# YOUTH FOCUS INC.

## ANNUAL EMPLOYEE UPDATE - 2011

## *Act Together, TLP and My Sister Susan's House Employees*

There are certain expectations that Youth Focus has of all of our employees each year with regard to training, safety and health. These expectations are outlined below. This form will be distributed April 1 each year. You must complete this UPDATE along with all relevant attached materials by July 1st in order to be eligible for a merit increase. *You will not be eligible to receive any salary increase until this UPDATE is completed.* ***If this UPDATE is not completed by September 30th you will be unable to work until the UPDATE is completed.***

**Employee Name:**

**Position:**

**For items listed below *write the date on which the item was completed* (for example the date of the live training or the date you read and completed the written training module). If you were not able to complete the live training course for that area you may complete the attached training modules as an acceptable substitute.**

**ALL EMPLOYEES MUST COMPLETE THIS YEAR.**
**Indicate the date the item was completed:**

_____ Blood borne Pathogens and TB Prevention Training
_____ Safety Training
_____ Client Rights, Civil Rights, Confidentiality and HIPAA Update Training
_____ Abuse Reporting; Recognition/Prevention/Reporting of sexual abuse
_____ Behavior Management and Discipline
_____ Annual Review of Program Manual – Each employee should review/re-read the program manual relevant to the program in which they work.
_____ Drug Free Workplace Policy
_____ Harassment Policy
_____ Personal Identifying Information Security and Disposal

**ALL DIRECT CARE STAFF MUST COMPLETE: CCWs, MHTs, Community Support staff, Program Coaches, Program Managers, Night Care Assistants, Food Service Personnel.** (Big Brothers Big Sisters staff does not need to complete any items in this section.)
**Indicate the date the item was completed:**

_____ Annual Health Questionnaire and TB Test **or** Physical Exam and TB Test (every other year)
_____ Nutrition Training
_____ Infection Control/Prevention of the Spread of Infectious Diseases
_____ System of Care Philosophy and Substance Abuse Training*
_____ Core Competency Form and Supervision Contract*
_____ CPR*
_____ Medication Administration and Medical Needs Update every year*1
_____ First Aid Training every third year (list original or renewal date whichever is latest)*

*Food service personnel do not need to complete the items with an asterisk. Youth Focus offers regular training courses in these areas. 1= Community Support staff are not required to have medication training.

**SEE OVER - 2 SIDES TO THIS FORM**

**Therapists, Counselors, Social Workers, Psychologists and other licensed professionals**
_____ Credentialing and Privileging Form
(*Licensed staff should attach a copy of their current license)*

ALL STAFF THAT WORK IN FAMILY PRESERVATION, COMMUNITY SUPPORT AND THERAPEUTIC FOSTER CARE MUST COMPLETE PART A OF NCI. *However, licensed staff in those programs may complete an Attestation Sheet in lieu of NCI Part A (see attached).*
**ANY STAFF THAT PARTICIPATES IN A PHYSICAL RESTRAINT MUST COMPLETE PART A AND PART B OF RESTRAINT TRAINING (group home staff, RTC staff, day treatment staff).**
**Indicate the date the item was completed:**

_____ Initial training **or refresher** course in North Carolina Interventions Part A*
_____ Initial training **or refresher** course in North Carolina Interventions Part B (Core Plus)*

*Youth Focus offers this training on a regular basis. See Allen Brewer, 274-5909 for a schedule of NCI training.

_____ All staff that drive a Youth Focus vehicle or transport a Youth Focus client must supply a copy of their driver's license.
_____ If you drive your own vehicle for Youth Focus business you must supply proof of current auto insurance and a copy of your driver's license.

Please sign below when all items are completed and give to your supervisor. If you do not know who your supervisor is give this form to your Program Manager or the Human Resources Director.

_____
Employee Signature Date

PLEASE LIST YOUR CURRENT HOME ADDRESS AND PHONE NUMBER (Including cell # if applicable):

_____
_____
_____
_____

**SUPERVISOR: It is your responsibility to verify that all of the items listed above have been completed. If a supervision contract is required the supervisor must complete and sign the supervision contract.**

_____
Signature - Supervisor Date

## ANNUAL UPDATE

## BLOODBORNE PATHOGENS & TB PREVENTION TRAINING

### A. Bloodborne Pathogens

1. Bloodborne diseases to which you could be exposed:

   a. Hepatitis B – (inflamation of the liver) flu like symptoms
   b. Hepatitis C – (inflamation of the Liver) similar symptoms – no vaccine to prevent.
   c. HIV – attacks immune system; no vaccine to prevent it; may carry it without developing symptoms for years.
   d. Syphilis
   e. Malaria

2. Hepatitis B and HIV are biggest threat to you as a healthcare worker.

3. Bloodborne pathogens may enter your body through accidental injury by a contaminated sharp object, mucous membranes of your mouth, nose or eyes.

4. You can become infected through contact with a contaminated environmental surface if the infectious material has become completely dried (for at least a week, without visible signs).

5. Standard precautions include;
   a. Engineering controls: Self-sheathing needles, Sharps disposal containers, Bio-safety cabinets.

6. Personal protective equipment:

   a. gloves
   b. Protective eyewear
   c. Mouthpieces

7. Every time you remove gloves you should wash your hands with soap and running water as soon as possible.

8. You should never eat, drink, smoke, apply cosmetics or lip balms or handle Contact lenses in work areas where exposure may occur.

9. Good housekeeping protects everyone and is everyone's responsibility.

   a. Clean all equipment and environmental working surfaces as soon as possible.
   b. Never pick up potentially contaminated broken glass with your hands.

Always use tongs, forceps or a brush and dust pan.

c. Place contaminated sharps and infectious wastes in designated sharps containers which are labeled or color-coded, leak-proof and puncture resistant.
c. Handle contaminated laundry as little as possible and with minimal Agitation.
d. Never use your hands or feet to compact trash or soiled linens. Never handle trash and laundry without gloves, and carry bags away from your body.

10. If you have an accidental exposure, immediately wash exposed skin with soap and water or flush exposed mucous membranes with water, and then report the incident to your supervisor.

**B. TB Prevention**

1. TB prevention begins with having a TB skin test as recommended by your doctor.

2. Covering the mouth and nose when coughing or sneezing is an important method of preventing the spread of TB because this helps droplets from becoming airborne. Staff and clients should follow this procedure.

3. Signs of TB infection are:

   a. Coughing
   b. Fever
   c. Fatigue
   d. Night sweats
   e. Weight loss

4. You are more likely to get TB if your immune system is weak due to:

   a. Stress
   b. Poor nutrition
   c. Substance abuse
   d. Sickness
   e. HIV (AIDS)

Employee Name: _____

Date you read this Training Module: _____

# SAFETY

## ANNUAL UPDATE

**Youth Focus** strives to maintain the safest possible facilities and environment for our clients, staff and visitors. The following general safety rules apply:

1. Each facility should have a monthly fire drill, disaster drill and safety inspection. If any employee sees an unsafe condition, however, they should report that to their supervisor immediately.

2. All staff should know where the fire extinguishers are and how to use them.

3. First aid trained staff should always be on duty and prepared to use their first aid training in the event of a medical emergency.

**Please review the steps to take in the event of a fire:**

1. Notify the Fire Department, (dial 911) and activate the fire alarm.
   Information to be given:
   - Where the fire exists, name of program,
   - Address, location of building.
   - What kind of fire or smoke conditions exist (if possible) – flammable liquid, electrical, how large, etc.
   - Your name

2. Rescue any persons that are in danger.

3. Staff should investigate and determine necessary action.

4. Extinguish fire with the fire extinguisher if possible.

5. Evacuate clients, residents, visitors, and guests to "Assembly Area".

6. Close doors. (Everyone should do this as they leave their room or area).

7. Staff should designate someone to check and evacuate the time-out rooms.

8. Meet the local Fire Department outside the building and show them to the fire.

NOTE: Some of the above actions can be done simultaneously.

**ASSEMBLY AREA:**

The purpose of the Assembly Area is a safe gathering place outside the building for residents and staff to gather to ensure that all individuals are present and accounted for.

**PROVISIONS FOR ASSISTANCE TO RESIDENTS AND PERSONNEL:**

In the event of a fire or fire drill, all staff and residents should check the areas that they are in for smoke. (If resident is in room, he should check the hall for smoke). If smoke is in that area, crouch down and go to the assembly area. If no smoke is in area, walk to assembly area. Residents should be led by staff to assembly area.

Please sign below to indicate that you have completed the annual safety update:

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_____ _____

Staff Signature Date

## Annual Civil Rights Training

## WHAT ARE CIVIL RIGHTS?

**Civil rights are the nonpolitical rights of a citizen; the rights of personal liberty guaranteed to U.S. citizens by the 13th and 14th Amendments to the U.S. Constitution and Acts of Congress.**

**What is a Protected Class?**

- Any person or group of people who have characteristics for which discrimination is prohibited based on a law, regulation, or executive order.
- Protected classes for the CN Programs are **race, color, national origin, age, sex, and disability.**

**Title VI of the Civil Rights Act of 1964 states that *"no person in the United States shall be discriminated against on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity."***

**People with limited English proficiency (LEP) individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English need to be served in other languages**

- **Outreach in other languages is important**
- **Recipients of Federal financial assistance have a responsibility to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency**

**Title IX of the Education Amendments of 1972 states:**

*No person in the United States shall, on the basis of sex, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance.*

**The Age Discrimination Act of 1975 provides: *No person in the United***

*States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance.*

**Section 504 of the Rehabilitation Act of 1973 added disability to Title VI.**

- **Title II and Title III of the Americans with Disabilities Act of 1990 extended the requirements to all services, programs and activities of State and local governments and prohibits discrimination based on disability in other public services.**

**Client Rights**

**Annual Update**

Respecting the rights of our clients is one of the most important parts of our jobs at Youth Focus. Please review the attached list of 20 of the most important rights that our clients possess. Your facility should have a complete list of client rights posted. Check to see that it is posted.

1. Youth Focus will not refuse to treat someone because of their sex, race, sexual orientation, religion, or because of a handicap unless that handicap prevents them from participating in the program.

2. You have the right to choose how you will spend money given to you as allowance or earned through a job program, as long as it is not prohibited by law.

3. You have the right to be safe from mental or physical abuse while you are a resident.

4. Physical restraining via therapeutic holding by staff can only be used to protect you from yourself or to protect others from you. Staff may ask you to go to a room by yourself for your protection or for the protection of others. You have the right to the least restrictive conditions adequate for your care. Your parents/guardian may request to be notified whenever therapeutic holding or time-out are used in the course of your treatment.

5. Your parents/guardian have the right to refuse any specific treatment recommended by Youth Focus. Youth Focus reserves the right to terminate the relationship with the resident upon reasonable notice, however, when such refusal does not permit adequate treatment by this facility.

6. You have the right to confidentiality in that confidential information gained through our treatment records will not be shared with anyone outside of the facility without the permission of your parents/guardian, as is required by law.

7. You have the right to privacy in the care of your personal needs and possessions. However, if at any time during treatment it is suspected that you have drugs, alcohol, weapons, or other dangerous items in your possession, you may be searched and your personal possessions may be searched (complete "strip" searches are not allowed).

8. You have the right to be visited by your parents/guardian, family and other approved visitors while staying in a Youth Focus program, unless the treatment team determines that is not in the best interest of your treatment.

9. You have the right to receive private telephone calls unless the treatment team determines that is not in the best interest of your treatment.

10. You have the right to send and receive mail, unopened. However, incoming mail may be opened by you in the presence of a staff member to ensure that the mail does not contain any unauthorized, injurious or illegal materials or substances. We cannot hold mail or prohibit you from sending or receiving mail.

11. You and your family have the right to have an interpreter to help you talk to staff if you or your parents cannot speak English or are hearing-impaired.

12. You have the right not to be required to perform work for Youth Focus unless the work is a part of your treatment plan (such as cleaning up a mess you have made or an age appropriate chore). You are responsible, however, at all times for making your bed, keeping your room an possessions neat, orderly and clean, and helping to keep common areas neat and orderly.

13. You have the right to be informed of the use of cameras, tape recorders, audiovisuals, etc. during your treatment at Youth Focus.

14. You have the right to participate in religious worship.

15. You and your parents/guardian have the right to voice your concerns or grievances and receive a response within a reasonable time period. You have the right to have this grievance procedure explained to you. You may access the proper grievance form at any time during your treatment, and may thereby file your grievance with your Program Director.

16. You and/or your parents/guardian may file complaints with the Youth Focus Executive Director regarding your treatment. You and your parents have the right to be told how Youth Focus will deal with these complaints. You and your parents/guardian are encouraged to recommend changes in the program to staff.

17. You have the right to be out of doors daily unless the treatment team determines it is not in your best interest.

18. You have the right to contact and consult with, at you own expense, legal counsel, private physicians, private mental health, mental retardation or substance abuse professionals of your choice.

19. You have the right to participate in a client self-government process (group session or community group) to have in-put regarding facility rules.

20. You have the right to have a safe place to store personal things.

Please sign below to indicate that you have participated in an annual review of clients rights:

_____

_____ _____

Employee Signature Date

# Youth Focus

## HIPAA PRIVACY ACKNOWLEDGMENT AND NON-DISCLOSURE AGREEMENT

***Youth Focus*** is committed to protecting the privacy of all Clients and protecting the confidentiality of their health care information. The following specific principles are applicable to all of ***Youth Focus*** employees, independent health care professionals involved in the care of Clients at the Youth Focus, volunteers, students, faculty, vendors, and contractors regardless of their job classification or position. While working with Clients at or for Youth Focus, I realize that I may have access to or become aware of confidential Client medical information, whether or not I am directly involved in providing care to that Client. I understand that I must keep this information in the strictest of confidence. As a condition of my employment or work at ***Youth Focus***, I agree that I:

- Will not verbally or in any written form disclose confidential Client information to any unauthorized person.
- Permit any unauthorized person to examine or make copies of any Client's records, reports, other documents, or data files prepared, controlled, or accessible by me at any time during or after my employment or work at ***Youth Focus***.
- Will not examine, use, or disclose confidential Client medical information except as needed to perform the duties of my job.
- Will not knowingly include or cause to be included in any record or report, a false, inaccurate, or misleading entry.
- Will not remove or copy any record or report from the office where it is kept except in the performance of my duties.
- Will report any violation of this policy.

If I have access to computerized information or programs at Youth Focus, I understand that the information accessed through all ***Youth Focus*** information systems contains sensitive and confidential Client care, business, financial, and Youth Focus employee information that should only be disclosed to those authorized to receive it. I commit to:

- Respect the ownership of proprietary software.
- Respect the finite capability of the systems, and limit my own use so as not to interfere unreasonably with the activity of other users.
- Respect the procedures established to manage the use of the system.
- Prevent unauthorized use of any information in files maintained, stored or processed by ***Youth Focus***.
- Not utilize anyone else's authentication code or device in order to access any ***Youth Focus*** system.

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- Respect the confidentiality of any reports printed from any information system containing Client/member information and handle, store and dispose of these reports appropriately.
- Not release my authentication code.
- Understand that all access to the system will be monitored.
- Understand that my computer system privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.

I understand that a violation of this Agreement may result in corrective action up to and including discharge or termination of my employment or work at or for ***Youth Focus*** and that my obligations under this Agreement will continue after termination of my work at ***Youth Focus.*** By signing this, I agree that I have read, understand and will comply with the *Youth Focus*'s policies concerning confidentiality of information and use of computerized information systems and the statements made in this Agreement.

_____
Signature

_____
Printed Name

_____
Position at ***Youth Focus***

_____
Date



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**ABUSE**
**ANNUAL UPDATE**

**Any abuse should be reported to DSS. If you suspect abuse you must report it! Do not wait for someone else to report it and do not wait to have your supervisor report it. Call at once as soon as you suspect abuse. Waiting to report abuse that you suspect is a serious violation of the law, licensing rules and Youth Focus policies.**

G.S. 7A-543 Duty to Report Child Abuse or Neglect
Child abuse is everyone' responsibility. In order to help maltreated children and their families, professionals and the general public by law must report suspected child abuse. You do not have to prove that a child is being abused or neglected, you only have to suspect maltreatment is occurring in order to report. When you report your suspicions to the county social services department, you should be prepared to provide information about the abusive situation and what has led to your suspicions.

**DEFINITION – SEXUAL ABUSE**

The National Center on Child Abuse and Neglect (NCCAN), which is the federal agency designated to research and fund child maltreatment research, has proposed the following definition:

Contacts or interactions between a child and adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child. Eight percent of all reports of sexual abuse involve an abuser who is known and trusted by the child. The most prevalent of these reports are incestuous.

**FACTS ABOUT CHILD SEXUAL ABUSE**

- All sexual misuse or exploitation of children is abusive and consequences of childhood sexual victimization are both serious and long-lasting.
- Child abuse reporting statutes reflect a societal conviction that child sexual abuse is harmful and that society has a right to intervene.
- Child sexual abuse is found in groups from all socioeconomic, educational, religious and ethnic backgrounds – the poor and the rich abuse.
- The average age of incarcerated adult child molesters is 28 years; the average age of their first arrest for sexual crime is 16 years; the average age of their first committed offense to which they admit is 13 years. Offenders are both females and males of all ages. In one study of female children who molest other children, the age of the girls at the time their first offense occurred ranged from 4 to 9 years, with up to 15 victims each admitted. Child sexual abuse is recurrent and progressive in nature, often occurring over a period of weeks, months, or years before, if ever, being disclosed.
- Very young children rarely lie about sexual abuse but may be confused or repress facts. Older children may use accusations as a powerful tool of revenge, attention, or anger.

Specific examples of sexual abuse that should be reported:

- Any sex act by agency staff, regardless of child's willingness.
- Fondling a child, inappropriate touching.
- Genital exposure.
- Inappropriate kissing.
- Masturbating of a child or forcing a child to masturbate an adult.
- Overt acts of exhibitionism.
- Rape
- Intercourse
- Oral sex
- Forcing a child to watch others engage in sexual activities or exposing a child to pornography.

**LAWS AND SENTENCES:**

Any abuse should be reported to DSS:

G.S. 7A-543 Duty to Report Child Abuse or Neglect
Child abuse is everyone' responsibility. In order to help maltreated children and their families, professionals and the general public by law must report suspected child abuse. You do not have to prove that a child is being abused or neglected, you only have to suspect maltreatment is occurring in order to report. When you report your suspicions to the county social services department, you should be prepared to provide information about the abusive situation and what has led to your suspicions.

G.S. 14-27.7 Sexual Activity by a Custodian

- Substitute parent in out-of-home care, i.e., agency, institution, group home.
- No age or sex guidelines.
- Class G felony – maximum punishment 15 years imprisonment and/or fine.
- Presumptive sentencing – 4 ½ years is minimum punishment.

G.S. 14-27.7 Sexual Activity of Substitute Parent

- Offense occurs in the home, substitute parent assumes the position of parent in the child's own home.
- Victim under the age of 18, no sex guidelines.
- Class G felony – maximum punishment 15 years imprisonment and/or fine.

G.S. 14-27.2 Statutory Rape

First degree; intercourse that occurs under the following conditions even if the victim consents:

- Victim under age 13, perpetrator over age 12 and at least 4 years older than the victim.
- Victim forced to have sex by more than one person.
- Victim forced to have sex by use of deadly weapon.
- Class F felony – maximum punishment life imprisonment.

G.S. 14-202 Indecent Liberties with Children

- Fondling or any sexual act to gratify the perpetrator's sexual desires with the exception of intercourse.
- Victim less than 16 years old, perpetrator has to be 16 years old or 6 years older than victim.
- Class H felony – maximum punishment 10 years imprisonment.

Presumptive sentencing – maximum punishment 3 years imprisonment.

As a result of being incarcerated with a felony:

- Cannot vote.
- Forfeit citizen rights.
- Cannot serve as juror.
- Standing in military can be jeopardized.

## SEXUAL ABUSE – VICTIM'S BEHAVIORAL MANIFESTATIONS

Victims of sexual abuse often display inappropriate sexual behavior. This behavior may be demonstrated through open masturbation, excessive sexual curiosity, frequent exposure of the genitals, and seductive behavior in adolescent females.

For an individual to confront this behavior, it is important to look at the underlying motives of the victim's behavior. When a young child has been sexually abused they have no cognitive understanding of adult sex. Children who act in an overtly sexual or sexually seductive manner have been taught to do so. An adolescent female has learned that seductive behavior is a method to obtain attention and love. She may look older or mature and even act more mature. However, this is all part of the attention seeking behavior and the impact of being sexually abused. Even though the child senses it is inappropriate behavior that is what has worked in the past. This is behavior that was learned, therefore it feels comfortable and familiar. The seductive behavior has little to do with sexual gratification but their primary objective is attention, nurturing and acceptance.

To safeguard your position as an employee, approach sexual or seductive client behavior with the following rules:

A. Do not be alone with clients of the opposite sex.
B. Tell the child's therapist.
C. Try to extinguish the behavior by ignoring inappropriate sexual behavior. Remember that the child is used to getting attention for inappropriate behavior. Negative or abusive attention is better than no attention at all. Therefore, to try to correct this behavior, reinforce appropriate behavior.

Please sign below to indicate you have read the annual update on abuse:

_____

_____ Employee Signature

_____ Date

**Youth Focus Inc.**

**Behavior Management - Plan 2011**

Behavior management is a critical part of our services at Youth Focus. Effective behavior management allows to you intervene before a crisis has developed and therefore helps to keep a minor problem from escalating into a major problem. Major problems can require the use of **restrictive interventions** such as physical restraint and due to the dangers of using such interventions we want to avoid them whenever possible. Therefore, behavior management training is intended to help you learn **alternatives to restrictive interventions.**

- Youth Focus believes that behavior management begins by understanding the young person receiving services from our agency. Much behavior can appear to be inappropriate on the surface but understandable when the child's' prior history and psychological state of being is fully understood. Therefore, our behavior management philosophy starts by ensuring that we have a full understanding of the young person in our care. Accordingly, all Youth Focus programs are supervised by a licensed human service professional that conducts an initial assessment of each young person, develops a case plan or treatment plan and oversees and approves any specific behavior management interventions with each client.

- Clearly, behavior management begins with a well structured program that meets clients' needs such as adequate food, rest, recreation, medical care, free time, therapy, etc. Unstructured programs where clients are left unsupervised or minimally supervised or where their needs are not adequately met will quickly reach an out of control state with regular behavior problems. Each program supervisor at Youth Focus is responsible for instituting this structure and seeing that clients' needs are met.

- A part of the basic structure of all Youth Focus facilities is a behavior modification program (usually a point and level system) that emphasizes rewarding positive behavior and regular individual, group and family therapy. No painful or aversive conditioning is allowed as apart of any behavioral program.

- Clients in our programs receive regular individual and group therapy that helps young people learn to solve their own problems, learn to modulate angry feelings and learn ways to express anger appropriately. As well, this therapy helps staff stay in touch with a client emotionally so that we know when they are having a difficult time and might need some extra guidance or supervision. All of these factors together help prevent behavioral problems and allow us to avoid the use of restrictive interventions like restraint.

- All staff that might need to restrain a client receives during pre-service orientation on North Carolina Interventions (NCI) which includes training on de-escalating potentially violent situations. Youth Focus has on its' staff a full-time **NCI trainer** who provides initial NCI training and regular follow-up refresher courses. No staff member is allowed to participate in a restraint until they have completed the restraint training and have completed regular updates each year. No other Youth Focus client may participate in the restraint of another client. A list of NCI trained staff is available for review.

- Physical restraint will only be used as a last resort, never as a form of punishment and will end as soon as the young person is calm. Physical restraint will only be used when the client is at imminent risk of hurting themselves or others (see Policy 608). The decision making steps as to whether or not a restraint should occur will follow NCI guidelines. At the conclusion of the restraint episode a debriefing of the incident will occur with both staff and the clients as per NCI procedures. Restraints are not allowed in the Transitional Living Program, My Sister Susan's House or in therapeutic foster care.

- Physical restraint is the only intervention that Youth Focus uses as a planned intervention. When restraint is used as a planned intervention it must be reviewed by the Client Rights Committee.

- Isolation in a locked room (seclusion) is allowed only in our PRTF facility – the Youth Focus Residential Treatment Center. Voluntary time-out can be used in an unlocked room within hearing distance of a staff member and for a length of time appropriate to the young person's age and developmental level. Exit from that room cannot be barred by staff. Staff should make a visual check on the client at least every 10 minutes.

**IT IS CRITICAL TO NOTE:**
*Any type of corporal, physical or other inappropriate type of punishment is not allowed* (see Policy # 609 and 906). In addition, the following procedures are prohibited:

1. Cruel, severe, or humiliating actions.
2. Discipline of one child by another.
3. Denial of food, liquids, sleep, clothing or shelter.
4. Denial of family contact including family time, telephone or mail contacts with family.
5. Assignment of extremely strenuous or punitive work or forced exercise.
6. Verbal abuse, ridicule or any degrading punishment.
7. Locked rooms (seclusion), except at the RTC.
8. Chemical or mechanical restraints or medication administered as punishment.
9. Group punishment for one person's behavior.
10. The administration of noxious stimuli - e.g. hot sauce, lemon spray, electric shock
11. Excessive or inappropriate use of permitted behavior management interventions.
12. Deprivation of any other client right.

- All behavior management interventions will be discontinued if they produce adverse side effects such as illness, severe emotional or physical distress or physical damage. Behavior management techniques that are not deemed acceptable by prevailing community norms will not be utilized. The planned use of any behavior modification interventions should be documented in the client's record and should include the rational for its use, a schedule or timing of use and an assessment of the impact on the person served. Interventions that are ineffectual or detrimental to meeting treatment goals will not be utilized.

- Incident reports should be completed following Youth Focus policy (see Policy 504). At a minimum an incident report form should be completed when there is an accident or injury to a client, acts of serious physical aggression resulting in bodily injury or property damage, use of restraint, seclusion or a runway whose whereabouts are unknown after 3 hours.

- All incident reports will be reviewed internally by each program's Quality Improvement Committee and by the Youth Focus Safety and Risk Management Committee.

- This Behavior Management plan will be reviewed with all new employees during new employee orientation and annually thereafter in annual updates.

- All behavior management will be done in full accord with the current best practice in the mental health field and in accord with all applicable statutory requirements and regulations including federal and state law.

- Youth Focus is committed to providing a safe and nurturing environment for the young people in our care and has made the commitment to devote whatever resources are needed to accomplish this goal.

If you have no direct client contact as a part of your job but observe out of control behavior on the part of a client appropriate action you might take includes: notify staff with direct care responsibilities, move yourself and others to a safe location,call emergency personnel, call Youth Focus on-call staff, dial 911.

I have read the above described behavior management plan and agree to follow all Youth Focus policies on behavior management.

_____ _____

Employee Signature Date

# YOUTH FOCUS INC.
# DRUG FREE WORKPLACE

**In an effort to create a Drug Free Workplace Youth Focus has adopted the following policy:**

Youth Focus will not tolerate the unlawful manufacture, use, sale, dispensing, or possession of illegal drugs, narcotics or alcohol on its premises or while conducting Youth Focus business off premises and employees involved in these activities may be subject to immediate dismissal. Violation of this policy will result in disciplinary action, up to and including termination of employment, and may have legal consequences. Youth Focus encourages employees to seek assistance for their problems which may affect their performance.

If you are convicted of any drug related crime you must notify Youth Focus of that conviction immediately.

Please sign below to indicate that you have read this policy:

_____

# Harassment – Annual Update

**Policy:**
Youth Focus is committed to protecting the rights and dignity of each individual it serves and of every employee who provides those services. A fair and productive working environment shall be maintained, free of unlawful and improper harassment. Offenders are subject to disciplinary action.

**Procedures:**

1. Harassment may be defined as unwelcome or unsolicited verbal, physical or sexual conduct which:
   a. is made a term or condition of employment.
   b. is used as the basis for employment decisions
   c. creates an intimidating, hostile or offensive working environment

2. Examples of what may be considered harassment are the following:
   a. Verbal harassment - derogatory or vulgar comments including jokes, insults or slurs regarding a person's race, sex, religion, ethnic heritage or physical appearance.
   b. Distribution of offensive material - This includes the distribution of electronically transmitted or written graphic material having the same effects outlined in (a) above.
   c. Physical harassment - hitting, pushing or other aggressive action or threats to take such action.
   d. Sexual harassment - unwelcome sexual advances or comments, gestures or physical conduct of a sexual nature. Harassment also includes the use of one's authority and power to coerce another individual into sexual relations or to punish the other for his/her refusal.

3. Harassment is misconduct which will not be tolerated. Any employee who believes that he or she has been subjected to or witnesses discriminatory harassment should report the conduct immediately to any supervisor to whom the employee feels comfortable speaking, the Executive Director or the Human Resources Director. All complaints and related information will be investigated promptly and appropriate corrective and disciplinary measures will be taken, up to and including immediate termination of employment of an individual who exhibits harassing behavior.

I have read the policy on harassment and agree to follow this policy:

_____ _____

Signature Date

## PERSONAL IDENTIFYING INFORMATION - SECURITY AND DISPOSAL

**Policy:** Youth Focus, Inc. recognizes the significant risk of harm to individuals resulting from "identity theft" and/or the unauthorized use by third parties of an individual's Personal Identifying Information for personal gain. It is the policy of Youth Focus to eliminate the unnecessary collection and use of Personal Identifying Information, to take all reasonable measures to safeguard such information in the agency's possession and ensure secure disposal of such information.

**Procedure**:
**Personal Identifying Information** includes any of the following:

- Social security or employer taxpayer identification numbers
- Drivers license, state identification card, or passport numbers
- Checking or savings account numbers
- Credit or debit card numbers
- Personal Identification (PIN) Codes
- Electronic identification numbers, email names or addresses, Internet account numbers, or Internet identification names
- Digital signatures
- Biometric data
- Fingerprints
- Passwords
- Parent's legal surname prior to marriage
- Any information that can be used to access a person's financial resources

**Collection of Personal Identifying Information** – Collection of Personal Identifying Information must be limited to that information necessary for legitimate business needs and to comply with government reporting requirements. Employees are required to make efforts to reduce the amount of Personal Identifying Information collected and to use alternative information for identification purposes (e.g., assigned numbers) when feasible. Collection and use of Social Security numbers should be restricted to that required by law and/or for which no other identifying information may be substituted.

**Access to Personal Identifying Information** – Access to Personal Identifying Information is limited to those employees who have a need to know the information for legitimate business purposes.

**Security of Personal Identifying Information** - All records containing Personal Identifying Information, whether in electronic or physical format, are considered highly confidential and must be secured to prevent unauthorized access by third persons.

Appropriate security measures must be taken to prohibit unauthorized or unlawful access to Personal Identifying Information. Such measures include password-protected access to electronic data; utilizing locked desk drawers or file cabinets and storing sensitive data in rooms with controlled access and check out procedures.

Care should be taken to ensure that Personal Identifying Information displayed on computer screens is not visible except to authorized staff and that computer passwords are kept confidential. Computer screens should not be left unattended without password protected screen-savers. Manual records should not be left where unauthorized personnel have access to them. Employees must secure Personal Identifying Information in their work areas prior to leaving the office for the day. Employees may not remove Personal Identifying Information from the office or access such information remotely without approval from the Executive Director or Human Resources.

**Disposal of Personal Identifying Information** - Documents containing Personal Identifying Information must be disposed of in a manner that ensures that the information is not accessible to any unauthorized person. Employees are required personally to destroy hard copy or electronic documents containing Personal Identifying Information by shredding, burning or pulverizing the documents so that the information cannot be practicably read or reconstructed. Alternatively, employees may verify that such documents are placed in sealed bins specifically designated for the disposal of this information. Personal Identifying Information must never be discarded in unsecured trash bins, recycling receptacles, or other publicly accessible locations. Consumer reports, credit reports, background checks, drug screens, tax forms, bank statements, and financial records contain sensitive information that should be treated in accordance with this policy.

**Electronic Data** - Secure methods must also be used to dispose of electronic data, documents, disks, tapes or any other medium upon which confidential information is stored electronically. An employee using Personal Identifying Information in electronic form is responsible for deleting the data when it is no longer needed. Disks or other medium containing Personal Identifying Information should be destroyed to the point of being rendered unusable.

Additionally, the agency is responsible for:

- Removing or neutralizing the magnetic fields of computer tapes, discs, and data storage devices to prevent recovery of data
- Removing confidential information from all data storage and computers being sold, replaced, donated, or discarded using appropriate utilities
- Erasing computer discs and storage devices to be reused using the appropriate utilities to prevent recovery of data
- Destroying discarded tapes and discs to prevent recovery of data

**Specific Prohibition on the Use and Disclosure of Social Security Numbers** - Employees shall not:

1. Communicate or otherwise make available to the general public an individual's social security number.
2. Require the transmittal of a social security number over the Internet unless the connection is secured or the social security number is encrypted.
3. Print an individual's social security number on any materials that are mailed to the individual.
4. Disclose an individual's social security number to a third party without obtaining the individual's written consent to the disclosure. Exceptions to this rule may only be approved by the Executive Director or Human Resources if after exercise of reasonable diligence the agency has reason to believe that the third party has a legitimate purpose for obtaining the individual's social security number.

**Permissible Uses and Disclosure of Social Security Numbers** - Social Security numbers may be disclosed without consent in these limited circumstances:

1. When a Social Security number is included in an application or in documents related to an enrollment process or to establish, amend, or terminate an account, contract, or policy
2. To confirm the accuracy of a social security number for purpose of obtaining a credit report or background check

3. Where the Company is legally obliged to release the social security number, such as pursuant to a Court order, warrant, subpoena, or other legal provision

4. When the Company provides the social security number to a federal, state, or local government entity, including a law enforcement agency, court, or their agents.

5. When a social security number has been redacted to include only the last four digits or less.

**Employee Training, Supervision, and Compliance**

Supervisors are responsible for ensuring that employees adhere to the policy.

Employees are required to sign a certification verifying that the employee has received, understands, and agrees to abide by the agency's "Personal Identifying Information Security and Disposal Policies and Procedures."

Failure to abide by the agency's "Confidential Information Disposal Policies and Procedures" will subject an employee to disciplinary action, up to and including discharge.

Youth Focus will conduct periodic audits to ensure compliance with this policy.

**Unauthorized Disclosures or Security Breaches** - Each employee has a duty promptly to report any unauthorized use, disclosure or disposal of Personal Identifying Information to his/her supervisor or the Executive Director. If the agency confirms that a security breach of Personal Identifying Information has occurred, Youth Focus will take steps to secure the information and provide notice to affected individuals as required by the North Carolina Identity Theft Protection Act or other applicable law.

By Signing Below I indicate that I have read and agree to follow Youth Focus policies on PERSONAL IDENTIFYING INFORMATION - SECURITY AND DISPOSAL :

_____ _____

**Signature** **Date**

**Youth Focus Inc.**
**Employee Health Questionnaire**
**Act Together, TLP and MSSH Employees**

Name_____ Date of Birth_____

Position_____ Program_____

Do you have (check below):

| | Yes | No |
|---|---|---|
| Head or Back Injuries | | |
| Neurological Disorders, Seizures | | |
| Heart Disease, high blood pressure or rheumatic fever | | |
| Stomach, gall bladder or other gastro-intestinal disorders | | |
| Allergies to food, drug, plants, etc. | | |
| Blood disorders, anemia, leukemia, etc. | | |
| Kidney problems | | |
| HIV/AIDS or other STD | | |
| Diabetes or other glandular disorder | | |
| Surgery | | |
| Reproductive System problems | | |
| Psychological disorders, mental illness | | |
| Lung disorders, asthma, tuberculosis | | |
| Physical disabilities (reasonable accommodations will be made) | | |
| Other chronic illnesses, diseases or disorders | | |

If you develop any of the above listed symptoms or conditions during your work at Youth Focus you should report these to your supervisor so that we can explore your situation more thoroughly to ensure that you do not spread an infectious disease to our clients or other staff.

1. Do you have any other infectious diseases/conditions that could be spread to other employees or our clients?
_____yes _____no If "yes" please explain on a separate sheet of paper.

2. Since you were hired have you developed any physical condition which limits your ability to perform any of your essential job functions? _____yes _____no If "yes" please explain.

3. You must have a TB test **every** year. Please attach a copy of your **TB test results** or have your doctor complete below:

Date TB Skin Test Given: _____ Results _____ _____ _____
Negative Positive MD Signature/Initials

You must have a physical exam **every other year**. Date of physical exam: _____
Attach the results of your physical exam.

_____ _____
Signature of Employee (By signing here I am attesting that the information listed above is accurate) Date

# NUTRITION UPDATE

## Kids and Caffeine: An Unhealthy Combo

**Kids Crave "Liquid Candy"**
Kids are popping open soda cans and guzzling caffeinated beverages like never before.

True, a couple cans of pop won't kill our kids. But health experts warn that we may have underestimated the effects on a child's growth and development.

"Caffeine is mildly addictive," notes Michael Jacobson, executive director of the Center for Science in the Public Interest (CSPI.) "Twenty years ago, teens drank twice as much milk as soda pop. Now they drink twice as much soda pop as milk."

Indeed, the soda consumption of teenage boys, the all-time pop-guzzling champs, nearly tripled from 1978 to 1994, according to the U.S. Department of Agriculture's research service. In 1994, nearly three-quarters of teen boys drank an average 34 ounces, the equivalent of almost three cans daily.

All told, children and teens down more than 64 million gallons of soda per year. Not only are teens drinking more; soda consumption for 6- to 11-year-olds doubled between 1978 and 1994.

**Soft Drink Companies Market Through Schools, Ads**
While soda companies (not unlike cigarette companies) deny any attempt to reach the under-12 market, a look at both demographics and marketing suggests otherwise. Research shows that coffee consumption rises between ages 15 and 24, and declines thereafter.

Meanwhile, growing numbers of cash-strapped school districts are reaping millions from soda manufacturers who pay for the right to sell their products in cafeterias and vending machines. Often the marketing deals allow companies to place ads in strategic locations like the school gym or school buses. Savvy media messages, crafted with youth in mind, link soda with desirable traits like energy and winning.

Those responsible for feeding young people are well-advised to remember that caffeinated soda is a non-nutrient that can cause sleep problems, irritability, and stomach upset, says Mary Rimsca, M.D., director of health for Arizona State University and a spokesperson for the American Academy of Pediatrics. In addition, the phosphoric acid that causes carbonation in soft drinks hinders the absorption of calcium.

"It binds the calcium," says Rimsca. "We are starting to see increases in incidents of osteoporosis at a young age. It's just beginning to come out in studies."

**Advice for Caregivers**
You don't want to be The Grinch Who Stole Pepsi, but you also want young people to get the nutrients they need. Some suggestions from health experts:

- Limit soda consumption to parties or special occasions only. Most pediatricians recommend no more than one 12-ounce can per day, tops.
- Make sure soda is not a regular substitute for milk or other calcium sources.
- Avoid the "added caffeine" drinks like Coca-Cola's Surge or Pepsi's Josta.
- Become "soda savvy." Mountain Dew weighs in with 55 milligrams of caffeine per 12-ounce can; Sunkist has 40, Coke, 45, Pepsi, 37. Sprite is caffeine-free. .
- Talk frankly with kids about nutrition and marketing messages. "I know you like Coke or Pepsi and it's okay to have once in a while, but the ads that make it look as if you'll play better in gym if you drink soda are filled with lies. You need strong bones to play well and bones need calcium. Soda doesn't have calcium."

**Youth Focus, Inc.**

**INFECTION CONTROL ANNUAL UPDATE**

| Title: General Infection Control Guidelines | Policy No.: 1503 Page: 1 of 2 |
|---|---|
| Department: Infection Control | Effective: 10-01-90<br>Revised: 10-91 |

Reviewed: 02-05-00,4-5-11

Reviewed: _____

**Policy:** All direct care staff of Youth Focus, Inc. shall receive infection control education and training as part of the initial orientation program, and periodically throughout employment.

All direct care staff shall have personal responsibility and accountability for the prevention and control of infections through attention to good infection control practices.

**Procedures:**

A. Handwashing is the most important technique in preventing the spread of disease. Hands should be washed:
   1. Upon reporting for duty and prior to leaving;
   2. Before, after, and between contact with different patients;
   3. After contact with potentially infectious material (feces, urine, soiled band-aids, gauze, kleenex, etc.);
   4. Before serving food;
   5. Before and after preparation of medication;
   6. Before and after personal bathroom use;
   7. Before and after eating;
   8. After coughing or sneezing;
   9. After use of non-sterile gloves;
   10. When in doubt.

B. Each employee shall complete a pre-employment health questionnaire and an annual questionnaire after being hired.

C. Each employee shall promptly report sickness, exposure to a communicable disease, and any incident that might lead to an infection, to the immediate supervisor.

D. Avoid placing in any refrigerator, food items or food containers brought in by family members or handled by the patient.

E. The kitchen garbage can is covered at all times.

F. Work area counter tops shall be cleaned daily with a mild detergent.

G. The external surface of the washer and dryer are wiped clean with clear water after each use.

H. Staff shall disinfect the interior of the washer monthly (first Wednesdays) by running it through one cycle using hot water and one cup of clorox.

I. Client dining tables are cleaned after each meal with a mild detergent.

J. Simple spills such as liquid nourishments are promptly mopped up with clear, cool water and the mop rinsed in clear, cool water and hung to dry. The mop bucket shall be rinsed with clear water, the water emptied and the mop bucket left empty.

K. Spills of biohazardous materials (blood, urine, etc.) are promptly cleaned up with a solution of 4 ounces of chlorox to 1 gallon clean cool water.

L. Staff shall check, empty, and reline trash cans as necessary.

# SYSTEM OF CARE PRINCIPLES

System of Care is a philosophical approach to providing child and adolescent mental health services. Both nationally and at the state level it is considered to be a best practice procedure. Youth Focus has adopted the System of Care approach to the broad delivery of services. Please read the enclosed document and incorporate these principles into your delivery of care.

1. System of care is child centered and family focused with the needs of the child and family dictating the types and mix of services provided.

- Services offered should reflect the needs of the child and family and not what is most convenient for the "system" or provider.
- Review of progress notes and plan should provide evidence of child and family team meetings where different ideas are offered and the family has a choice in what service(s) to participate in.

2. Children with or at risk for serious emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child and guided by individualized person-centered plan.

- Review of multiple plans and progress notes provides evidence that the child and guardian had input in the plan and that their language is used as much as possible.
- The families and surrogate families of children with or at risk for serious emotional disturbances should be full participants in all aspects of the planning and delivery of services as evidenced by their signature on the plan and input on the plan from the family.

3. Family and other natural supports are utilized in the provision of services and services are provided that connect consumers to the community through meaningful involvement and participatory activities as much as possible.

- Review of multiple consumer progress notes and person centered plans provides evidence that family and other natural supports are: identified as resources, included in person centered planning, utilized in implementation for treatment interventions/actions and included as resources with professional services/supports.
- Review of multiple consumer records provides evidence that consumers' interests, aptitudes, strengths and preferences for community involvement are assessed and that interventions/actions are carried out to facilitate linkage to the community.

4. System of care is community based with the locus of services as well as management and decision making responsibility resting at the community level.

- Services should be offered at the least restrictive level on the continuum of services spectrum that meets the consumer's clinical needs. The level of care should not increase until lesser services at the community level have been exhausted.

- Review of multiple plans and progress notes provides evidence that the child is being served in the most appropriate setting and that his/her needs are being met.

5. System of care providers should be culturally competent with staff, programs and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

- Services should be delivered without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

6. Children with or at risk for serious emotional disturbances should have access to a comprehensive array of services that are readily available and that address the child's physical, emotional, social, and educational needs.

7. Children with or at risk for serious emotional disturbances should receive services that are integrated with linkages between child-servicing agencies and programs and mechanisms for planning, developing and coordinating services.

- Children and their families should be provided with services to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.

8. Consumers with co-occurring mental illness and/or developmental disabilities and substance-abuse disorders should have all disorders treated in an integrated manner.

9. Services provision yields desired outcomes.

- Review of multiple consumer records provides evidence that providers do not discontinue services until desired outcomes are reached.
- Services are assessed continuously and modified as needed to ensure that service provision meets individuals' evolving needs and review of multiple plans and notes provides evidence of this.

10. Children with or at risk for serious emotional disturbances should be ensured smooth transitions to the adult service system as they reach maturity.

- The person-centered plan and progress notes should provide evidence of discharge planning and step-down plans for clients so that the transition to the adult service is appropriate.

11. The rights of children with or at risk for serious emotional disturbances should be protected and effective advocacy efforts for children and youth with emotional disturbances should be promoted.

- Progress notes and person-centered plans will be reviewed to ensure that the rights of the client are protected and that proper measures to ensure client safety are in place.

12. Crisis management plans are developed and used effectively for each child.

- Crisis plans provide evidence that they outline specific graduated interventions to be used during crises and delineate supportive persons who will implement those interventions.
- Review of multiple contact notes provides evidence that crisis plans are used consistently and that their provision/interventions are exhausted before hospitalization is sought.
- Review of multiple contact notes/crisis plans provides evidence that crisis plans are reviewed and updated as necessitated by evolving consumer needs and symptoms and as more effective interventions are developed.

Sign below to indicate you have read and agree to implement the System of Care approach.

_____ _____ Name

Date

The following form:

# Youth Focus Core Competency Form

Is Used By:

Mental Health Technicians

Child Care Workers

Program Managers

Recreation Therapists

Teachers

Asst. Teachers

Therapeutic Foster Care Case Managers

Targeted Case Management staff

BA level Intensive In-Home staff

Other direct care staff

*Big Brothers Big Sisters staff does not need to complete any of the forms that follow.*

## YOUTH FOCUS CORE COMPETENCY FORM

Name: _____ Start Date: _____

Title: _____

Program: _____

**Staff Definitions: Paraprofessional** – HS Degree, no experience; **Associate Professional** – MA degree and less than 1 year of experience or college degree in human service area and less than 2 years of experience or college degree not in human services and less than 4 years of experience; **Qualified Professional** – Licensed (full or provisional) human service professional or MA degree plus 1 year of experience; college degree in human services and 2 or more years of experience; or college degree not in human services and 4 or more years of experience.

Staff Status: _____ Qualified Professional _____ Associate Professional _____Paraprofessional

_____Foster Parent

DURING THE HIRING/SELECTION PROCESS, DURING THE PRE-SERVICE TRAINING PROCESS AND DURING THE ANNUAL UPDATE/APPRAISAL PROCESS THE EMPLOYEE/FOSTER PARENT HAS BEEN DETERMINED TO HAVE THE CORE SKILLS AND COMPETENCIES CHECKED BELOW AND IS COMPETENT TO SERVE:

Populations (check all applicable): _____ Children _____ Adolescents _____ Adults

| **Core Skills and Competency** | **Check Below If Competent** | **Approved Service** | **Check if Approved** |
|---|---|---|---|
| Adequate Technical Knowledge | | Child and Adolescent Residential Treatment | |
| Cultural Awareness | | Day Treatment | |
| Analytical Skills | | Therapeutic Foster Care | |
| Good Decision Making Skills | | Outpatient Services | |
| Good Interpersonal Skills | | Targeted Case Management | |
| Good Communication Skills | | Intensive In-Home Services | |
| Good Clinical Skills | | Diagnostic Assessment | |
| Mental Health Treatment Skills | | Restraint | |
| Substance Abuse Treatment Skills | | Other – Specify: | |

Staff responsible for hiring and training the employee/foster parent listed above have determined that they have the core competencies and skills indicated above. The signature of the supervisor verifies and documents that this assessment has occurred:

_____ _____

Supervisor Date

**Youth Focus Inc.**

**Supervision Agreement**

1. Name of Supervisee:

2. Name of Supervisor:

3. Functions of supervisee while under supervision will be outlined on their job description.

4. Supervision methods shall include the following:
   a. Discussion of client progress and implementation of treatment strategies
   b. Discussion of the treatment milieu;
   c. Professional and ethical issues;
   d. Review of documentation and Youth Focus Policies and Procedures;
   e. Discussion of seminars attended or assigned reading materials.

5. Brief description of supervision goals/objectives:

   GOAL 1.

   GOAL 2.

   GOAL 3.

6. Time Allocation:

   The supervisee will meet with the supervisor for up to _____ hour per month for individual supervision and/or for up to ____ hour per month for group supervision.

7. Length:

   This contract is in effect from _____to _____.

8. Approval:

_____ _____
Employee Date

_____ _____
Supervisor Date

The following form:

Credentialing and Privileging and Core Competency Form

Is Used By:

Unlicensed or provisionally licensed counselors, social workers, substance abuse counselors or psychologists

## YOUTH FOCUS CREDENTIALING AND PRIVILEGING AND CORE COMPETENCY FORM

Staff Name: _____ Start Date: _____

Job Title: _____ Program: _____

Highest Degree Attained:
School/University _____ Degree & Date: _____ Area of Study: _____

**License/Certifications:**
Type & Number: _____ Date Issued: _____ Expiration Date: _____ State _____

Staff Status: _____ Qualified Professional _____ Associate Professional _____Paraprofessional

**PRIVILEGED ACTIVITIES:**
Populations (check all applicable): _____ Children _____ Adolescents _____ Adults

| Activities | With Sup. | W/O Sup. | Provide Sup. | Activities/Competency | |
|---|---|---|---|---|---|
| Screening /Evaluation Diagnostic Assessment | | | | NCI | |
| LOE/CAFAS | | | | CPR | |
| Establish Diagnoses | | | | First Aid | |
| Outpatient Treatment | | | | Medication Administration | |
| Case Documentation | | | | **Core Skills and Competencies Have Been Assessed Including (Check all that apply):** | |
| Case Consultation | | | | Adequate Technical Knowledge | |
| Residential Service Planning, Implementation, Documentation and Treatment: Level II, Level III & PRTF | | | | Cultural Awareness | |
| Intensive In-Home Services | | | | Analytical Skills | |
| Targeted Case Management | | | | Good Decision Making Skills | |
| Day Treatment Services | | | | Good Interpersonal Skills | |
| Mental Health Treatment Services | | | | Good Communication Skills | |
| Substance Abuse Treatment Services | | | | Good Clinical Skills | |
| Other | | | | Other: | |

Staff Signature: _____ Date:_____
(as it will appear in client records)

Supervisor Signature: _____ Date: _____

**Youth Focus Inc.**

**Supervision Agreement**

1. Name of Supervisee:

2. Name of Supervisor:

3. Functions of supervisee while under supervision will be outlined on their job description.

4. Supervision methods shall include the following:
   a. Discussion of client progress and implementation of treatment strategies
   b. Discussion of the treatment milieu;
   c. Professional and ethical issues;
   d. Review of documentation;
   e. Discussion of seminars attended or reading materials that have been read.

5. Brief description of supervision goals/objectives:

   GOAL 1.

   GOAL 2.

   GOAL 3.

6. Time Allocation:

   The supervisee will meet with the supervisor for _____per month for individual supervision and/or for _____ per month for group supervision.

7. Length:

   This contract is in effect from _____to _____.

8. Approval:

_____ _____
Employee Date

_____ _____
Supervisor Date

_____

**The following form:**

Credentialing and Privileging and Core Competency Form – LICENSED STAFF

Is used by:

**Licensed counselors, social workers, nurses, MDs or psychologists**

*Licensed staff who will participate in restraints may sign the attestation form but will also need to complete both Part A & B of NCI and refreshers.*

## YOUTH FOCUS CREDENTIALING AND PRIVILEGING AND CORE COMPETENCY FORM
## LICENSED STAFF

Staff Name: _____ Start Date: _____

Job Title: _____ Program: _____

Highest Degree Attained:
School/University _____ Degree & Date: _____ Area of Study: _____

**License/Certifications:**
Type & Number: _____ Date Issued: _____ Expiration Date: _____ State _____

Staff Status: _____ Licensed Qualified Professional

**PRIVILEGED ACTIVITIES:**
Populations (check all applicable): _____ Children _____ Adolescents _____ Adults

| Activities | With Sup. | W/O Sup. | Provide Sup. | Activities/Competency | |
|---|---|---|---|---|---|
| Screening /Evaluation Diagnostic Assessment | | | | NCI | |
| LOE/CAFAS | | | | CPR | |
| Establish Diagnoses | | | | First Aid | |
| Outpatient Treatment | | | | Medication Administration | |
| Case Documentation | | | | **Core Skills and Competencies Have Been Assessed Including (Check all that apply):** | |
| Case Consultation | | | | Adequate Technical Knowledge | |
| Residential Service Planning, Implementation, Documentation and Treatment: Level II, Level III & PRTF | | | | Cultural Awareness | |
| Intensive In-Home Services | | | | Analytical Skills | |
| Targeted Case Management | | | | Good Decision Making Skills | |
| Day Treatment Services | | | | Good Interpersonal Skills | |
| Mental Health Treatment Services | | | | Good Communication Skills | |
| Substance Abuse Treatment Services | | | | Good Clinical Skills | |
| Other | | | | Other: | |

Staff Signature: _____ Date: _____
(as it will appear in client records)

Supervisor Signature: _____ Date: _____

**Name:** _____

**Training on Alternatives to Restrictive Interventions and Demonstration of Competency for Licensed Professionals**

Licensed professionals, by virtue of their extensive training and experience, may elect to either take Part A NCI training, or they may attest to their competence in each of the nine areas outlined below by signing an attestation statement confirming that they have reviewed the nine competencies and that they are proficient and well-skilled in each of these areas.

| Competency Area: | Check if Competent |
|---|---|
| 1. Knowledge and understanding of the people being served | |
| 2. Recognizing and interpreting human behavior | |
| 3. Recognizing the effect of internal and external stressors that may affect people with disabilities | |
| 4. Strategies for building positive relationships with persons with disabilities | |
| 5. Recognizing cultural, environmental and organizational factors that may affect people with disabilities | |
| 6. Recognizing the importance of and assisting in the person's involvement in making decisions about their life | |
| 7. Skills in assessing individual risk for escalating behavior | |
| 8. Communication strategies for defusing and de-escalating potentially dangerous behavior | |
| 9. Positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe) | |
| | |

By signing below I attest that I am competent in the areas listed above:

_____ _____

Signature Date

_____