

**Monitoring Review Report for**

**Home-Based Family Counseling Services**

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

**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, 14.4 B.

Referrals accepted for services: Home-Based Family Counseling, 14.4 C. 1 - 3.

 [ ]  Have at least 1 family member between the ages of 6 and 17, either a vulnerable juvenile or who is at risk of out-of-home placement in a youth development center, detention center, psychiatric hospital, childcare institution, group home, or foster home due to delinquent or chronic status offense behavior: or

 [ ]  Have at least 1 family member under the age of 17 who is returning from a youth development center and will be living at home full time within 30 days of intake; and

 [ ]  Have at least 1 parent/legal guardian who agrees in writing to participate in the program.  14.

[ ]  Within 15 business days of receiving the referral, the program responds to the referring agency regarding the admission decision.

 14. Home-Based Family Counseling, 14.4 E., 4.

[ ]  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, 14.4 E., 2.

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

 14. Home-Based Family Counseling, 14.4 E., 5.

 Written Assessments include the following elements:

 14. Home-Based Family Counseling, 14.4 E., 5. a. - h.

[ ]  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, 14.3 C.

[ ]  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, 14.3 C. 1.

[ ]  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, 14.3 C. 2.

[ ]  The average optimal weeks and contact hours are within parameters specified for the SPEP Service Type indicated in the program agreement. 14. Home-Based Family Counseling, 14.3 B.

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| **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.

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| Name(s) | S = StaffV = Volunteer I = InternC = Contractor | Job Description | Contract for Prof Services, if applicable | Volunteer Application, if applicable | Perf. Evaluation | Criminal Background Check | Reference Checks | Valid Driver's license, if applicable | Proof of Education | Proof of Experience | CurrentLicensure/Certification, if applicable | Policy Acknowledgement Statement |
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**Comments:**

# **General Qualifications**

[ ]  Staff Qualifying Experience: Staff providing home-based family services have training and experience in providing family-based services in various community settings, including juveniles'

homes. 14. Home-Based Family Counseling, 14.6 A.

[ ]  Clinical Oversight: Staff providing direct service have regular clinical case oversight and supervision of no less than 2 hours per month by no less than a licensed or certified master's level clinician. 14. Home-Based Family Counseling, 14.6 B.

[ ]  Qualified Clinicians: Either employed or by contract, staff only provides services that are trained, credentialed or otherwise qualified to provide such services.

 14. Home-Based Family Counseling, 14.6 C.

[ ]  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, 14.6 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, 14.6 E.

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| **Comments:**       |

# **Volunteer Program Staff**

# 14 Home-Based Family Counseling 14.6 F. 1. - 4.

# [ ]  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 is on file,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 adult volunteer who is involved in direct supervision the program has on file:

# [ ]  A criminal background check (see policy 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.

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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, 14.7 A., 1.

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

 14. Home-Based Family Counseling, 14.7 A., 1.

[ ]  Program offers training opportunities (internal, in-person and/or online) that will lead to continued personal and professional development.

 14. Home-Based Family Counseling, 14.7 A., 2.

[ ]  Volunteers complete pre-service training specific to this program type prior to providing direct services to juveniles. 14. Home-Based Family Counseling, 14.7 A., 3.

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

 14. Home-Based Family Counseling, 14.7 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. 14. Home-Based Family Counseling, 14.7 A., 5.

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| **Comments:**       |

**Juvenile Records**

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

 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.

Participation Agreement includes: 14. Home-Based Family Counseling, 14.4 E., 6., a. - f.

 [ ]  Name of the Juvenile

 [ ]  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

Termination Process: 14. Home-Based Family Counseling, 14.4 F., 1 - 3

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

 [ ]  The program has completed a written termination summary for each juvenile within 10 business days of termination from the program.

[ ]  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.

The termination summary form includes:

 [ ]  Names of the sponsoring agency and program name

 [ ]  Juvenile's name

 [ ]  Activities, results and recommendations

 [ ]  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.

[ ]  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, 14

**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. - ii

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| **Active Client File Review** | **All Programs****NOTE: THIS PROGRAM TYPE REQUIRES AN INDIVIDUAL SERVICE PLAN.****14 Home Based Family Counseling 14.4, E. 7. a - e** | **Home-based Services** |
| **Client Name** | Referral Form | Admission Date (matches client tracking) | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Juvenile Assessment Data (YASI Summary when referred by court srv) | Community Programs Risk Assessment  | Parental Consent to Participate | Medical / Medication Information (if applicable) | Consent for Release of Information (if applicable) | Individual Service Plan n/a for assessment only  | ISP shows goals, outcomes or changes to be accomplished  | ISP shows Interventions / Activities to be provided | ISP shows expected dosage, duration and frequency 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 | Copy of Progress Reports to Juvenile Court Counselors at least every 30 days (if applicable) | Written Assessment | Aftercare plan or Termination Service Plan |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| **Terminated Client File Review** | **All Programs****NOTE: THIS PROGRAM TYPE REQUIRES AN INDIVIDUAL SERVICE PLAN.****14 Home Based Family Counseling 14.4, E. 7. a - e** | **Home-Based Services** |
| **Client Name** | Referral Form | Termination Date (matches client tracking) | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Juvenile Assessment Data (YASI Summary when referred by court srv) | Community Programs Risk Assessment  | Parental Consent to Participate | Medical / Medication Information (if applicable) | Consent for Release of Information (if applicable) | Individual Service Plan n/a for assessment only programs | ISP shows goals, outcomes or changes to be accomplished | ISP shows Interventions / Activities to be provided | ISP shows expected dosage, duration and frequency 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 | 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.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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**Record Review Comments:**

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**Summary of Comments:**

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