**DEPARTMENT OF PUBLIC SAFETY**

**Monitoring Review Report for**

**Home-Based Counseling Services**

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

**Service Delivery**

[ ]  The program contacts the family within 3 business days of receipt of the referral to schedule an intake assessment. 14. Home-Based Family Counseling, D. 1.

[ ]  Referrals accepted for services have at least 1 family member between the ages of 6 and 17 who is at risk of out-of-home placement in a youth development center, detention center, psychiatric hospital, child care institution, group home, or foster home due to delinquent or chronic status offense behavior; or is returning from a youth development center and will be living at home full time within 30 days of intake; and also has at least 1 parent/legal guardian who agrees in writing to participate in the program.  14. Home-Based Family Counseling, D. 2. a. - c.

[ ]  Within 10 business days of receiving the referral, the program provides written notification to the referring agency if a referral is determined not appropriate for the service.

 14. Home-Based Family Counseling, D. 3. e.

[ ]  Face-to-face assessment is conducted with the juvenile and/or family within 10 days of receipt of the referral. 14. Home-Based Family Counseling, D. 4. d.

[ ]  Written assessment is completed within 72 hours of the intake assessment.

 14. Home-Based Family Counseling, D. 4. e.

Written Assessments include the following elements: 14. Home-Based Family Counseling, D. 4. e.. i. – viii.

[ ]  Screening and Admission criteria

[ ]  Social History

[ ]  Mental/Behavior status on each family member

[ ]  Assets and strengths of the family unit and each family member

[ ]  The options, priorities, and needs of the family and each family member

[ ]  The specific behavior changes desired of each family member and the new; skill(s) that each family member will need to learn

[ ]  The goals of the referring agency

 [ ]  The resources available within the program and the community and delineation or roles and functions of each. JCPC 4.2-II-D-3.

[ ]  At least 50% of the direct service time is provided in the juvenile’s home.

 14. Home-Based Family Counseling, C. 3.

[ ]  There is at least 1 face-to-face contact with the juvenile and family each week, except as indicated in a step down plan for the juvenile. 14. Home-Based Family Counseling, C. 3. a.

[ ]  There is at least 1 meeting between the family worker, the supervisor, and other professionals involved with the family each month. 14. Home-Based Family Counseling, C. 3. b.

[ ]  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. 14. Home-Based Family Counseling, C. 2.

[ ]  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.

# **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. 14. Home-Based Family Counseling, E. 1. d.

[ ]  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 receive ongoing clinical supervision.

 14. Home-Based Family Counseling, E. 1. e.

# [ ]  Each full time staff member providing home-based family services should have training and experience in providing family based services in various community settings, including juvenile’s homes. 14. Home-Based Family Counseling, E. 1. a.

[ ]  Each full time staff member providing direct service must have regular clinical case oversight and supervision of no less than 2 hours of supervision per month by no less than a Master’s level clinician. 14. Home-Based Family Counseling, E. 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.

 14. Home-Based Family Counseling, E. 1. f.

[ ]  Each volunteer position has a job description. 14. Home-Based Family Counseling, E. 1. f. 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.

 14. Home-Based Family Counseling, E. 1. f. ii.

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

 14. Home-Based Family Counseling, E. 1. f. iii.

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

14. Home-Based Family Counseling, E. 1. f. 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.

 14. Home-Based Family Counseling, E. 2. a..

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

 14. Home-Based Family Counseling, E. 2. a..

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

 14. Home-Based Family Counseling, E. 2. b.

[ ]  Volunteers complete pre-service training specific to this program type prior to providing direct services to juveniles. 14. Home-Based Family Counseling, E. 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. 14. Home-Based Family Counseling, E. 2. c.

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

 14. Home-Based Family Counseling, E. 2. d.

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| **Comments:**       |

**Juvenile Records**

[ ]  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: 14. Home-Based Family Counseling, D. f. 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. 14. Home-Based Family Counseling, D. 5. 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. 14. Home-Based Family Counseling, D. 5. b

 [ ]  A copy of the termination summary is included in juvenile files.

 2. Program Operational Requirements, D. 5. o.

The termination summary includes: 14. Home-Based Family Counseling, D. 5. b. i. – iii & D. 5. b. 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.

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| **Comments:**       |

[ ]  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. 14. Home-Based Family Counseling, D. 5. C.

[ ]  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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| **ctive Client File Review** | **All Programs** | **Home-based Services** |
| **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) |  | Written Assessment | Aftercare plan or Termination Service Plan |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  |
| 5.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  |
| 6.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  |
| 7.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  |
| 8.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  |
| 9.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  |
| 10.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  |

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| **Terminated Client File Review** | **All Programs** | **Home-based Services** |
| **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) | Written Assessment | Aftercare plan or Termination Service Plan |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Record Review Comments:**

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**Summary of Comments:**

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