# THEGINIA DEPARTMENTS.

# **VJCCCA Program Manual Template**

Each unique program on a VJCCCA plan should have a program manual. The following is a list of the sections/elements that must be included (in accordance with 6VAC35-150-430). Any changes require written notification and approval.

- Program Name
- VJCCCA Program Type (from allowable programs and services list)
- Program Provider/Operated By
- Program Coordinator/Contact Information
- Program Physical Location
- Projected Start Date
- Program Days and Hours of Operation (Programs providing crisis intervention services, including but not
  limited to outreach detention, mental health counseling/treatment, home-based counseling, shall provide for
  responding 24 hours a day to a juvenile's crisis and shall provide notification to all juveniles in writing on how
  to access these services at any time.)

#### Purpose

Overall Program Description (can use logic model/theory of change)
Is Program Evidence Based or Evidence Informed (Please provide reference)
Objective Assessment of the Need for the Program/Service

#### Population Served

Target population

DJJ Case Status (e.g. prevention, diversion, pre-dispositional, post-dispositional, probation, parole)

Program Demographics (age, gender)

Program Service Area

#### Criteria for Admission

Risk Level (Low, Moderate, High)
DAI Score (for detention alternatives if applicable)
Other Special Admission Criteria
Exclusionary Criteria, including offense(s)

- Criteria for Measuring a Juvenile's Progress
- Supervision or Treatment Objectives

# Intake and acceptance procedures

Overview of referral process Referral Form (Attached) Required documents (e.g. Release of Information, YASI, Detention Assessment Instrument (DAI), Social History, Diagnostic testing, if applicable)

## Rules of Conduct and Behavior Management System

Attach a copy of Program Rules/Conditions (must be made available to youth/parents)

Describe the behavior management system with specific expectations for behavior

Describe the use of graduated sanctions and incentives/rewards

# Criteria for and procedures for Terminating Services

Describe the reasons for releasing a youth from the program Include program releases prior to the juvenile's successful completion of the program

## Methods and criteria for evaluating program or service effectiveness

Annual Program Evaluation Report 75% Satisfactory Completion Rate Recidivism Rate Comparisons Locally Defined Objectives and Outcomes

#### Drug-Free Workplace Policy

#### Procedures Regarding Contacts With the News Media

Background Checks (Each program or service provider shall conduct background checks including 1. A reference check; 2. A criminal history record check; 3. A fingerprint check with (i) the Virginia State Police (VSP) and (ii) the Federal Bureau of Investigation (FBI); 4. A central registry check with Child Protective Services (CPS); and 5. A driving record check, if applicable to the individual's job duties, for all individuals who provide services to juveniles under the contract.)

Staff Title and Position

Provide job description and certifications/licensure (if applicable) of staff providing service

#### Programmatic Overview

Program length/duration

Number of service delivery hours per day/week (Number of contacts with youth)

Daily schedule

Specific individual and/or group interventions delivered

Staff to youth ratio

Program maximum of participants

Models of Intervention (Approaches, Strategies)

# Program Budget

Total Budget for program/service

Portion of above budget from state VJCCCA funds

Other funding streams if applicable

Rate(s) established for service units (e.g., per sessions/day/contact/course)

# **Prevention Programs Only**

#### Approved DJJ Assessment Tool

Plans for administration

#### Data Collection

Plans for tracking and reporting

Updated 4/19/2023

# **Residential Programs Only**

#### School

School arrangement for residents (e.g., in-house school or local school)

Daily plan for residents currently expelled, on homebound status, or home schooled

# • Licensing/Regulatory Authority:

List agency that licenses program and contact person with that agency Date of last audit and current licensing/regulatory/audit status

# Other

Please provide any other information you wish to consider