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| 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:  From initial referral packet  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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| 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. |

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| Overall Progress Since Service Start |
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| Case Coordination & Collateral Contacts *(Current Reporting Period)* | | | |
| Date | Modality | Contact(s) | Summary of Contact |
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| Sessions *Current* Reporting Period Dosage: \_\_\_\_ | | | | |
| Date | Time and Duration | Modality/Location | Participant(s) | Session Description |
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| 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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| Goal 2: 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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| Goal 3: 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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| DJJ Significant Incident |
| Youth involved in a DJJ Service Provider Incident.  Date of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date incident report submitted to RSC and DJJ staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Recommendations *(Current Reporting Period)* |

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| 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. |

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| 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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| Service Completion and Discharge Summary |
| Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Discharge:  Service Progress at Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe progress made on items within domains of the YASI, including risk and protective factors:  Discharge Recommendations: |