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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.

[ ]  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, 2.3, A. 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, 2.8, A. 2.

[ ]  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, 2.8, A. 4.

[ ]  There is a file for all full-time staff, part-time staff, volunteers, interns, and contractor(s) containing: 2. Program Operational Requirements, 2.8, A. 6. a - j.

[ ]  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.

 NOTE: Contractor files are exempt from this requirement.)

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

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

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

 NOTE: Applies only to programs utilizing volunteers.

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

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

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

 [ ]  Reference checks.

 [ ]  A valid driver’s license check is available for all staff, part-time staff, interns, contractors, and volunteers who may transport juveniles or required to drive as

 part of their duty assignment.

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

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

 [ ]  Signed DPS Policy and Procedures Acknowledgement Statement (Form JCPC/PO 003)

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| **Comments:**       |

# **General Qualifications**

15. Counseling, 15.6, A. 1. - 5.

[ ]  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.

[ ]  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.

[ ]  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.

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

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| **Comments:**       |

**Licensure/Certification Requirements and Notification**

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

2. Program Operational Requirements, 2.8, B. 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.

**Notification Requirements for Persons under Investigation or Criminal Charges**

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

2. Program Operational Requirements, 2.8, C. 1. - 2.

[ ]  Any program that has a staff member, intern, volunteer or contractor 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 immediately.

[ ]  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.

# **Volunteer Program Staff**

# 15. Counseling, 15.6. A. 5. a. - d.

# [ ]  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 Program Volunteer Application *(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.

# 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**

# 15. Counseling, 15.7, A. 1. - 4.

[ ]  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.

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

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

[ ]  Volunteers complete pre-service training specific to this program type prior to providing direct services to juveniles.

[ ]  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 who lead program activities that require special skills or certification, are trained in the skills necessary for each particular activity.

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

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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 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: 15. Counseling, 15.4, D. 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.

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

The termination summary form includes:

 [ ]  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. 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. 2.

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| **Active Client File Review** |
| **Client Name** | Admission Date (matches client tracking) | Referral Form | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Risk Assessment (referred by Court Counselors) or Score from Court Counselor (referred by another agency.) | Community Programs Risk Assessment (not referred by Court Services) | 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.       | [ ]  | [ ]  | [ ]  | [ ]  |   [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Terminated Client File Review** |  |
| **Client Name** | Termination Date (matches client tracking) | Referral Form | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Risk Assessment (referred by Court Counselors) or Score from Court Counselors (referred by another agency.) | Community Programs Risk Assessment (not referred by Court Services) | 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.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Record Review Comments:**

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**Summary of Comments:**

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