**DEPARTMENT OF PUBLIC SAFETY**

**Monitoring Review Report for**

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| **PROGRAM INFORMATION** |
| County: |       |
| Sponsoring Agency: |       |
| Component Name: |       | Component Funding ID #: |       |

**Counseling Services**

**Service Delivery**

[ ]  The program initiates contact with the juvenile within 5 business days of the referral.

15. Counseling, C. e. b

[ ]  The program notifies the referring agent regarding the decision to admit the juvenile into the program within 10 business days of receiving the referral. 15. Counseling, C. f .c.

[ ]  The ratio of staff to juveniles in group counseling sessions is no greater than 8 juveniles per trained facilitator. An additional trained facilitator is provided for every additional 5 juvenile participants. 15. Counseling, C. c.

[ ]  The average optimal weeks and contact hours are within parameters specified for the SPEP Service Type indicated in the program agreement. Reference Appendix B: Dosage Parameters Cross Walk for JCPC-SPEP Service Types. 15. Counseling, C. a.

[ ]  The program has a protocol manual that details the structure, format and content through which program services are delivered, evaluated and maintained.

 2. Program Operational Requirements C. 2.

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| **Comments:**       |

**Staff Recruitment**

## [ ]  The program follows all State and Federal workplace rules when recruiting, hiring and supervising full-time and part-time staff, including the recruitment and training of volunteers.

2. Program Operational Requirements, H. 1. b.

[ ]  The program has employment policies and procedures related to staff employment and supervision responsibilities. These policies include criteria regarding an individual’s eligibility for employment, contracting for services, volunteering and internships which keep in consideration the nature of the services to be delivered and the juveniles served.

2. Program Operational Requirements, H. 1. d.

[ ]  There is a personnel file for all full-time staff, part-time staff, volunteers, interns, and contractor(s) containing:

[ ]  A written job description detailing the primary duties and expectations of the position including those specifically related to the delivery of DPS JCPC-funded program services; and stating the minimum education and experience requirement.

 2. Program Operational Requirements, H. 1. f. i.

[ ]  A signed copy of the Contract for Professional Services Template (Form JCPC/PO 001).

 2. Program Operational Requirements, H. 1. f. ii.

 NOTE: Applies only to programs utilizing contractors to provide professional services.

[ ]  A completed Program Volunteer Application Template (Form JCPC/EA 001).

 2. Program Operational Requirements, H. 1. f. iii.

 NOTE: Applies only to programs utilizing volunteers.

[ ]  An annual performance evaluation to measure performance of duties.

 2. Program Operational Requirements, H. 1. f. iv.

 NOTE: Interns, volunteers and contractors are exempt from this requirement.

[ ]  A criminal background check that provides a clear record of any criminal conviction(s).

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|  2. Program Operational Requirements, H. 1. f. v.[ ]  Reference checks. 2. Program Operational Requirements, H. 1. f. vi.[ ]  An annual driver’s license history and/or drug screen history is available for all staff, interns, contractors, and volunteers who may transport juveniles or required to drive as  part of their duty assignment. 2. Program Operational Requirements, H. 1. f. vii.**Comments:**       |

# [ ]  Proof of education requirements from an accredited institution for the specific position.

 2. Program Operational Requirements, H. 1. f. viii.

[ ]  Current licensure and/or certification requirements, when applicable.

 2. Program Operational Requirements, H. 1. f. ix.

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| **Comments:**       |

# **General Qualifications**

[ ]  The Program Manager has at least a Bachelor’s degree in a human services or related field, or a 4-year degree in any other field with at least 2 years experience as a direct service professional in a juvenile serving agency. 15. Counseling, D. 1. c.

[ ]  Clinical Treatment Staff has at least a Bachelor’s degree in a human services field related to the type of clinical therapy and treatment delivered, and receives ongoing clinical supervision by no less than a Master’s level clinician. 15. Counseling, D. 1. d.

[ ]  Full-time staff providing direct service receives regular clinical oversight and supervision of no less than two (2) hours of supervision per month. 15. Counseling, D. 1. a.

[ ]  Staff providing treatment services provide only the services for which they are trained, credentialed or otherwise qualified to provide. 15. Counseling, D. 1. b.

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| **Comments:**       |

**Licensure/Certification Requirements and Notification**

***NOTE: This is a Critical Standard and applies to all JCPC funded programs.***

[ ]  Professionals providing direct services requiring licensure/certification are licensed and/or certified by the appropriate licensing or certification board(s) in their respective fields and in good standing with their respective governing board.

 2. Program Operational Requirements, H. 2. a. i..

[ ]  Licensure(s)/Certification(s) are current. 2. Program Operational Requirements, H. 2. a. ii.

[ ]  Licensure or certification violations are reported to the licensing board and DPS Consultant within 30 days of a violation being identified. 2. Program Operational Requirements, H. 2. a. iii.

**NOTIFICATION**

***NOTE: This is a Critical Standard and applies to all JCPC funded programs***

[ ]  In the event any program that has a staff member who is under investigation for any offense or conduct that may result in an action against a license or certification to practice must notify the DPS Area Office assigned to that county within three (3) business days when the investigation begins.

 2. Program Operational Requirements, H. 2. b. i.

[ ]  In the event any program that has a staff member who is under investigation for any abuse and/or neglect or who is charged with a criminal offense must notify the DPS Area Office assigned to that county in writing immediately.

 2. Program Operational Requirements, H. 2. b. ii.

[ ]  In the event any program that has a staff member whose license or certification to practice is suspended or revoked, or otherwise disciplined must notify the DPS Area Office assigned to that county in writing within three (3) business days of the revocation, suspension, or disciplinary action. 2. Program Operational Requirements, H. 2. b. iii.

[ ]  All items listed above under *Notification*: the agency must take immediate steps to ensure the safety of the juveniles. Active caseloads must be transferred to other qualified professionals or staff. The Program shall update the DPS Area Consultant with any progress made in the investigation. 2. Program Operational Requirements, H. 2. b. iv.

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| **Comments:**       |

# **Volunteer Program Staff**

# [ ]  Volunteers providing direct service have at least 1 year of experience working with at-risk youth.

 15. Counseling, D. 1. e.

[ ]  Each volunteer position has a job description. 15. Counseling, D. 1. e. i.

[ ]  A completed Program Volunteer Application *(Form JCPC/EA 001),* including 4 references has been provided, contacted, and documented on the completed form for each volunteer.

 15. Counseling, D. 1. e. iii.

[ ]  Each volunteer has been screened and the program determined that the volunteer possesses credentials/skills/experience commensurate to the requirements of the job description.

 15. Counseling, E. 1. e. iii.

For each volunteer who is involved in supervision or transportation of juveniles, the program has:

15. Counseling, D. 1. e. iv.

# [ ]  A criminal background check is on file,

[ ]  A valid driver license is on file (a copy must be annually updated and on file); and

 [ ]  A drivers records check is on file.

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| **Comments:**       |

**Staff and Volunteer Orientation and Training**

[ ]  Orientation and training on policies, procedures, rules and regulations of the program and DPS are provided to program staff and volunteers within 30 days of employment.

 15. Counseling, D. 2 a.

[ ]  The program maintains documentation of program orientation and staff trainings.

 15. Counseling, D. 2 a.

[ ]  Program offers training opportunities for on-going development of service specific skills and knowledge.

 15. Counseling, D. 2 b.

[ ]  Volunteers complete pre-service training specific to this program type prior to providing direct services to juveniles. 15. Counseling, D. 2 b.

[ ]  Programs providing treatment services employ staff who are eligible by degree or credential to provide such treatment, or who receive clinical supervision by someone who is eligible to provide such treatment. All professional and volunteer staff members, who lead program activities that require special skills or certification, are trained in the skills necessary for each particular activity. 15. Counseling, D. 2 c.

[ ]  Direct service staff participated annually in at least 12 hours of professional continuing education in an area related to the service type.

 15. Counseling, D. 2 d.

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| **Comments:**       |

**Juvenile Records**

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[ ]  The program has a written record for each juvenile admitted to the program.

 2. Program Operational Requirements, D. 3.

[ ]  Juvenile records are stored in a secure location. 2. Program Operational Requirements, D. 2.

[ ]  Juvenile records are maintained for a period of 5 years after the termination date.

 2. Program Operational Requirements, D. 2.

Participation Agreement includes: 15. Counseling, C. f. d. i.-v.

 [ ]  Name of the sponsoring agency and program name

[ ]  Program guidelines, requirements, and projected dates of completion

[ ]  Signed consent of parent(s)/legal guardian(s) for participation in the program

[ ]  Specific requirements of the parent(s)/legal guardian(s) and each family member, if applicable

[ ]  Results of any non-compliance

[ ]  The program has completed a written termination summary for each juvenile within 10 business days of termination from the program. 15. Counseling, C. g. b.

[ ]  The program has submitted a copy of the termination summary for each juvenile within 10 business days of termination from the program to the parent(s)/legal guardian, court services, if applicable and other referring entities as appropriate. 15. Counseling, C. g. b.

 [ ]  A copy of the termination summary is included in juvenile files. 15. Counseling, C. g. b.

 2. Program Operational Requirements, D. 5. o. and 15. Counseling, C. g. b.

The termination summary includes: 15. Counseling, C. g. c. i. – iii and iii. and C. g. d. i – ii.

 [ ]  Activities, results and recommendations

 [ ]  Date of last contact

 [ ]  The reason for termination

[ ]  Parties to whom assessment or evaluation reports were provided including dates provided

[ ]  The name of the program staff person completing the documentation.

[ ]  As needs were identified, the program developed (in collaboration with the juvenile, parent/legal guardian, juvenile court counselor, and/or other referring entities), prior to termination, an aftercare/termination service plan for each juvenile. 15. Counseling, G. g. d.

**Comments:**

[ ]  A review of 10 active and 10 terminated client records (randomly selected) has been conducted by the monitor. (If a program has less than 10 records in either category, review all records in that category.) The completed record review sheets for this component are attached.

 3. Program Oversight and Monitoring, D. 1. c. i – iii. and D. 2. a. i. – iii.

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| **Active Client File Review** | **All Programs** |
| **Client Name** | Admission Date (matches client tracking) | Referral Form | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Parental Consent to Participate | Medical / Medication Information (if applicable) | Consent for Release of Information (if applicable) | Individual Service Plan - ISP n/a for assessment only programs | ISP shows expected changes in behavior, attitude, performance, and/or skills  | ISP shows Interventions / Activities to be provided | ISP shows expected duration of services | ISP shows how progress/changes will be measured | Contact Record with activities, dates, times, duration, results each time the youth and/or family is seen | Hard Copy of Client Tracking Data in Record | Copy of Progress Reports to Juvenile Court Counselors at least every 30 days (if applicable) |  |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 5.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 6.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 7.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 8.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 9.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 10.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |

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| **Terminated Client File Review** | **All Programs** |
| **Client Name** | Termination Date (matches client tracking) | Referral Form | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Parental Consent to Participate | Medical / Medication Information (if applicable) | Consent for Release of Information (if applicable) | Individual Service Plan – ISP n/a for assessment only programs | ISP shows expected changes in behavior, attitude, performance, and/or skills  | ISP shows Interventions / Activities to be provided | ISP shows expected duration of services | ISP shows how progress/changes will be measured | Contact Record with activities, dates, times, duration, results each time the youth and/or family is seen | Hard Copy of Client Tracking Data in Record | Copy of Progress Reports to Juvenile Court Counselors at least every 30 days (if applicable) | Termination Summary with date and reason for termination (matches client tracking) |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Record Review Comments:**

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**Summary of Comments:**

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