

Volunteers of America of Greater Ohio
Residential Reentry Programs

Peer Review

**Note: Staff may not review their own resident files.*

Program Name:	Date of Review:
Resident Name:	Case/Institution #:
Intake Date:	Discharge Date:
Staff Assigned to Case (current or most recent):	
Case Manager:	

Assessments	YES₁	NO₀	NA₉₈	CORRECTED	
				YES	NO
1. Information on ORAS is appropriate and accurate, based on resident record	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Totals	# Yes	# No	# NA	Score:	
Case Plan & Revisions	YES₁	NO₀	NA₉₈	CORRECTED	
				YES	NO
1. Case Plan contains appropriate goals & objectives to address all issues noted during the assessment process (if scored moderate or high on ORAS) <small>List issues not addressed:</small>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Goals/objectives are realistic and achievable for the timeframes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Goals/objectives are measurable	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4. Case Plan was revised when appropriate then reviewed with the resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals	# Yes	# No	# NA	Score:	
Monthly Progress Reports	YES₁	NO₀	NA₉₈	CORRECTED	
				YES	NO
1. Case file contains Monthly Progress Reports <small>(all months since intake)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Monthly Progress Reports clearly & accurately demonstrate progress (or lack thereof) the resident is making in all treatment/program services received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals	# Yes	# No	# NA	Score:	
Progress Notes (review non-clinical notes from last 3 months, including case management, orientation, ITT, AIT and T4C)	YES₁	NO₀	NA₉₈	CORRECTED	
				YES	NO
1. Notes demonstrate the resident attended Orientation & ITT group, and reflect the resident's level of participation in group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Notes demonstrate the resident attended Thinking for a Change groups, if applicable, and reflect level of participation and progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Notes demonstrate resident attended Advanced Practice , if applicable, and reflect level of participation and progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Case management notes are present in the file	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
a. Notes are thorough (address criminogenic needs)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b. Notes demonstrate continuity of services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. Notes document the resident's progress (or lack of progress) toward Case Plan goals/objectives	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Totals	# Yes	# No	# NA	Score:	

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Aftercare/Discharge Plans <input type="checkbox"/> NA (if resident is still active)	YES ₁	NO ₀	NA ₉₈	CORRECTED	
				YES	NO
1. Aftercare plan includes appropriate referrals and recommendations that address resident's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Discharge summary gives a thorough description of services provided	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Discharge summary provides details of progress made toward goals, objectives and outcomes, including skills achieved	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Totals	# Yes	# No	# NA	Score:	

CLINICAL PEER REVIEW: ONLY THOSE QUALIFIED TO PROVIDE SUCH SERVICES SHOULD REVIEW THIS SECTION					
Assessments	YES ₁	NO ₀	NA ₉₈	CORRECTED	
				YES	NO
1 All required sex offender assessment tools are present and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 The SO assessment flows logically and gives a comprehensive picture of the resident's situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 The SO assessment includes a thorough understanding of the presenting problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Assessments and/or accompanying notes include recommendations consistent with the identified needs/issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Required AOD assessment (ASI) tool is present and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals	# Yes	# No	# NA	Score:	
Sex Offender Treatment <input type="checkbox"/> NA (if resident was not required to attend)	YES ₁	NO ₀	NA ₉₈	CORRECTED	
				YES	NO
1 Case Plan contains appropriate goals & objectives to address all issues noted during the assessment process <small>List issues not addressed:</small>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2 Goals/objectives are realistic and achievable for the timeframes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3 Goals/objectives are measurable	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4 Progress notes/group notes demonstrate whether the resident is attending groups and actively participating in treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5 Notes demonstrate continuity of services and indicate progress made toward goals/objectives	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Totals	# Yes	# No	# NA	Score:	
Anger Management <input type="checkbox"/> NA (if resident was not required to attend)	YES ₁	NO ₀	NA ₉₈	CORRECTED	
				YES	NO
1 AQ completed pre-test	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2 AQ completed post-test	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3 Progress notes/group notes demonstrate whether the resident is attending groups and actively participating in treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4 Notes demonstrate continuity of services and indicate progress made toward goals/objectives	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Totals	# Yes	# No	# NA	Score:	

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AOD Treatment <input type="checkbox"/> NA (if resident was not required to attend)	YES ₁	NO ₀	NA ₉₈	CORRECTED	
				YES	NO
1 Case Plan contains appropriate goals & objectives to address all issues noted during the assessment process <small>List issues not addressed:</small>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2 Goals/objectives are realistic and achievable for the timeframes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3 Goals/objectives are measurable	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4 Progress notes/group notes demonstrate whether the resident is attending groups and actively participating in treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5 Notes demonstrate continuity of services and indicate progress made toward goals/objectives	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Totals	# Yes	# No	# NA	Score:	

To be signed by assigned staff, NOT by Reviewer. Clinical Supervisor or designee will track Reviewer's name separately.

I have reviewed this Peer Review Form and have made changes and/or updated the case record to address deficiencies noted.

Case Manager Signature & Credentials	Date
SO Counselor Signature & Credentials	Date
Other responsible staff Signature & Credentials	Date

Comments: