

GUIDE TO COMPLETING CLIENT TRACKING INFORMATION FIELDS

This Guide provides specific instructions for each item of information needed for Client Records in the Client Tracking System. Once Admission Data or Termination data is added to a Client Record, remember to save that data by selecting either “Add Record” or “Update”. Additionally, a Data Sheet should be printed and placed in the program’s hard copy client file. Programs are responsible for the accuracy and completeness of all data entered into the Client Tracking System. If in doubt about how to code a particular field in a given situation, don’t guess, call your Area Office.

“Add CTF Record” Window Fields

*THIS INFORMATION WILL BE USED TO MONITOR YOUR PROGRAM’S PERFORMANCE;
THEREFORE, IT IS IMPORTANT TO BE AS ACCURATE AS POSSIBLE.*

First Name, Middle Name, Last Name

First, Middle, and Last Name and Suffix. Make sure that you have the correct legal first, middle, and last name with correct spelling. Do not use nick-names.

Jr, Sr, III, etc.

Make sure that you have determined if one of these suffixes apply..

DOB

Date of birth of the client. It must be an 8-digit number (mm/dd/yyyy).

Zip Code

Insert the zip code of the client’s residence.

Admission Date

Date the client was admitted to the program. It must be an 8-digit number (mm/dd/yyyy). This date should be the first day services are delivered to the client.

Program ID

This is assigned by the Department of Juvenile Justice and Delinquency Prevention. The program ID number is located on page 1 of the DJJDP Program Agreement.

Referral Date

Date the client was referred to the program (8-digits, mm/dd/yyyy). Must be prior to or the same as the admission date.

County will be automatically generated when you type in the Program ID. County always refers to the county in which the program operates.

Client ID is automatically generated from the First and Last name and the Date of Birth.

“Admission” Window Fields

The following fields will automatically be filled in from the “Add Record” window:

First Name, Middle Name, Last Name, (Jr., Sr., III, etc.), Date of Birth, Zip Code, Program ID, Admission Date, and Referral Date. Once you have added a record, you may make corrections to these fields in the “Admission” Window.

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SSN

Social Security Number of the client.

Race

Race of the client.

Sex

Sex of the client.

Referral Source

Agency or individual who referred the client. Indicate Juvenile Court only if referred by a Juvenile Court Counselor or ordered by a Juvenile Court Judge. The Client file must contain referral form completed by the referring agency

Legal Status

Level of deepest involvement in the juvenile justice system during the 12-month period preceding admission into the program. A Referral form must be filed in client file to document court counselor referral as per instruction for “Referral Source”. You may choose “Court Counselor Consultation” for clients referred by the juvenile court counselor that have not received a juvenile complaint. “Court Counselor Consultation” indicates the client or client’s family has conferred with a juvenile court counselor, but no juvenile complaint has been made against the client. All other legal status choices would reflect at least one (1) court referral prior to admission.

NOTE: This information must agree with information on court complaints prior to admission and at termination. If the legal status is “Youth at Risk” or “Court Counselor Consultation”, then court complaints prior to the program must be zero “0”. A youth-at-risk would not have had any referrals or involvement with juvenile court/service during the 12 months prior to program.

School Status

Client’s status of school enrollment at the time of admission to the program. Long-term suspension is longer than 10 days

Referral Reason

Code the reason for the client was referred to this program. What was the behavior or concern that prompted the referral? Use the greatest level applicable. ***Do not select “other” until you have reviewed this with your area consultant.***

NOTE: The client does not have to be adjudicated to code (1) through (6). If the individual or agency making the referral identifies one of these behaviors as known or suspected to be a problem, that information should be entered here.

Type of Court Complaint

Identify the type of complaint, if the client has received a court complaint during the 12 months prior to admission. If there has been more than one complaint, code the most serious. Enter N/A (Not Applicable), if the client has not received a court complaint.

Disposition Level/Diversion

Select N/A if the client is **NOT** court involved. If court involved, the Juvenile Court Counselor should indicate the Diversion/Disposition on the referral form. If a juvenile court counselor has referred this client to this program as part of a diversion from court at intake, code Diversion Plan or Diversion Contract. If a juvenile is referred to this program as part of his/her disposition at juvenile court or as part of the service for a juvenile under active supervision of the court, code the appropriate disposition level or supervision type for a juvenile, "Protective Supervision, Level I, Level II, or Post Release Supervision". JCPC programs do not often receive a referral for a Level III disposition, as this is a commitment to the Department. If you receive a referral form with Level III indicated, you will want to verify that information with the Juvenile Court Counselor. If juvenile court/court counselor has not referred the client to this program as a diversion or disposition, the appropriate code is N/A (1).
NOTE: This information must agree with the "Referral Source". For any diversion or disposition option to be identified here, the "Referral Source" must be "Juvenile Court" (1).

Previous Admissions

The number of times this client has been admitted previously to the program.

Other Referral Reason

Enter text for referral reason if "Other" was a choice for First or Second Referral Reason. This should not be a customary choice, as it provides no data for reports; typical referral reasons are listed as choices.

Substance Abuse

All programs must enter "**Not Applicable**". This field is no longer being utilized. Any selection other than "Not Applicable" is invalid and incorrect.

Living Arrangements

Residence of client as of the admission date.

Other Living Arrangements

Enter text for living arrangements if "Other" is chosen for Living Arrangements at Time of Admission.

Prior Year Numbers

This field is looking for the Problems the youth experienced in the *12 months prior to admission* to the program.

IMPORTANT: For Court Complaints, Out of School Suspensions/Expulsions, Secure Custodies, and Runaways, code the actual number for the youth up to a total of 8 for each category. If a youth has had more than 8 events per category, you will enter the number 8. USE "9" TO INDICATE UNKNOWN.

Programs should contact a juvenile court counselor for information regarding court complaints and secure custodies. Court complaints include only formal allegations that a juvenile is delinquent or undisciplined. A court counselor screens these complaints. **Note: You must indicate at least 1 prior if the client is court involved even though this is their first offense.** There is not a formal complaint for a "Court Counselor Consultation".

Programs should contact schools regarding out of school suspensions. Information on runaways can be obtained from the family of the client.

Runaway is defined as absconding from home or any placement and not voluntarily returning within twenty-four (24) hours as evidenced by a complaint, motion for review, or from reliable information.

Secure custody should include any instances where youth was confined in secure detention for at least one night. Count each instance only once. Intermittent detention should be counted for the number of court dispositions and not for each detention admission. For example, a court order may specify 2 weekend detentions. This will count as 1 court complaint and 1 secure custody.

ADD RECORD: Don't forget to click on the ADD RECORD button to save this information and create the client record.

UPDATE: Don't forget to click on the UPDATE button to save any changes after you have initially added the client record.

DATA SHEET: Use this function to display a report of the client tracking data that you have entered. This will initiate a new window. Use the print icon at the top of the window to print this data sheet. **Keep an updated data sheet for each client in each individual client record.**

If in doubt about how to code a particular field in a given situation, don't guess, call your Area Office.

Go to the next page for information on Termination Fields

“Termination” Window Fields

In this Section *ONLY* indicate the client’s status *AT TIME OF TERMINATION*. Do not reference what their status was at admission.

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Termination Date

The date the program terminated the client from the program. It must be an 8-digit number (mm/dd/yyyy).

Termination Reason

The reason the client left the program. “Successful Completion” indicates a high level of client participation in program activities and achievement of behavior improvement goals. “Satisfactory Completion” indicates an acceptable level of client participation and behavior improvement even though the client did not complete all program activities or did not meet all behavior goals. Programs should always carefully consider the degree of progress and improvement exhibited by a client in the program if the client does not meet the criteria for Successful Completion.

Do not select “other” until you have reviewed this with your area consultant.

Other Termination Reason

Enter text for termination reason if “Other” is chosen for the “Termination Reason”. This should not be a customary choice, as it provides no data for reports; typical termination reasons are listed as choices.

Face to Face Days

Code the actual number of days of face-to-face contact service provided. (**This is not the number of days from admission to termination, unless the program has had face contact every day from admission to termination.**)

Living Arrangements (upon Termination)

Residence to which the client returned on the day he/she left the program.

Other Termination Placement

Enter text for the living arrangement if Other is chosen for Living Arrangements at the time of termination.

Clinical Assessment/ Evaluation Components Do Not Complete The Following Information

CLIENT PROGRESS DURING PROGRAM

Court Complaints

Out of School Suspensions/Expulsions

Secure Custodies

Runaways

Code the actual number (“0”, “1”, “2”, “3”, “4”, “5”, “6”, “7”, or “8 +”) of any problems with the school, home, or juvenile court while the client was active in the program. Only code “9” to indicate unknown . Code 1 cannot be used if the prior out of school suspensions is greater than zero (0). This information should be consistent with school suspensions while in the program.

(Client Progress) with School **

Indicate the level of progress made on school problems since admission to the program.

Positive Parental Involvement with Juvenile **

Indicate the level of progress made on positive parental involvement with the juvenile since admission to the program.

(Client Progress) with Home Situation **

Indicate the level of progress made with the juvenile's home situation since admission to the program.

(Client Progress) with Juvenile Court **

Indicate the client's progress with juvenile court after having been in the program. Cannot be "No problems at referral or since" if the Legal Status at Admission was other than "Youth at Risk" or "Court Counselor Consultation" and it must reflect the number you code for "Court Complaints during the program". "Motion for violation of Court order" refers to a probation violation that is reviewed by juvenile court.

**** INDICATING "No Problem At Referral Or Since" FOR ALL OF THESE AREAS RAISES THE QUESTION REGARDING THE APPROPRIATENESS OF ADMITTING AND SERVING THIS YOUTH.**

Health Care, Mental Health, Social Services, Recreation, Career Counseling, Job Placement, Mentoring Services, Exceptional Child-Services, Alternative Education Program, Substance Abuse Services, Parent/Family Training/Counseling, Civic Involvement, Extracurricular Activities, Interpersonal Skills, Tutoring, Other

For each of the service categories listed, indicate which of these services (*other than those described in the program component description in which this client is enrolled*) that the client participated in during his/her stay in your program. You must respond with a number for **each** service category: **1** - The client participated in that service and was referred to that service by your program, **2** - The client participated in that service due to court order, **3** - The service provided was an additional service provided by your program or sponsoring agency, **7** - Other participation reason, or **9** - No participation in that service type or unknown. **Do not use code 8** - Historical.

Other Participation Description

Enter text to indicate what other program the youth participated in during the same time that he/she was being served by your program.

School Status

Indicate the client status with school on the day of the program termination. If the termination occurs during summer vacation, code the client's status as of the last day of school.

If in doubt about how to code a particular field in a given situation, don't guess, call your Area Office.

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