

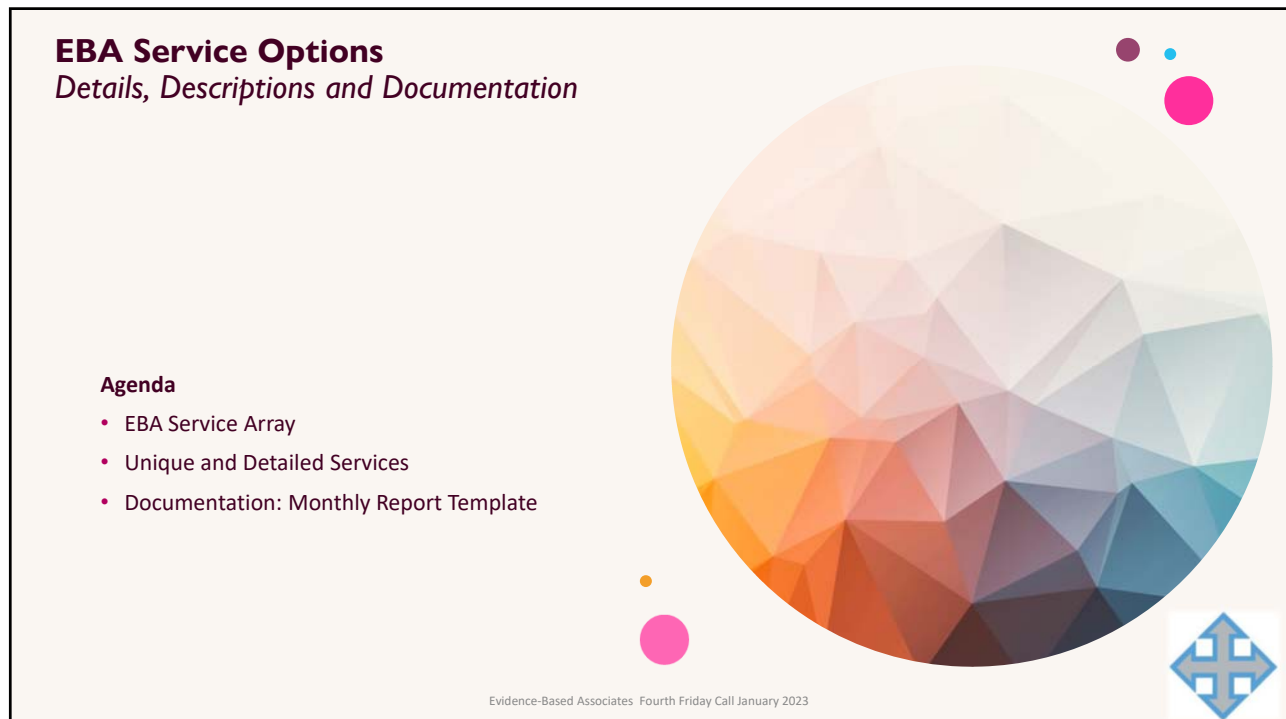
The slide features a light blue background on the right and a colorful, low-poly geometric pattern in shades of orange, red, and yellow on the left. The EBA logo, a blue square with a white cross-like pattern, is in the top right corner. The title 'EBA SERVICES: Details, Descriptions and Documentation' is centered in a large, dark blue font. Below the title, the text 'FOURTH FRIDAY CALL' and 'JANUARY 27, 2023' is displayed. At the bottom left, a small line of text reads 'Evidence-Based Associates Fourth Friday Call January 2023'.

evidence-based associates®

EBA SERVICES: *Details, Descriptions and Documentation*

FOURTH FRIDAY CALL
JANUARY 27, 2023

Evidence-Based Associates Fourth Friday Call January 2023



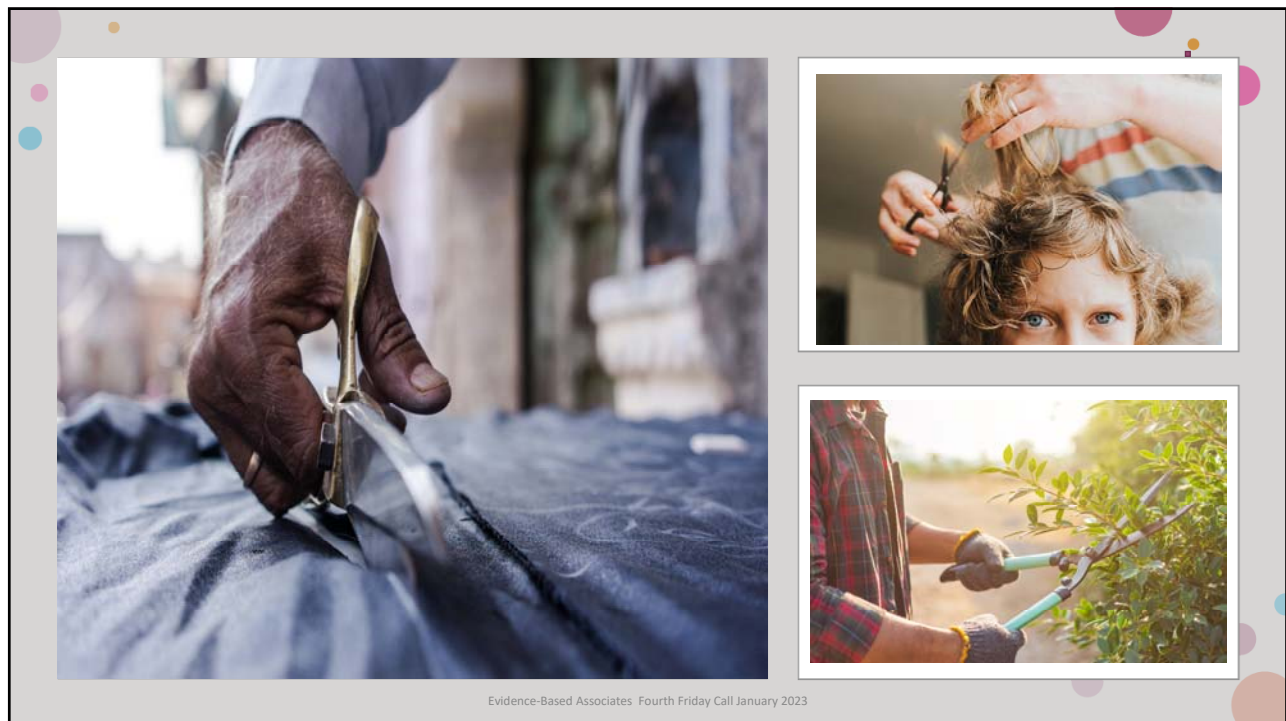
The slide has a light beige background. On the right side, there is a large, colorful, low-poly geometric circle. To the left of the circle, the title 'EBA Service Options' is in a bold, dark blue font, followed by the subtitle 'Details, Descriptions and Documentation' in a smaller, italicized font. Below the title, the word 'Agenda' is followed by a bulleted list of three items: 'EBA Service Array', 'Unique and Detailed Services', and 'Documentation: Monthly Report Template'. At the bottom left, a small line of text reads 'Evidence-Based Associates Fourth Friday Call January 2023'. The EBA logo is in the bottom right corner.

EBA Service Options *Details, Descriptions and Documentation*

Agenda

- EBA Service Array
- Unique and Detailed Services
- Documentation: Monthly Report Template

Evidence-Based Associates Fourth Friday Call January 2023





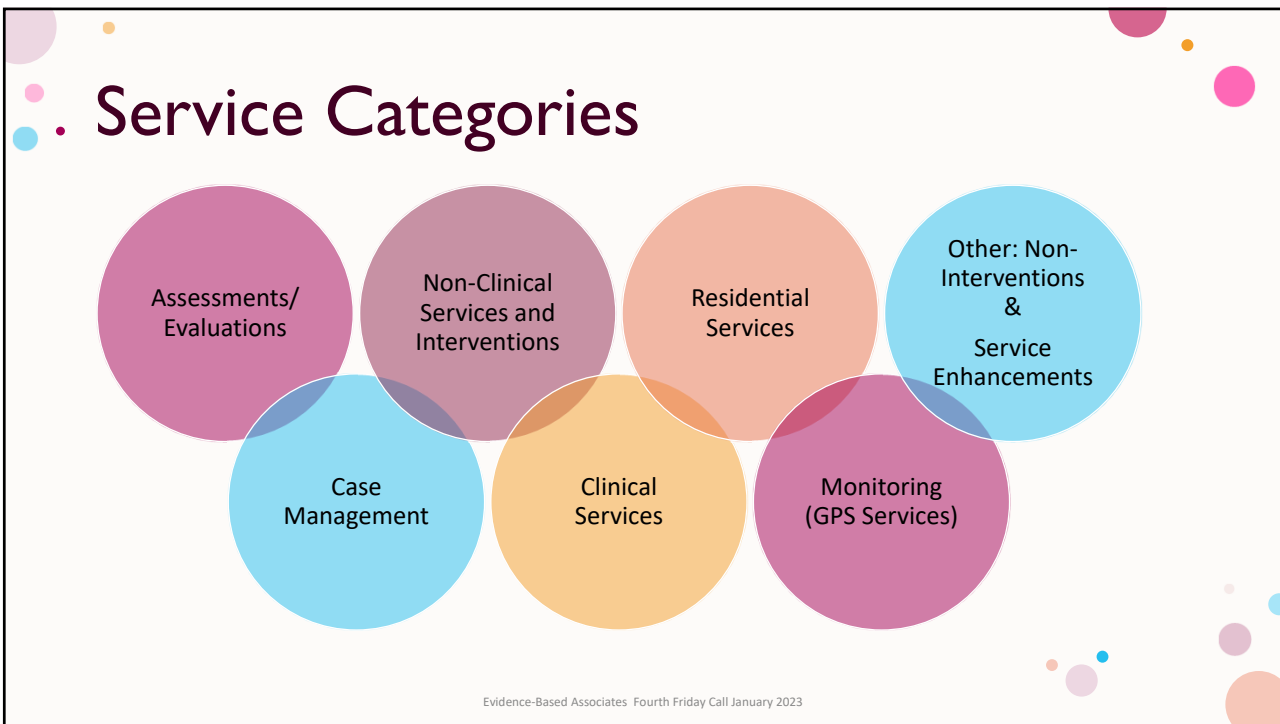
Pick one... What kind of tool describes your services? Explain

Qualifications and Alignment

- Licensure. The PROVIDER represents and warrants that it/he/she shall
 - (1) provide Services listed on the POSO and operate within one's scope of practice in accordance with all applicable laws, rules, and regulations as set forth by the Virginia Department of Health Professions,
 - (2) duly holds all licenses, credentials, certifications, and/or other qualifications (collectively, "Qualifications") required by local, State, and Federal laws and regulations to provide Services (e.g., Licensed by VA Department of Health Professions, Department of Behavioral Health and Developmental Services, Department of Education, etc.) and
 - (3) will furnish satisfactory proof of such Qualifications to EBA.

PROVIDER will ensure that it and all individuals that provide Services hereunder maintain required Qualifications in good standing at all times and will **immediately** notify the PRIME CONTRACTOR's authorized representative in the event such Qualification is suspended, withdrawn, or revoked....

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Categories Sub-Categories and Services

Non-Residential Services	
DJJ Category	DJJ Sub-Category
Assessments/Evaluations	Mental Health Intake or Evaluation
	Psychological Evaluation
	Substance Abuse Evaluation
	Youth with Sexualized Behaviors Assessment/Evaluation
Case Management	Intensive Care Coordination
	Mental Health Case Management
	Substance Abuse Case Management
Clinical Services	Crisis Services
	Family Therapy
	Group Therapy
	Individual Therapy
	Specialized Individual Therapy
	Substance Abuse
	Youth with Sexualized Behaviors
Monitoring Services	Electronic Monitoring
	Surveillance
Non-Clinical Services and Interventions	Anger Management
	Conferencing/Mediation
	Employment/Workforce Services
	Gang Intervention
	Skill Coaching Group
	Skills Coaching Individual
	Other

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Service Categories

- **Assessments/ Evaluations**
- Case Management
- Clinical Services
- Monitoring Services
- Non- Clinical Services
- Residential
- Service Enhancements



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Subcontractor Agreement: Assessments and Evaluations

Assessments and Evaluations shall be conducted by an appropriately qualified professional and shall include a report that captures a summary of the clinical evaluation, case conceptualization, working diagnosis, answer(s) to referral question(s), and recommendations.

Evaluation reports shall be sent, **by the end date on the POSO**, to the designated DJJ Staff and EBA, and shall include a minimum of the following:

- Name and dates of interviews, records reviewed, testing inventories or instruments utilized; and
- Date of the report, signature and credentials of the evaluator, including a co-signor as necessary in accordance with applicable laws and regulations.

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Variety of Assessments

Assessment of Sexual Behavior Problems in Children

Evaluation Level 1

Evaluation Level 2

Evaluation Level 3 Assessment and Intervention

IACCT Evaluation

Mental Health Evaluation LMHP

Psychological Level 1

Psychological Level 2

Psychological Update

Psychological with Violence Risk Assessment

Psycho-Sexual Evaluation

Psycho-Sexual Evaluation with Psychological Testing

Psycho-Sexual Update

Service Provider Intake

Substance Abuse Evaluation

Violence Risk Assessment

- Ranging from \$ 150 - \$ 1,700

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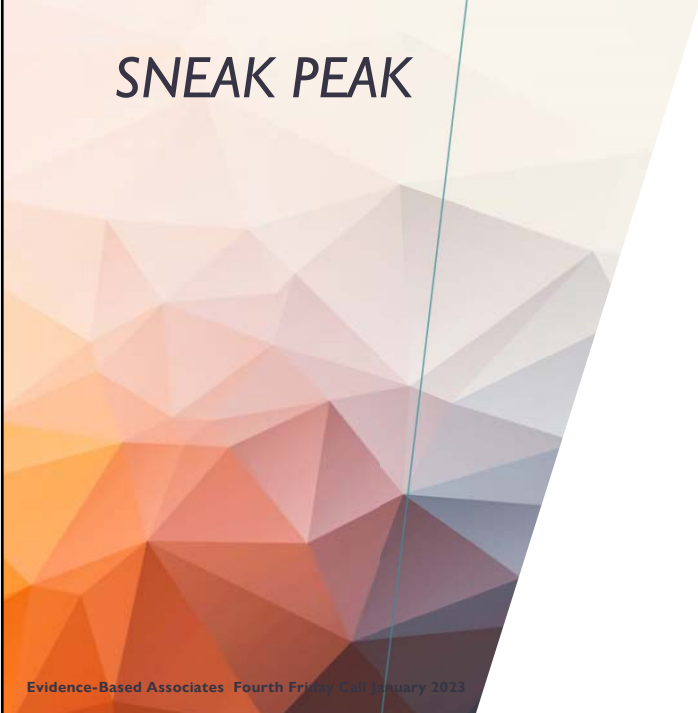
How can the evaluator help the PO identify a referral question?

- Suggestions to give PO's on developing a referral question?
- Referral questions can be used to tailor the assessment for specific needs (e.g., trauma, gang, exploitation, substances, etc.) but all should be comprehensive in nature.



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SNEAK PEAK



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RSC Model Service Referral and Rationale Virginia Department of Juvenile Justice

FUNDING INFORMATION AND OTHER SERVICES

Medicaid Status: ☒ No Medicaid ☐ Medicaid Eligible ☐ Pending ☐ Medicaid is Active

CSA Eligibility Status: Choose an item. Current CSA/FAPT Involvement: Choose an item.

Other Funding Available 1: Choose an item. Other Funding Available 2: Choose an item.

Other Funding Available 3: Choose an item.

Explain other funding sources utilized, available, explored, and/or ruled out:

Current Services (List service(s), start dates, provider name(s), contact information, funding source(s), and progress):

Prior Services (List service(s), start/end dates, provider name(s), contact information, funding source(s), and outcomes):

REQUEST FOR ASSESSMENTS AND EVALUATIONS*

Requested Assessment/Evaluation Type: Mental Health Intake or Evaluation

What questions need to be answered during the assessment/evaluation? Explain the purpose and goal below:

Report and recommendations needed by: _____ Is the assessment/evaluation court ordered? Choose an item.

Next Court Date: _____ Requested Provider: _____

Service Provider Intake

Bio-psycho-social intake assessment. The intake will include consent to treatment, agency orientation, releases of information for Protected Health Information (PHI), and development of the preliminary treatment plan for individual or group services (approximately 2 hours).

- *Authorized for groups.*
- *May also be used for a clinical service or EBP, prior to the youth's release.*
- *If no other evaluation or assessment has been completed, then an intake can be purchased/ approved.*
- *May also be authorized based on the Providers policy.*

Evaluation Level 1

This assessment involves a review of records (including the YASI), a clinical interview, and mental status examination with the youth. The focus of this assessment is to provide diagnostic impression(s) if indicated, identify strengths, service/treatment needs, and related interventions that will support the youth's developmentally appropriate, prosocial functioning in the community.

Final written report will include a summary of the clinical evaluation, working diagnosis, answers to referral questions, and recommendations.

Evaluations can be focused on various needs including trauma, family, exploitation, gang and/or mental health.

Completed by an LMHP or by a provider practicing under the direct supervision of an LMHP and registered for such supervision with the Department of Health Professions.

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\$310.00 Evaluation

When to use the different Evaluations?

Evaluation #1

Similar to a DMAS CNA.

Uses: For youth who have never had Mental health Interventions or assessment

Purpose: Generally looking for MH diagnosis and recommendations

Evaluation #2

Evaluation #3

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Evaluation Level 2

This assessment involves a review of records (including the YASI), a clinical interview and brief mental status examination with the youth, interview with collaterals including family (as needed), and the administration, scoring, and interpretation of identified testing instruments (this should include broad-band standardized instruments or evidence-based assessment tools measuring both externalizing and internalizing symptoms). Examples may include, but are not limited to, instruments such as the BDI, BYI-2, BASC-3, or PIY.

The focus of this assessment is to provide diagnostic impression(s) if indicated, identify strengths, service/treatment needs, and related interventions that will support the youth's developmentally appropriate, prosocial functioning in the community.

The final written report will include a qualitative and quantitative summary of administered tests, the clinical evaluation, working diagnosis, answers to referral questions, and recommendations for treatment, if needed. Evaluations can be focused on various needs including trauma, gang, family, exploitation, and/or mental health.

Completed by an LMHP or by a provider practicing under the direct supervision of an LMHP and registered for such supervision with the Department of Health Professions.

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\$625.00 Evaluation

When to use the different Evaluations?

Evaluation #1



Evaluation #2



Looking for a more intense evaluation; youth has prior MH or life skills services,

Youth is failing in numerous life domains, signs of Depression, Anxiety, numerous charges or extended time on probation, prior diversion,

Significant charges, documented flags on YASI, etc.

Dual diagnosis - overlapping with SA.

Evaluation #3



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Evaluation Level 3 Assessment and Intervention

In depth evaluation and intervention to provide diagnostic impression(s) if indicated, identify strengths/needs, assess the youth's motivation, willingness, and response to interventions.

Assessment will include clinical interviews (with the youth and family), review of records, collateral contacts, and a battery of testing or evidence-based assessment tools measuring both externalizing and internalizing symptoms (examples may include, but are not limited to, instruments such as the BDI, BYI-2, BASC-3, or PIY).

The clinician will meet with the youth (individually and/or with the family) over a series of 4-6 sessions (minimum of four hours of sessions) to focus on symptoms/diagnosis, as well as an assessment of the youth's strengths, needs, personality, and provide skill-based interventions to target thinking patterns and enhance coping skills, while reviewing the youth's engagement in the process including consistency, willingness to learn, and ability to apply skills and interventions.

Written report will include dates of interviews, sessions, data reviewed, collateral contacts, testing inventories, a detailed summary/case conceptualization, diagnostic impression (if indicated), interventions provided, youth's progress, amenability to treatment (as recommended), and identify recommendations that will support the youth's developmentally appropriate, prosocial functioning in the community.

Evaluations can be focused on various needs including trauma, family, gang, exploitation, and/or mental health. Completed by an LMHP (report 5-8 pages).

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\$940.00 Evaluation

When to use the different Evaluations?

Evaluation #1

Similar to a DMAS CNA.

Uses: For youth who have never had Mental health Interventions or assessment

Purpose: Generally looking for MH diagnosis and recommendations

Evaluation #2

Looking for a more intense evaluation; youth has prior MH or life skills services,

Youth is failing in numerous life domains, signs of Depression, Anxiety, numerous charges or extended time on probation, prior diversion,

Significant charges, documented flags on YASI, etc.

Dual diagnosis - overlapping with SA.

Evaluation #3


Documented or need to explore exploitation, significant trauma, or other needs.

Youth has had multiple failed services - or lengthy interaction with DJJ, DSS and or other agencies.

Youth with responsivity barriers: lack of motivation, difficult to engage, OR

May also be used for low-risk youth that need a light touch of intervention and recommendations that are not connected to services - but other techniques.

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Psychological Level 1

This level of assessment involves a review of records, collateral contacts with guardian(s) and/or other relevant parties, a clinical interview and mental status examination with the youth, the use of broad-band and narrow-band standardized psychological testing instruments chosen to directly address the referral question(s), provide diagnose(s), and formulate a detailed case conceptualization that informs recommendations to assist in improving a youth's psychosocial functioning.


Instruments are selected to address differential diagnostic issues; examples may include, but are not limited to, the BDI, BYI-2, MACI-II, PAI-A, BASC-3, or PIY. (For example, a continuous performance test and an ADHD rating scale may be used to determine whether there is sufficient evidence to support a diagnosis of ADHD).

At a minimum, the assessment will include psychological instruments measuring cognitive, personality, and psychosocial functioning; the test results will be integrated with other sources of data to inform the case conceptualization and treatment recommendations.

Written report will include dates of interviews, data reviewed, collateral contacts, testing inventories, a detailed summary/case conceptualization, and the background section of the report will include a review of the youth's mental health, substance use, and trauma history along with criminogenic risk and protective factors.

Report will provide recommendations, as needed, and clear answer(s) to the referral question(s).

Completed by a Licensed Psychologist or LMHP directly supervised by a Licensed Psychologist.



Psychological Level 2

Completed for youth involved in numerous systems, with a long history of/or complex mental health challenges and/or significant intellectual/cognitive processing impairments.

Evaluation involves an extensive record review, collateral contacts with guardian(s) or other relevant parties, a clinical interview and mental status examination with the youth, the use of broad-band and narrow-band standardized psychological instruments chosen to directly address the referral question(s), provide diagnoses, and formulate a detailed case conceptualization that informs recommendations to assist in improving a youth's psychosocial functioning.


The assessment, as indicated, will include psychological instruments measuring cognitive, personality, and psychosocial functioning; the test results will be integrated with other sources of data to inform the case conceptualization and treatment recommendations (i.e., instruments are selected to address differential diagnostic issues). **Achievement testing may be added to help identify processing difficulties suggestive of a specific learning disorder. Screening for neuro-psychological functioning may be indicated for youth with a history of head trauma).**

Written report will include dates of interviews, data reviewed, collateral contacts, testing batteries, the background section of the report will include a review of the youth's relevant mental health, substance use, and trauma history along with criminogenic risk and protective factors, summary and results of the psychological tests utilized, and a detailed summary/case conceptualization.

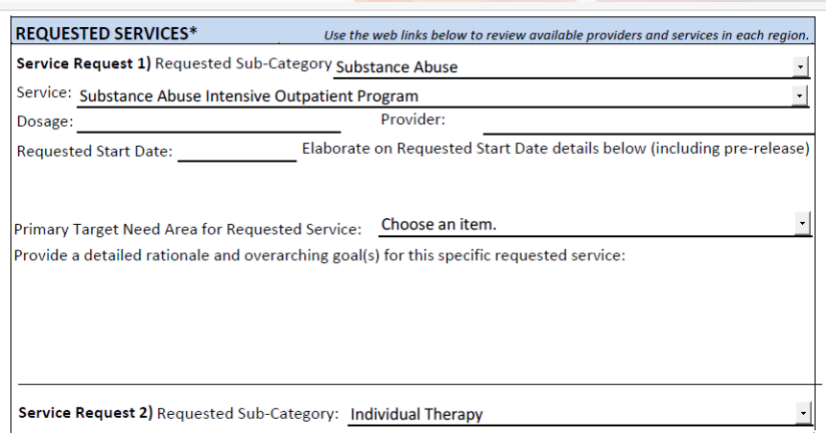
Report will provide recommendations, as needed, and clear answer(s) to the referral question(s). **Completed by Licensed Psychologist only.**

Psychological Update

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Sneak Peak



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Service Categories

- Assessments/ Evaluations
- **Case Management**
- Clinical Services
- Monitoring Services
- Non- Clinical Services
- Residential
- Service Enhancements



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Case Management Services

High Fidelity Wraparound Intensive Care Coordination

Intensive Care Coordination Family Support Partner*

Mental Health Case Management

Substance Abuse Case Management

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Service Categories

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Clinical Services

1. Adolescent Community Reinforcement Approach
2. Assertive Community Treatment
3. Brief Strategic Family Therapy
4. Clinical Group
5. Community Stabilization
6. Dialectical Behavior Therapy Group
7. Dialectical Behavior Therapy Individual
8. Eye Movement Desensitization and Reprocessing
9. Family Centered Treatment
10. Family Therapy
11. Family Therapy for Substance Abuse
12. Family Therapy for Youth with Sexualized Behaviors
13. Functional Family Therapy
14. Group Therapy for Substance Abuse
15. Group Therapy for Youth with Sexualized Behaviors
16. Home-Based Services
17. Individual Therapy
18. Individual Therapy for Substance Abuse
19. Individual Therapy for Youth with Sexualized Behaviors
20. Intensive In-Home Services
21. Mental Health Skill Building
22. Multi-Systemic Therapy
23. Outpatient Therapy
24. Parent Child Interaction Therapy (PCIT)
25. Relapse Prevention for Substance Abuse
26. Relapse Prevention for Youth with Sexualized Behavior
27. Relapse Prevention Therapy (Dual)
28. Seven Challenges Brief for Substance Abuse
29. Seven Challenges Group for Substance Abuse
30. Seven Challenges Individual for Substance Abuse
31. Specialized Individual Therapy
32. Substance Abuse Intensive Outpatient Program
33. Therapy for Exploited Youth
34. Therapy for Substance Abuse
35. Therapy for Youth with Sexualized Behaviors
36. Trauma Focused Cognitive Behavioral Therapy

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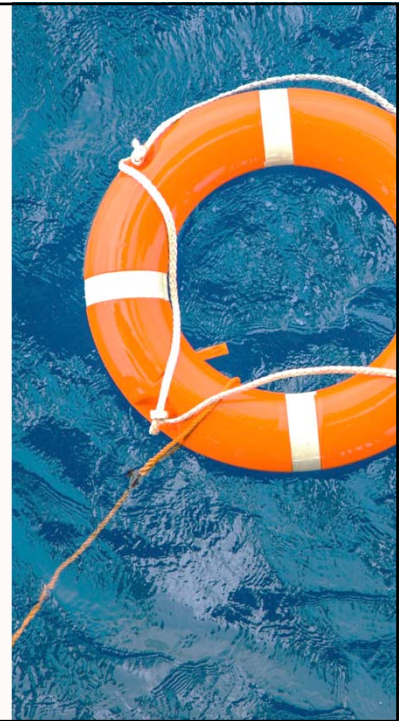
Safety Plans and Relapse Prevention Plans.

PROVIDER shall provide Youth a mutually developed Relapse Prevention Plan (e.g., Sustainability Plan, Transition Plan, etc.) at the close of Services to include, without limitation, Substance Abuse Services, Services for Youth with Sexualized Behavior (YSB), Multi-Systemic Therapy (MST), and Functional Family Therapy (FFT), as appropriate.

- For YSB Services, PROVIDER will develop a functional and collaborative Relapse Prevention Safety Plan (RPSP) with the Youth, DJJ Staff, and parent(s) and/or guardian(s), when applicable, upon Service initiation or at the development of the Service Plan.
- Relapse Prevention Plans shall be provided to the Youth and DJJ Staff at the time-of-Service termination and to the PRIME CONTRACTOR with the final invoice and within 20 calendar days of termination of Service.

SA, YSB, MST, & FFT

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Relapse Prevention Services

Relapse Prevention for Substance Abuse

Outpatient treatment provided by a qualified provider (e.g., LMHP, CSAC)) to sustain treatment strides and effectively transition into the community; continually addressing risk factors, building resiliency and coping skills to maintain sobriety in the community. This service is designed for youth who have completed a substance abuse treatment program, with a planned transition from the prior clinician. Service may occur individually, with family sessions as needed.

Relapse Prevention Therapy for Youth with Sexualized Behavior

Outpatient treatment provided by a CSOTP to sustain treatment strides and effectively transition into the community; continually addressing risk factors, building resiliency and coping skills to maintain safely in the community. This service is designed for youth who have completed a specialized treatment program, with the expectation the therapist meet with the prior provider to support an effective transition. Service may include individual and family sessions.

Relapse Prevention Therapy (Dual)

Outpatient treatment provided by a qualified provider (e.g., LMHP, CSAC, CSOTP) to sustain treatment strides and effectively transition into the community; continually addressing risk factors, building resiliency and coping skills to maintain safely in the community for a variety of identified needs (e.g., sexualized behaviors, substance use, emotional regulation, etc.). This service is designed for youth who have completed specialized treatment program(s), with the expectation that the therapist meets with the former clinician to support an effective transition. Service may occur individually or with family members as needed to achieve and maintain the youth's service plan goals.

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Community Stabilization

Community Stabilization services are short-term and designed to support an individual and their natural support system following contact with an initial crisis response service or as a diversion to a higher level of care. Providers deliver community stabilization services in an individual's natural environment and provide referral and linkage to other community-based services at the appropriate level of care. Interventions may include brief therapeutic and skill building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Coordination of specialized services to address the needs of co-occurring intellectual/developmental disabilities and substance use are also available through this service. Services should involve advocacy and networking to provide linkages and referrals to appropriate community-based services and assisting the individual and their family or caregiver in accessing other benefits or assistance programs for which they may be eligible. The goals are to provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery.



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Clinical Services



Counseling with an LMHP that involves members of the youth's identified family. Sessions may occur with the family alone or with the youth and family together, based upon the identified needs



Individual Therapy

Counseling services provided by an LMHP with a court-involved youth to meet identified treatment goals



Counseling services provided by an LMHP with a court-involved youth to meet identified treatment goals. Service may **include individual or family** sessions to meet the youth's overarching service plan goals.

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Service Categories

- Assessments/ Evaluations
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- **Non- Clinical Services**
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- Service Enhancements



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Non-Clinical Services

Aggression Replacement Training Group

Anger Management Group

Anger Management Intervention

Casey Life Skills

Family Partnership Meeting

Gang Intervention Service

Girls Circle Group

Job Readiness and Employment Service

Job-Readiness and Employment Coach

Job-Readiness and Employment Group

Kaizen Program BBBS

Life Skills Coaching

Moral Reconation Therapy Group

Non-Clinical Skills Group

Parenting Skills Group Intervention for Youth

Parenting Skills Intervention for Youth

Supported Employment

Thinking for a Change Group

Vocational Training Group

Vocational Training Individual

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Non-Clinical Services

Life Skills Coaching

- Individualized social skill development and coaching service provided to court involved youth designed to enhance social skills, build resiliency and increase protective factors. Court involved youth will be appropriately matched with screened and trained adults to focus on age-appropriate social skills including communication, problem solving, conflict resolution, self-awareness, and interpersonal skills. Service interventions may include structured activities, instruction, modeling of behavior, practice and rehearsal, feedback, and re-enforcement, intended to meet the goals on the service plan. Group services may be approved on a case-by-case level by the PO.

Casey Life Skills (CLS)

- Cognitive Skill-building and mentoring /coaching beginning with the Casey Life Skills Assessment (CLSA)*. The CLSA will be used to create a Service Plan within the first 14 days of services, to include interventions outlined in the Casey Life Skills resource guide and to enhance independent living skills and career preparation on an individual level within the community. Group services may be approved on a case-by-case level by the PO. Services will be guided by the service plan and include short-term, measurable goals. The discharge summary will include the progress captured from the pre- and post-CLSA.

Gang Intervention Service

- Comprehensive intervention to include a blend of skill coaching, psychoeducational interventions, resource connection, care coordination, and possibly clinical activities provided to court involved youth and their families. Service will address gang culture and effective interventions to change patterns and social interactions. (Logic Model or detailed definition may be requested for variations of the gang intervention service).

Upon request, PROVIDER shall submit documentation to PRIME CONTRACTOR evidencing PROVIDER'S compliance with the PROVIDER'S internal staff credential requirements, oversight and training, and all other requirements of staff providing life skills coaching to youth.

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CLS Resource Guide

- Designed for youth, DSP, and/or caregiver
- Corresponding goals for skill areas
- Activities & exercises to teach/learn goals
- https://www.casey.org/media/CLS_ResourceGuides_ResourcestoInspire.pdf

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- **Service Enhancements**



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ABEL Assessment Sexual Interest Screen

Affinity 2.5 Sexual Interest Screen

Clinical Case Consultation

Court Appearance

Feedback Session

Interpreter Services

Location Enhancement COLA

Participant Material Cost

Polygraph Testing

Psychological Administered in Spanish

Translation Materials

Transportation Service

Travel Mileage – Federal Mileage Rate

Travel Time

Vocational Training Program

Youth Stipend

Youth with Sexualized Behavior Case Coordination

Service Enhancements

Add-ons to reduce responsivity barriers or support and enhance the service provision

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Service Enhancements

- **Feedback Session** Review recommendations with the youth, family, guardian, referring court service unit staff and/or treatment team as needed, during or following the evaluation to review recommendations for treatment or safety pre-cautions. Session must be documented with date, time, and participants. Complicated cases may have more than one feedback session if additional consultations are needed; This may include attempts to contact or formal written report to the court if the evaluation is not completed.
- **Clinical Case Consultation** Supplemental service to include information sharing, case staffing's and collaboration with designated DJJ staff, family members and other providers for safety planning, treatment team meetings to enhance safety within the community, outside of authorized services or as a standalone service for specialized clinical consultation.
- **Youth with Sexualized Behavior Case Coordination** Supplemental service to support YSB services to include communication, information sharing, and collaboration with designated CSU staff, family members and other providers for safety planning, treatment team meetings and other coordination to enhance safety within the community, outside of scheduled sessions. Documentation of coordination is required (routine paperwork is not funded).

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STAY IN YOUR LANE | USE YOUR TOOLS
DOCUMENT- DOCUMENT - DOCUMENT

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Youth Information

Provider & Service Information

The Anticipated Service Completion date will likely be different than the Authorization dates.



DJJ RSC Model Monthly Report



Reporting Period: Month/year or date range

YOUTH INFORMATION		
Youth's Name:	Juvenile #:	DOB:
Assigned DJJ Office: Choose an item.		Assigned DJJ Staff:
PROVIDER & SERVICE INFORMATION		
Provider:		Staff Name/Credentials:
Staff Email:		Staff Phone:
Service(s):		
Service Authorization Dates:		
Pre-Service Engagement Date:		
Explain: Provide a summary of pre-service engagement and efforts to initiate services; specific contacts should be captured under sessions and/or case coordination & collateral contacts below.		
Service Start Date:		Service Plan Date:
Anticipated Service Completion Date:		
Most Recent YASI Received:		<input type="checkbox"/> From initial referral packet <input type="checkbox"/> Updated YASI from DJJ or RSC
Targeted YASI Priorities: 1) YASI domain 2) YASI domain 3) YASI domain		
Rationale for Service: Rationale for this service based on the referral form, YASI, provider's internal assessment of need, and targeted behavior/needs.		

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DJJ RSC Model Monthly Report



Reporting Period: Month/year or date range

YOUTH INFORMATION		
Youth's Name:	Juvenile #:	DOB:
Assigned DJJ Office: Choose an item.		Assigned DJJ Staff:
PROVIDER & SERVICE INFORMATION		
Provider:		Staff Name/Credentials:
Staff Email:		Staff Phone:
Service(s):		
Service Authorization Dates:		
Pre-Service Engagement Date:		
Explain: Provide a summary of pre-service engagement and efforts to initiate services; specific contacts should be captured under sessions and/or case coordination & collateral contacts below.		
Service Start Date:		Service Plan Date:
Anticipated Service Completion Date:		
Most Recent YASI Received:		<input type="checkbox"/> From initial referral packet <input type="checkbox"/> Updated YASI from DJJ or RSC
Targeted YASI Priorities: 1) YASI domain 2) YASI domain 3) YASI domain		
Rationale for Service: Rationale for this service based on the referral form, YASI, provider's internal assessment of need, and targeted behavior/needs.		

Pre-service Engagement

With the goal of starting service in 5 days, this detail is critical.

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Service(s):	
Service Authorization Dates:	
Pre-Service Engagement Date:	
Explain: Provide a summary of pre-service engagement and efforts to initiate services; specific contacts should be captured under sessions and/or case coordination & collateral contacts below.	
Service Start Date:	Service Plan Date:
Anticipated Service Completion Date:	
Most Recent YASI Received: <input type="checkbox"/> From initial referral packet <input type="checkbox"/> Updated YASI from DJJ or RSC	
Targeted YASI Priorities: 1) YASI domain 2) YASI domain 3) YASI domain	
Rationale for Service: Rationale for this service based on the referral form, YASI, provider's internal assessment of need, and targeted behavior/needs.	

Targeted YASI priorities and Rationale for the service should come directly from the DJJ RSC Referral form, as it relates to the specific service you are providing.

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Summary & Overall Progress

Strength-based focus and alignment with Trauma Informed Care (TIC) principles.

Overall "Snapshot" of the youth's progress in the service.

SUMMARY AND OVERVIEW THIS REPORTING PERIOD
<input type="checkbox"/> Youth and family actively engaged in service.
<input type="checkbox"/> Youth is progressing towards identified service goals.
<input type="checkbox"/> Youth is attending school: _____
<input type="checkbox"/> Youth is employed: _____
<input type="checkbox"/> Youth is connected to an extra-curricular or school activity: _____
<input type="checkbox"/> Safety or Relapse Prevention Plan has been created/revised. Date: _____
<input type="checkbox"/> Copy provided to youth/family. <input type="checkbox"/> Copy provided to DJJ Staff.

OVERALL PROGRESS SINCE SERVICE START

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Case Coordination & Collateral Contacts

CASE COORDINATION & COLLATERAL CONTACTS (CURRENT REPORTING PERIOD)

DATE	MODALITY	CONTACT(S)	SUMMARY OF CONTACT

Document the content of the contact!

Remember: If it's not documented, it didn't happen.

Use this space to reiterate concerns noted in phone calls, texts, or e-mails with PO/ Case Manager, other stakeholders, updates on progress, coordination of upcoming meetings or court hearings, recommendations or requested changes to services (e.g., dosage, extension, etc.).

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Case Coordination & Collaterals Sessions

CASE COORDINATION & COLLATERAL CONTACTS (CURRENT REPORTING PERIOD)

DATE	MODALITY	CONTACT(S)	SUMMARY OF CONTACT

SESSIONS

CURRENT REPORTING PERIOD DOSAGE: _____

DATE	TIME AND DURATION	MODALITY/LOCATION	PARTICIPANT(S)	SESSION DESCRIPTION

The Current Reporting Period Dosage should align with the Monthly Billing/ Activity form.

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Sessions

SESSIONS

CURRENT REPORTING PERIOD DOSAGE: _____

DATE	TIME AND DURATION	MODALITY/LOCATION	PARTICIPANT(S)	SESSION DESCRIPTION

Contract Language...

Reports shall include the following information regarding all Service provision:

- (1) the date, time and duration of each Service unit,
- (2) the purpose of Service,
- (3) the names of the individuals involved in the session/ Service, and
- (4) the location at which the Service was provided or the Service delivery modality (e.g., Tele-health, telephone, etc.)

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Service Plans

Service Plans. PROVIDER shall design an individualized Service Plan (or Treatment Plan) in conjunction with the Youth, designated DJJ Staff and, when applicable, the parent(s)/guardian(s). Such Service Plan must be consistent with, and describe a reasonable plan to meet, the goals of the court in accordance with the DJJ-provided case plan, and reason for the referral. It must comport with the Youth's court supervision status, the criminological needs identified in the referral packet, YASI, and other related assessments. Service Plans shall be sent to the designated DJJ Staff and the PRIME CONTRACTOR, and shall include the following:

- **Overarching**, measurable, achievable goals related to the reason for referral and, as applicable, Youth Assessment and Screening Instrument ("YASI") Domains as identified at time of referral;
- **Specific time-limited objectives** and measurable action steps the youth (and/or family) will complete, Related tasks indicators for the achievement of identified outcomes as they apply to the Youth's achievement of the overarching goal and discharge from Services; and
- Signatures of the Youth, the Youth's parent(s)/custodian(s) (where applicable), and designated DJJ Staff.

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Service Plan Goals

SERVICE PLAN GOALS

GOAL 1: Overarching service/treatment goal the youth will focus on during the service

OBJECTIVE	TARGET COMPLETION	STATUS	ACTUAL COMPLETION
		Status	
		Status	
		Status	
		Status	

INTERVENTIONS AND RESPONSE THIS REPORTING PERIOD: Include a summary of strategies used to increase treatment readiness and mitigate any treatment barriers; interventions delivered for the goal/objectives; youth/family engagement activities; and youth's response and progress for this reporting period.

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Target Date – Status – Actual Completion

SERVICE PLAN GOALS


GOAL 1: Overarching service/treatment goal the youth will focus on during the service

OBJECTIVE	TARGET COMPLETION	STATUS	ACTUAL COMPLETION
	DATE	New In Progress Partially Achieved Achieved	This is left blank until the objective is completed. Then enter the date of completion and indicate it is ACHIEVED.

INTERVENTIONS AND RESPONSE THIS REPORTING PERIOD:

Status Section for each objective includes drop-down options.

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The graphic displays the SMART acronym with each letter in a large, stylized font above a corresponding colored banner with an icon and label:

- S** (blue banner with target icon): Specific
- M** (teal banner with bar chart icon): Measurable
- A** (green banner with line graph icon): Attainable
- R** (yellow banner with interlocking circles icon): Relevant
- T** (orange banner with clock icon): Time Based

- The monthly report template does not replace the need for a treatment plan (but you can combine them).
- Set SMART goals and objectives that align with your service and identified needs.
 - Family voice and choice should be 'seen'.
 - The goals should align with the YASI needs.
 - Address and capture responsivity barriers, as needed.

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Incidents and Recommendations

DJJ SIGNIFICANT INCIDENT
☐ Youth involved in a DJJ Service Provider Incident.
 Date of incident: _____
 Date incident report submitted to RSC and DJJ staff: _____

RECOMMENDATIONS (CURRENT REPORTING PERIOD)
☐ Check here if the DSP is currently recommending DJJ staff request an extension or modification to the current services, or if additional needs have been identified.


 Include a summary of current and ongoing recommendations including: additional supports needed; response to serious incident, requests to DJJ and the RSC for consideration of service extension requests; requests to DJJ and the RSC for consideration of expanding or deviating from the original targeted behaviors and/or goals identified in the referral; discharge preparations; target completion; need to address incidents; barriers to service delivery; changes to family dynamics impacting service delivery; successes; and/or other current needs.


Report completed by: _____ Date: _____
 Staff Signature/Credentials

I have reviewed and approved this report: _____ Date: _____
 Supervisor Signature/Credentials

☐ Copy of Monthly Progress Report provided to CSU

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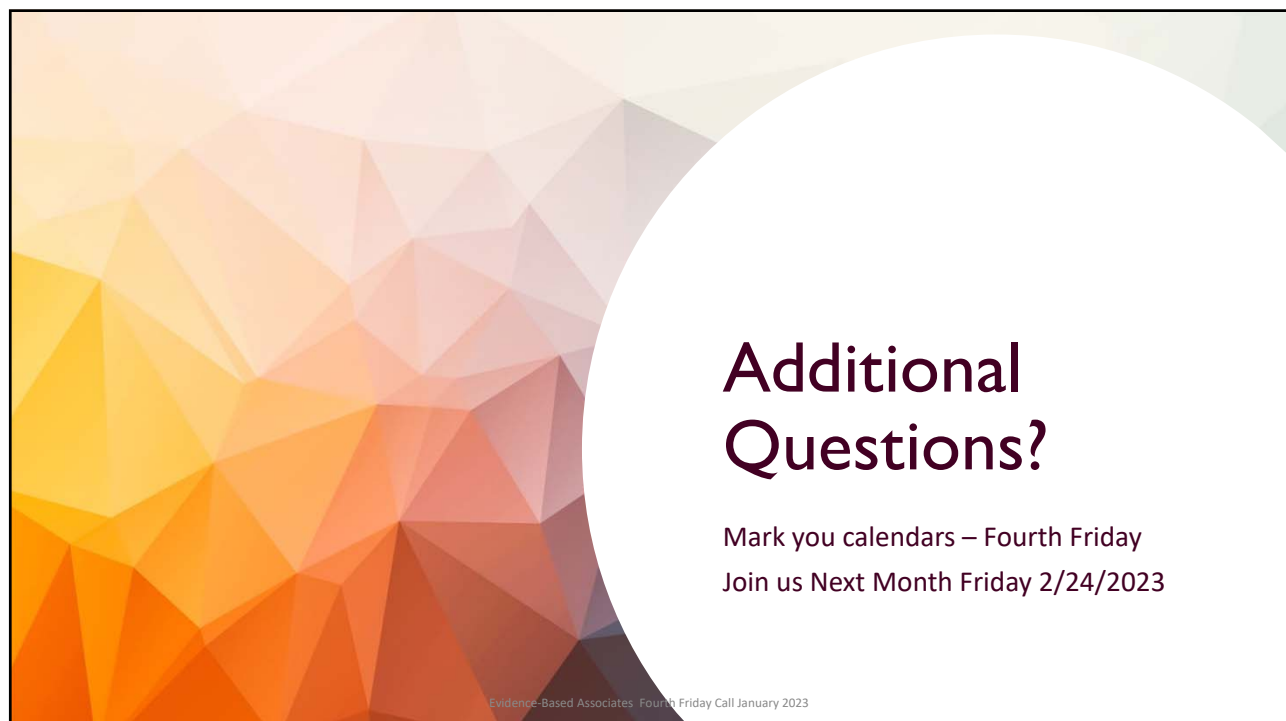


Recommendations, Revisions, and Discharge Planning
Anticipated Discharge Date: Select date
Click or tap here to enter text.

Discharge Summary <i>(section completed only if the youth is discharged during the reporting month)</i>
Discharge Date: Select date
Discharge Type: <input type="checkbox"/> Completed service <input type="checkbox"/> Did not complete service
Service Progress: <input type="checkbox"/> Met ALL goals <input type="checkbox"/> Met SOME goals <input type="checkbox"/> DID NOT meet goals
Reason/Details: Click or tap here to enter text.
Aftercare/Discharge Recommendations: Click or tap here to enter text.

Discharge Summary

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Report Requirement	Details and description
Youth Name and DOB	Yes, if the reports contains the Youths full name and DOB
Juv ID #	Juvenile ID #
CSU# and DJJ Staff	Yes, if the report contains the assigned CSU and DJJ Staff
DSP Name	Yes, if the report contains the Providers name and contact information
Service Name	Yes, if the report lists which service(s) was authorized (RSC to verify authorizations - needs to align with the Service Authorization and RSC Service name).
Staff Name and Credentials	Yes, if the report includes the name and credentials of the assigned staff. (credentials only when needed for clinical services)
Service Authorization dates	Dates of services authorization included.
Service Start Date	Yes, if the report indicates the date services began
Anticipated Service Completion	Dates for anticipated completion (overall) filled in and accurate for youth to complete treatment
Rationale for Service	Rationale for this service is clearly aligns with the original referral packet rationale, YASI, provider's internal assessment of need, and targeted behavior/needs.
Signatures	Report is signed by staff with credentials listed and approved by Supervisor as needed (Supervisor needed for clinical services based on licensure status and all non-clinical services)

These are all captured with a YES or NO and weighted for one (1) point.

DJJ Monthly Report Rubric

Report Requirement	Instructions/considerations for consistency
Overall Progress	Yes if report describes what has occurred in the case overall (since service initiation) as a quick overview to describe the youth's involvement with the services. This is not intended to capture if the youth is making progress, only that the provider's report is writing about what has occurred.
DJJ Contact	Does the report include information regarding contact with the referring DJJ Staff.
Family Engagement	Is family engagement is assessed or captured in the collateral contacts, sessions or interventions in the report (this may include participating in a family session or collateral contact with family members). N/A , if the youth has no family connection (e.g., living alone or in IL).
Session Dates	Session dates listed for all billable sessions
Session Time	Session times included in all billable sessions
Session Details	Session Details listed with modality and participants (all sessions must meet with criteria to be considered "YES")
Status of objectives	Target completion dates or current status captured for each objective.

These are all captured with a YES or NO and weighted with various points.

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Report Requirement	Instructions/considerations for consistency
Goals	<p>2 Points: ALL Goals are measurable, achievable, and related to the reason for referral (aligned with referral, YASI and/or Case Plan).</p> <p>1 Point: SOME goals are related the service, measurable, and/or achievable (may meet one but not all required components).</p> <p>0 Points: Goals are NOT related to the service, referral and are not measurable</p>
Objectives:	<p>2 Points: ALL objectives are specific/concise, time-limited and measurable action steps the youth (and/or family) will complete, this includes related tasks indicators for the achievement of identified outcomes.</p> <p>1 Point: SOME (at least half or 50%) objectives meet the requirements, but not all.</p> <p>0 Points: objectives are vague, not measurable and not related to the overarching service goal.</p>
Interventions and Response	<p>Provider describes interventions and the youth's response for each goal.</p> <p>2 Points: Report captures the interventions of the DSP and the youth's response. This may include the DSPs attempt to mitigate responsivity barriers or the youth's negative response.</p> <p>1 Point: The interventions OR the youth's response is not clearly captured.</p> <p>0 Points: The report fails to capture the service details AND the youth's response.</p>
<p>★ Bonus STARS ★ The documentation exceeds the requirements or highlights the work of the provider in an exception manner (e.g., pre-engagement efforts are detailed and above and beyond the norm, collateral contacts with other stakeholders, DSP captured details of assessments completed, provider took time to detail collaboration efforts, youth's positive activities and offered creative interventions to overcome barriers, etc.)</p>	

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DJJ Monthly Report Rubric

Report Requirement	Scoring Options	Weight/ Value
Overall Progress	YES(1) - NO(0)	4
DJJ Contact	YES(1) - NO(0)	3
Family Engagement	YES(1) - NO(0) - N/A	2 or N/A
Session Dates	YES(1) - NO(0)	2
Session Time	YES(1) - NO(0)	2
Session Details	YES(1) - NO(0)	3
Goals	Scale 2 - 1 - 0	6
Objectives	Scale 2 - 1 - 0	8
Status of objectives	YES(1) - NO(0)	3
Interventions and Response	Scale 2 - 1 - 0	6
Bonus Point	★	

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Save the Date for EBA's Provider Support Calls
Fourth Fridays @ 10 AM



See you in February!
2/24/2023 @ 10 AM

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