

MONTHLY REPORTS

I. Introduction

This section specifically addressed the monthly progress reports and visitation summaries. Each area of every report is addressed although some of the information will be the same from report to report. Examples are given of most areas so that the information provided will be in similar format from report to report, worker to worker, and agency to agency. This way DCS will know what to expect, will be able to identify the information that they need quickly, and will be able to see discrepancies in the reports and address them as needed. It will give uniformity to the courts throughout the state so that Judges, who are inundated with numerous forms from various agencies, will be able to make the best decisions after accessing accurate information.

II. Attachment K

Monthly Progress Report with Individual Service Standard Report

The monthly progress report should be completed for a reporting period of one month. It should read on the line "Report Period: _____," the first of one month to the end of that month. If the service began on a different day of the month due to a new referral being made, the start date should be the first date of service. If the service ended prior to the last day of the month due to a discontinuation of the referral, the date listed should be the last day services were provided.

- A. Example: Report Period: __May 1, 2012-May 31, 2012 (this is for services that spanned an entire month).
- B. Example: Report Period: __May 13th, 2012-May 31, 2012 (referral received on the 12th and services began the 13th).
- C. Example: Report Period: __May 1st, 2012—May 21, 2012 (referral ended due to case closure on May 21st).

Parent(s) Name(s): List the names of one or both parents (this could include other caretakers listed on the referral such as legal guardians or step parents)

Children: List the names of all the children.

Referral Agency: __the county that made the referral with DCS or Probation after.

- A. Example: Referral Agency: (__Marion County DCS) _____

List the Case Manager or Probation Officer

List the Service Standard(s) followed by the Provider Staff for each standard:

A. Example: List service standard and provider agency staff for each service

Home Based Casework Joe Schmoie

Home Based Therapy Sarah Schmoie

Reason for Referral and Presenting Issues: List the reasons listed on the initial referral or updated referral and the initial presenting issues found during the assessment completed by the provider agency.

Family Functional Strengths: List the family's functional strengths

A. For Example: Lisa and Joe Smith have developed a wide support system which they utilize when they use alcohol and drugs by having people they can call that will take the children whenever they go on a binge. These people have agreed to take care of the children, provide for the children, and ensure their safety until the time that Lisa and Joe can care for the children.

B. Example of What **Not** to Do: Lisa and Joe are really nice but use drugs and alcohol.

Overall recommendation and progress summary: Provide recommendations regarding the treatment, other services needed or not needed, and provide details about the family's progress towards the goals/objectives of the treatment plan, referral goals, and/or DCS case plan/CFTM goals.

Sign the report and put the date of the report next to the signature.

III. Individual Service Standard Monthly Report

Report Period: This would be the start day of the month to the end day of the month.

Same as listed under I.

Service Provide (Service Standard): List one standard

Begin/End Date of Referral: This is the date listed on the referral under the services. There is both a start and stop date which defaults to 6 months but could be a shorter time period if the FCM has changed it.

Service Provider Staff: Name of person providing the service

Number of Service Units Authorized: Write out the number of units authorized on the referral. This is found under each service code where it states maximum units.

Number of Service Units Delivered to End of Report Period: This would be the number of units used during the month of the report.

A. For example: Number of Service Units Delivered to End of Report Period: 10
(This would be that you met with the family for this amount of units)

Contact Date: Date of the actual contact/attempted contact/failed contact with the family

Time: Time the contact started

Duration: Amount of time spent in contact with the client(s).

Method: Phone, text, face to face,

Location: Place where intervention occurred

A. For example: office, in the community, home, other. The intervention could take place in two or more places.

Number of appointments cancelled by family: This would be where the family calls ahead of time or notifies the provider prior to the appointment time. This does not include times when the family does not show or calls after the appointment time.

Number of appointments cancelled by Provider: This would be due to the agency/provider having to cancel a visit due to illness, emergency, conflicts, weather, or any other reason.

No shows: This is to be documented when the family has not contacted you prior to the appointment to cancel the appointment and/or does not come to the appointment. If the family calls after the appointment time then this should be noted.

DCS Service Goal: This is the area where providers have been identified to work toward goals that have been identified in the referral, on the case plan, or in the CFTM. One goal is to be identified on this line.

Narrative Discussion of Services Provided for this goal during the month: This would include information such as the issues that were worked on, activities, completed, the response of the family to those interventions.

Progress Summary toward goal: Document the progress or lack thereof of the family/individual/or multiple family members towards the goal. If one person is progressing and another is not progressing both things should be documented.

Family Cooperativeness: This is another place where the family's reaction to the intervention can be documented.

- A. For Example: Family Cooperativeness: Alisha was quite upset when I suggested during the therapy session that we discuss her past abuse history as a child. She did not see the need to delve into that history. After educating her on the effect that prior trauma could have on her decision making, she decided with some reflection that she wanted to start to work on her trauma history. She was initially hesitant but seemed to open up more by the end of the month. She was able to work through how being molested by her father might have made her vulnerable to other men while she was growing up.
- B. For Example: Family Cooperativeness: Randall was angry and hostile toward the worker stating “Don’t ever come back here again or I will beat you up.” He then tried to close the door in the worker’s face. Regina opened the door back up and told him to sit down and be quiet. Regina said that the worker was allowed at the house and that Randall was just in a bad mood. The worker rescheduled the appointment and stated that some ground rules would have to be established in the future for worker safety concerns.

Recommendation regarding services for goal: Write what services need to occur to meet the goal or make recommendations for other services that need to be added.

- A. For Example: Recommendation Regarding Services for Goal: Bunny had been working in individual therapy once every other week to address the issues surrounding her grief over her daughter being molested. However, to meet the goal of being able to protect her daughter in the future, Bunny will need to increase therapy sessions to at least once per week, if not more, to address her abuse issues from her childhood that were just revealed to the therapist. In addition, Bunny will need an assessment to determine if there is a need for medication to deal with her situational anxiety and depression over the abuse her daughter experienced. It is interfering with her ability to parent her daughter because she does not let her daughter talk about the abuse.

Signature: Signature of Worker

Date: Date Report Completed

IV. Monthly Visitation Report

Report Period: This should be the entire month if services were offered throughout the month. However, if the service began halfway through the month due to being a new referral or ended before the end of the month, the actual date to and from can be answered.

- A. For example: January 1, 2012-January 31st, 2012 (services offered ongoing throughout the entire month.
- B. For example: January 15, 2012—January 31st, 2012 (referral received on 1/1512.

C. For example: January 1, 2012-January 21, 2012 (referral ended on 1/21/12)

Service Provided (Service Standard): Should read Visitation Facilitation or HB Casework Visitation or HB Therapy Visitation or Homenaker Visitation or Counseling Visitation

Parent(s) Names: Put the names of the parents or other caregivers here

Children: Names of all the children the report refers to

Begin/End Date of Referral: Either date depending upon whether referral is open or closed.

Referral Agency: Which DCS office/probation office

Case Manager/Probation Officer: What FCM/PO has the case **currently**

Service Provider Staff: Which staff provided this service for this time period (if more than one, include both names)

Number of Service Units Authorized: How many units did the referral authorize for service.

Number of Service Units Delivered: How many were actually used during that service period.

Contact Date: Date that the contact was made whether face to face, phone, text or other

Time: Time actual contact begins

Duration: How long the contact occurred

Method: This is the way the contact occurred

A. For example: Face to Face (FF); Phone (PH); Collateral Contacts (CC); DCS Contacts (DCS) CFTM attendance (CFTM); Court Testimony (CT)

Location: Where the contact actually took place

A. For example: In the community, Home, Office,

Those Present: List all persons present during the contact including parents, children, other relatives or non relatives. This would include people not initially involved in the referral.

Number of Appointments cancelled by the Family: This does not include no shows—this includes only visits or appointments cancelled prior to the scheduled time of the contact. This would include the foster family cancelling due to illness, weather, emergency, or any other reason.

Number of Appointments cancelled by the Provider: This includes anything cancelled by the provider due to emergency, conflict, weather, sickness, or any other reason.

No Shows: This would include any visit where the biological family does not show up or call before the contact/visit is to occur. If the family calls later then the later contact should also be documented.

Reason for Referral and Presenting Issues: This would be the things listed on the referral and/or things that develop throughout the service period or are gleaned from assessments done by the provider or others.

Family Functional Strengths: List the strengths witnessed, or known, for each family member or the family as a whole.

A. For Example:

Overall Recommendation and Progress Summary: This would be what has occurred during visits that show the progress of the family in being able to parent during visitations. Descriptions should be given of the behaviors that show the family is moving forward during visitations. If the family is not showing progress then that should be included in this section with descriptions of what has occurred to indicate the lack of progress. Then recommendations should be made about what should occur for visitations. This could include a continuation of the status quo, recommendations for more visitations, or a recommendation for fewer visitations.

Signature: Worker's Signature

Date: Date of report

V. Visit Documentation Report (send within 3 days)

Date of visit: This would be the day of the visit, where it occurred, and whether it was fully supervised, partially supervised, therapeutically supervised, etc.

Attendance at visit: All people involved in the visit should be listed with the times they arrived and the times that they left.

- A. For Example: Heather Moore and Jason Moore arrived at 7:59 a.m for the 8:00 a.m visit. The foster parents brought Cooper Moore and Kayla Moore to the visit late at 8:05 a.m. The visit ran until 9:05 a.m to give the parents a full hour with the children. Everyone left at 9:05 a.m when the visit ended.

Observation Narrative: This is the "meat" of the report. This should include as much factual detail as possible. The greeting and departure interactions between the parents and children should be included. Planned activities by the parents should be

included. Any time the visitation supervisor has to intervene during the visit to provide direction to the parents about how to deal with a child's behavior, any inappropriate behavior or statements by the parent, and the ability and willingness of the parents to meet the child's needs. If the visit supervisor advises the parents to complete something or do something for the next visit this should be documented. Any quotes from parents or children can be included in this section.

Observed Strengths: Any observed strengths of the parents or children or of their interactions. This should not be the same from visit to visit unless observed in each visit.

Observed Issues: This would be areas of need exhibited by the parents or children during a visit. This would be observed in the visit—this should not be the same from visit to visit.

Recommendations: This would include the recommendations made from this visit. This should include a recommendation regarding the supervision level of future visits. This should be determined by the ability of the parents and the comfort level of the children.

Signature: Signature of service provider actually monitoring the visit.

Date: Date the signature was made.