

**PLL CBAT Supervision – COE**

**Date:**

**Attendance:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ATTENDANCECase Managers | Attended  (X) | Not Required to Attend | Rescheduled Make-up Supervision (Date) | Other (N/A) |
|  |  |  |  |  |
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**CBAT:**

* Review of Responsibilities
  1. Internal Measures
     + Overall Percentage of Administration - \_\_\_\_\_
     + Readiness pre- and mid-test analysis for Discharge Meetings -
  2. Assistance with PLL Groups
     + Assistance with Hour One and Parent Breakout-
     + Delivery of teen breakout material -
  3. Next Monthly CBAT Meeting
     + Scheduled meeting for the month \_\_\_\_\_\_\_\_
     + Review of your CBAT Agenda
     + Documents to present in upcoming CBAT Monthly meeting:
       - Ecomaps
       - Risks/Protective Factors/Need documents
       - Aftercare Plans
  4. Upcoming Discharge meetings
     + Review of materials for discharge meetings –
       - Youth:
         * Aftercare plan
         * Pre-posttest results/analysis
  5. Review of Open Cases –
     + CBAT process for families with youth still in placement
     + Families in 90-days of Aftercare

**Agenda for next CBAT Supervision**

1. Next Meeting date: \_\_\_\_\_\_\_\_