### **Reporting Period**: May 2024

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| Youth Information |
| **Youth’s Name:** First and Last name  | **Juvenile #:** JDD ID #  | **DOB:** 5/18/2015 |
| **Assigned DJJ Office:** CSU 14 | **Assigned DJJ Staff:** Name of PO assigned to the case |
| Provider & Service Information |
| **Provider:** Name of the DSP providing services  |
| **Staff Name/Credentials:** Direct Staff **Email:** Contact@email **Phone:** Phone## for direct staff |
| **Service(s):** Services as authorized on the POSO issued by EBA. You can list more than one as appropriate as long as the goals align. i.e. YSB therapy and YSB Group, SA Case Management ang SA Relapse Therapy). |
| **Authorization Dates:** 1/1/2024- 5/31/2024 | **Anticipated Completion Date:** 9/30/2024 |
| **Service Start Date**: Monday, January 8, 2024 Pre-Service Engagement Date: Wednesday, January 3, 2024 Explain:  *Describe engagement attempts (i.e. Called the family on Tuesday 1/2/2024 and left message. Spoke with Ms. Mom on 1/3 and planned the first sessions next week. Family would like Monday sessions.*  |
| **Most Recent YASI Date:** 2/8/2024 **Targeted YASI Priority for this Service:** Attitudes (based on referral) YASI Priorities #1: Alcohol/Drugs #2: Attitudes #3: Skills  |
| **Rationale for Service:** This should come directly from the referral form and DSP may add notes form intake assessment. i.e., Youth needs to work on willingness to change and see positives options for his future. Needs to learn problem solving skills to make better choices regarding law abiding behaviors.  |
| Overall Progress Since Service Began |
| Brief summary – 2 3 sentences that capture engagement and progress.  |

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| Overview This Reporting Period |
| [ ]  Youth and family actively engaged in service.[ ]  Youth is progressing towards identified service goals. Share Positives and engagement here[ ]  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. |
| [ ]  SERIOUS INCIDENT [x]  N/A | Date of incident: \_\_\_\_\_\_\_\_\_ Explain:  |
| [x]  CURRENTRECOMMENDATIONS |  These may related to the service directly (or the need for extensions or closures) or highlight the needs identified by the DSP.  |

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| Goal #1 |  First targeted overarching goal  |
| Objectives | Status | Completion |
| Baby steps 1 | Achieved | 2/29/2024 |
|  Baby step 2  | Partially achieved |   |
|  Baby step 3 | New |   |
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| Goal #2 | 2nd goal as applicable |
| Objectives | Status | Completion |
| Click or tap here to enter text. |   |   |
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| Goal #3: | This could be deleted or included as needed. This can also be added after Goals 1 & 2 are nearing completion.  |
| Objectives | Status | Completion |
| Click or tap here to enter text. |   |   |
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|  Case Coordination & Collateral Contacts Date Modality Contact(s) Summary of Contact |
| 5/15/2024 | E-mail | PO | e-mail PO about an extension needed for service and highlighted current success |
|   | select |   | Includes notes about CONTENT of phone calls or e-mail if they relate to significant events, missed sessions, extensions, or concerns.  |
|   | select |   |   |
|   | select |   |   |
|   | select |   |   |

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| Session Details *Total units during the current reporting period*:enter units  |
| **Monday, May 6, 2024*****Click on the word “Date” for drop down options.*** | **Time**: *5-6 PM include beginning and ending time.*  | **Duration**: 1 hour *must align with the invoice* | **Participants:** Youth, DSP and mom  |
| Session Description, Interventions And Response: Describe the session topic, intervention, skills taught and youth’s response. For initial sessions, include any assessments or screenings completed. Describe the location or activities of the session. *I.e. Met with youth at home and then walked around the block for most of the session.*  Also describe the interactions with others. *I.e. met with mom and youth together for the last 15 minutes to review homework assigned for the week. Etc.*  Be mindful to capture more details in longer sessions. Relate all activities in the community to the youth’s goals.  |
| **Date**  | **Time**:  | **Duration**:  | **Participants:** Click. |
| Session Description, Interventions And Response:  |
| **Date**  | **Time**:  | **Duration**:  | **Participants:** Click. |
| Session Description, Interventions And Response: Click or tap here to enter text. |
| **Date**  | **Time**:  | **Duration**:  | **Participants:** Click. |
| Session Description, Interventions And Response: Click or tap here to enter text. |
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| Session Description, Interventions And Response**:** Click or tap here to enter text. |
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| Session Description, Interventions And Response: Click or tap here to enter text. |

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| [ ]  **Discharge Summary** Date: N/A or pending in September  | Reason for Discharge: Service Progress at Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_ Describe progress and Discharge Recommendations:  |

Report completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

 Staff Signature/Credentials

Reviewed and approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_

 Supervisor Signature/Credentials

When saving the report, please use this naming convention: CSU# youth name\_ Provider name and service as applicable. Example: **CSU13 Youth DSP\_Service**

*If it is for GREAT Programing, please add GREAT in the file name.*

**CSU15 Youth name\_ DSP\_GREAT**

Always save in PDF Format to protect your documentation.

This form is not locked, to allow your personalization as needed, for example,

* Add your logo
* Feel free to add or delete the number of goals and sessions, as needed for your service provision during the month.
* If you need to make changes to the “fields”, select the Developer Tab at the top of the form and select Design Mode. That will allow you to change or copy fields in the document.

Please reach out if you have questions or need assistance.