

**SAN BERNARDINO COUNTY
PROBATION DEPARTMENT PROCEDURE**

**COUNSELING AND CASEWORK SERVICES IN JUVENILE DETENTION AND ASSESSMENT
CENTERS AND TREATMENT FACILITIES**

Title 15, Section 1355 and 1356

Authority:

Michelle Scray Brown, Chief Probation Officer

Purpose:

To ensure the availability of appropriate counseling, treatment, needs assessment, casework services, and assistance by providing the most professional and comprehensive level of supervision and services appropriate for youth in the Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs).

Definitions:

Caseload Counselor (CLC): Probation Corrections Officers (PCOs) who are responsible for ensuring the availability of appropriate counseling and casework services for youth in JDACs and TFs. They complete all applicable casework responsibilities.

Leveling Process in the Treatment Facility: The Leveling Process focuses each youth on certain benchmarks and goals for advancement within the program. Levels range from Level 1 through Level 7, with Level 7 being the highest advancement in the program. Gateway Level Ballots (Attachment D) provide written feedback to youth every two weeks beginning at Level 2 to assist youth in making appropriate progress, providing suggestions for improvements, encouragement, and goal setting during their commit to the TF.

Multi-Disciplinary Team (MDT)-Detention Behavior Summary (Attachment A):

A weekly behavior report generated by the CLC to document the youth's progress in support of continuing or discontinuing on MDT. For Treatment Facilities, MDT is utilized to transition from Phase 1 to Phase 2 of the program.

Thirty (30) Day Case Plan Report in the JDAC (Attachment B): The case plan is completed for all youth detained a period of thirty (30) days or more, and within forty (40) days of entry. The case plan report is written documentation of the youth's casework needs with objectives and time frames for the resolution of problems identified in the youth's institutional assessment.

Treatment Plans for the Treatment Facility (Attachment C): At increments of one (1) month, five (5) months, ten (10) months and fifteen (15) months, during the youth's TF commitment, a treatment plan is completed to address the youth's casework needs, including but not limited to identification of needs related to substance abuse, educational, vocational, counseling, and family reunification needs.

Treatment Facility Weekly Caseload Evaluations (Attachment E): Each week, the assigned CLC shall complete a report on the youth's behaviors, goals, accomplishments, and progress in the TF.

Weekly Detention Behavior Summary (DBS) (Attachment A): The DBS report is a documented weekly summary of the youth's notable behavior while in detention. This includes, but is not limited to positive and negative interactions with peers, staff, and authority figures, participation/non-participation in appropriate counseling services, school activities, recreation, and family/guardian

communication. The DBS also includes documentation of the CLC's assistance with counseling, crisis intervention, and collateral contacts.

Responsibilities:

I. Probation Corrections Officer (PCO) in a JDAC:

A. Daily/Weekly assessment and casework includes, but is not limited to:

1. Counseling: Incorporate talking to youth, building relationships, conducting individual, and group counseling sessions during crisis and non-crisis situations. Develop and implement a case plan with attainable goals while evaluating the youth's receptiveness and progress.
2. Ensure youth receive assistance with needs or concerns that may arise.
3. Ensure youth receive assistance in requesting contact with parents, other supportive adults, attorney, clergy, probation officer, or other public official and provide access to available resources to meet youth's needs.
4. CLC Meeting(s): Meet with assigned caseload youth, no less than one (1) time each week. Document pertinent information discussed or reviewed during meeting(s) in a CE Behavioral Note.
5. Documentation: Provide documentation on any matter related to the youth, (ie: incidents, behaviors, events, actions, conversations, directives, etc.) to preserve information and maintain a record of actions of youth and staff in CE.
6. Weekly Detention Behavior Summary (DBS):
 - a. Complete the DBS weekly using current and factual information.
 - i. Provide documentation of the youth's notable behavior, including positive and negative interactions with peers, staff, and authority figures, participation in groups, school activities, recreation, and referrals/participation in appropriate counseling services. Include pertinent information from counseling, crisis intervention, CLC meetings, CE documentation, and any assistance provided to contact parents, guardians, supportive adults, probation officer, social worker, clergy, or attorney. After completing a DBS, it must be signed by the unit or area supervisor.
 - ii. Place the original signed copy in the youth's facility file.
 - b. Complete a DBS for all court hearings the youth is required to attend, with the exception of: Detention Hearings, 707A Transfer Hearings, Appearance Reviews, Pre-Trial Hearings, Jurisdictional/Dispositional Hearings, Mental Health, CITA, Drug Court and W&I 241.1 Hearings. Include all weekly behavior summaries since the youth last appeared before the Court.
 - i. Place four (4) copies in the Court Liaisons mailbox, at least two (2) days prior to the hearing date.
 - ii. Place the original signed copy in the youth's facility file.
7. MDT-Detention Behavior Summary: Submit the weekly DBS for youth on MDT at least one (1) day prior to the MDT meeting to allow attendees the opportunity to review the report before the meeting.
 - a. Be prepared to discuss applicable information for assigned caseload youth during the MDT meeting.

B. Monthly assessment and casework includes, but is not limited to:

1. Thirty (30) Day Case Plan Report:
 - a. The initial thirty (30) day case plan report shall be completed as soon as possible, but no later than forty (40) days from the youth's date of entry.
 - i. Ensure the youth's days in custody are reflected at the top of the report.
 - b. Report documentation is to include, but is not limited to the youth's risk factors, needs and strengths, including but not limited to, identification of substance abuse history, educational, vocational, counseling, behavioral health, consideration of

known history of trauma, and family strengths and needs. If appropriate, the plan shall be developed as much as possible with input from the family, supportive adults, youth, and Regional Center for the developmentally disabled.

- c. Each treatment goal shall include, but is not limited to:
 - i. Objectives and time frames for the resolution of problems, (for necessary services) which are initially identified in the Assessment and Classification Packet and/or self-identified. Refer to the Housing Assessments and Classification procedure.
 - ii. An action plan for meeting the objectives, which includes a description of program resources needed and the individuals responsible for assuring the plan is implemented.
 - iii. Evaluation of progress towards meeting the objectives, including periodic review and discussion of the plan with the youth.
- d. After the case plan is complete, review the plan with the youth.
 - i. The youth and CLC shall date and sign the case plan.
 - ii. Submit the completed case plan to the unit/area PCSI for signature, and place the original in the facility file.
 - iii. Reassess the case plan report every thirty (30) days after the initial report is completed for progress and significant changes. Update the case plan with the youth's progress.
- e. Classification and Review/Reassessment:
 - i. Provide orientation and classification, as per the Housing Assessments and Classifications procedure.
 - ii. Review assigned youth's classification every thirty (30) days, from the date of entry, and reassess for applicable and significant changes.

2. Transition or aftercare plan:

- a. If appropriate, the transition plan shall be developed, as much as possible with input from the family, supportive adults, youth, and Regional Center for the developmentally disabled.
- b. The contents of which shall be subject to existing resources, shall be developed for post dispositional youth to coordinate transitional and reentry services including but not limited to medical and behavioral health, education, probation supervision and community-based services linking the youth and family with supportive aftercare programs/resources to meet the youth's needs.

II. Probation Corrections Officer (PCO) in a Treatment Facility (TF):

A. Daily/Weekly assessment and casework includes, but is not limited to:

1. Refer to Section I. A. numbers 1 through 5.
2. Leveling Ballots shall be completed for each youth who reach Level 2 every two (2) weeks throughout the remainder of their commitment. This feedback determines when the youth can advance in the program, receive incentives, and/or promote from the program.
3. Weekly Caseload Evaluations: Provide documentation of the youth's progress in the TF program and upload into the youth's CE file.
4. Treatment Plans: The treatment plan shall be completed to address the youth's casework needs, including but not limited to identification of needs related to substance abuse, educational, vocational, counseling, behavioral health, consideration of known history of trauma, family strengths/needs, and family reunification needs.
 - a. If appropriate, the plan shall be developed, as much as possible, with input from the family, supportive adults, youth, and Regional Center for the developmentally disabled.

- b. Begin to develop a one (1) month Treatment Plan for the youth upon entry for completion within thirty (30) days of the youth's entry.
 - c. Reassess and revise the Treatment Plans at the five (5) month mark, ten (10) month mark, and fifteen (15) month mark in order to determine progress, participation, and advancement.
 - d. Provide documentation in this report on the youth's progress in the TF program to satisfy Court requests and maintain records.
5. Report observations and concerns about youth's problems including but not limited to substance abuse, family crisis, reunification, counseling, public health and mental health in the Weekly Caseload Evaluations, Treatment Plans and MDT meetings.
6. Complete an Exit Report summarizing all aspects of the youth's program while in the TF and submit the report one (1) month prior to youth's promotion from the TF.
- a. For the transition or aftercare plan; refer to Section I. B. 2.

III. Probation Corrections Supervisor I/II (PCSI/II)/Treatment Facility Supervisor (TFS):

- A. Ensure weekly DBS reports and Thirty (30) Day Case Plans are signed and completed within the required timeframes.
- B. Ensure Treatment Plans are reviewed, signed, and submitted to TF clerical staff for submission to Court.
- C. Conduct a weekly review of CE files to ensure Weekly Caseload Evaluations are completed.
 1. Ensure documentation by CLCs demonstrates a professional reflection of effective behavior management.
 2. Document the review in CE.
- D. Participate in the MDT process and the Leveling Board to provide evaluations and recommendations for each youth.

Guidelines:

- A. This procedure does not replace or relinquish responsibilities outlined in the Roles and Expectations of a PCO procedure.
- B. The applicable casework and/or required documentation for PCOs assigned to the TF will be determined by TF Administration.
- C. Per the Release of Youth procedure, each youth is provided a community resource pamphlet "Who Can Help Me In The County of San Bernardino" at the time of release from the JDAC and TF to assist in the transition/aftercare plan.

Inspections:

Refer to the Policy and Procedure Inspection Matrix.

Foundation:

Minimum Standards for Juvenile Facilities, Title 15, Sections 1351, 1355 and 1356.

References:

Procedure:

Housing Assessments and Classifications

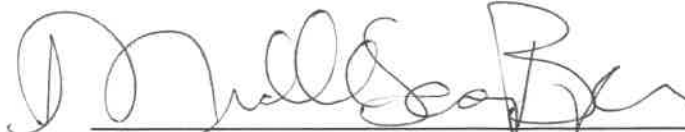
Multi-Disciplinary Team (MDT)

Roles and Expectations of a Probation Corrections Officer (PCO)

Roles and Responsibilities of Probation Corrections Supervisors I/II (PCSI/II)

Release of Youth

Issued by:


Michelle Scray Brown, Chief Probation Officer

1/29/20
Date

Original Issue Date: November 22, 1996

Revised: December 10, 1997

Revised: August 23, 2001

Revised: February 27, 2008

Revised: March 4, 2016

Revised: December 7, 2017

Revised: September 28, 2018

Revised: March 4, 2019

Revised: January 29, 2020

Attachments:

- A - Detention Behavior Summary
- B - Thirty (30) Day Case Plan Report
- C - Gateway Treatment Plan
- D - Gateway Level Ballot
- E - Gateway Weekly Caseload Evaluation

**County of San Bernardino
Probation Department
Juvenile Detention and Assessment Center
Detention Behavior Summary**

DATE:

YOUTH'S NAME:

JNET#:

DOB:

P.O. :

DOE:

COURT DATE:

COURT:

J#:

FACILITY:

UNIT:

C.L.C:

CURRENT STATUS: Security Risk(S/R) Regular Program Single Cell MDT ITP ITW
 Administrative Separation

MECHANICAL RESTRAINT

MECHANICAL RESTRAINT

DETERMINATION LEVEL: Choose an item.

REASSESSMENT DATE:

BEHAVIOR ON UNIT

ATTITUDE TOWARDS STAFF: EXCELLENT APPROPRIATE POOR

PEER INTERACTION: POSITIVE NEEDS IMPROVEMENT POOR

THE YOUTH EARNED _____ BEHAVIOR DOLLARS OF THE POSSIBLE _____ BEHAVIOR DOLLARS
AVAILABLE FOR THE WEEK

THE YOUTH FAILED TO EARN BEHAVIOR DOLLARS DUE TO _____

INCIDENTS:

YOUTH INVOLVED IN 10-88 INCIDENTS YES NO

COMMENTS:

YOUTH INVOLVED IN CODE RED INCIDENTS YES NO

COMMENTS:

OTHER INCIDENTS (CONTRABAND, CODE BLUE, CODE GREEN, ETC.) YES NO

COMMENTS:

CRIMINAL FILING REQUESTED AS A RESULT OF 10-88 AND/OR CODE RED YES NO

SCHOOL:

ACADEMIC WORK HABITS: EXCELLENT GOOD SATISFACTORY POOR

HAS YOUTH REFUSED TO ATTEND SCHOOL: YES NO

IF YES, HOW MANY DAYS OF SCHOOL HAS THE YOUTH MISSED DUE TO REFUSALS TO ATTEND: _____

SCHOOL BEHAVIOR: EXCELLENT GOOD SATISFACTORY POOR

THE YOUTH EARNED _____ BEHAVIOR DOLLARS OF THE POSSIBLE _____ BEHAVIOR DOLLARS
AVAILABLE FOR THE WEEK

SCHOOL SUSPENSIONS:

COMMENTS:

VISITATIONS AND PHONE CALLS:

RECEIVES VISITS YES NO WEEKLY MONTHLY NEVER

COMMENTS:

MAKES CALLS TO FAMILY YES NO DAILY WEEKLY NEVER

COMMUNITY CALLS COURT ORDERED CALLS C.L.C OR SUPERVISOR APPROVED

COMMENTS:

MDT **N/A** :

ARE GOALS REVIEWED WEEKLY AS REQUIRED? YES NO

DID THE YOUTH COMPLETE THEIR GOALS FOR THE WEEK? YES NO

THE YOUTH HAS **PROGRESSED** **REGRESSED** OVER THE COURSE OF THE WEEK.

COMMENTS:

RECOMMENDATIONS:

PCSI RECOMMENDATIONS: **REMOVE** **REMAIN ON**

PCSI JUSTIFICATION:

SUMMARY:

PREPARED BY: _____ DATE _____ REVIEWED BY: _____ DATE _____
PCO (PRINT AND SIGN) DATE PCSI (PRINT AND SIGN) DATE

THIRTY (30) DAY CASE PLAN REPORT

Youth's Name: «PersonId.Last»

PIN: «PersonId.PIN»

«PersonId.First» «PersonId.Middle»

Probation Officer: «PersonId.Officer.Full»

Unit: _____

Days In Custody: _____

CLC: _____

Date of Entry: _____

Date of Report: _____

CASEWORK FOCUS:

PROGRESS

- Necessary needs identified in the Classification Assessment or in person.
- To be completed within forty (40) days of entry into the facility for youth detained over thirty (30) days or more.
- Reassess every thirty (30) days for progress and significant changes.

Service/Casework Progress Evaluation Key:

Regressing=R No Progress=NP Minimal=M Good=G Excellent=E Not Applicable=N/A

1. Health-Medical

Were there medical needs identified in youth's classification assessment:

1 Regressing

Yes No

Description of Need/Issue: _____

Objective: _____

Action Plan: _____

Potential Completion Date: _____

Responsible Party:

Medical Staff Kitchen Other _____

Progress: Youth's barriers, behavior, attitude, and participation towards achieving objective.

Transition or aftercare plan: (Referrals to any community resources)

2. Mental Health

Were there mental health needs identified in youth's classification assessment:

2 Regressing

Yes No

Description of Need/Issue: _____

Goal/Objective: _____

Action Plan: _____

Potential Completion Date: _____

Responsible Party:

FAST Staff Other _____

Progress: Youth's barriers, behavior, attitude, and participation towards achieving objective.

Transition or aftercare plan: (Referrals to any community resources)

3. Substance Abuse

Were there substance abuse needs identified in youth's classification assessment:

3 Regressing

Yes No

Description of Need/Issue: _____

Goal/Objective: _____

Action Plan: _____

Potential Completion Date: _____

Responsible Party:

Staff FAST/Counselor Other _____

Progress: Youth's barriers, behavior, attitude, and participation towards achieving objective.

Transition or aftercare plan: (Referrals to any community resources)

4. Gang

Were there gang needs identified in youth's classification and assessment: **4 Regressing**

Yes No

Description of Need/Issue: _____

Goal/Objective: _____

Action Plan: _____

Potential Completion Date: _____

Responsible Party:

Staff Other _____

Progress: Youth's barriers, behavior, attitude, and participation towards achieving objective.

Transition or aftercare plan: (Referrals to any community resources)

5. Education

Were there education needs identified in youth's classification: **5 Regressing**

Yes No

Description of Need/Issue: _____

Goal/Objective: _____

Action Plan: _____

Potential Completion Date: _____

Responsible Party:

School Staff Other _____

Progress: Youth's barriers, behavior, attitude, and participation towards achieving objective.

Transition or aftercare plan: (i.e. CCB School Liaison)

6. Miscellaneous

Were there miscellaneous needs identified in youth's classification: **6 Regressing**

Yes No

Description of Need/Issue: _____

Goal/Objective: _____

Action Plan: _____

Potential Completion Date: _____

Responsible Party:

Staff Other _____

Progress: Youth's barriers, behavior, attitude, and participation towards achieving objective.

Transition or aftercare plan: (Referrals to any community resources)

7. Miscellaneous

Were there miscellaneous needs identified in youth's classification: **7 Regressing**

Yes No

Description of Need/Issue: _____

Goal/Objective: _____

Action Plan: _____

Potential Completion Date: _____

Responsible Party:

Staff Other _____

Progress: Youth's barriers, behavior, attitude, and participation towards achieving objective.

Transition or aftercare plan: (Referrals to any community resources)

Thirty Day Case Plan

Youth Print Name

Date

Youth Signature

PCO Print Name

Date

PCO Signature

PCSI Print Name

Date

PCSI Signature

GATEWAY TREATMENT PLAN

Youth's Name:	Treatment Plan:	Date
	Select Plan Interval	

Date of Birth:	Date of Program Entry:	Date
Age 18 as of: Date	Anticipated Promotion Date: Date	
Phase: Select Phase	Current Level: Select Level	
CLC 1	Registered for: <input type="checkbox"/> Voting	
	<input type="checkbox"/> Selective Service #Enter Selctive Service #	
CLC 2	Effective Date: Date	
	Program Progress:	
<input type="checkbox"/> Poor <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Fair <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent		

Parent/Guardian/Positive Influence Adult Input

What are the main concerns that you have encountered with the youth?
 Click here to enter text.

What are the youth's barriers?
 Click here to enter text.

What are the youth's successes?
 Click here to enter text.

What are the top two things you would like Gateway to assist the youth in?
 Click here to enter text.

What can you help the youth with during his time at Gateway?
 Click here to enter text.

PROGRAM COMPONENT PROGRESS

Phase 1	In Progress	Goal Met	Phase 2	In Progress	Goal Met
Anger Management	<input type="checkbox"/>	Date	Job Readiness	<input type="checkbox"/>	Date
Gang Intervention	<input type="checkbox"/>	Date	Community Service	<input type="checkbox"/>	Date
MRT	<input type="checkbox"/>	Date	Education <input type="checkbox"/> College, <input type="checkbox"/> Vocation	<input type="checkbox"/>	Date
Education <input type="checkbox"/> GED, <input type="checkbox"/> AB216, <input type="checkbox"/> HS Diploma	<input type="checkbox"/>	Date	Employment	<input type="checkbox"/>	Date
ROP	<input type="checkbox"/>	Date	Family Therapy	<input type="checkbox"/>	Date
Family Therapy	<input type="checkbox"/>	Date	Individual Therapy	<input type="checkbox"/>	Date
Individual Therapy	<input type="checkbox"/>	Date	Home Furloughs	<input type="checkbox"/>	Date
Parenting	<input type="checkbox"/>	Date	MRT	<input type="checkbox"/>	Date

GATEWAY TREATMENT PLAN

Public Health					
Component	In Progress	Goal Met	Component	In Progress	Goal Met
Teen Dating	<input type="checkbox"/>	Date	Parenting	<input type="checkbox"/>	Date
Health & Nutrition	<input type="checkbox"/>	Date	Sexual Assault Prevention	<input type="checkbox"/>	Date
Program Alerts					

PRESENTING PROBLEMS

(listed in order of priority)

Choose an item.

GOAL/ OBJECTIVES
Select Goal/Objective

Timeframe for completion: Select Timeframe

PERSON(S) RESPONSIBLE FOR IMPLEMENTATION

Select Person

Select Person

Select Person

UPDATE:

Choose an item.

GOAL/ OBJECTIVES
Select Goal/Objective

Timeframe for completion: Select Timeframe

PERSON(S) RESPONSIBLE FOR IMPLEMENTATION

Select Person

Select Person

Select Person

UPDATE:

Choose an item.

GOAL/ OBJECTIVES
Select Goal/Objective

Timeframe for completion: Select Timeframe

PERSON(S) RESPONSIBLE FOR IMPLEMENTATION

Select Person

Select Person

Select Person

UPDATE:

Choose an item.

GOAL/ OBJECTIVES
Select Goal/Objective

Timeframe for completion: Select Timeframe

GATEWAY TREATMENT PLAN

PERSON(S) RESPONSIBLE FOR IMPLEMENTATION

Select Person

Select Person

Select Person

UPDATE:

Choose an item.

GOAL/ OBJECTIVES

Select Goal/Objective

Timeframe for completion: Select Timeframe

PERSON(S) RESPONSIBLE FOR IMPLEMENTATION

Select Person

Select Person

Select Person

UPDATE:

Choose an item.

GOAL/ OBJECTIVES

Select Goal/Objective

Timeframe for completion: Select Timeframe

PERSON(S) RESPONSIBLE FOR IMPLEMENTATION

Select Person

Select Person

Select Person

UPDATE:

FAST/DBH INPUT

WORKFORCE DEVELOPMENT INPUT { NOT APPLICABLE AT THIS TIME}

YOUTH REFLECTION/GOALS:

CLC reviewed Treatment Plan with youth on

_____ DATE

YOUTH SIGNATURE

DATE

GATEWAY TREATMENT PLAN

CLC SIGNATURE

DATE

THERAPIST SIGNATURE

DATE

PCSI SIGNATURE

DATE

PCSII SIGNATURE

DATE

Gateway Program's Weekly Caseload Evaluation

Youth's Name: Click here to enter text. **Date of Evaluation Review with Youth:** Click here to enter a date.

Level: L1 L2 L3 L4 L5 L6 L7 **Next Week's Goal**
1. Click here to enter text.

Next Date for Level Board Review: Click here to enter a date.

Roommate's Name: Click here to enter text.

Youth's Overall Progress this week: Choose an item. **Youth placed on any of the following status:**
 No Yes Choose an item.

Program Progress	Rating	Notes
Goals	Choose an item.	<u>Barriers:</u> Click here to enter text. <u>Solutions:</u> Click here to enter text.
Level Work	Choose an item.	<u>Barriers:</u> Click here to enter text. <u>Solutions:</u> Click here to enter text.
Therapy Sessions	Choose an item.	<u>Barriers:</u> Click here to enter text. <u>Solutions:</u> Click here to enter text.
Components (Check completed) Enrolled in:	Choose an item. <input type="checkbox"/> Orientation <input type="checkbox"/> Sexual Assault Prevention <input type="checkbox"/> ART <input type="checkbox"/> ROP <input type="checkbox"/> Inside Out <input type="checkbox"/> Blank Slate <input type="checkbox"/> MRT <input type="checkbox"/> Alcoholic Anonymous <input type="checkbox"/> REACH <input type="checkbox"/> ILP <input type="checkbox"/> Narcotics Anonymous <input type="checkbox"/> Teen Dating <input type="checkbox"/> Just Beginnings	<u>Behavior/Attitude/Participation:</u> Click here to enter text.
Community Service	# of Hours Worked Click here to enter text.	<u>Location(s):</u> Click here to enter text.
Employment <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Location:</u> Click here to enter text.	# of Hours Worked Click here to enter text.	<u>Restitution Owed:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes, in the amount of: \$Click here to enter text.
School	# of Credits Click here to enter text.	Program <input type="checkbox"/> Diploma <input type="checkbox"/> Credit Recovery
School Progress	Choose an item.	OMOC/Removals: Click here to enter text.
School Behavior	Choose an item.	PBIS # of Dollars Earned: \$ Click here to enter text.

CLC Summary, Notes and Recommendations: Click here to enter text.

Gateway Program's Weekly Caseload Evaluation

UNIT PERFORMANCE	RATING	NOTES
ATTITUDE TOWARDS STAFF	Choose an item.	Click here to enter text.
PEER INTERACTION CONSEQUENCES	Choose an item. Click here to enter text. Click here to enter text. Click here to enter text.	Click here to enter text.

NUMBER OF FAMILY SESSIONS/CONTACTS:

FAST FAMILY SESSIONS	Choose an item. – Comments	Click here to enter text. Number to date: Click here to enter text.
CLC FAMILY CONTACTS	Choose an item. – Comments	Click here to enter text. Number to date: Click here to enter text.

OTHER INFORMATION

VISITATIONS	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Sister <input type="checkbox"/> Brother
FURLOUGHS	<input type="checkbox"/> Reunification <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Level <input type="checkbox"/> Other, location: Click here to enter text. Reason: Click here to enter text.
COMMUNITY OUTINGS	Location: Click here to enter text. Date: Click here to enter text.

YOUTH'S SELF-ASSESSMENT:

WEEKLY GOAL PROGRAM PROGRESS	Choose an item. – Comments	Click here to enter text.
SCHOOL COMPONENTS	Choose an item. – Comments	Click here to enter text.
THERAPY INTERACTIONS WITH STAFF	Choose an item. – Comments	Click here to enter text.
INTERACTIONS WITH PEERS	Choose an item. – Comments	Click here to enter text.

CLC Summary, Notes and Recommendations: Click here to enter text.