

**Monitoring Review Report for**

**Services Addressing Problem Sexual Behavior**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROGRAM INFORMATION** | | | | | | |
| County: |  | | | Date of Monitoring: |  | |
| Sponsoring Agency: | |  | | | | |
| Component Name: | |  | Component ID: | | |  |

**Service Delivery**

The program schedules the initial appointment with the juvenile and notifies the referring agency regarding the decision to admit the juvenile into the program within 10 business days of the referral.

13 Services Addressing Problem Sexual Behavior, 13.4, A. 2. & B. 3.

The program requires completion of a comprehensive, individualized, needs based evaluation or a sexual risk assessment is a prerequisite for admission. 13 Services Addressing Problem Sexual Behavior, 13.4, B.

An individual needs-based treatment plan is developed within the first 2 weeks of admission.

13 Services Addressing Problem Sexual Behavior, 13.4, C.

There is contact with the juvenile’s primary custodian at least once every 30 days.

13 Services Addressing Problem Sexual Behavior, 13.4, B. 4.

The average optimal weeks and contact hours are within parameters specified for the SPEP Service Type indicated in the program agreement. 13 Services Addressing Problem Sexual Behavior, 13.3, B

The maximum number of juveniles in any group session is 8.

13 Services Addressing Problem Sexual Behavior, 13.3, C.

|  |
| --- |
| **Comments:** |

**Staff**

There is a file for all staff, volunteers, interns, and contractor(s) containing:

2. Program Operational Requirements, 2.8, A. 6. a - j.

NOTE: Job Description: Contractor files are exempt from this requirement.

Volunteer Application: Applies only to programs utilizing adult volunteers

Annual performance evaluation: Interns, volunteers and contractors are exempt from this requirement.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name(s) | S = Staff  V = Volunteer  I = Intern  C = Contractor | Job Description | Contract for Prof Services,  if applicable | Volunteer Application,  if applicable | Perf. Evaluation, if applicable | Criminal Background Check | Reference Checks | Valid Driver's license,  if applicable | Proof of Education | Proof of Experience | Current  Licensure/  Certification, if applicable | Policy Acknowledgement Statement |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Comments:** |

# **General Qualifications**

Qualified Clinicians, employed or contractors, provide only the services for which they are trained, credentialed, or otherwise qualified to provide. 13 Services Addressing Problem Sexual Behavior, 13.5, A.

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. 13 Services Addressing Problem Sexual Behavior, 13.5, B., 1-4

Clinical Treatment staff has at least a Bachelor’s degree in a human services related field and regular clinical supervision. Clinical service providers rendering professional level clinical services must have a minimum of a Master’s Degree in the field deemed appropriate to the type of clinical therapy and treatment delivered. 13 Services Addressing Problem Sexual Behavior, 13.5, C.

Clinicians have documented completion of specialized training(s): (conducting an evaluation and/or assessment) of juveniles with sex offenses or problem sexual behavior, pathology and treatment, relapse prevention and experience in group, individual, and family treatment.

13 Services Addressing Problem Sexual Behavior, 13.5, D

|  |
| --- |
| **Comments:** |

# **Volunteer Program Staff**

13 Services Addressing Problem Sexual Behavior, 13.5, E., 1-4 a-b

# The program did not utilize volunteers.

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

Each volunteer position has a job description.

A completed volunteer application which includes, at a minimum, details from the Program Volunteer Application Template (Form JCPC/EA 001)including 3 references has been provided, contacted, and documented on the completed form for each volunteer.

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

For each volunteer who is involved in supervision the program has on file:

# A criminal background check (see 2.8, A., 4.)

# Additionally, for volunteers providing transportation of juveniles, the program has on file:

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

A safe drivers records check.

|  |
| --- |
| **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.

13 Services Addressing Problem Sexual Behavior, 13.6, A., 1.

The program maintains documentation of program orientation and staff trainings.

13 Services Addressing Problem Sexual Behavior, 13.6, A., 1.

Personal and professional development training opportunities (internal, in-person and/or online) are offered to the staff and volunteers. 13 Services Addressing Problem Sexual Behavior, 13.6, A., 2.

Volunteers complete pre-service training specific to this program type prior to providing direct services to juveniles. 13 Services Addressing Problem Sexual Behavior, 13.6, A., 3.

Direct service staff participate annually in at least 12 hours of professional continuing education in an area related to the service type provided. 13 Services Addressing Problem Sexual Behavior, 13.6, A., 4.

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.

13 Services Addressing Problem Sexual Behavior, 13.6, A., 5.

|  |
| --- |
| **Comments:** |

**Licensure/Certification Requirements and Notification**

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

5 Program Accountability - Critical Standards, 5.3 L., 1. - 6.

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.

Licensure(s)/Certification(s) are current.

Licensure or certification violations are reported to the licensing board and DPS Consultant within 30 days of a violation being identified.

In the event any program that has a staff member, intern, volunteer or contractor 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 five (5) business days when the investigation begins.

In the event any program that has a staff member, intern, volunteer or contractor 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 five (5) business days of the revocation, suspension, or disciplinary action.

Items listed above: 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.

|  |
| --- |
| **Comments:** |

**Juvenile Records**

The program has a hard copy paper record or digital record for each juvenile admitted to the program.

The program complies with JCPC policy, Appendix D. Digital Client Records.

2. Program Operational Requirements, 2.4, A.

Juvenile records are stored in a secure location. 2. Program Operational Requirements, 2.4, C.

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

2. Program Operational Requirements, 2.4, C.

The program enters data into client tracking within 7 days of the admission decision.

13 Services Addressing Problem Sexual Behavior, 13.4, B. 2.

Participation Agreement includes: 13 Services Addressing Problem Sexual Behavior, 13.4, B. 6., a - g

Name of the sponsoring agency and program name.

Program guidelines, requirements.

Conditions of behavior management and supervision requirements, including a personal Safety Plan.

Signed consent of parent(s)/legal guardian(s), juvenile and program staff for participation in the program.

Specific requirements of the parent(s)/legal guardian(s) and program staff.

Results of any non-compliance.

Confidentiality parameters and agreement thereof.

Termination Process: 13 Services Addressing Problem Sexual Behavior, 13.4, D. 1. -5.

The program enters data into client tracking within 7 days of the termination decision.

The program facilitates a conference with the juvenile, parent(s)/legal guardian(s), Court Counselor, and therapist to review treatment progress and treatment issues.

The program develops a plan for aftercare and/or relapse prevention, prior to termination, with the juvenile and parent(s)/legal guardian(s), juvenile Court Counselor, and/or other referring entity that includes, as appropriate:

Referral to appropriate community resources as needs are identified.

A crisis plan for the juvenile and family.

A supervision and victim protection plan, incorporating the participation and assistance of family members.

The program has completed a written termination summary for each juvenile within 10 business days of termination from the program and submitted the form to the parent(s)/legal guardian, court services, if applicable.

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

The termination summary form includes:

Name of the sponsoring agency and program name

Juvenile's name

Date of last contact

The reason for termination which supports the reasons reported in NCALLIES.

Names of persons and agencies receiving the termination form.

The name of the program person completing the documentation.

|  |
| --- |
| **Comments:** |

A review of 6 active and 6 terminated client records (randomly selected) has been conducted by the monitor. (If a program has less than 6 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, 3.4, A., 1., c. i-iii

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Active Client File Review NOTE: An Individual needs-based Treatment Plan (ITP) is required for this program type.**  **13 Services Addressing Problem Sexual Behavior 13.4, C. 1 - 11** | | | | | | | | | | | | | | | | | | | | | | |
| **Client Name** | Referral Form | Admission Date (matches client tracking) | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Risk Assessment Data (YASI Summary  when referred by Court Services) | Community Programs Risk Assessment | Juvenile and Family Data Sheet | Parental Consent to Participate | Medical / Medication Information  (if applicable) | Consent for Release of Information  (if applicable) | Comprehensive, individualized, needs based evaluation or a sexual risk assessment (prerequisite for admission) | ITP show interventions to be provided by staff and the focus of the intervention | ITP shows frequency of services and anticipated length of stay | ITP shows services needed by juvenile/family and how best to provide or have provided. | ITP shows support services recommended as part of the treatment plan | ITP includes crisis plan available to juveniles after business hours/weekends/holidays | ITP includes supervision and victim protection plan for Juv supervision and victim protection including family members, when appropriate , in supervision of the juvenile | ITP shows measurable behavior changes that will result from effective implementation of the treatment plan | ITP shows provision for reviewing and amending the treatment plan/30 days | ITP mentions all family members and other professionals who developed the treatment plan | Contact Record with activities, dates, times, duration, results each time the youth and/or family is seen | Copy of Progress Reports to Juvenile Court Counselors at least every 30 days  (if applicable) |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Terminated Client File Review NOTE: An Individual needs-based Treatment Plan (ITP) is required for this program type.**  **13 Services Addressing Problem Sexual Behavior 13.4, C. 1 - 11** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client Name** | Referral Form | Admission Date (matches client tracking) | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Risk Assessment Data (YASI Summary  when referred by Court Services) | Community Programs Risk Assessment | Juvenile and Family Data Sheet | Parental Consent to Participate | Medical / Medication Information  (if applicable) | Consent for Release of Information  (if applicable) | Comprehensive, individualized, needs based evaluation or a sexual risk assessment (prerequisite for admission) | ITP show interventions to be provided by staff and the focus of the intervention | ITP shows frequency of services and anticipated length of stay | ITP shows services needed by juvenile/family and how best to provide or have provided. | ITP shows support services recommended as part of the treatment plan | ITP includes crisis plan available to juveniles after business hours/weekends/holidays | ITP includes supervision and victim protection plan for Juv supervision and victim protection including family members, when appropriate , in supervision of the juvenile | ITP shows measurable behavior changes that will result from effective implementation of the treatment plan | ITP shows provision for reviewing and amending the treatment plan/30 days | ITP mentions all family members and other professionals who developed the treatment plan | Contact Record with activities, dates, times, duration, results each time the youth and/or family is seen | Copy of Progress Reports to Juvenile Court Counselors at least every 30 days  (if applicable) | Termination Summary w/date and reason for termination (matches client tracking) | Relapse Plan |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Record Review Comments:**

|  |
| --- |
|  |

**Summary of Comments:**

|  |
| --- |
|  |