Monthly Progress Report (Monthly report should be on Provider Letterhead) Report Period:__1__April 1, 2020-April 30, 2020_____

Date to Date

Parent(s) Name	2 Maryanne Jones
Child(ren)	3 Mackinsey Jones
Referral Agency:	4 CMHI (or CMHW)
(County DCS or	
County Probation Office)	
Case Manager/Probation Officer:	5 Erin Bolin
List Service Standard	Provider Agency Staff for each Service
6 Skills	7 Positive Change for Families, LLC

Complete the following information for each DCS service standard

Service Provide (Service Standard)					8 Skills Training		
Begin/End Date of Referral: Service Provider Staff Number of Service Unit Authorized					9 2/10/2020-7/31/2020 10 Erica Anderson		
					Numbe period	er of servi	ce units (
Contact Date	Start Time	End Time	Duration	Activity Description	Method	Location	Those Present
<mark>13</mark> 4/4/20	<mark>14</mark> 10:00am	<mark>15</mark> 12:00pm	<mark>16</mark> 8 units	<mark>17</mark> 11808	<mark>18</mark> Face to face	<mark>19</mark> Family home	20 Erica and Mackinsey
4/7/20	10:45am	11:15am	2 units	11808	Telehealth	Via Zoom	Erica and Mackinsey
4/16/20	10:00am	11:00am	4 units	11808	Face to face	Family home	Erica and Mackinsey

29 Reason for Referral and Presenting Issues:

Youth was referred to wraparound and for skills to assist with transitioning out of a SAT program. Youth has a history of acute stays due to aggressive behavior. Youth will require a lot of time spent on behavior management and communication as her inability to appropriate communicate her needs leads to unwanted behavior. Youth needs to work on appropriate socialization with peers and behavior in the community as current behaviors include elopement, screaming, and aggression (hitting and throwing things).

30 Family Functional Strengths:

The family has a lot of natural supports to assist in the care for Mackinsey. Parents are engaged and knowledgeable in community resources that assist in supporting Mackinsey and her needs. Mackinsey has a positive relationship with an older cousin that resides a few houses away and will spend time with her as an outlet when she comes frustrated in the home.

31 Overall recommendation and progress summary:

Recommendations for Mackinsey is that she should continue services. She is demonstrating improvement regarding elopement and this has decreased significantly since the referral. Mackinsey continues to work on communicating her needs without becoming frustrated which results in aggression. Mackinsey requires frequent prompting and redirection when this occurs.

Report Period	32 April 1, 2020-April 30, 2020
Number of Appointments Canceled by	<mark>33</mark> 0
Family	
Number of Appointments Canceled by	<mark>34</mark> 0
Provider	
No Shows	<mark>35</mark> 0

Complete the following for each Goal: (Duplicate as needed)

36 DCS Service Goal: *Reducing elopement Reducing aggressive behavior Increase communication regarding needs*

37 Narrative Discussion of Services provided for this goal during month:

<u>4/4/20:</u>

Provider met with Mackinsey in the home and worked on respecting the property of others. Mackinsey became upset due to redirection from her mother regarding an activity she wanted to participate in and took her mother's phone (which resulted in the screen becoming cracked). This caused her mother to become upset and provide a consequence which resulted in increased property destruction in the home (kicking doors and walls, throwing things in her room). Provider worked with Mackinsey to write and apology to her mother and clean up the items thrown in the home. Provider and Mackinsey worked on creating a "calm down" corner in her room with extra pillows, a bean bag chair, books, and a reading lamp and discussed how this may be used in the future.

4/7/20 (via Zoom):

Provider met with Mackinsey via Zoom to check in with her regarding the calm down

corner that was created and how she has been expressing her needs and frustrations. Mackinsey and her mother reported no incidents of aggression or property destruction since the provider was in the home last. Provider and Mackinsey discussed items that she would like to add to her calm down corner. Mother agreed the she would allow Mackinsey to earn the additional item (a pink fuzzy rug) if the Mackinsey demonstrated positive choices the remainder of the week.

<u>4/16/20</u>

Provider met with Mackinsey in the home. Mackinsey was struggling to listen to her mother about personal space while mother was working from home and keeping her hands to herself (picking on her sister). Provider worked with Mackinsey and gave her examples on giving people their personal space, explained why this is important as well as addressed the concerns about keeping her hands to herself. Provider and Mackinsey role played how to interact and communicate with her sister without putting her hands on her.

38 Progress Summary toward goal:

Overall, this month Mackinsey has demonstrated a decrease in aggression and property destruction. This provider address two specific incidents this month, which is a considerable decrease from the initial referral where incidents were occurring at least daily, which resulted in acute hospitalizations.

There was one minor incident of elopement this month after Mackinsey was given a consequence due to a verbal altercation with her sister, she ran from the home and to the park. Mother was able to locate her and eventually redirect her to returning to the home.

39 Family cooperativeness:

Mackinsey participates well with this provider. Mother communicates well and is open to feedback. The family is available on a consistent basis to meet with provider.

40 Recommendation regarding services for goal (Continue: Reason or End: Reason)

Mackinsey should continue to participate in services at this time as the team works to increase positive responses, meet the underlying needs, and achieve the family vision and team mission.

41 Eríca Anderson

<mark>42</mark> 4/30/20

Signature

The information below shall be completed for each visit. It should be sent to the FCM within 3 business days of the visit, or immediately by phone or email followed by an individual visitation report if inappropriate behavior occurs. Cancelation and no shows should be reported to the FCM as soon as possible.

- 1. <u>Date and Logistics of Visit</u>: include date, location, level of supervision, and service standard
- 2. <u>Attendance at Visit</u>: Include all individuals who attended the visit, Include time of arrival and departure of all parties for the visit.
- **3.** <u>Quality of Visit:</u> Quality of visits are scored <u>per child</u>. When parents are reunifying together, the parental unit combined is given one score per child. When the parents are on separate reunification tracks, each parent is scored separately per child. To score, the parent(s) demonstrate parental role, knowledge of child's development, responds appropriately to child's signals, puts child's needs ahead of their own, shows empathy, focuses on child:

Strong: ALWAYSLimited: OCCASIONALLYAdequate: OFTENDestructive: RARELY/NEVER

To determine the quality of the visit please select how the parent(s)/caregiver(s) did each of the following:

- Demonstrated parental role;
- Demonstrated knowledge of child's development;
- Responded appropriately to child's verbal/nonverbal signals;
- Put child's needs ahead of his/her own;
- Showed empathy towards child; and
- Focused on the child when preparing for visits and during interactions
- **4.** <u>Observation Narrative</u>: Include all significant observations from the visit, including the following:
 - greeting and departure interaction between parent and child(ren);
 - planned activities by the parent for visit;
 - interventions required, if any and parent's response to direction provided with regard to interventions;
 - ability and willingness of parent to meet child's needs as requested by child or facilitator;
 - tasks given to the parent to be completed prior to or at the next visit, etc.)
- 5. <u>Observed Strengths</u>: include positive interactions between parent and child
- 6. Observed issues: include the needs of the parent in the interactions with their child
- 7. <u>Recommendation</u>: include recommendation regarding level of supervision of follow up visits based on on-going demonstration of ability by the parents and comfort level of the child(ren)
- 8. <u>Name of Visitation Facilitator</u>: Name of the person supervising the visit
- 9. <u>Signature:</u> Signature of person completing the report.
- 10. Date: Date of Signature

INDIVIDUAL REPORT-VISITATION

The information below shall be completed for each visit. It should be sent to the FCM within 3 business days of the visit, or immediately by phone or email followed by an individual visitation report if inappropriate behavior occurs. Cancelation and no shows should be reported to the FCM as soon as possible.

1 Date and Logistics of Visit:
2 Attendance and Timeliness:
3 Quality of Visit (per child):
4 Observation Narrative:
5 Observed Strengths:
6 Observed Issues:
7 Recommendation:
8 Name of Visitation Facilitator: