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**Monitoring Review Report for**

**Counseling Services**

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

**Service Delivery**

[ ]  The program schedules initial appointment with the juvenile's parent(s)/legal guardian within 10 business days of the referral.

15. Counseling, 15.4, A. 2.

[ ]  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, 15.4, B. 2.

[ ]  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, 15.3 C.

[ ]  The average optimal weeks and contact hours are within parameters specified for the SPEP Service Type indicated in the program agreement. 15. Counseling, 15.3, A.

**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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| **Comments:**       |

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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, if applicable | 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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# **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, 15.6, A. 3.

[ ]  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.

 NOTE: Exception for NC Certified Substance Abuse Counselors. 15. Counseling, 15.6, A. 4.

[ ]  Clinical Oversight: Full-time staff providing direct service receives regular clinical oversight and supervision of no less than two (2) hours per month by no less than a Master's level clinician.

 15. Counseling, 15.6, A. 1.

[ ]  Qualified Clinicians: Staff or contractors providing treatment services for which they are trained, credentialed, or otherwise qualified to provide. 15. Counseling, 15.6, A. 2.

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| **Comments:**       |

# **Volunteer Program Staff**

# [ ]  The program did not utilize volunteers.

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

#  15. Counseling, 15.6. A. 5.

# [ ]  Each volunteer position has a job description. 15. Counseling, 15.6. A. 5. a.

[ ]  A completed Program Volunteer Application Template *(Form JCPC/EA 001),* including 3 references has been provided, contacted, and documented on the completed form for each volunteer. 15. Counseling, 15.6. A. 5. b.

[ ]  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, 15.6. A. 5. c.

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

15. Counseling, 15.6. A. 5. d.

# [ ]  A criminal background check. (See policy 2.8. A. 4)

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

15. Counseling, 15.6. A. 5. d., i - ii

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

 [ ]  A safe driving record check.

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| **Comments:**       |

**Staff and Volunteer Orientation and Training**

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

#  15. Counseling, 15.7, A. 1.

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

#  15. Counseling, 15.7, A. 1.

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

#  15. Counseling, 15.7, A. 2.

# [ ]  Volunteers complete pre-service training specific to the program type prior to providing direct services to juveniles. 15. Counseling, 15.7, A. 3.

[ ]  Direct service staff participated annually in at least 12 hours of training in an area related to the service type provided, including at a minimum, basic interaction skills related to juveniles.

#  15. Counseling, 15.7, 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.

#  15. Counseling, 15.7, A. 5.

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| **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.

 15. Counseling, 15.4, B. 1.

Participation Agreement includes: 15. Counseling, 15.4, B. 3.

 [ ]  Name of 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), juvenile and program staff 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:

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

 15. Counseling, 15.4, D. 1.

[ ]  The program has completed a written termination form for each juvenile within 10 business days of termination from the program. 15. Counseling, 15.4, D. 2

[ ]  The program has submitted a copy of the termination form for each juvenile within 10 business days of termination from the program to the parent(s)/legal guardian (s), Court Services, if applicable, and other referring entities as appropriate. 15. Counseling, 15.4, D. 2

 [ ]  A copy of the termination form is included in juvenile files. 15. Counseling, 15.4, D. 2

The termination summary form includes:

 [ ]  Name 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’s Court Counselor, and/or other referring entity, prior to termination, an aftercare/termination service plan for each juvenile. 15. Counseling, 15.5

**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

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| **Active Client File Review** **NOTE: THIS PROGRAM TYPE REQUIRES AN** **INDIVIDUAL SERVICE PLAN.****15 Counseling Programs 15.4, C. 1 - 5** |  |
| **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 - ISP  | 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 method and timetable for measuring/evaluating progress | ISP shows signature of youth, parent/guardian and staff member | 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.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| 3.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| **Terminated Client File Review****NOTE: THIS PROGRAM TYPE REQUIRES AN** **INDIVIDUAL SERVICE PLAN.****15 Counseling Programs 15.4, C. 1 - 5** |  |
| **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 – ISP  | 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 method and timetable for measuring/evaluating progress | ISP shows signature of youth, parent/guardian and staff member | 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) |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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**Record Review Comments:**

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**Summary of Comments:**

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