Service Standards

Juvenile Justice Case Management Services

Purpose

Juvenile Justice Case Management Services coordinate the services and supervision that can help youth address problems and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding members of their communities.

Definition

Juvenile Justice Case Management Programs supervise, monitor, and facilitate the delivery of services to youth involved with the juvenile justice system. Services are often, but not always, provided to youth living in their own homes and communities. Services may be provided: (1) as diversion from the juvenile justice system when it is determined that youth can be informally supervised and supported; (2) when youth are adjudicated delinquent and the disposition ordered is community supervision; (3) as case management for youth who are adjudicated delinquent and placed in a residential program; and/or (4) as aftercare following participation in another more intensive program. Programs may provide different levels of supervision and services, depending on the risks and needs of youth served.

Note:*The organization's services will be reviewed and matched with the most appropriate Service Standard, regardless of the population served. When an organization operates a program where the service population includes but is not limited to youth involved with the juvenile justice system, it may be more appropriate to complete another Service Standard, such as Case Management (CM).*

Note:*Please see JJCM Reference List for the research that informed the development of these standards.*

Note:*For information about changes made in the 2020 Edition, please see the JJCM Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Juvenile Justice Case Management Services

JJCM 1: Person-Centered Logic Model

Purpose

Juvenile Justice Case Management Services coordinate the services and supervision that can help youth address problems and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding members of their communities.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one client outcome has been identified for all of its programs; or
- All but a few staff have been trained on use of therapeutic interventions and training is scheduled for the rest; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs; or
- Several staff have not been trained on the use of therapeutic interventions; or
- There are gaps in monitoring of therapeutic interventions, as required; or
- There is no process for identifying risks associated with use of therapeutic interventions; or
- Policy on prohibited interventions does not include at least one of the required elements.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs; or
- There is no written policy or procedures for the use of therapeutic interventions; or
- Procedures are clearly inadequate or not being used; or
- Documentation on therapeutic interventions is routinely incomplete and/or missing; or
- There is evidence that clients have been harmed by inappropriate or unmonitored use of therapeutic interventions.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of outcomes being measured	

- See program description completed during intake

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

JJCM 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in service recipients); and
f. expected long-term impact on the organization, community, and/or system.

Interpretation: *The program logic model should demonstrate a commitment to youth rehabilitation and identify how the services and supervision provided will meet the needs of youth while simultaneously protecting the safety of their families, the community, and personnel.*

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments; and*
2. *the best available evidence of service effectiveness.*

JJCM 1.02

The logic model identifies client outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Juvenile Justice Case Management Services

JJCM 2: Personnel

Purpose

Juvenile Justice Case Management Services coordinate the services and supervision that can help youth address problems and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding members of their communities.

Program personnel have the competency and support needed to provide services and meet the needs of youth.
Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, including education, experience, training, skills, temperament, etc.; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	

* • Procedures or other documentation relevant to continuity of care and case assignment	

* • List of program personnel that includes:
  • Title
  • Name
  • Employee, volunteer, or independent contractor
  • Degree or other qualifications
  • Time in current position
• See organizational chart submitted during application	

Site Visit Evidence

* • Sample job descriptions from across relevant job categories • Documentation tracking staff completion of required trainings and/or competencies • Training curricula • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

* • Interviews may include:
  1. Program director
  2. Relevant personnel
• Review personnel files

JJCM 2.01

Direct service personnel are qualified by a bachelor's degree in a social or human service field, and experience working with youth.

JJCM 2.02

Supervisors are qualified by:

a. an advanced degree in a social or human service field; or
b. a bachelor’s degree in a social or human service field and at least two years’ experience working with youth.

JJCM 2.03

All direct service personnel are trained on, or demonstrate competency in:

a. understanding youth development;
b. assessing risks and safety;
c. recognizing and responding to needs, including needs related to health, mental health, trauma, and substance use;
d. providing services in a culturally competent manner that considers gender and gender identity, race, ethnicity, sexual orientation, developmental level, disability, and other relevant characteristics; and
e. understanding the different organizations, agencies, and systems likely to serve or encounter youth involved with the juvenile justice system.

JJCM 2.04

The organization minimizes the number of workers assigned to youth over the course of their contact with the organization by:

a. assigning a worker at intake or early in the contact; and
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

JJCM 2.05

Caseloads support the achievement of youth outcomes, are regularly reviewed, and generally do not exceed:

a. 12 to 15 youth for high-intensity cases;
b. 35 youth for medium-intensity cases; and
c. 40 to 50 youth for low-intensity cases.

Interpretation: *New personnel should not carry independent caseloads prior to the completion of training.*

Examples: *Factors that may be considered when determining caseloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *whether youth receive services from multiple team members or professionals, including collaborating service providers;*
3. *case complexity and circumstances, including travel time, the intensity of youths' risks and needs, and the level of supervision required;*
4. *case status, including progress toward achievement of desired outcomes;*
5. *the work and time required to accomplish assigned tasks and job responsibilities; and*
6. *service volume.*

Juvenile Justice Case Management Services

JJCM 3: Engagement and Assessment

Purpose

Juvenile Justice Case Management Services coordinate the services and supervision that can help youth address problems and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding members of their communities.

The organization contacts youth promptly, and conducts assessments that identify risks, needs, and strengths.
Interpretation: *It is likely that youth will have been assessed elsewhere before arriving at an organization providing JJCM. However, the organization should still take steps to further evaluate them. At minimum, the organization should review the results of previous assessments to ensure they meet COA's standards, and conduct additional assessments if those done previously are insufficient.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Assessment procedures	

*	• Copy of assessment tool(s)	

Site Visit Evidence

*	• Evidence of collaboration with the court and/or public agency responsible for juvenile justice

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Youth served and their families • Review case records

JJCM 3.01 (FP)

To promote safety and support timely initiation of services, the organization responds to referrals by:

a. contacting youth promptly, within specified timeframes;
b. gathering identifying and emergency contact information;
c. screening youth to identify emergency health needs and safety concerns, such as imminent danger or risk of future harm; and
d. notifying referral sources if youth cannot be served, or cannot be served promptly.

JJCM 3.02

Youth participate in an individualized, culturally and linguistically responsive assessment that is:

a. completed within established timeframes;
b. updated as needed based on youths' risks and needs;
c. focused on information pertinent for meeting service objectives; and
d. supplemented with information provided by the referral source and/or collaborating providers, when appropriate.

JJCM 3.03

Assessments are conducted in a standardized manner and address:

a. youths' strengths and assets;
b. youths' problems and needs; and
c. risks youth pose to the community.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

JJCM 3.04

When youth are in need of further evaluation by another professional, the organization promptly provides or makes arrangements for specialized assessments.

JJCM 3.05

The organization collaborates with relevant parties, including the court and the public agency responsible for juvenile justice, to encourage placement of youth into programs that address their risks and needs in the least restrictive environment necessary.
Interpretation: *Although an individual organization without statutory authority does not control referral and placement decisions, organizations should take steps to encourage the court and public agency to make appropriate placement decisions, to the extent possible. This will likely occur on a macro-level and address placements and referrals generally, but may also occur in relation to individual cases.*

Juvenile Justice Case Management Services

JJCM 4: Service Planning

Purpose

Juvenile Justice Case Management Services coordinate the services and supervision that can help youth address problems and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding members of their communities.

Each youth participates in the development of a service plan that is the basis for delivery of appropriate services, support, and supervision.
Interpretation: *When services are provided as aftercare that follows another more intensive program, these plans may sometimes be referred to as "reentry plans" or "aftercare plans" rather than "service plans."*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, client or staff signatures are missing and/or not dated; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In several instances, client or staff signatures are missing and/or not dated; or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is clearly inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Service planning procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served and their families

- Review case records

JJCM 4.01

An assessment-based service plan is developed in a timely manner with the full participation of youth and includes:

a. goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. the level of supervision needed, including the frequency and type of contacts required;
d. procedures for expedited service planning when crisis or urgent need is identified; and
e. the signature of the youth and a parent or legal guardian.

Interpretation: *To promote service continuity and facilitate a successful transition, organizations providing aftercare services should strive to develop plans before youth are released from their previous placements.*

JJCM 4.02

During service planning the organization explains:

a. how youth and their progress will be monitored;
b. any special terms or conditions, including conditions ordered by the court or public agency with jurisdiction over the youth;
c. benefits to be gained if the plan is fulfilled; and
d. possible consequences of noncompliance.

Examples: *Special terms or conditions can include, but are not limited to, mandated curfews, school attendance, and drug testing.*

JJCM 4.03

Working in active partnership with youth, the organization collaborates with relevant organizations, agencies, and parties, as appropriate to the needs of individual youth and the nature of the services provided, to:

a. arrange for the delivery and coordination of all needed services and supports;
b. advocate on behalf of youth;
c. mediate barriers to services within the service delivery system; and
d. identify and develop opportunities for youth to become involved with or contribute to the community, when possible and appropriate.

Examples: *Relevant organizations, agencies, and parties include those engaged with youth both during and prior to their involvement with the organization providing JJCM, including: representatives of the public agency responsible for juvenile justice; court and legal personnel; law enforcement; and other organizations and agencies providing services to youth. This includes staff at residential facilities when an organization provides case management to youth in residential placement, and both staff at youths' previous placements and community organizations and agencies, when an organization provides aftercare. Organizations and agencies that may serve or encounter youth in the community include, but are not limited to: child welfare agencies; schools; health care providers; mental health care providers; substance use treatment providers; parks and recreation services; libraries; cultural institutions; businesses; and faith-based institutions.*

Note: *Collaboration within the context of ongoing service monitoring is addressed further in JJCM 6.*

JJCM 4.04

Personnel strive to engage families in service planning to the extent possible and appropriate, and encourage their involvement by:

a. including family members in scheduling decisions;

b. allowing participation through teleconferencing;
c. assisting with transportation and childcare, as needed and to the extent possible; and
d. developing and maintaining positive relationships with family members.

Examples: *Personnel can develop positive relationships with family members and encourage their involvement by demonstrating:*

1. *sensitivity to the willingness of the family to be engaged;*
2. *respect for family members' autonomy and confidentiality;*
3. *flexibility;*
4. *persistence; and*
5. *a non-threatening manner.*

Juvenile Justice Case Management Services

JJCM 5: Services and Supports

Purpose

Juvenile Justice Case Management Services coordinate the services and supervision that can help youth address problems and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding members of their communities.

Youth are linked to services and supports needed to overcome problems, improve behavior, develop skills, build strengths, promote personal responsibility, and establish pro-social community connections.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for referring individuals to services	

Site Visit Evidence

*	• Community resource and referral list • Coverage schedule (or other documentation demonstrating 24-hour access), for the past six months

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Youth served and their families

- Review case records

JJCM 5.01
Personnel develop positive, respectful relationships with youth, and:

a. model pro-social behavior and attitudes;
b. emphasize personal responsibility and accountability; and
c. serve as a resource.

JJCM 5.02
The organization maintains a comprehensive, up-to-date list of community programs and services, and information on how to access them.

JJCM 5.03 (FP)
Youth are linked to programs and services needed to achieve goals and objectives identified in their service plans, including, as appropriate:

a. health services;
b. mental health and counseling services;
c. services for substance use conditions;
d. social and life skills development services; and
e. educational and vocational services.

JJCM 5.04
Youth are engaged in activities that help them understand the impact of past actions and behaviors, and repair any harm they may have caused.
Examples: *Activities may include, but are not limited to, meaningful community service, restitution, and victim/offender mediation.*

JJCM 5.05
In an effort to cultivate positive community connections, personnel help youth identify:

a. pro-social recreational and leisure time activities; and
b. sources of pro-social support, such as mentors, community members, peers, siblings, or other family members.

Examples: *Recreational and leisure time activities may include, but are not limited to, sports and athletic activities, cultural enrichment activities, and positive youth development clubs.*

JJCM 5.06
Youth are connected to services, supports, and activities that are appropriate for and sensitive to their age, developmental level, language, disability, gender and gender identity, culture, race, ethnicity, religion, socioeconomic status, sexual orientation, and past experiences of trauma.

JJCM 5.07
Youth have access to services 24 hours a day, seven days a week.
Examples: *24-hour access may be provided by, for example, using split shifts, or offering an emergency telephone hotline.*

JJCM 5.08
To strengthen the family's ability to support and supervise youth, the organization connects family members with resources to help them:

a. meet any unmet service needs;
b. maintain and strengthen family relationships;
c. prevent, manage, and resolve family conflicts; and
d. identify strengths that can help them meet future challenges.

Juvenile Justice Case Management Services

JJCM 6: Service Monitoring and Supervision

Purpose

Juvenile Justice Case Management Services coordinate the services and supervision that can help youth address problems and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding members of their communities.

Regular supervision and monitoring allow the organization to ensure delivery of appropriate services, evaluate progress, and keep the community safe.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for supervision/contact	
*	• Procedures for service monitoring	
*	• Procedures for documenting, reviewing, and reporting noncompliance	
*	• Procedures for conducting searches	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served and their families

- Review case records

JJCM 6.01 (FP)

Supervision is provided:

a. at an intensity, including frequency of contacts, appropriate to youths' risks and needs; and
b. in a variety of settings, including youths' homes and communities, to the extent possible.

Interpretation: *Electronic monitoring devices should not be used in place of personal contact, but may be used to supplement supervision.*

JJCM 6.02

Service monitoring includes:

a. confirmation that services have been initiated;
b. ongoing verification that youth have been engaged and continue to participate in services;
c. attention and response to any complaints or problems that develop during service delivery; and
d. evaluation of performance and progress.

JJCM 6.03

The worker and a supervisor, or a team of relevant personnel, review the case quarterly, or more frequently depending on youths' risks and needs and the anticipated duration of service, to assess:

a. service plan implementation;
b. progress toward achieving goals and desired outcomes;
c. the continuing appropriateness of goals and timeframes; and
d. the level of supervision needed, including the frequency of contacts required.

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

JJCM 6.04

The worker and youth, and the youth's family when possible and appropriate:

a. review progress toward achievement of goals; and
b. sign revisions to goals and plans.

JJCM 6.05 (FP)

When it is necessary to search youth or their property, trained personnel do so according to procedures that:

a. define when there is reasonable cause to conduct a search;
b. call for supervisory approval in advance of the search, when possible;
c. minimize the invasiveness of the search;
d. respect youths' dignity; and
e. establish a process and timetable for administrative review.

NA: The organization does not conduct searches.

Interpretation: *Organizations should conduct more invasive searches only when there is reason to do so, and should demonstrate that these searches are: (1) conducted by qualified staff, and (2) accompanied by an increased level of administrative review.*

JJCM 6.06

The organization appropriately and consistently documents, reviews, and reports incidents of youth noncompliance in accordance with any requirements specified by the court or public agency with jurisdiction over youth.

Juvenile Justice Case Management Services

JJCM 7: Case Closing and Follow-Up

Purpose

Juvenile Justice Case Management Services coordinate the services and supervision that can help youth address problems and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding members of their communities.

The organization works with youth to plan for case closing, and follow-up assistance is available for youth who need help avoiding future delinquency.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*

• Case closing procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel

3. Youth served and their families

- Review case records

JJCM 7.01

Planning for case closing:

a. is a clearly defined process that includes assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, the youth, a parent or legal guardian, and others, as appropriate.

JJCM 7.02

A written summary of the supervision period is provided to the court and the public agency with jurisdiction over the youth, and includes an assessment of:

a. any unmet needs;
b. the degree to which goals were or were not achieved; and
c. reasons for success or failure.

JJCM 7.03

Upon case closing, the organization notifies any collaborating service providers, as appropriate.

JJCM 7.04

Youth are provided with information about how to contact the organization in case they need support or emergency assistance to avoid future delinquency.