

**DEPARTMENT OF PUBLIC SAFETY**

**Monitoring Review Report for**

**Sex Offender Treatment**

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

**Service Delivery**

The program has initial contact 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. Sex Offender Treatment, D. 1. b. and D. 2. c.

The program requires completion of a Sex Offender Evaluation as prerequisite for admission to Juvenile Sex Offender Treatment Services. 13. Sex Offender Treatment, D. 2.

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

13. Sex Offender Treatment, D. 2. f.

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

13. Sex Offender Treatment, C. 2.

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. 13. Sex Offender Treatment, C. 2.

The maximum number of juveniles in any group session is 8. 13. Sex Offender Treatment, C. 3.

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 is available for al staff, interns, contractors, and volunteers providing service delivery. 2. Program Operational Requirements, H. 1. f. v.

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| 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.

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| **Comments:** |

# **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. 13. Sex Offender Treatment, E. 2.

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. 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. Sex Offender Treatment, E. 3.

Staff providing treatment services provide only the services for which they are trained, have the necessary degree, have been certified, licensed, or otherwise credentialed to provide.

13. Sex Offender Treatment, E. 1.

Sex Offender Clinicians have training in the following: 13. Sex Offender Treatment, E. 4.

Juvenile sex offender risk assessment

Juvenile sex offender assessment of sexual aggression

Juvenile sex offender specific pathology and treatment

Juvenile sex offender relapse prevention

Group, individual, and family treatment

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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.

13. Sex Offender Treatment, E. 5.

Each volunteer position has a job description. 13. Sex Offender Treatment, E. 5. a.

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.

13. Sex Offender Treatment, E. 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.

13. Sex Offender Treatment, E. 5. c.

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

# 13. Sex Offender Treatment, E. 5. d. i. - iii.

# 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.

13. Sex Offender Treatment, F. a.

The program maintains documentation of program orientation and staff trainings.

13. Sex Offender Treatment, F. a.

Personal and professional development training opportunities are offered to the staff and volunteers. 13. Sex Offender Treatment, F. b.

Volunteers complete pre-service training specific to this program type prior to providing direct services to juveniles. 13. Sex Offender Treatment, F. b.

Opportunities for on-going trainings for direct service staff in basic interaction skills relating to juveniles. 13. Sex Offender Treatment, F. c.

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. Sex Offender Treatment, F. 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: 13. Sex Offender Treatment, D. 2. e. i. – vii.

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 non-compliance

Confidentiality parameters and agreement therof

Individual needs treatment plans include: 13. Sex Offender Treatment, D. 2. f. i. – xi.

Interventions that will be provided by program staff

The focus of counseling intervention(s)

Frequency of the services

The anticipated length of stay in the program

Services needed by the juvenile and family with recommendations on how best to provide or have those services provided

Support service recommended as part of the overall treatment plan

Specific measurable behavioral changes expected.

Provision for reviewing and amending the plan no less than every 30 days

Names of those who participated in development of the plan

A crisis plan

A supervision plan.

A relapse prevention or safety plan is developed prior to termination which includes strategies for crisis response and supervision for the juvenile and a supervision and victim protection plan, incorporating the participation and assistance of family members. 13. Sex Offender Treatment, D. 3.c.

The program has completed a written termination form for each juvenile within 10 business days after termination from the program. 13. Sex Offender Treatment, D. 3. d

The program has submitted a copy of the termination summary for each juvenile within 10 business days to the parent(s)/legal guardian(s), and Court Services, if applicable and other referring entities as appropriate. 13. Sex Offender Treatment, D. 3. d. i. – ii.

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

2. Program Operational Requirements, D. 5. o. and 13. Sex Offender Treatment, D. 3. d. i..

The termination summary includes: 13. Sex Offender Treatment, D. 3. f.

The relapse prevention or safety plan

The last date of program contact

The reason for termination

Recommendations

The names of persons and agencies receiving notice of the juvenile’s termination

The name of the program staff 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. 13. Sex Offender Treatment, D. 4.

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| **Comments:** |

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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| **Active Client File Review** | **All Programs** | | | | | | | | | | | | | | | **Sex Offender Tx** | | |
| **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) | |  | Relapse Plan |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |
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| **Terminated Client File Review** | **All Programs** | | | | | | | | | | | | | | **Sex Offender Tx** | | | |
| **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) | Relapse Plan |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
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**Record Review Comments:**

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**Summary of Comments:**

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