

**CHILD/FAMILY CASE PLAN &
REVIEW OF CHILD/FAMILY CASE PLAN
FIELD SUPERVISION - SUPPLEMENT**

The Child/Family Case Plan and Review of Child/Family Case Plan documents are designed to satisfy requirements for TJPC Case Management Standards for children being supervised in the community and certain Title IV-E requirements. In developing the case plan, all goals should be clearly defined and interventions should be measurable in order that the child's level of progress can be determined when the case plan is reviewed. It should also be noted that every child may not have goals in every domain; goals should be based on the individual child's specific needs. The information provided below will assist you in developing the child's case plan/review.

In order to assist you in developing a case plan, the following items are explained:

GOAL: The goal identified in a domain is a description of what is to be achieved. What is the end result that is desired? For example, if a child has substance abuse issues, the end result that is desired might be for the child to cease abusing drugs.

INTERVENTION: The intervention is the action or task that is to be taken by the party to achieve the desired end result. In the example above, the intervention might be for the child to participate in a substance abuse education program three (3) times a week.

PERSON RESPONSIBLE: The person responsible should be the party who is expected to complete the task described above. Each goal should identify one person as being responsible for completing the identified intervention. The person responsible for attending the substance abuse education program (in the example above) would be the child.

TIME FRAME: The time frame identifies the period of time in which the task is expected to be completed. Time frames can be either short term (such as getting a cavity filled), or long term (such as participating in counseling). An example of a time frame (in the example above) might be "for the next 6 months."

TITLE IV-E CANDIDACY (*Title IV-E Departments only*): This section is to be completed to determine if the youth is a "reasonable candidate" for foster care. This means that the youth has been determined to be at imminent risk of removal from his/her home and placement into foster care, absent preventative pre-placement services. If the services described in the case plan and/or case plan review (particularly in the medical/dental, safety/security, emotional/mental health, and family services domains) are not effective, the plan will be removal of the youth from his/her home with placement into foster care.

Describe the current risk factors that place the juvenile at imminent risk of removal and placement into foster care. The description must include parental behaviors or actions, or lack of action, which currently places the child at risk of harm.

The case plan must contain goals for the family that address the risk factors that place the child at imminent risk of removal from the home and placement into foster care.

EXAMPLES: The following scenarios MAY meet candidacy requirements (if the child is at imminent risk of placement into foster care, services are being provided to address the risk issues in the home, and sufficient case file documentation substantiates the determination).

- The parent(s) are enabling the child's actions - the child is participating in behaviors that place him/her at risk of harm (could be associating with gangs, running away, theft, robbery, etc.) the parent knows what the child is doing, does not work to avert the child's behaviors and continually fails to report negative behavior to the probation office, even though these behaviors are harmful to the child. Given this scenario, it is essential that that parent(s) action/inaction must also be documented in the case plan and case file documentation.
- The parent(s) refuses to provide transportation of child to appointments/services, does not show up for court dates, scheduled probation meetings, or various other essential appointments such as counseling, school meetings, parenting classes, etc. As a result, the child's behaviors continue to escalate; therefore, placing the child at risk of harm. A pattern needs to be demonstrated – i.e. not just missing one or two appointments. The case plan and case file documentation must reflect and support this scenario.
- The parent(s) are staying out all night and not supervising the child on a regular basis. During these times, the child leaves the home and participates in behaviors that place him at risk of harm (burglaries, drugs, etc). The case plan and case file documentation must reflect and support this scenario, as well as the services offered to the parents.
- The child is using drugs and is at risk of becoming addicted. The parent(s) are aware of the continuous substance abuse and the child continues to test positive. The parent(s) either refuses to participate in counseling with the child or even transport the child to substance abuse treatment.
- The parent(s) are encouraging the child to participate in criminal activity for monetary gain (prostitution, selling drugs and theft) or is participating with the child in these activities.
- A youth is witnessing domestic violence in the home (physical or emotional abuse) and the child is becoming increasingly more aggressive and assaultive to others.
- The parent(s) are testing positive for drugs or using drugs in front of child in the home. The child is using drugs and testing positive for drugs.
- The parent(s) are failing to provide adequate medical care for child, such as not filling necessary prescriptions (for mental illness or medical condition which could place the child at risk of harm). The behaviors exhibited by the child due to this issue need to be documented in the case plan and case file documentation.
- The child continues to runaway and the parent(s) fail to report this to the proper authorities (while out unsupervised the child is using drugs, stealing and at risk of harm). For example, in one county, the juvenile ran away and was raped. Documentation needs to include any additional information known about the danger experienced as with this example.
- The parent(s) have a gang affiliation and associate with known gang members (gang paraphernalia in the home); child begins associating with gangs and participating in dangerous activities. Documentation needs to include activities that are occurring such as gang activities for both the parent and child, selling drugs, theft, etc.
- The parent(s) are allowing inappropriate individuals in reside or visit their home. This may include convicted sex offenders. Documentation must show how this impacts the youth's behavior.
- The parent(s) have illegal pornography in the home to which the child has access. The child begins to perpetrate on other children.
- The parent(s) fail to make attempts to obtain current CHIPS/Insurance for a special needs child. The failure to receive the necessary medication, results in behaviors by the child that place him/her at risk of removal.

- The parent(s) allow or fail to prevent the child from participating in unsafe activities such as driving without a license, possessing dangerous weapons, etc. Documentation must explain how these parental behaviors place the youth at risk of removal as these behaviors alone are not enough.
- The parent(s) refuse to provide the child psychiatric care. This failure by the parents results in an escalation of the child's mental health issues. The child has attempted suicide in the past or is threatening suicide.
- The child has mental health issues, is living with a relative (parents are in prison) who is unable to control his/her behaviors which places the youth at risk of harm. Documentation needs to specify how the relative is failing to manage the youth's behaviors which place the youth at risk of removal.
- The parent(s) lack the necessary parenting skills to deal with the child's behaviors. The police have been called to the home as a result of physical assaults between the parent and child.

PRIOR SERVICES: List any services that have previously been provided to the youth and family to allow the child to remain in the home. These services may have been offered by the probation department or any other public or private agency. Examples include counseling, intensive supervision, psychological evaluations, parenting classes, MHMR services, special education services, etc.

If the child has previously been on probation, do not list "probation," but document what services were provided to the child and/or family while on probation.

If no services were previously provided, explain.

MEDICAL/DENTAL DOMAIN: The medical/dental domain is related to a child's physical health. It includes, but is not limited to, medication management, medication monitoring, and management of acute and chronic medical conditions (diabetes, asthma, etc.) and any identified dental needs. The case plan/case plan review should reflect the child's current health care providers. Documentation should reflect the name of a specific doctor and dentist, rather than a clinic name, if possible. If medications are listed, you must specify for what conditions they are being taken.

SAFETY AND SECURITY DOMAIN: The safety and security domain should address the child's propensity for self-harm (*i.e. suicide issues, self mutilation, or other behaviors which might prove injurious to the child*), harm to others (*i.e. issues relating to aggressive behaviors*) or other destructive acts and/or behaviors. Any issues related to the child's safety and security would be appropriate for inclusion in this domain.

EDUCATIONAL DOMAIN: The educational domain is related to a child's performance, progress, and conduct in the most appropriate academic or vocational setting. The case plan/case plan review should reflect the child's most current educational provider. Documentation must include "*current grade level placement*" (actual grade in which the child is enrolled). The "*current grade level performance*" (the level at which child is functioning) should be documented, if available. "*Grade level performance*" is usually determined by an educational assessment conducted as part of a complete psychological evaluation or other school related assessments (ARDs, etc.).

EMOTIONAL/MENTAL/BEHAVIORAL HEALTH DOMAIN: The mental/behavioral health domain refers to the behavioral and emotional functioning of the child, as well as any psychiatric symptomatology that may be present.

PREPARATION FOR ADULT LIVING (PAL) DOMAIN: The PAL domain refers to any child aged 16 years of age or older learning skills designed to assist the child to transition into adulthood. Areas of training could include, but are not limited to, job seeking skills, vocational training, housing, money management, consumer awareness, hygiene, nutrition, housekeeping, transportation, etc. Goals should be included in this domain for any youth who is currently 16 years of age, or will become 16 years of age before the next case plan review.

FAMILY SERVICES DOMAIN: The family services domain should describe services provided to the family which address identified family needs/issues that contributed to the child's involvement with the juvenile justice system. Referrals to community resources (i.e. substance abuse programs, local housing authorities, or employment assistance programs) to address the needs of the family are examples of 'services' which would be appropriate in this domain. It is insufficient merely to list visits or contacts since this does not, in itself, specify the services being provided to the family.

If the child is determined to be a "*Reasonable Candidate*," this domain MUST include goals and/or services to ameliorate the risk factors which place the child at imminent risk of removal from the home and placement into foster care.

NEW NEEDS (Case Plan Reviews): Any new needs that have been identified for the parties are listed in this area, along with their appropriate goals and interventions. At the time of the next review, the progress is measured and the goal is moved to the appropriate domain.

PARTICIPATION & DISTRIBUTION: This provides documentation that the parties were invited to participate (date and method of notification), and subsequently participated in the development of the case plan/review prior to its completion. Enter the date that each party was notified (afforded the opportunity to provide input), how they were notified, and when they provided input into the development of the case plan/review. This date must be on or before the date the case plan/review was completed by the probation officer as evidenced by the JPO signature. Participation of all parties does not have to occur on the same date. The date that the parties received copies of the case plan/review must also be documented.

LEVEL OF SUPERVISION AND PLAN OF CONTACT: This section documents the current level of supervision as well as the frequency and method of contact between the child, family and JPO. A minimum of one monthly face-to-face contact is mandatory.

SIGNATURES: All parties should sign and date the case plan/review. Signatures shall not be pre-dated; the signatory shall date his/her signature at the time the signature is affixed to the document. The date of the JPO signature will be considered the completion date of the case plan/review.

If the signature for any party is not obtained, there must be an explanation.