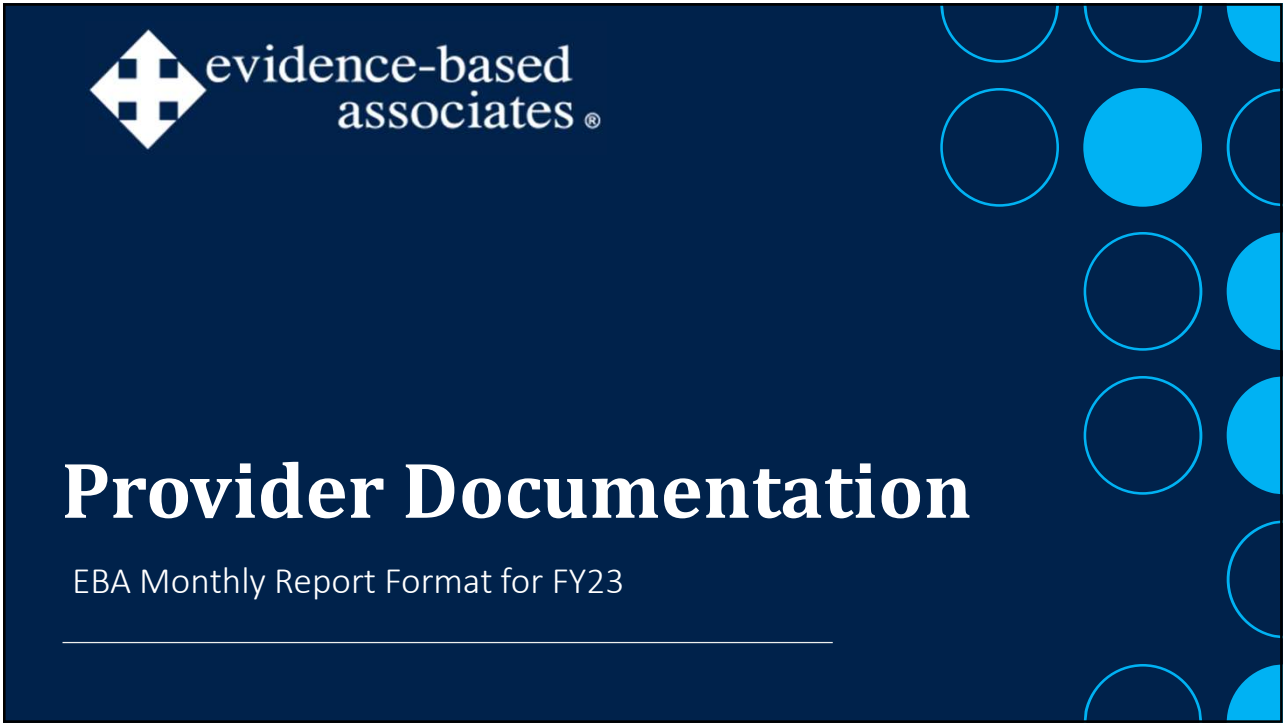




1



2

# FY23 Changes

## Contractual revisions

- ❖ Service Initiation - 5 Days
- ❖ Utilization Review
- ❖ Scope

## Process changes

- ❖ Report Format

3

# Timely Service Initiation

## Referral Process/Purchase of Services.

- PRIME CONTRACTOR shall issue a referral packet and POSO to PROVIDER, which shall notify PROVIDER of the need for Services. The POSO will describe which Services are requested and shall include **Dosage Guidelines (including specific modality, as applicable, anticipated start dates, and approved units, etc.)**
- Prior to commencing the delivery of Services, **and within three (3) business days of receipt of a referral packet or POSO from PRIME CONTRACTOR**, PROVIDER shall notify the PRIME CONTRACTOR and appropriate designated DJJ Staff of the available Service start date and PROVIDER assigned staff, as appropriate.
- **PROVIDER will initiate/ begin community-based Services within 5 business days of the referral, or by the target start date identified on the POSO.**
- For community-based services, **PROVIDER will contact the Youth and/or family to coordinate and/or initiate Services within five (5) business days**; PROVIDER shall communicate with the PRIME CONTRACTOR and DJJ Staff if the family is unresponsive or unable to be reached.

4

# Utilization Review

*Contract Language...*

**Utilization Review**

PROVIDER shall ensure that the Youth is progressing toward the goals in the Treatment/Service Plan. The PROVIDER shall notify EBA and DJJ Staff if:

- Progress is not made over two (2) reporting periods,
- Following two (2) or more acts of omission or avoidance of the Youth and/or family in a single monthly reporting period, preventing the delivery of Services as specified in the POSO and Service Plan, including but not limited to, lack of participation or cancellation.

5



## Alignment

*“Stay in your lane and qualifications”*

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....

6

## Subcontractor Agreement: Documentation

### *Service Plans, Reporting, and Documentation*

PROVIDER shall prepare written individual youth progress reports for distribution to DJJ Staff and PRIME CONTRACTOR. Reports shall be submitted to the PRIME CONTRACTOR by the PROVIDER by the 5th day following the end of the month during which services were delivered. All reports, including Evaluations, Service Plans and Progress Reports, shall include, in addition to the specific requirements listed below, the following: PROVIDER name, name of service provider assigned by PROVIDER (e.g. assigned staff/therapist name) and credentials (when applicable), staff contact information, supervisor (when applicable), Service name/type, modality of service, date of Service, assigned court service unit, the relevant Youth's first and last name, Youth juvenile number, the Youth's date of birth and/or age, and any other applicable requirements.

---

7

## Subcontractor Agreement: Monthly Progress Reports

PROVIDER shall submit written monthly reports addressing each goal of the treatment plan related to authorized Services on the POSO. Monthly Progress Reports shall be submitted to PRIME CONTRACTOR no later than the fifth (5<sup>th</sup>) day following the end of the month during which Services were delivered and must include the following:

- Progress towards the overarching goals and identified objectives listed in the Service Plan, related to the reason of the referral.
- Specific activities and strategies worked on ~~during the month~~ during each session.
- Assessment of protective factors and the level of family engagement partnership, including specific strategies and activities.
- Completion date or anticipated completion of each goal and objective.
- Revisions to measurable objectives.
- 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.) ~~and/or precautions taken for face-to-face sessions along with~~ rational for service delivery modality.
- Progress Reports shall include all case-related contacts.

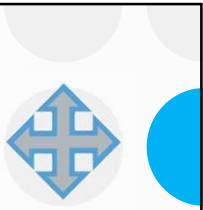
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8

### 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.





9

### Subcontractor Agreement: Documentation Reminders

**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

10

# Provider Documentation

DJJ Monthly Report Template for 2023



evidence-based  
associates®

11



## Reasons for The Change

- To meet the needs of the court and capture the unique needs of youth referred through the RSC model.
- Alignment with the EBA FY23 Subcontractor Agreement.
- Partnered with a scoring rubric designed to create consistent evaluation measures
- Create uniformity across both RSC agencies.

*Ongoing and Continuous Quality Improvement!*

12



YOUTH INFORMATION

Provider & Service Information

THINK: "If the youth progresses, as expected, WHEN will they complete the service?"

AMMKids®

DJJ RSC Model Monthly Report

evidence-based associates®

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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YOUTH INFORMATION

Pre-service Engagement

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

AMMKids®

DJJ RSC Model Monthly Report

evidence-based associates®

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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|  |                    |
|--|--------------------|
| 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 checked="" type="checkbox"/> ? <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.

15

### 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

☐ Youth and family actively engaged in service.  
☐ Youth is progressing towards identified service goals.  
☐ Youth is attending school: \_\_\_\_\_  
☐ Youth is employed: \_\_\_\_\_  
☐ Youth is connected to an extra-curricular or school activity: \_\_\_\_\_  
☐ Safety or Relapse Prevention Plan has been created/revised. Date: \_\_\_\_\_  
☐ Copy provided to youth/family. ☐ Copy provided to DJJ Staff.

OVERALL PROGRESS SINCE SERVICE START

16



# 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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# 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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# 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. |                   |        |                   |

21

# 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<br>In Progress<br>Partially Achieved<br>Achieved | This is left blank until the objective is completed. Then enter the date of completion and indicate it is <b>ACHIEVED</b> . |
| INTERVENTIONS AND RESPONSE THIS REPORTING PERIOD:                                     |                   |  |   |

Status Section for each objective includes drop-down options.

22

S



Specific

M



Measurable

A



Attainable

R



Relevant

T



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.

23

Activity Time





24

# Referral

## Nicholas Claus (AKA Santa, Father Christmas, Saint Nicholas, Saint Nick, Kris Kringle)

- Male
- Charged with Breaking and Entering once a year every year.
- Charges span the globe.
- Accused of leaving suspicious packages in homes after consuming food and beverages
- Alleged Labor Exploitation
- Speaks multiple languages but is fluent in English
- Has a female partner who enables his behaviors

## PO Requested Services

- Individual Therapy
- Casey Life Skills
- Substance Abuse Evaluation

25

# Goals and Objectives

## Individual Therapy

- Goal:
- Objective 1:
- Objective 2:
- Objective 3:

## Casey Life Skills

- Goal:
- Objective 1:
- Objective 2:
- Objective 3:

26

# Goals and Objectives

## Individual Therapy

- Goal: Nick wants to give toys to all the children in the world in an appropriate manner.
- Objective 1: Nick will explore his past to identify 3-5 reasons for wanting to give toys to all the children in the world.
- Objective 2: Nick will identify 2-4 thoughts/feelings he has before, during, and after giving toys to children.
- Objective 3: Nick will identify 2-3 differences between healthy versus unhealthy boundaries with younger peers.

## Casey Life Skills

- Goal: Nick wants to give toys to all the children in the world.
- Objective 1: Nick will identify 3-5 ways he can appropriately/legally give toys to children.
- Objective 2: Nick will explore 2-3 appropriate/legal options of giving toys to children.
- Objective 3: Nick will partner with 1-2 community agencies to appropriately/legally give toys to children.

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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

28



DJJ SIGNIFICANT INCIDENT

☐ Youth involved in a DJJ Service Provider Incident.

Date of incident: \_\_\_\_\_

Date incident report submitted to RSC and DJJ staff: \_\_\_\_\_

Incidents

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Recommendations

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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# Discharge Reports

**Discharge Reports.** The PROVIDER shall submit a fully and accurately completed cumulative written Discharge Report to EBA and the designated DJJ Staff within **20 calendar days of termination of Services**. The discharge plan must be completed prior to submission of the final invoice for payment. The discharge report shall include:

- i. Status of discharge (e.g., **complete or non-complete**).
- ii. **Overall progress** made toward the identified measurable goals with emphasis on needs identified by the referring worker at time of referral.
- iii. Overall progress made on items within the domains of the YASI.
- iv. Overall protective factors at time of program/Service completion.
- v. Youth-specific **recommendations** for continued Services or supports, with a Transition Plan as requested.

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Recommendations, Revisions, and Discharge Planning

Anticipated Discharge Date: Select date

Click or tap here to enter text.

Discharge Summary *(section completed only if the youth is discharged during the reporting month)*

Discharge Date: Select date

Discharge Type: ☐ Completed service ☐ Did not complete service

Service Progress: ☐ Met ALL goals ☐ Met SOME goals ☐ 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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# Next Steps

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## *Roll out and Implantation Plans*

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# Monthly Report Rubric

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A Continuous Quality Improvement Activity  
*New Providers - At Random*  
*During QAR - Extension Request*

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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 #                       | Juv #  |
| 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    | <b>Dates of services authorization included.</b>   |
| Service Start Date             | Yes, if the report indicates the date services began   |
| Anticipated Service Completion | <b>Dates for anticipated completion (overall)</b> 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.**

35



| 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).<br><b>N/A</b> , 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><b>2 Points:</b> ALL Goals are measurable, achievable, and related to the reason for referral (aligned with referral, YASI and/or Case Plan).</p> <p><b>1 Point:</b> SOME goals are related the service, measurable, and/or achievable (may meet one but not all required components).</p> <p><b>0 Points:</b> Goals are NOT related to the service, referral and are not measurable</p>  |
| Objectives:   | <p><b>2 Points:</b> 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><b>1 Point:</b> SOME (at least half or 50%) objectives meet the requirements, but not all.</p> <p><b>0 Points:</b> 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><b>2 Points:</b> 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><b>1 Point:</b> The interventions OR the youth's response is not clearly captured.</p> <p><b>0 Points:</b> The report fails to capture the service details AND the youth's response.</p> |
| <p>★ <b>Bonus STARS</b> ★ 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 - <i>Near final Draft</i> |                      |               |
|---|----------------------|---------------|
| 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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# Confidentiality and Security



- Reports must be sent securely; maintain confidential information in strictest confidence.
- Protect your data- **Save files in PDF form.**
- Save reports in this format:  
CSU# client's last name first initial Provider month  
Sample: CSU20 Hawkins\_RockstarLLC Nov2022

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# Reports and Billing Activity Due by the 5<sup>th</sup>



Submit all activity forms, monthly reports, and evaluations to [BillingVA@EBANetwork.com](mailto:BillingVA@EBANetwork.com)

You should receive a confirmation e-mail stating your billing has been received and is being processed for payment.

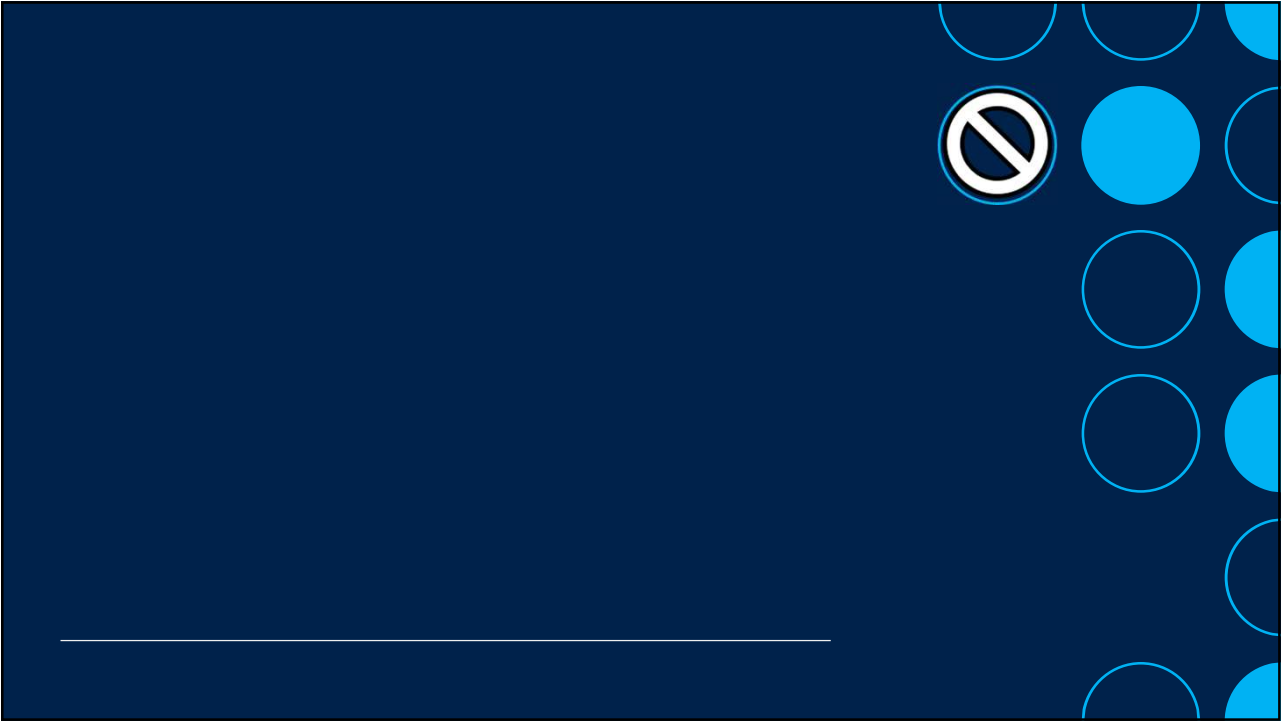
40





**Represent your self and your agency well!**

41



42



43



44



45