action plan will be distributed to all necessary management parties to carry out with their respective staff. The **Section Manager and/or HSW Supervisor are responsible** to ensure all policy compliance concerns identified in the Action Plan are completed within the specified time frames.
 - The SM and/or HSW Supervisor will **notify the QAS** via email when the action plan items are complete and the QAS will make this note of completion in the official FIR record.

VII. Procedure – Scope B

FIR Form Completion – Scope B

- A. The Information Systems Application Specialist (ISAS) will forward a data report to QA Team for further review.
- B. QA will add the list of youth to DYFS Incident Review Excel Workbook noting on spread sheet tab: Scope B, Month, and Year of the data report.

- C. QA will complete the FIR Response Form: Scope B (*Refer to Attachment B*) on each youth on data report.
- D. QA will enter findings in the DYFS Incident Review Excel Workbook.

FIR Notification – Scope B

- E. Upon completion of the Scope B review, QA will notify DYFS Section Manager the FIR is complete.
- F. QA will forward a copy of the completed FIR Response Form – Scope B to the assigned DYFS Section Manger.
- G. Section Manager will review the results and determine any further course of action needed.
 - ✦ Note: For Scope B cases, there will be no FIR meeting held.

VIII. Qualitative Reviews

- A. As needed, QA will assist the HSW/CIS, HSW Supervisor and/or Section Manager through a Plan, Do, Study, Act (PDSA) cycle of review for all action plans to determine the effectiveness of plans and whether improvements were identified.
- B. Quarterly, QA will conduct analysis of the FIR cases to identify trends in requests, scope and recommendations, and to report findings to DYFS Administration.
- C. As needed, QA will facilitate qualitative review meetings with desired parties to present quarterly analysis findings in order to inform decision-making regarding prevention efforts and systematic improvements.

IX. Summary

- A. FIRs are a DYFS requirement for all cases that meet the criteria identified within the scope of this policy.
 - For Scope A - Emergency Response cases, the incident review, meeting and resolution will take place the same day, but within a maximum of 72-business hours from the time of notification.
 - For Scope A - Non-Emergency Responses cases, the incident review, meeting and resolution will take place within ten (10) business days from the time of notification.
 - For Scope B cases, the FIR and notification of the review will take place within 30 days from the receipt of the data report from the ISAS.
- B. DYFS Administration will notify appropriate stakeholders the results of the FIR to verify the incident was reviewed, any resulting action plans and how stakeholders can work collaboratively to be a part of the identified solution.
- C. All pertinent information will be documented and tracked in a password protected central repository.

✦ Refer to the flowchart for illustration of the FIR Process (*Refer to Attachment C: FIR Flow Chart*).

Reviewed & Approved By: _____


Mark Mertens, Division Administrator

Division of Youth and Family Services
Formal Incident Review – Response Form: Scope A

Response Type: Emergency Non-Emergency

PART I: CIS (or designee) SECTION

Date Report Prepared:

Community Intervention Specialist (CIS) Name (or designee):

Event Date and Description (Brief description of the event and date it took place that prompted need for report):

Complete the following section for EACH YOUTH INVOLVED

#1 of ____

Youth Name and DOB:

Assigned HSW Name:

Assigned HSW Supervisor Name:

Assigned Section Manager Name:

Number of Youth Involved in Incident:

Case Information

Case Status: Intake, Pre-Disposition, Post-Disposition

Court Order: Supervision, DPA, Consent Decree, N/A

Youth Current/Prior Offenses and Dates of Adjudication:

Resulting Arrest/Charge Information

Any charges as a result of the incident? Yes/No

- If so, what were the charges and their disposition?

Missing Youth/Law Enforcement Involvement

Was the youth Missing at the time of the incident? Yes/No

- If so, what action were taken to locate the youth?

Was there any Law Enforcement notification/involvement prior to the event? Yes/No

- If so, when (dates/time) was Law Enforcement Notified and Why?

Did appropriate/timely notification of Law Enforcement take place? Yes/No

- If not, what happened?

Youth Programming

Is youth involved in MCAP, TMP, GPS, Level II - *(Please List)*

Name of Program:

Service Provided:

Service Provider Name/Email/Contact Number:

Provider's Assessment of Youth's Level of Compliance w/ DYFS Programming:

(Discuss impressions prior to event under review taking place, including youth's strengths, supports and any concerns. If concerns are noted, what are the actions taken to address those concerns?)

END OF PART I: CIS (or designee) Section

PART II: QUALITY ASSURANCE COMPREHENSIVE REVIEW

Assigned QAS:

Case Response Type: Emergency Non-Emergency

Quality Assurance Must Complete for EACH YOUTH INVOLVED

Youth Name and DOB:

Assigned HSW Name:

Assigned HSW Supervisor Name:

Assigned Section Manager Name:

Timeframe reviewed is 3-6 months prior to incident.

A. 010 Critical and Serious Incident Reporting Policy

- Critical Incident Form Complete? Yes/No

↓ Policy Followed by the HSW? Yes/No

↓ If Not, why?

B. 019 YASI Policy

- Youth Current YASI Overall and Dynamic Risk Level:
- Date last YASI Completed:
- YASI reassessments completed within 75 days? Yes/No

↓ Policy Followed by the HSW? Yes/No

↓ If Not, why?

C. 024 Case Plan

- Case Plan Completed: Yes/No
- Date of Last Action Step:
- Do Case Plan Action Steps reflect youth current services and goals? Yes/No

- Is Youth involved in Wrap? Yes/No
 - If Yes, ask HSW for Wrap Care Plan

- Youth DYFS Programming and Services - Please list all including from above: *(Insert as many as needed)*
 1. Name of Program, e.g. Wrap, TMP, Agency Name, etc.:
 2. Service Provided:
 3. Service Provider Name/Email/Contact Number:
 4. Provider(s) Last Date/Time and Type of Contact Youth:
 5. Provider's Assessment of Youth's Level of Compliance w/ DYFS Programming. Discuss impressions prior to event under review taking place, including youth's strengths, supports and any concerns. If concerns are noted, what are the actions taken to address those concerns?

1. Name of Program:
2. Service Provided:
3. Service Provider Name/Email/Contact Number:
4. Provider(s) Last Date/Time and Type of Contact Youth:
5. Provider's Assessment of Youth's Level of Compliance w/ DYFS Programming. Discuss impressions prior to event under review taking place, including youth's strengths, supports and any concerns. If concerns are noted, what are the actions taken to address those concerns?

- ☒ Policy Followed by the HSW? Yes/No
☒ If Not, why?
-

D. 014 Youth Contact Standards

Contact Information

- Have DYFS Contact Standards Been Met? Yes/No:
- HSW Last Date/Time and Type of Contact w/ Youth:
- HSW Last Date/Time and Type of Contact w/ Parent and/or Guardian:

- ☒ Policy Followed by the HSW? Yes/No
☒ If Not, why?
-

E. 012 Case Noting Policy

- Case Notes Current? Yes/No
- Date of Last Case Note Entry:
- Quality of Case Note Entries:
 1. Do the Synthesis Case Notes reflect the contacts made, the HSW and Provider assessment? Yes/No
 2. Do the Synthesis Case Notes reflect Case Plan use to drive case-management activities/services? Yes/No
 3. Content of Case Note Complete? Yes/No
 4. Case Notes finalized within 3 business days? Yes/No

- ☒ Policy Followed by the HSW? Yes/No
☒ If Not, why?
-

F. 008 Duties and Responsibilities of Human Service Workers – Youth Justice – (if applicable)

- ☒ Policy Followed by the HSW? Yes/No
☒ If Not, which ones and why?
-

G. 026 Missing Youth – (if applicable)

- ☒ Policy Followed by the HSW? Yes/No
☒ If Not, which ones and why?
-

H. Stakeholder Involvement, i.e. Law Enforcement, Wraparound Milwaukee, etc. – (if applicable)

- ☒ Policy Followed by the HSW? Yes/No
☒ If Not, which ones and why?
-

I. Other/Miscellaneous – (if applicable)

PART III: FORMAL REVIEW MEETING AND FINAL ASSESSMENT

Case Response Type: Emergency Non-Emergency

Reviewers Notified/Requested and Date of Notification

Incident Review Meeting Date

Reviewers Present

Meeting Facilitator

FINAL ASSESSMENT

Youth/Family Assessment

- Education
- Mental Health
- Trauma History
- Service History
- Placement History
- Compliance of Family/Youth

Assessment of Compliance/Case Planning/Team Communication

Assessment of Youth's Level of Compliance w/ DYFS Programming. Discuss impressions prior to event under review taking place and include youth's strengths and any concerns.

- HSW:
- Provider:

Was Youth Missing at the time of the incident? Yes/No

If yes, what actions were taken place?

- HSW:
- Provider:

Use of Case Plan to Drive Services? Yes/No

Explanation:

Did team communicate needs of youth/case effectively? Yes/No

Explanation:

Policy Review

- Are there any policies DYFS needs to update?
- Policy Violations Identified
 - HSW:
 - Provider:

Stakeholder Compliance Assessment

Explanation:

Other

Section Manager Impressions/Observations/Recommendations

1. ...
2. ...
3. ...

Action Plan Needed? Yes/No

If so, refer to Part III of this form: Action Plan

FORMAL INCIDENT REVIEW – NOTIFICATION SUMMARY

Quality Assurance Must Complete AFTER Formal Incident Review Meeting

Date Formal Incident Review Initiated:

Case Response Type: **Emergency** **Non-Emergency** **Part B-Review**

Date Formal Incident Comprehensive Review Completed:

Date of Formal Incident Review Meeting:

Notification of DYFS Administration Persons Made? Yes/No

Who was Notified? Name, Title

Date of Notification?

Method of Notification?

Action Plan Required/Assessment: Yes/No *(If needed, refer to Part III of this form: Action Plan)*

Date of Initial AP:

Date AP Completed:

Date Formal Incident Review Closed:

(Meeting held, AP completed, documentation done and notifications made)

END OF REVIEW

PART IV: ACTION PLAN
(Optional)

Distribute to All Necessary Parties

- ✚ For QAS completion based on comprehensive review
- ✚ QAS will distribution to Section Manager for follow-up with necessary DYFS staff
- ✚ QAS will distribute to Provider's as deemed appropriate for follow up
- ✚ Responsible Parties will provide verification of action step to QAS within time frame specified

Assigned QAS:
 Date of Action Plan:
 Due Date for Action Plan:
 Parties Distributed To:

				QA Check In	QA Check In
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Action Step/Task: <i>What specific step(s) will you take?</i>	Evidence of Completion: <i>How will you know the step is completed?</i>	Person(s) Responsible, Title: <i>Who will do the work?</i>	Target Date to Complete: <i>When is the task expected to be completed?</i>	Status Update: <i>Has the Task been completed? If not, what are the barriers?</i>	Actual Date Completed: <i>When was the task completed?</i>
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#1

<i>Example...</i>	<i>Example...</i>	<i>Example...</i>	<i>Example... What is a realistic time frame?</i>	<i>Example... Accountability if not completed?</i>	<i>Example...</i>
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#2

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#3

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**Insert as many box sets as needed*

End of Action Plan

Division of Youth and Family Services
Formal Incident Review – Response Form: Scope B

QUALITY ASSURANCE COMPREHENSIVE REVIEW

Assigned QAS:

Case Response Type: Part B-Review Part B Finding Notification Date:

Quality Assurance Must Complete for EACH YOUTH INVOLVED

Youth Name and DOB:

Current HSW Name:

Current HSW Supervisor Name:

Current Section Manager Name:

Offense and Offense Date:

Referral Date:

Disposition Date:

Time Frame Reviewed for Part B Formal Incident Review (unless otherwise specified):

HSW Assigned During Review Period:

HSW Supervisor Assigned During Review Period:

A. 010 Critical and Serious Incident Reporting Policy

- Critical Incident Form Complete? Yes/No

⚡ Policy Followed by the HSW? Yes/No

⚡ If Not, which ones and why?

B. 019 YASI Policy

- Youth Current YASI Overall and Dynamic Risk Level:
- Date last YASI Completed:
- YASI reassessments completed within 75 days? Yes/No

⚡ Policy Followed by the HSW? Yes/No

C. 024 Case Plan

- Case Plan Completed: Yes/No
 - Date of Last Action Step:
 - Do Case Plan Action Steps reflect youth current services and goals? Yes/No
- ↕ Policy Followed by the HSW? Yes/No
- ↕ If Not, which ones and why?
-

D. 014 Youth Contact Standards

Contact Information

- Have DYFS Contact Standards Been Met? Yes/No:
 - HSW Last Date/Time and Type of Contact w/ Youth:
 - HSW Last Date/Time and Type of Contact w/ Parent and/or Guardian:
- ↕ Policy Followed by the HSW? Yes/No
- ↕ If Not, which ones and why?
-

E. 012 Case Noting Policy

- Case Notes Current? Yes/No
 - Date of Last Case Note Entry:
 - Quality of Case Note Entries:
 1. Do the Synthesis Case Notes reflect Case Plan use to drive case-management activities/services? Yes/No
 2. Content of Case Note Complete? Yes/No
 3. Case Notes finalized within 3 business days? Yes/No
- ↕ Policy Followed by the HSW? Yes/No
- ↕ If Not, which ones and why?
-

F. 008 Duties and Responsibilities of Human Service Workers – Youth Justice – (if applicable)

- ↕ Policy Followed by the HSW? Yes/No
- ↕ If Not, which ones and why?
-

G. 026 Missing Youth – (if applicable)

- ↕ Policies Followed by the HSW? Yes/No
- ↕ If Not, which ones and why?
-

H. Stakeholder Involvement, i.e. Law Enforcement, Wraparound Milwaukee, etc – (if applicable)

- ↕ Policy Followed by the HSW? Yes/No
- ↕ If Not, which ones and why?
-

I. Other/Miscellaneous – (if applicable)

Policy Review

- Are there any policies DYFS needs to update?
 - Policy Violations Identified
 - HSW:
 - Provider:
-

Division of Youth and Family Services

Formal Incident Review (FIR) Process

