



COA Juvenile Justice Accreditation in Florida



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Learning Objectives



- Learn about who COA is and COA's history.
- Learn about COA's accreditation process.
- Learn about COA's Juvenile Justice Standards.
- Learn how to get started with COA.
- Answer any questions you may have.



Who is COA?



“The Council on Accreditation partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards.”

Mission Statement - Council on Accreditation

COA: Origins



- ❖ **Founded: March 1977**

- ❖ **Founders:**
 - ❖ **Child Welfare League of America (CWLA)**
 - ❖ **Family Service America (FSA)**
(now the Alliance for Children and Families)

- ❖ **Incorporated: August 1977**



COA Today



Who is COA today?



- While most COA accredited organizations are located in the United States, they can also be found in Canada, Bermuda, Puerto Rico, England and the Philippines.
- In addition, COA accredits after school programs on military installations world-wide.

Who is COA today?



- 34% of COA-accredited organizations have a budget of less than \$2 million; the budget of another 25% is between \$2 and \$5 million.
- Five state-wide child welfare systems are accredited and two are in process.
- COA is recognized by the State Department as the accreditor of US Inter-country Adoption providers under the Hague Convention.

COA Today



- ❖ Independent, International, not-for-profit, child/family-service and behavioral healthcare accrediting body
- ❖ Currently accredits 47 different service areas and over 60 types of programs
- ❖ Accredited or in the process of accrediting more than 1,800 organizations serving over 7 million individuals and families

Traditional COA Accreditation



- ❖ Traditional 8th Edition COA Accreditation
 - ❖ Accreditation of the entire Organization
 - ❖ All services provided, for which COA has standards, must be reviewed
 - ❖ Applicable programs are matched to an Service Standards

COA Sponsors, Supporters, and Partners

Sponsor Organizations

- Alliance for Children and Families
- Association of Jewish Family and Children's Agencies
- Catholic Charities USA
- Child Welfare League of America
- Children's Home Society of America
- Foster Family-based Treatment Association
- Joint Council on International Children's Services
- Lutheran Services in America
- National Council for Adoption
- National Foundation for Credit Counseling
- National Network for Youth
- National Association of State Associations for Children
- Volunteers of America

Supporting Organizations

- American Association of Children's Residential Centers
- American Network of Community Options and Resources
- Child Welfare League of Canada
- Eagle Program of the United Methodist Association
- Employee Assistance Society of America
- Mental Health Corporations of America
- National Association for Children's Behavioral Health
- National Association of Social Workers
- National Alliance for the Mentally Ill
- National Association of State Alcohol and Substance Abuse Directors
- National Association of Therapeutic Wilderness Camps
- National Council for Community Behavioral Health

Benefits of Accreditation



- Accredited organizations focus on organizational planning, as opposed to an organization that is driven by crisis.
- Accredited organizations stay on the cutting edge and readily adjust to changes as they occur in our profession.
- COA accreditation is synonymous with:
Credibility . Integrity . Achievement.



“Even if you’re on the right track, you’ll get
run over if you just sit there.”



..... Will Rodgers, Jr.

Value the Journey



- “If I had eight hours to chop down a tree, I’d spend six sharpening my saw.”
-Abraham Lincoln



Cost of Accreditation



Cost of Accreditation



- Initial Application fee is \$750.00
- Sliding scale fees every four years:
 - E.g. \$500,000 annual budget - \$6,720
- Sponsor Organization Agencies are eligible for a reduced rate approximately 25% off the accreditation fee.
- Site Visits are \$2000/peer for 2 days and \$425 for each additional day/peer reviewer.
- Annual maintenance fee (MOA) of \$400



COA in Florida



COA in Florida



- COA currently accredits about 100 organizations in Florida
- COA currently accredits or is in the process of accrediting 20 after school programs in Florida

COA Recognition in Florida



- **Behavioral Health**

- Deemed Status

- The Florida Department of Children and Family Services and the Agency for Health Care Administration, for site reviews

- **Child Care and After School**

- Tiered Reimbursement Systems

- The Florida Department of Children and Families, Gold Seal Quality Care Program

COA Recognition in Florida



- **Child Welfare**

- Licensing Mandate

- The Florida Agency for Health Care Administration, requires all child welfare organizations receiving Medicaid to be accredited

- Deemed Status

- The Florida Department of Children and Families, Department of Health, Agency for Persons with Disabilities, Agency for Health Care Administration, and Community Based- Lead Management Entities (Networks)

COA Recognition in Florida



- **Mental Health**
 - Deemed Status
 - The Florida Department of Children and Families, Department of Health, Agency for Persons with Disabilities, Agency for Health Care Administration, and Community Based- Lead Management Entities (Networks)
- **Residential Treatment Facilities**
 - Medicaid Mandate

COA Recognition in Florida



- **Substance Abuse Treatment Services**

- Deemed Status

- The Florida Department of Children and Families, Department of Health, Agency for Persons with Disabilities, Agency for Health Care Administration, and Community Based- Lead Management Entities (Networks)



How are Standards Developed?



How Are Standards Developed?



- Our aim was to gather the people and knowledge necessary to deliver to the field exceptionally strong standards.
- Our vision of “exceptionally strong” accreditation standards and process was that they had to be:
 - >Relevant
 - >Outcomes Oriented

How Are Standards Developed?



- The Process was rigorous;
- Extensive review of literature;
- Established National Standards Advisory Panels:
 -Outreach for Advisors was inclusive
 -Focus was on literature and outcomes as well as practical application

How Are Standards Developed?



- Conducted Field Review and received over 1000 comments;
- Over 90% of comments were positive;
- Groundwork is established for recognition of standards holding high relevance;
- Standards and the process are the *Core* of Contextual Accreditation.



Contextual Accreditation



Accreditation as a Strategy/ Contextual Accreditation



- So what is Contextual Accreditation...

Simply put, it is a **STRATEGY** an organization can use to **ACHIEVE** its mission and to **MEASURE** and **VALIDATE** its organizational effectiveness.

Accreditation as a Strategy/ Contextual Accreditation



- unique mission,
- unique history,
- unique leadership,
- unique culture,
- unique environment,
- unique resources,
- unique capacity, and
- most importantly, the unique *needs and aspirations* of the people being served.

Fundamentals of Eighth Edition Standards



1. Philosophy is Contextual
2. Outcome Focused
3. Practice is in the Foreground
4. Evidence Informed Practice
5. Field Driven
6. Facilitative
7. Transformational

Accreditation as a Strategy/ Contextual Accreditation



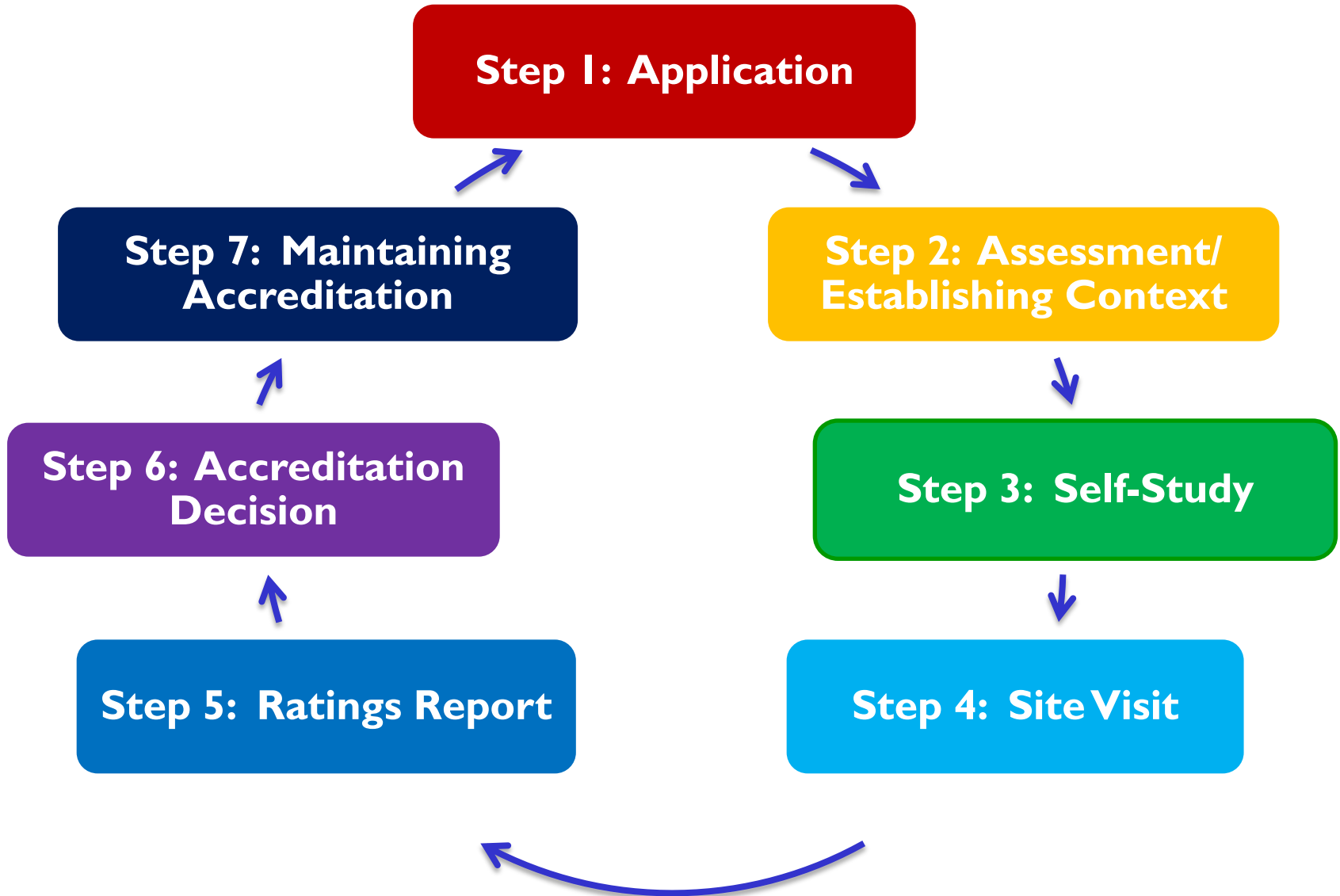
- Remember:
 - *The standards are the standards* – they maintain a commitment to client rights and essential life and safety standards.
 - How an organization implements the standards may look different based on the unique characteristics of the organization.
 - COA has tailored the process to the unique needs and capacity of the organization.



Steps in the COA Process



Steps in the Process



Step 1: Application - Beginning the Partnership



COA's Client's Relations Division provides:

- An overview of the accreditation process;
- Details of the cost of accreditation;
- Verification of eligibility;
- An accreditation agreement and fee;
- Description of your rights and responsibilities.

Step 2: Assessment – Establishing Your Context



An Intake Call will be scheduled to begin discussing next steps and how to proceed.

COA will create a customized road map known as an Accreditation Timeline.

Benchmarks will be created based on your readiness for accreditation and documents will be submitted to COA periodically to monitor progress.

Expedited timelines can be accommodated based on case-by-case need and depending on readiness.

Your Customized Road Map



- A realistic accreditation timeline
- A match between services you provide and COA service standards
- Early and on-going technical assistance, as indicated
- A COA Coordinator

The COA Accreditation Coordinator



- Facilitator
 - Interpreter
 - Problem-solver
 - Coach
- .. throughout the process

The Role of the Coordinator



To ensure that you derive maximum value from your accreditation, your Coordinator:

- Addresses your standards implementation and process questions
- Provides valuable feedback and guidance
- Provides resources, consultation and connecting you with technical assistance
- Assists your organization in meeting its timetable
- Answers questions while you prepare your Self-Study

Step 3: Self- Study Document



- This is your opportunity to tell your story, take advantage of that;
- This is an opportunity to have a self-examination of your organization;
- All Self-Study documents are now submitted electronically.

Step 4: The Site Visit



- **Pre-Site Visit Activities**

- ✓ Select Peer Reviewers that match your organizations needs, e.g., services and needs
- ✓ Peers carefully review your self-study document
- ✓ Team Leader/Organization work closely together to establish an itinerary for each Peer.

Site Visit



Site Visit contains an Entrance Meeting and an Exit Meeting and will include:

An opportunity to confirm standards implementation. Peer reviewers will:

- Review Client records;
- Review Personnel records;
- Review Board Minutes;
- Review Quality Improvement Minutes/Reports
- Conduct Facility Observation Reviews;
- Interview multiple staff and stakeholders.

Sampling Methodologies



- **The 10% & 65% Rule of Site Selection**
 - The Peer Review Team will visit all sites representing 10% or more of the organization's budget.
 - The combination of sites visited must equate to 65% or more of the organization's budget.
- The Team Leader or COA staff may choose to include any site in order to determine compliance.

Sampling Methodologies



- ***Outpatient Services***—These sites are required to be observed to determine compliance with standards regarding architectural barriers, basic safety requirements and privacy afforded by the layout of the building. Otherwise, compliance with most standards can be determined via interviewing personnel and reviewing consumer records.
- ***Services offered only*** in one location--That site must be included in the selected sample.

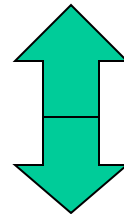
Sampling Methodologies



Record Reviews:

Active Client Records	Closed Client Records
8 Records per Service Section	3 Records per Service Section

Should there be any specific issues that raise concern, the Peer Review Team has the discretion to combine these two charts.



2 Additional Records per Service Section

- **Minimum Sample**

- A minimum of twenty (20) records. If the organization only offers one (1) service, at least 20 records will be reviewed.

Sampling Methodologies



Personnel Interviews:

- The Peer Review Team interviews personnel that hold the following positions:
 - Chief Executive Officer/Executive Director/President
 - Second in Command
 - Senior/Mid-Level Administrative Staff: Director of Clinical Services/Director of Professional Services/Vice President of Services, etc.
 - Chief Financial Officer/Comptroller/Vice-President for Administration, etc.
 - Personnel Director
 - Program Director(s) of Accredited Services
 - Support Staff

Sampling Methodologies



Personnel Interviews:

Facility Personnel	Minimum Sample	Extended Sample
Outpatient Services	1 Supervisor 1 Direct Care Staff	2 Supervisor 2 Direct Care Staff
Day & Residential Services	1 Supervisor 1 Clinical Worker 1 Teacher 1 Child Care Worker	2 Supervisors 2 Clinical Workers 2 Teachers 2 Child Care Workers

When there is more than one site/region/district, these two sampling charts are combined:

1 Employee 1 Volunteers (as applicable)	2 Employees 2 Volunteers (as applicable)
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Sampling Methodologies



Extended Samples are used when:

- The Peer Review Team becomes aware of significant organizational difficulties in complying with a range of standards.
- There is evidence that organization consumers or organization personnel have been seriously injured and/or that conditions exist in the organization that could allow or contribute to serious injury.
- The organization serves consumers that are at high risk or are particularly vulnerable.
- The Peer Review Team needs additional information to make decisions regarding compliance.

Pre-Commission Report



Lets Look at the PCR process!



Step 5: The Pre- Commission Review



Your Pre-Commission Review (PCR)

- Summarizes the most important findings from the site visit;
- Identifies specific areas where your organization successfully implemented the standards;
- Offers you detailed recommendations on how you can provide additional information for standards that were not successfully implemented;
- Correct inaccurate ratings prior to the accreditation decision.

Step 6: Accreditation Decision Process



- Once COA receives your response to the PCR Report, the response is either referred to the PCR Committee or forwarded to COA's Accreditation Commission. Both are empowered by COA's Board of Trustees to make accreditation decisions.
- The PCR response is then reviewed and the final accreditation decision is determined.
- 16 – 20 percent deferral rate

Step 7: The Final Accreditation Report



The FAR

- Details organizational strengths
- Identify areas for improvement
- Provides a copy of the full accreditation ratings for all standards
- Serves as a benchmark for PQI and future implementation of standards



Philosophy, Structure and Outcome Orientation of the Standards



8th Edition Standards: APPROACH



- Carry forward strong material
- Revise systematically
- Review, assess, and disseminate strong “
- **“evidence informed practice”**
- Use standard’s structure to full advantage

8th Edition Standards

From Evidence-Based to Evidence Informed



- **Expectations for evidence informed practices**
- **Applicable to COA's standards development model**
 - Best research evidence
 - Best clinical experience
 - Consistent with client values
- ***= Evidence Informed Practice Standards***

8th Edition Standards: Structure & Language



- Provide abbreviations versus numbers →
(GOV vs. G3; CPS vs. S10)
- Easy to remember abbreviations;
- List services in alphabetical order by
abbreviations
(CSE vs. S1; MH vs. S2)

8th Edition Standards: Organization



Organized in three (3) components:

Administration and Management Standards
Contains Seven (7) Purpose Standards

Administrative Service Delivery Standards
Contains Four (4) Purpose Standards

Service Standards Contains
Over forty Service Standards

Structure & Content



Purpose

States the overall purpose or aim of the section.

Core Concept

States key service delivery concepts that support the Purpose.

Practice Standards

Contain detailed practices that operationalize the Core Concepts and Purpose.



Purpose

FIN 7: FINANCIAL MANAGEMENT SYSTEM

Positive financial outcomes are achieved through a financial management system that receives, disburses, and accounts for funds consistent with sound financial practices.

related [RPM 5](#), [RPM 6](#)

FIN 7.01

Annual financial statements are prepared in accordance with Generally Accepted Accounting Principles.

FIN 7.02

The organization's financial reporting system is capable of providing information that:

- a. is useful in making business and economic decisions;
- b. is understandable and will aid in predicting future cash flows; and
- c. includes data about the organization's economic resources, claims to those resources (obligations), and the effects of transactions, events, and circumstances that change resources and claims to resources.

FIN 7.03

Accounting practices and [procedures](#) include:

- a. prompt, accurate, and complete recording of revenues and expenses;
- b. an inclusive and descriptive chart of accounts;
- c. information on all funds, including source information and pertinent regulations;
- d. timely payment of financial obligations;

Core Concept

PURPOSE: The organization's financial [accountability](#) and viability are achieved through the application of sound financial [management practices](#) that accord with legal and regulatory requirements.

RELATED FILES

- [FIN Reference List.pdf](#)
- [FIN_Private Template.doc](#)
- [NA Request.doc](#)

YOUR CONTACT:

Council on Accreditation
866-262-8088

org

Practice Standards

Table of Evidence Charts



There are four sections to the Table of Evidence Charts for the Administration and Management and Administrative Service Delivery Standards:

- Narrative/Written Responses to Specific Questions
- Pre-site Evidence
- On-site Evidence
- On-site Activities

Table of Evidence

	Self-Study Documents	On-Site Documents	On-Site Activities
HR 1 Work Environment	<ul style="list-style-type: none"> • Copies of attorney, administrative agency or court opinions that indicate the organization's personnel practices comply with applicable laws and regulations • Discrimination prohibition <u>policy</u> • Harassment policy 	<ul style="list-style-type: none"> • Personnel Manual • Relevant meeting minutes • See nepotism policy 	<ul style="list-style-type: none"> • Interview: <ol style="list-style-type: none"> a. CEO b. HR manager c. Supervisory personnel d. Direct service personnel e. Persons served
HR 2 Human Resources Planning		<ul style="list-style-type: none"> • Workforce analysis and documentation of actions taken 	<ul style="list-style-type: none"> • Interview: <ol style="list-style-type: none"> a. CEO b. HR manager c. Supervisory personnel
HR 3 Recruitment, Selection, and Deployment	<ul style="list-style-type: none"> • Recruitment and selection policies/<u>procedures</u> (HR 3.04) • Policy and procedures 	<ul style="list-style-type: none"> • <u>Job Descriptions</u> (CEO, CFO, Directors and <u>sample</u> of direct service personnel) • Personnel records • Personnel Manual 	<ul style="list-style-type: none"> • Interview: <ol style="list-style-type: none"> a. CEO b. HR manager c. Supervisory personnel d. Direct service

Fundamental Practice Standards



- Fundamental Practice Standards are located at the end of each Table of Evidence
- Help organizations strengthen and integrate practices
- Should be implemented immediately

Fundamental Practice Standards

Essential Life and Safety*	Health and Welfare	Client Rights
AS 3.04	AS 2.05	AS 1.03, AS 1.05, AS 7.04

Features of the Standards



- **Introductions:** At the beginning of each chapter, COA has included an introduction that is intended to provide background information and highlights about the development of the standards within that chapter.
- **Interpretations:** An Interpretation provides elaboration of whole standards or elements within a standard. It may also offer useful examples. *Always review interpretations to ensure that you are meeting the full intent of the standard.*

Features of the Standards



- **Research Notes:** Research notes offer important information that supports the standards gathered through literature and review and study.
- **Notes:** Notes provide further information about the implementation of specific standards and/or elements of a standard and give guidance on how to implement that standard based on the unique characteristics of organizations. Notes are located intermittently throughout the standards.

Features of the Standards



- **Related Standards**: Highlight connections between standards. They allow organizations to create integrated documents based on a set of standards; this can help unify operations and service delivery.

Questionnaires



- Community
- Contractee
- Consumer
- Governing Body and Advisory Board
- Personnel
- Supervisors and Managers
- Foster Parent

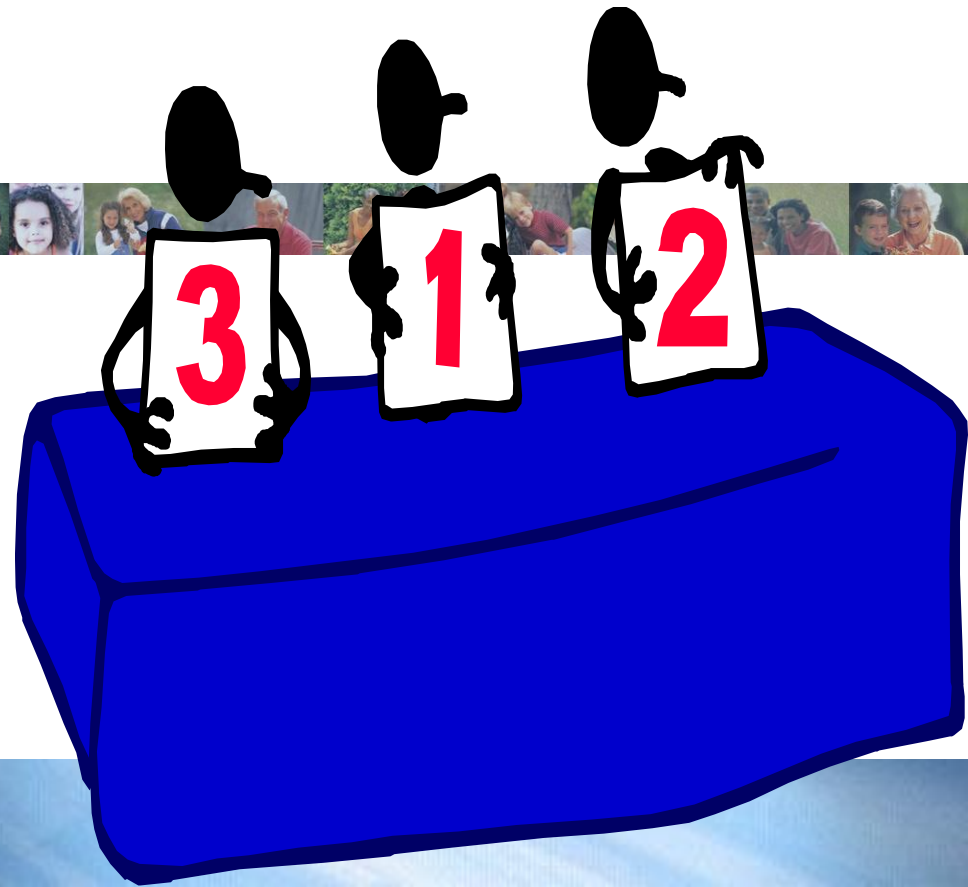
NA Requests and Glossary



- NA Request Form
 - NA process and form used to request a “Not Applicable” when this option is not provided in the standard.
- Glossary
 - Terms defined within the standards
 - 21 pages and over 200 words defined.



Rating the Standards



COA Rating System Overview



1

Full Implementation
Outstanding Performance

2

Substantial Implementation
Strong Performance

3

Partial Implementation
Concerning Performance

4

Unsatisfactory Implementation and
Performance

Rating the Standards



To achieve accreditation, an organization must attain the following:

“1” or “2” on all Purpose Standards

“1” or “2” on all Core Concepts

“1” or “2” on all Fundamental Practice Standards


While an organization can achieve accreditation with a “3” or “4” rating on some practice standards, these ratings cannot reflect a pattern of partial or unsatisfactory implementation.



Summary of the 8th Edition Standards



Administrative and Management Standards

- 
- Ethical Practice
 - Financial Management
 - Governance
 - Human Resources Management
 - Performance and Quality improvement
 - Risk Prevention and Management

Ethical Practice (ETH)



ETH 1: Open, Transparent Operations

ETH 2: Conflict of Interest

ETH 3: Fundraising

ETH 4: Protection of Reporters of Suspected Misconduct

ETH 5: Professional Conduct

ETH 6: Research Protections

Financial Management (FIN)



- FIN 1: Governing Body Financial Responsibilities
- FIN 2: Internal Control Environment
- FIN 3: Financial Risk Assessment
- FIN 4: Stable Predictable Revenue
- FIN 5: Financial Planning
- FIN 6: Financial Accountability
- FIN 7: Financial Management System
- FIN 8: Payroll

Governance (GOV)



- GOV 1: Legal Authorization to Operate
- GOV 2: Governing Body and Community Representation
- GOV 3: Mission
- GOV 4: Community Involvement and Advocacy
- GOV 5: Organization of the Governing Body
- GOV 6: Governance Responsibilities
- GOV 7: Oversight of Investments
- GOV 8: Executive Director

Human Resources Management (HR)



- HR 1: Work Environment
- HR 2: Human Resources Planning
- HR 3: Recruitment, Selection, and Deployment
- HR 4: Satisfaction and Retention
- HR.5: Human Resource Practices
- HR 6: Performance Evaluation
- HR 7: Personnel Records

Performance and Quality Improvement (PQI)



- PQI 1: Leadership Endorsement of Quality and Performance Values
- PQI 2: The Foundation for Broad Use of PQI
- PQI 3: Support for Performance and Outcomes Measurement
- PQI 4: Analyzing and Reporting Information
- PQI 5: Use and Communication of Quality Information to Make Improvements
- PQI 6: Staff Training and Support

Risk Prevention and Management (RPM)



- RPM 1: Legal and Regulatory Compliance
- RPM 2: Risk Prevention
- RPM 3: Medication Control and Administration
- RPM 4: Insurance Protection
- RPM 5: Information Management and Use
- RPM 6: Security of Information
- RPM 7: Case Records
- RPM 8: Access to Case Records

Risk Prevention and Management (RPM)



- RPM 9: Contracts and Service Agreements
- RPM 10: Quality Monitoring Of Purchased Services

Service Delivery Administration Standards



- Administrative and Service Environment

- Behavior Support and Management

- Client Rights

- Training and Supervision

Human Resources
Management

Administrative and Service Environment (ASE)



- ASE 1: Promotion of Health and Safety
- ASE 2: Accessibility
- ASE 3: Legal and Regulatory Compliance
- ASE 4: Facility Maintenance
- ASE 5: Tools and Equipment
- ASE 6: Safety and Security
- ASE 7: Emergency Response Preparedness
- ASE 8: Special Health Precautions

Behavior Support and Management (BSM)



- BSM 1: Philosophy and Organizational Policy
- BSM 2: Behavior Support and Management Practices
- BSM 3: Safety Training
- BSM 4: Restrictive Behavior Management Intervention Training
- BSM 5: Restrictive Behavior Management Intervention
- BSM 6: Documentation and Debriefing

Client Rights (CR)



- CR 1: Protection of Rights and Ethical Obligations
- CR 2: Confidentiality and Privacy Protections
- CR 3: Grievance Procedures

Training and Supervision (TS)



- TS 1: Personnel Development and Training
- TS 2: Training Content
- TS 3: Supervision



Most Often Missed Standards



Most Often Missed Standards



1. PQI 6.01
2. PQI 4.02
3. HR 6.01
4. PQI 4.03
5. PQI 5.03
6. RPM 2.01
7. PQI 6.02
8. PQI 3.02
9. HR 4.03
10. PQI 5.03
11. PQI 5.02
12. PQI 3.03
13. HR 6.04
14. PQI 1.02



Juvenile Justice Standards



Background



- Why did we undertake this project?
 - COA was already accrediting some JJ programs
 - Poor fit with some Service Standards
 - Mission-driven
- Standards Development: 2006 – 2008
 - Literature review
 - Panel input and review
 - Field comment

COA's Juvenile Justice Service Array



- COA's Juvenile Justice Service Standards:
 - Juvenile Justice Corrections Services (JJC, PA-JJC)
 - Juvenile Justice Day Services (JJD, PA-JJD)
 - Juvenile Justice Case Management Services (JJCM, PA-JJCM)
- COA's Youth Justice Service Standards:
 - Youth Custody Services (CA-YC)
 - Youth Justice Day Services (CA-YJD)
 - Youth Justice Case Management Services (CA-YJCM)

COA's Juvenile Justice Service Array



* Remember:

COA's JJ Standards are:

- (1) An array in and of themselves
- (2) Part of the 8th Edition Service Array

Purpose and Orientation



- Commitment to rehabilitation and reintegration
- Helping youth:
 - overcome problems
 - avoid negative behaviors
 - make responsible choices
 - become productive, connected, and law-abiding citizens
- Promoting public/community safety

Juvenile Justice Corrections Services



Juvenile Justice Corrections Programs provide long-term placement and services to youth who have been adjudicated delinquent.

Juvenile Justice Detention Programs provide short-term placement and minimal services to youth who are awaiting adjudication, disposition, or long-term placement.

* Detention Programs will implement fewer standards

Juvenile Justice Corrections Services



- JJC 1 – Screening & Assessment
- JJC 2 – Service Planning & Monitoring
- JJC 3 – Service Philosophy, Modalities & Interventions
- JJC 4 – Family Connections & Involvement
- JJC 5 – Collaboration & Coordination
- JJC 6 – Health Services

Juvenile Justice Corrections Services



- JJC 7 – Mental Health Services
- JJC 8 – Services for Substance Use Situations
- JJC 9 – Education Services
- JJC 10 – Development of Social & Independent Living Skills
- JJC 11 – Workforce Development Services
- JJC 12 – Living & Service Environment

Juvenile Justice Corrections Services



- JJC 13 – Service Culture
- JJC 14 – Maintaining Safety & Security
- JJC 15 – Planning for Reentry
- JJC 16 – Case Closing & Aftercare
- JJC 17 – Personnel

Juvenile Justice Day Services



Juvenile Justice Day Services provide structured, non-residential services and supervision to youth involved with the juvenile justice system.

Youth are typically required to report to the program on a daily basis, for a specified length of time. Services may be provided: (1) when youth are adjudicated delinquent and ordered to attend the program; (2) as aftercare following participation in a more intensive residential program; (3) as an alternative to secure detention; and/or (4) as diversion from more formal involvement in the juvenile justice system.

* Less intensive programs can implement fewer standards

Juvenile Justice Day Services



- JJD 1 – Engagement & Assessment
- JJD 2 – Service Planning & Monitoring
- JJD 3 – Service Philosophy, Modalities & Interventions
- JJD 4 – Collaboration & Coordination
- JJD 5 – Family Involvement & Services
- JJD 6 – Developing Life Skills & Connections

Juvenile Justice Day Services



- JJD 7 – Education Services
- JJD 8 – Service Environment & Culture
- JJD 9 – Maintaining Safety & Security
- JJD 10 – Planning for Transition & Aftercare
- JJD 11 – Case Closing & Follow-up
- JJD 12 – Personnel

Juvenile Justice Case Management Services



Juvenile Justice Case Management Programs supervise, monitor, and facilitate the delivery of services to youth involved with the juvenile justice system.

Services may be provided: (1) as diversion from the juvenile justice system when it is determined that youth can be informally supervised and supported; (2) when youth are adjudicated delinquent and the disposition ordered is community supervision; (3) as case management for youth who are adjudicated delinquent and placed in a residential program; and/or (4) as aftercare following participation in another more intensive program.

Juvenile Justice Case Management Services



- JJCM 1 – Service Philosophy
- JJCM 2 – Engagement & Assessment
- JJCM 3 – Service Planning
- JJCM 4 – Coordination & Collaboration
- JJCM 5 – Services & Supports
- JJCM 6 – Service Monitoring & Supervision
- JJCM 7 – Case Closing & Follow-up
- JJCM 8 - Personnel

Important Standards Themes and Concepts



- Providing Needed Treatment and Other Services
- Promoting Responsibility
- Developing Life Skills
- Promoting Pro-Social Relationships and Connections
- Community Connections and Involvement
- Family Connections and Involvement
- Inter-Agency Coordination and Collaboration
- Planning for Transition, Reentry, and Aftercare

Other Standards Highlights



Additional JJ-related changes made to:

- Client Rights (CR)
- Behavior Support and Management (BSM)

JJ Standard Examples



JJC 2.04

The comprehensive, individualized service plan is based on the assessment and includes:

- treatment and services to be provided, and by whom;
- desired goals and outcomes, and timeframes for achieving them;
- level of supervision needed; and
- the signature of the youth and a parent or legal guardian.

JJ Standard Examples



JJC 2.04 cont.

related [BSM 2.04](#)

Interpretation: Like assessments, service plans should be responsive to the age, developmental level, gender, language, [culture](#), religion, race, [ethnicity](#), sexual orientation, and trauma history of youth, as well as to the characteristics of, and resources available in, the communities in which they reside.

JJ Standard Examples



JJC 2.04 cont.

Interpretation cont.: Although COA recognizes that engaging parents or legal guardians can be difficult, organizations should still strive to involve them to the extent possible and appropriate, and must follow any applicable laws or regulations requiring their involvement. See JJC 4 for further information and guidance regarding family participation.

JJ Standard Examples



JJC 2.04 cont.

Note: Behavior support and management strategies and interventions should be addressed in a behavior support plan that may be part of the service plan, as referenced in BSM 2.06.

JJ Standard Examples



JJC 5.02

When youth have needs the organization cannot meet, alternative arrangements are made to deliver appropriate services.

JJ Standard Examples



JJC 7.05

In case of emergency, youth have access to mental health services 24 hours a day.

Interpretation: It is permissible to use a local mental health facility for emergency services, provided the organization has a written agreement with the facility.

JJ Standard Examples



JJC 9.03

The educational program is approved, certified, accredited, registered, or operated by or in conjunction with the local school district.

JJ Standard Examples



JJC 10.02

Youth are helped to understand the impact of past actions and behaviors, and taught how to make responsible, pro-social decisions in the future.

JJ Standard Examples



JJC 15.04

The organization works with resources, services, and supports specified in the aftercare plan to:

- ensure that youth are admitted to appropriate programs before release;
- prepare service providers and others in the [community](#) for youths' arrival; and
- build positive connections to support youth after release.



Teams and Organizational Structure



How to Conduct a Successful Self-Study Process

You are About to Embark on a Journey!



“The Journey is better than the inn.”

.....Cervantes

“Preparation is the Prize..It was the journey I prized above all else.”

.....Coach John Wooden

“If you do not have the time to do it right, when will you find the time to do it over?”

.....Author Unknown

Philosophy of the Process



The Philosophy of the Accreditation Process
is to enhance the Organization.

The Philosophy is *not* to blame staff.

Preparing The Self-Study Document



- COA recommends that the organization appoint a Task Force Coordinator, the “coach” to track assignments, monitor work completion, edit, and assemble the final drafts of the self-study document.

Wanted: COA Coordinator or “Coach” with the Following Qualities



- Extremely organized
- Has a working knowledge of COA standards and process
- Pays attention to detail
- Ability to adhere to timelines
- Ability to hold staff to deadlines
- Brings out the best in people
- **LOTS OF ENERGY AND ENTHUSIASM!**

Responsibilities of Coordinator



COA Coordinator will be monitoring progress in three categories:

- ❖ Development of the Self-Study Document
- ❖ Assessing Compliance Readiness
- ❖ Drafting and Tracking Action Plans

Designing an Organizational Model



- Design a model that fits your organizational structure;
- Each Committee should have a committee chair and committee members;
- Members who have the most impact and authority regarding the standards should serve on committees;
- Size of committees depends on size of organization and other variables.

Tips for Organizational Success



- Prepare and orient staff to COA's accreditation process – teach them how to peruse the manual!
- Evaluate the organization's current level of compliance with the standards, and identify and triage areas that need improvement;
- Circulate accreditation information to staff, as appropriate;
- Have **one** designated person responsible for drafting new and revised policies and procedures.

Join the Meeting of the Month Club!



- Conduct a Meeting every month
- No monthly Fee!
- The staff will love it!
- Planning for this begins now.
- What are the advantages to monthly meetings?

COMPLETING THE SELF STUDY DOCUMENT

ACCREDITATION PROCESS

TEN-MONTH SCHEDULE

Benchmarks

Start Date	2 Weeks	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10
Select Committees											
Have First Meeting											
2 nd Mtg. – First Draft Due											
Triage non-compliances											
Draft Remedial Action Plans											
Second Draft Self Study due.											
Proof Read Second Draft Carefully											
Questionnaire/ Surveys Distributed											
Final Draft Self Study Due											
Proof Read, Cross Reference, Paginate, ETC											
Review Final Check List											
Send Self Study to Peer Reviewers and COA											
Continue Reviews Of Remedial Action Plans											Ongoing



Developing and Monitoring Corrective Action Forms



- Track progress of Remedial Action Plans.
- Tracking for COA action plans should be monitored on a frequent basis. (@ every 2 weeks)
- Develop procedures for monitoring. Status column helps. For example, use IP(in progress), NA(no action), and C(completed) to document progress. Watch out for No Action, that means...**nothings happening!**

Remedial Action Plans



Standard	Summary	What is Needed	Action Plan	Time Frame	Person Responsible	Status
						IP
						NA
						C



Preparing for the Site Visit



The Site-Visit – How To Prepare



Tips for Preparing:



- Remember! Be sure all policies and procedures are developed *and* implemented;
- Train and inform staff on COA standards, any changes, and requirements for compliance;
- A knowledgeable staff is an empowered staff;
- Have fun! Conduct mock Peer Interviews.

Tips for Preparing



Make it fun for staff. Develop a Jeopardy game based on the interview paradigms. Some suggestions for categories:

- Client's Rights
- Training
- Health and Safety
- Confidentiality
- Fun Facts
- Policy and Procedures

Tips for Assessing Organizational Readiness



- Carefully review the rating sheets or the “initial draft” of your self-study document.
- Analyze progress re: “Code Red” trouble spots.
- Facilitate and conduct “Mock Peer Reviews” of Case Records.
- Assure that staff receives training re: areas of change. For example, changes in policies, procedures, forms, practice requirements.

Materials to Have Available On-Site



- Copy of Completed Self-Study Document
- Refer to On-Site Documents Column in the Table Of Evidence of Each Chapter.

Thank you!



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Thank You and Best of Luck in Your Pursuit of Accreditation!



**THANK
YOU**