

Initial Case Plan and Transitional Independent Living Plan (TILP)


Initial Case Plan

In this chapter the process for creating the initial or first case plan in CWS/CMS is detailed. The process for creating and documenting the Transitional Independent Living Plan or “TILP” will also be presented.

Under statute and regulation, the department has up to sixty days to create an approved case plan. However, by statute, the Case Plan document must be attached to the Disposition Report when the report is filed with the Juvenile Court. The date for the Disposition Hearing in the example is October 29, 2009. Therefore, under regulation and statute, the initial case plan must be created and approved prior to October 29, 2009.

The case plan is the single most important document that the social worker creates. New social workers receive training on the process of creating case plans in CORE training. Core training is mandatory for new workers. In the core training, the new worker is given the acronym SMART. SMART case plans should be Specific, Measurable, Attainable, Results-Oriented and Time-Limited.

Case Plans are developed to resolve challenges leading to agency involvement with the family. They are sensitive to the specific needs of the family and based upon the family’s strengths. They should take into account unique attributes of the family such as culture, language, disabilities, mental status, etc.

Case plans are to be created with the family actively participating in the development. This may be accomplished in a number of ways. Meeting with the family and service providers and reviewing the case with staff members and the family are a couple of options. County practice will determine which Family Engagement Effort (FEE) a specific county uses. Follow County practice then  remember to document the FEE in CWS/CMS in the “Associated Services” page of the “Contacts” notebook.

Social workers are required to complete an initial Transitional Independent Living Plan (TILP) with youth in placement at 15 ½ years, and prior to the Dispositional Hearing for youth placed into protective custody after turning 16 yrs old. An updated TILP must be completed with the youth every six months. The TILP is a separate document from the case plan and is specific to a specific youth. In contrast, the “Case Plan” is for the individuals working with the youth and the youth’s siblings to establish a permanent living situation for the youth. That may be with the family the youth was originally removed from, or with a new caregiver.

TILPs are created with the input of the youth. They are tools intended to help the youth transition from living under someone’s care to living on their own successfully.

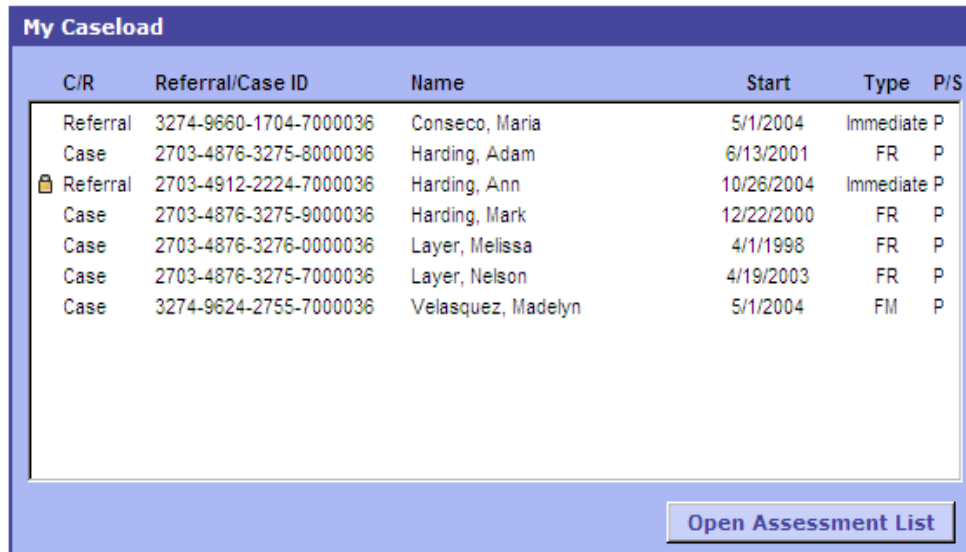
Case Plans and, when created, Transitional Independent Living Plans are to be attached to and provided with every status review report the worker submits to the Court.


SafeMeasures and SDM Connections

Although this manual details a single family and child client, as a social worker, the user will have multiple referrals and cases s/he is responsible for at any given time. In order not to overlook the responsibility to those families, it is important to be aware of the necessary documents and contacts with all children and/or families for which a worker is responsible.

One method to accomplish this is by using the two applications available on the computer outside of CWS/CMS. Those applications are Structured Decision Making (SDM) and SafeMeasures. As a caseload management tool, SafeMeasures is best used twice a week. A typical usage would be on Monday and Thursday.

Beginning with SDM, when a user logs into that application, the first screen shows what that worker's caseload is. Shown on the next page is a sample from the SDM training site. It shows the top half of the application page.



C/R	Referral/Case ID	Name	Start	Type	P/S
Referral	3274-9660-1704-7000036	Conseco, Maria	5/1/2004	Immediate	P
Case	2703-4876-3275-8000036	Harding, Adam	6/13/2001	FR	P
 Referral	2703-4912-2224-7000036	Harding, Ann	10/26/2004	Immediate	P
Case	2703-4876-3275-9000036	Harding, Mark	12/22/2000	FR	P
Case	2703-4876-3276-0000036	Layer, Melissa	4/1/1998	FR	P
Case	2703-4876-3275-7000036	Layer, Nelson	4/19/2003	FR	P
Case	3274-9624-2755-7000036	Velasquez, Madelyn	5/1/2004	FM	P

Open Assessment List

At the bottom of the SDM page is a second information box. It shows the assessments that need attention. Usually that means that the assessment is due or needs to be completed.

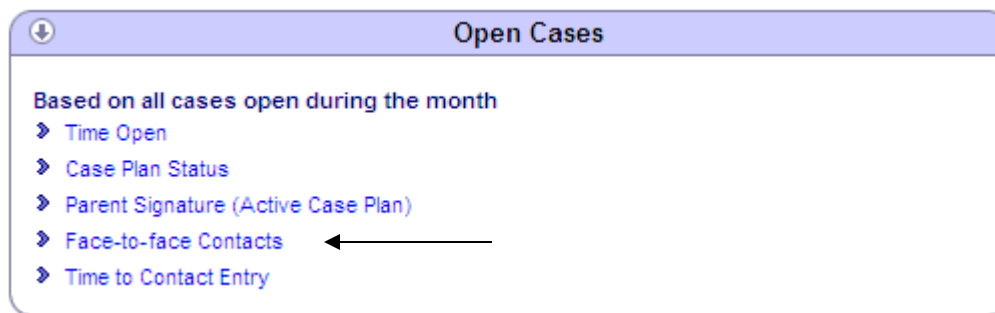
Assessments Requiring Attention			
Referral/Case Name	Date	Type	Status
! Harding, Mark		Family Strengths & Needs	Incomplete
! Velasquez, Madelyn		Family Strengths & Needs	Incomplete
! Harding, Mark		Risk Assessment	Incomplete
! Harding, Mark		Risk Assessment	Incomplete
! Harding, Mark		Risk Reassessment	Incomplete
! Harding, Mark		Risk Reassessment	Incomplete
! Layer, Melissa		Risk Reassessment	Incomplete
! Layer, Nelson	12/10/2009	Reunification Reassessment	Not Submitted
! Layer, Nelson	12/10/2009	Reunification Reassessment	Not Submitted
! Unknown	5/1/2004	Safety Assessment	Not Submitted

OpenDelete

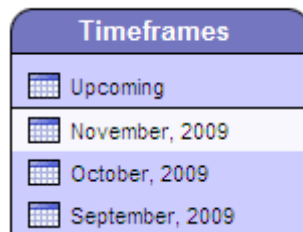
SafeMeasures Connection

The second application, “SafeMeasures,” is an application that requires no data input. It creates reports based upon information already entered in CWS/CMS. As a time management tool, though, one very good use is to plan the required future contacts. The application can produce a report showing what contacts are due the rest of a given the month.

Open SafeMeasures, scroll down to the “Open Cases” section, and select “Face-to-Face Contacts.”



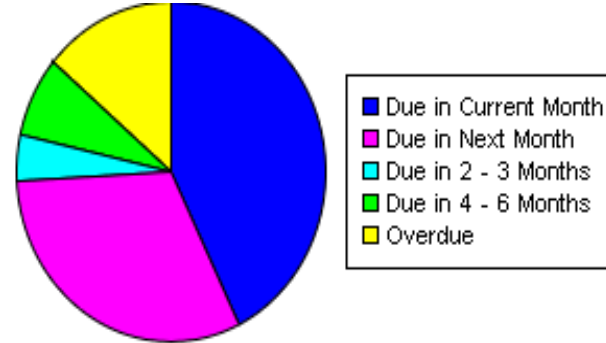
Doing so will generate a report for “Face to Face Contacts.” Then select “Upcoming” from the timeframe list to the left of the



graph. That will result in a report showing only those contacts that need to be made.

Upcoming Contacts

	Count	Percentage
Due in Current Month	1224	42.8%
Due in Next Month	898	31.4%
Due in 2 - 3 Months	126	4.4%
Due in 4 - 6 Months	219	7.6%
Overdue	396	13.8%
Total	2863	100.0%



Click on “Due in Current Month” and get a listing by case name of the contacts that need to be made prior to the end of the month. By knowing how many contacts and which contacts need to be made, it is possible to be more prepared to schedule time appropriately. The example shown is not for any single county or worker, it is a compilation of 13 Northern counties.

These considerations as to time do not mitigate the need to complete the initial case plan prior to the Dispositional Report being filed.

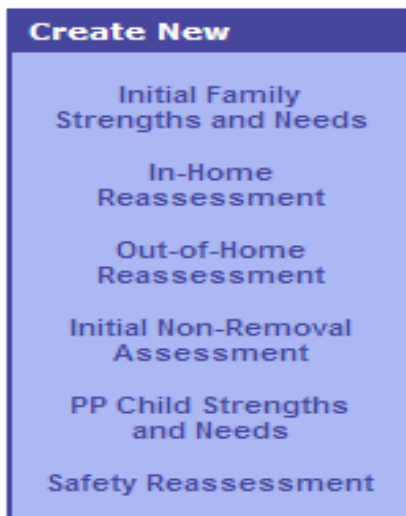
Division 31 regulations require that a family assessment be completed in conjunction with the case plan. Structured Decision Making (SDM) is a process that guides in completing an assessment. The name of the assessment is the “Family Strengths and Needs Assessment” (FSNA). The FSNA should be completed prior to beginning the initial case plan. In addition to providing an assessment, it will also help to prioritize the objectives of the case plan for the parents.

SDM Connection, Family Strengths & Needs Assessment (FSNA)

To complete a Family Needs and Strengths Assessment in Structured Decision Making, open that application. Creating a shortcut icon or saving the internet log-on as a favorite makes opening the application much quicker.

When entering Structured Decision Making, the first screen shows all referrals and cases assigned to that worker. From that screen, open the case for which the case plan will be created. (This assumes that the FSNA has not already been done.)

When the appropriate case is open, on the right is a “Create New” box.



From the box on the left, select “Initial Family Strengths and Needs.” That will result in the screen shown on the next page.

Household Name:

Were there allegations in this household? ☒ Yes ☐ No

Household Members	Client ID	Birth Date	Relationship	Has Case	PC	SC	Child	Other
<input checked="" type="checkbox"/> H	2703-4900-1597-5000036	12/22/2000	Focus Child	Yes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> L	2703-4893-0142-5000036		Father	No	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> L	2703-4898-0815-1000036		Aunt	No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> H	2703-4872-0576-3000036	09/18/1977	Mother	No	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> L	2703-4900-3097-9000036	04/01/1998	Sibling	Yes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> H	2703-4871-6651-7000036	06/13/2001	Sibling	Yes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> L	2703-4902-6930-7000036	06/06/2008	Sibling	Yes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

PC = Primary Caregiver SC = Secondary Caregiver

[Next](#)

[Cancel](#)

Complete the “Household Name” box, and the “Were there allegations in this Household?” box.

Household Name:

Were there allegations in this household? ☒ Yes ☐ No

Household Members	
<input checked="" type="checkbox"/>	H
<input checked="" type="checkbox"/>	L
<input type="checkbox"/>	L
<input checked="" type="checkbox"/>	H
<input checked="" type="checkbox"/>	L
<input checked="" type="checkbox"/>	H
<input checked="" type="checkbox"/>	L

Choose which household members are involved with this assessment by placing a check in the box next to the member’s name.

PC	SC	Child	Other
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Next, choose the relationship to other household members in the relationship grid by selecting the appropriate radial button for each member.

After completing the first page, select “Next.” The resulting screen appears on the next page.

Family Strengths & Needs

Extract Data
Server

Main Menu
Student1, SDM (SDM00A)
User Guide
Policy & Procedures
FAQ

Case ID: 2703-4876-3275-9000036

Assessment Date: / /2009

Case Name: H

Approving Unit:

Created: / /2009 by Student1, SDM

County of Completion:

Approval Status: Incomplete

Last Update: / /2009 by Student1, SDI

Household Name: H

SECTION 1: CAREGIVER STRENGTHS AND NEEDS

INSTRUCTIONS: Rate each caregiver according to his/her current level of functioning. Consider the entire scope of available information, including the family's perspective, child's perspective where appropriate, worker observations, collateral contacts, and available records. Refer to the accompanying pop-up definitions for each item to determine the r

Incomplete

Save

Close

Complete the fields then scroll down the page completing the rest of the necessary fields. Again, this same disclaimer, this is not intended to be a Structured Decision Making training. The purpose is to demonstrate the use of a separate tool as that tool relates to case management. The new worker will receive formal training as a part of the CORE training.

Care Provider Pages in SDM

SN1. Substance Abuse/Use			
<i>(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter drugs)</i>			
a. Teaches and demonstrates healthy understanding of alcohol and drugs	+3	<input type="radio"/>	<input type="radio"/>
b. Alcohol or prescribed drug use/no use	0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. Alcohol or drug abuse	-3	<input type="radio"/>	<input type="radio"/>
d. Chronic alcohol or drug abuse	-5	<input type="radio"/>	<input type="radio"/>
SN2. Household Relationships/Domestic Violence			
a. Supportive	+3	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b. Minor or occasional discord	0	<input type="radio"/>	<input type="radio"/>
c. Frequent discord or some domestic violence	-3	<input type="radio"/>	<input type="radio"/>
d. Chronic discord or severe domestic violence	-5	<input type="radio"/>	<input type="radio"/>
SN3. Social Support System			
a. Strong support system	+2	<input type="radio"/>	<input type="radio"/>
b. Adequate support system	0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. Limited support system	-2	<input type="radio"/>	<input type="radio"/>
d. No support system	-4	<input type="radio"/>	<input type="radio"/>
SN4. Parenting Skills			
a. Strong skills	+2	<input type="radio"/>	<input type="radio"/>
b. Adequately parents and protects child	0	<input type="radio"/>	<input type="radio"/>
c. Inadequately parents and protects child	-2	<input type="radio"/>	<input checked="" type="radio"/>
d. Destructive/abusive parenting	-4	<input checked="" type="radio"/>	<input type="radio"/>

? SN5. Mental Health/Coping Skills			
a. Strong coping skills	+2	<input type="radio"/>	<input type="radio"/>
b. Adequate coping skills	0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. Mild to moderate symptoms	-2	<input type="radio"/>	<input type="radio"/>
d. Chronic/severe symptoms	-4	<input type="radio"/>	<input type="radio"/>
? SN6. Resource Management/Basic Needs			
a. Resources are sufficient to meet basic needs and are adequately managed	+1	<input type="radio"/>	<input type="radio"/>
b. Resources may be limited but are adequately managed	0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. Resources are insufficient or not well-managed	-1	<input type="radio"/>	<input type="radio"/>
d. No resources, or resources are severely limited and/or mismanaged	-3	<input type="radio"/>	<input type="radio"/>
? SN7. Cultural Identity			
a. Cultural component is supportive and no conflict present	+1	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b. No cultural component that supports or causes conflict	0	<input type="radio"/>	<input type="radio"/>
c. Cultural component that causes some conflict	-1	<input type="radio"/>	<input type="radio"/>
d. Cultural component that causes significant conflict	-3	<input type="radio"/>	<input type="radio"/>
? SN8. Physical Health			
a. Preventive health care is practiced	+1	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b. Health issues do not affect family functioning	0	<input type="radio"/>	<input type="radio"/>
c. Health concerns/disabilities affect family functioning	-1	<input type="radio"/>	<input type="radio"/>
d. Serious health concerns/disabilities result in inability to care for the child	-2	<input type="radio"/>	<input type="radio"/>

? SN9. Family Identified Strength/Need (not covered in SN1-SN8)

If applicable, please describe in "Staff Person Comments" at the bottom of this form.

- | | | | |
|-------------------------------|----|----------------------------------|----------------------------------|
| a. Significant strength | +1 | <input type="radio"/> | <input type="radio"/> |
| b. Not applicable | 0 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c. Minor need | -1 | <input type="radio"/> | <input type="radio"/> |
| d. Significant need | -2 | <input type="radio"/> | <input type="radio"/> |

After completing these nine questions in accordance with SDM policy and definitions, continue down the screen. There are 10 questions referencing the children in the household. The 10 questions are to be answered following SDM policy and definitions.

Ten questions Regarding Children in the Household

? CSN1. Emotional/Behavioral a. Strong emotional adjustment +3 b. Adequate emotional adjustment 0 c. Limited emotional adjustment -3 d. Severely limited emotional adjustment -5	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
? CSN2. Physical Health/Disability a. Good health +3 b. Adequate health 0 c. Minor health/disability needs -3 d. Serious health/disability needs -5	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
? CSN3. Education Does child have a specialized education plan? <i>If child has a specialized education plan, please describe the plan in "Staff Person Comments" at the bottom of this form.</i> a. Outstanding academic achievement +3 b. Satisfactory academic achievement or child not of school age 0 c. Academic difficulty -3 d. Severe academic difficulty -5	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

? CSN4. Family Relationships		
a. Nurturing/supportive relationships +2	<input type="radio"/>	<input type="radio"/>
b. Adequate relationships 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. Strained relationships -2	<input type="radio"/>	<input type="radio"/>
d. Harmful relationships -4	<input type="radio"/>	<input type="radio"/>
a. Advanced development +2	<input type="radio"/>	<input type="radio"/>
b. Age-appropriate development 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. Limited development -2	<input type="radio"/>	<input type="radio"/>
d. Severely limited development -4	<input type="radio"/>	<input type="radio"/>
? CSN6. Substance Abuse		
a. Chooses drug-free lifestyle +2	<input type="radio"/>	<input type="radio"/>
b. No use/experimentation 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. Alcohol or other drug use -2	<input type="radio"/>	<input type="radio"/>
d. Chronic alcohol or other drug use -4	<input type="radio"/>	<input type="radio"/>
? CSN7. Cultural Identity		
a. Cultural component is supportive and no conflict present +1	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b. No cultural component that supports or causes conflict 0	<input type="radio"/>	<input type="radio"/>
c. Cultural component that causes some conflict -1	<input type="radio"/>	<input type="radio"/>
d. Cultural component that causes significant conflict -3	<input type="radio"/>	<input type="radio"/>
? CSN8. Peer/Adult Social Relationships		
a. Strong social relationships +1	<input type="radio"/>	<input type="radio"/>
b. Adequate social relationships 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. Limited social relationships -1	<input type="radio"/>	<input type="radio"/>
d. Poor social relationships -2	<input type="radio"/>	<input type="radio"/>

<p>? CSN9. Delinquent Behavior <i>(Delinquent behavior includes any action that, if committed by an adult, would constitute a crime.)</i></p> <p>a. Preventive activities +1</p> <p>b. No delinquent behavior 0</p> <p>c. Occasional delinquent behavior -1</p> <p>d. Significant delinquent behavior -2</p>	<p><input type="radio"/></p> <p><input checked="" type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input checked="" type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>
<p>? CSN10. Identified Child Strength/Need (not covered in CSN1-CSN9) <i>If applicable, please describe in "Staff Person Comments" at the bottom of this form.</i></p> <p>a. Significant strength +1</p> <p>b. Not applicable 0</p> <p>c. Minor need -1</p> <p>d. Significant need -2</p>	<p><input type="radio"/></p> <p><input checked="" type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input checked="" type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>

Complete the questions for all members answering each question for each member then scroll to the bottom of the screen.

The application then provides two more selection boxes. Select the top “Priority Needs,” by choosing at least one and no more than three. Also, select up to three priority strengths. This is the foundation for the case plan. Selection boxes are shown on the next page.

Caregiver Priority Needs		
<input checked="" type="checkbox"/>	Parenting Skills	-4 P
<input checked="" type="checkbox"/>	Parenting Skills	-2 S

Caregiver Priority Strengths		
<input type="checkbox"/>	Household Relationships	3 B
<input type="checkbox"/>	Cultural Identity	1 B
<input type="checkbox"/>	Physical Health	1 B
<input type="checkbox"/>	Identified Strength/Need	0 B
<input type="checkbox"/>	Mental Health/Coping Skills	0 B
<input checked="" type="checkbox"/>	Resource Management/Basic Needs	0 B
<input checked="" type="checkbox"/>	Social Support System	0 B
<input checked="" type="checkbox"/>	Substance Abuse/Use	0 B

The application will also show a third box for child needs for each assessed child. All children are in the same box.

In the example shown, there were only two priority needs based upon the assessment. Use these priority needs to select the “Case Plan Objectives.” Three “Priority Strengths” are also selected.

When the tool has been completed with all selections made, look at the bottom where there is a pair of buttons.



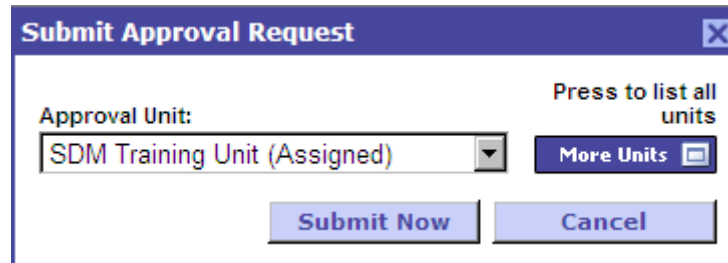
To the immediate left of these buttons is a status for the tool. Until all necessary fields are completed, it will say “incomplete.” When the necessary fields are completed, it will change to “complete.” Although the form can be saved before it is finished, it is not possible to seek approval until it is complete. Once completed, seek approval from the supervisor.

To send this form for supervisor approval, click on the “Save” button. The application will save the completed form then the bottom of the screen will change to



If county practice is to print the completed form, now is the time. Click on the “Print View” button. A new screen will appear that is ready to be printed. Print that screen and then return to the application by closing the print view.

At this time, click on the “Request Approval” button. Select where to send the form for approval. The application will provide the following selection box.

A screenshot of a software dialog box titled "Submit Approval Request". The dialog has a blue header bar with the title and a close button (X). Inside the dialog, there is a label "Approval Unit:" followed by a text box containing "SDM Training Unit (Assigned)" and a small downward arrow. To the right of the text box is a button labeled "More Units" with a small icon. Above the "More Units" button is the text "Press to list all units". At the bottom of the dialog are two buttons: "Submit Now" and "Cancel".



The approval unit will usually be the correct unit. If it is not, click the down arrow for a selection, or if the correct unit is not in that list, click on the “More Units” button. That will provide a list of all units that are available. Select the correct unit and click on the “Submit Now” button. Then close the form or the application.

Creating the Initial Case Plan

After the Family Strengths and Needs Assessment has been completed, create the “Initial Case Plan.” To create either an “Initial” or an “Updated” case plan, open the desired case. To do this, click on the “Open Existing Case”



icon.

Select the correct case from the list of cases that will follow. When the correct case is open, be sure that the “Case Management” section is selected.  Next click on the “Create New Case Plan”  icon, the “+” under the

“Existing Case Plan”  icon or if the case plan had been previously started, click on the “Existing Case Plan” button. This case plan was started in Chapter 5, “Initial Court Process,” in order to obtain a “Referral History” report.

When the “Initial Case Plan” was started, “Case Plan Participants” were selected as well as a starting date. The application will automatically calculate an ending date 182 days from the start date. The end date may be shortened if desired but should never be increased.

Select New Case Plan Participants

All Related Clients

- Training, Father (39)
- Training, Mother (38)

Focus Children

- Training, Child (8)

Other Participants

Case Plan Start Date: 10/29/2009

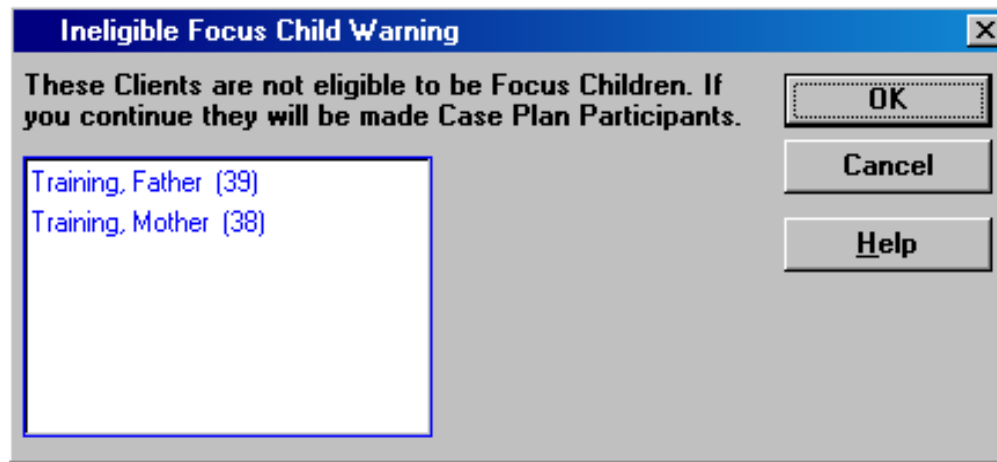
Case Plan End Date: 04/29/2010

Buttons: Add, Remove, Add, Remove, OK, Cancel, Help

In this example, the start date has been selected to correspond to the date of the Dispositional Hearing. Double click in the date field; the date of the creation of the new case plan would be the start date. The parents have been selected as case plan participants. To enter them, click on the current “ADD” button. There are two add buttons, one next to “Focus Children” and one next to “Other Participants.” If the selected participants are “Focus Children,” use the top “ADD” button. If the selected participants are not “Focus Children,” use the bottom “ADD” button. When the selections are completed, click on the “OK” button to the top right.

If the participants are not children, are are accidently placed into the “Focus Children” box, the system will generate an error when the “OK” button is clicked.

Hint: If an individual is to be part of the case plan, s/he must be a client in the case.



Clearly, adults are not “Focus Children.” If the desire is for the participants to be listed in blue in the case plan, click on the “OK” button. If clients are not to be listed in blue in the case plan, click on the “Cancel” button. That will go to the “Select Case Plan Participants” page where the user can remove the unwanted participants and then click on the “OK” button again. After this screen is cleared, the next screen seen is the “Case Plan Participant” page shown on the next page.

Client Services - Case [Case, Training] - [Case Plan [In Progress]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

ID CP Participants Contributing Factors Strengths Service Objectives Planned Client Services Case Mgmt Svcs

Case Plan Participants

	Participant	Case Plan Goal	Goal Projected Completion Date
1	Training, Child (13)		04/29/2010
2	Training, Father (35)		
3	Training, Mother (34)		

Case Plan Goal

Goal Projected Completion Date

Permanency Alternative/Concurrent Planning

Assessed by Adoptions

☐ Adoptable
☐ Not Adoptable
☒ Not Assessed

Current Service Component

Service Component Type

Effective Date

Projected CWS Termination Date

Ready Case [Case, Training] -> Case Plan [In Progress]

The “Case Plan Goal” must be selected for each “Focus Child” in the case plan. Click the down arrow at the right side of the yellow “Case Plan Goal” field, and choose one of the goals from the drop down menu shown below.

Permanent Connections for Independence for clients 17 years and 5 months or more in age.

If selecting “Return Home” (this would be the correct selection for a Family Reunification case), next choose “Permanency Alternative/Concurrent Planning” goal from the drop down menu shown on the next page.

Permanency Alternative/Concurrent Planning

Select the most permanent plan available. Unless something negative is known, Adoption or Adoption with Sibling(s) is the best choice.

This page also has an information box to document whether or not the child has been assessed for adoption.

Assessed by Adoptions

☐ Adoptable

☐ Not Adoptable

☒ Not Assessed

Simply select the correct radial button.

There are also several fields with blue data that are completed. The blue reminds the worker that the information cannot be changed from this page, if it is changable at all.

Current Service Component	
Service Component Type	Emergency Response
Effective Date	09/30/2009

The “Current Service Component” shows on the “Service Component” page and can be changed there. Division 31 says that the service component may be changed when the approved case plan is in place. In some counties, this is not changed until the Judge orders one of the other three service component types: Family Maintenance, Family Reunification, or Permanency Planning.

Projected CWS Termination Date

10/29/2010

The second field comes from the “ID” page of the case. The date that is believed to be the last date that the department will provide services to the child or family should be entered on the “Case ID” page in the “Projected End Date” field. There is no wrong answer, but a date should be entered. If left blank on the case ID page or if the worker entered it and then starts the case plan without first saving to database, the “Projected CWS Termination Date” will be blank.

Client Services - Case [Case, Training] - [Case Plan [In Progress]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

CP Participants Contributing Factors Strengths Service Objectives Planned Client Services Case Mgmt Svcs

Case Plan Participants

ID	Participant	Case Plan Goal	Goal Projected Completion Date
1	Training, Child (13)	Return Home	04/29/2010
2	Training, Father (35)		
3	Training, Mother (34)		

Case Plan Goal: **Return Home**

Goal Projected Completion Date: 04/29/2010

Assessed by Adoptions: ☐ Adoptable ☐ Not Adoptable ☒ Not Assessed

Current Service Component: Service Component Type: **Family Reunification**

Effective Date: **10/14/2004**

Permanency Alternative/Concurrent Planning: **Adoption**

Projected CWS Termination Date:

Ready Case [Case, Training] -> Case Plan [In Progress]

On the completed “CP Participants” page shown on the last page, note that only “Focus Children” have “Case Plan Goals,” or “Goal Projected Completion Dates.”

The next page is used in creating a “new” case plan is the “Contributing Factors” page. Contributing factors are factors that warrant CWS intervention. The “Why” of developing a case plan. The factors can be selected for each participant. To select the factors click on the “+” in the top left corner of the “Contributing Factors” grid.

Contributing Factors	
+	Participant
Factor	

The result is the selection grid shown on the following page.

Select Contributing Factors [X]

Participants	Contributing Factors
Training, Child (8)	Abusive behavr indicates escalating risk
Training, Father (39)	Child born with drugs in his/her system
Training, Mother (38)	Child developmentally delayed
	Child has academic difficulty
	Child has no caretaker
	Child refuses to return home
	Child's behavior threatens sibs
	Child's medical needs impair functioning
	Childs behavr affects parnts abil to cope
	Childs disab affcts parnts abil to cope
	Chld at risk due to isolatn by caretaker
	Chlds assoc aftrs prnts ably to spvs chld
	Delinquent behavior
	Disconnected from cltrl/cmmnity identity
	Domestic violence
	Family discipline rigid/punitive
	Family has no income

OK
Apply
Cancel
Help

The first choice is “Participants.” This is a multi-select grid. Choose one or more participants. After the participants are selected, choose the factor or factors that apply to the selected participants from the “Contributing Factors” list. Below is an expanded list showing all the options at one time.

Contributing Factors		
Abusive behavior indicates escalating risk	Family has no income	Print not coop indicates risk to child
Child born with drugs in his/her system	Family lacks a safe home	Print unable to cope due to family/personal crisis
Child developmentally delayed	Harmful relationships	Print unable/unwilling to supervise child
Child has academic difficulty	Lack of housekeeping knowledge/skills	Printing role reversed between print and child
Child has no caretaker	Lack of hygiene knowledge/skills	Substance abuse by child
Child refuses to return home	Lack of parent/child bonding/involvement	
Child's behavior threatens siblings	Limited skills	
Child's medical needs impair functioning	Minor mother lacks support/resources	
Child's behavior affects parent's ability to cope	Parent abducted child	
Child's disability affects parent's ability to cope	Parent's disability hinders ability to parent	
Child at risk due to isolation by caretaker	Parent's disability/hill hinders ability to parent	
Child's association affects parent's ability to supervise child	Parent does not control anger	
Delinquent behavior	Parent has a history of abusive behavior	
Disconnected from child/community identity	Parent has inadequate resources to meet needs	
Domestic violence	Parent has no support systems	
Family discipline rigid/punitive	Parent lacks parenting skills	
	Parent's mental health hinders ability to parent	
	Parent's skills hindered by alcohol abuse	
	Parent's skills hindered by drug abuse	
	Parent's skills hindered by immaturity	
	Parent was abused as a child	
	Prenatal drug/alcohol exposure	
	Print doesn't utilize resources to meet needs	
	Print has lack of job skills	
	Print has poor impulse control	
	Print has unsafe associations/activities in home	
	Print is codependent and affects printing	
	Print lacks conflict resolution skills	

In the following example, a contributing factor has been selected for the client child.

Select Contributing Factors

Participants	Contributing Factors
Training, Child (8)	Abusive behavr indicates escalating risk
Training, Father (39)	Child born with drugs in his/her system
Training, Mother (38)	Child developmentally delayed
	Child has academic difficulty
	Child has no caretaker
	Child refuses to return home
	Child's behavior threatens sibs
	Child's medical needs impair functioning
	Childs behavr affcts parnts abil to cope
	Childs disab affcts parnts abil to cope
	Chld at risk due to isolatn by caretaker
	Childs assoc aftrs prnts ably to spvs chld
	Delinquent behavior
	Disconnected from cltrl/cmmnity identity
	Domestic violence
	Family discipline rigid/punitive
	Family has no income

OK
Apply
Cancel
Help

If this is the only selection being made for the child client, click either “APPLY” or “OK” from the selections on the right. Selecting “OK” will return to the “Contributing Factors” page. Then click on the “+” again and repeat the process for other clients.

Selecting “APPLY” will result in the selections being cleared. The previous selections are saved, they are not lost. Then make selections for either each parent separately, or both parents together. When completed with all participants, click the “OK” button.

It is not uncommon to click “APPLY” when done instead of “OK.” If that happens, a selection screen will appear again. Just select cancel to return to the original work. The application does not force data to be entered to overcome selecting “APPLY” too many times.

On the next page is a completed “Contributing Factors” page.

Client Services - Case [Case, Training] - [Case Plan [In Progress]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Contributing Factors

	Participant	Factor
1	Child(13)	Child refuses to return home
2	Father(35), Mother(34)	Family discipline rigid/punitive
3	Father(35), Mother(34)	Harmful relationships
4	Father(35), Mother(34)	Parent does not control anger

Participants

1	Training, Child(13)
---	---------------------

Go to View by Participant

Contributing Factor

Child refuses to return home

Contributing Factor Detail

Child refuses to return to the home of the parent/guardian.

Description

+	Participants
1	Training, Father(39)
2	Training, Mother(38)

At this time, the user can make more choices or limit the choices already made in several ways. The first action is to add or remove participants from a factor. This is done in the "Participants" box. Click on one of the participants and then either click on the delete button on the keyboard or go to the "Edit"

drop down menu on the top of the page and choose delete. Either action will result in a warning that the delete cannot be undone by using the “undo” function of word.

The “Participants” box discussed above is specific to the factor in the factor grid that is highlighted.

+	Participant	
1	Child(8)	Child refuses to return home
2	Father(39), Mother(38)	Family discipline rigid/punitive
3	Father(39), Mother(38)	Harmful relationships
4	Father(39), Mother(38)	Parent does not control anger

+	Participants
1	Training, Father(39)
2	Training, Mother(38)

The result of deleting the father in the above example would be that only the mother would have a contributing factor of “Family discipline rigid/punitive.” If for some reason the contributing factor for the mother was thought to be untrue, the father can be added back in. Click the “+” in the “Participants” grid where the father was deleted, select the father again, then select the “OK” button.

The application provides a “Contributing Factor Detail” box, which allows for providing a brief description of the contributing factor.

Contributing Factor Detail

Family discipline is, to the detriment of the child(ren), rigid and punitive.

On occasion, this detail is not sufficient to meet the needs of the department or, more importantly, the client. At the bottom of the page is a description box that allows the entry of up to 4,000 characters to describe the factor more completely.

Description

In the event that the factor selected was in error, the application allows the error to be corrected. Go to the “contributing factor” drop down menu in the middle of the page, and correct the factor by using the drop down menu there. The factors are identical to the factors that would be available if the grid were used.

Contributing Factor

Family discipline rigid/punitive ▼

When each factor has been selected, and if necessary, edited or defined further, go to the next page. The following page shows a sample of a completed “Contributing Factors” page.

Client Services - Case [Case, Training] - [Case Plan [In Progress]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

ID CP Participants Contributing Factors Strengths Service Objectives Planned Client Services Case Mgmt Svcs

Contributing Factors

	Participant	Factor
1	Child(13)	Child refuses to return home
2	Father(35), Mother(34)	Family discipline rigid/punitive
3	Father(35), Mother(34)	Harmful relationships
4	Father(35), Mother(34)	Parent does not control anger

+ Participants
 1 Training, Child(13)

Go to View by Participant

Contributing Factor
 Child refuses to return home

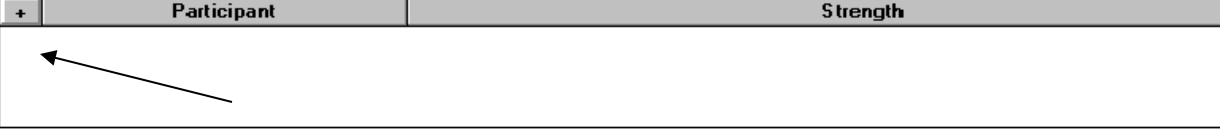
Contributing Factor Detail
 Child refuses to return to the home of the parent/guardian.

Description

Ready Case [Case, Training] -> Case Plan [In Progress]

The next page to complete is the “Strengths” page. “Strengths” lists existing family characteristics that may improve the situation that led to CWS intervention. This page is best completed after meeting with the family. The strengths from the FSNA in Structured Decision Making may and should be listed here.

To complete this page, start with the “+” in the top left corner of the grid.

ID	CP Participants	Contributing Factors	Strengths	Service Objectives	Planned Client Services	Case Mgmt Svcs
Strengths						
+	Participant	Strength				
						

The page works in exactly the same way as “Contributing Factors.” After clicking the “+” in the top left corner, there will be a dialogue box asking for both the selection of participants and which strengths apply to the selected participants.

Participants are those clients selected as participants in the first step of the process. The participant list does not change.

Below is an expanded list of the possible strengths to choose from.

Absent parent supportive	Family heritage includes shared parenting	Motivated to solve problems
Accepts responsibility for parenting problems	Free from alcohol/drug dependency	No known prior abuse/neglect record
Appropriate involvement with child	Goal Setting/Planning Skills	Parent raised child a significant time
Awareness of age appropriate development	Good communication skills	Parent shows empathy for the child
Child care adequate	Good Parent/Child Bonding	Parenting Skills
Child doing well in school	Has consistent employment history	Parent's child's needs were met adequately
Child shows age-appropriate development	High school graduate or equivalent	Personal hygiene adequate
Child shows comfort in parent's presence	Housing adequate	Physically healthy
Clean/safe home and yard	In the past, parent met child's needs	Positive attitude
Community support utilized	Income source adequate	Realistic expectations of child
Cooperative	Insight into family problems	Relates appropriately to parents/adults
Disciplines appropriately	Intact family	Self-esteem
Emotionally healthy	Law-abiding	Social skills
Employable skills	Medical care adequate	Transportation Available
Employed		Willingness to accept services
Extended Family/Friend Support		Willingness to change

“Strengths” also allows the modification of choices made in exactly the same manner as “Contributing Factors.” Participants can be removed or added to a specific line in the grid by use of the “Participants” box.

+	Participants
1	Training, Child(8)

The specific strength may also be changed by making a different selection in the

Strength

“Strength” drop down menu.

The strength may be defined/explained using up to 4,000 characters in the description box.

Description

Below is a completed “Strengths” page sample.

Client Services - Case [Case, Training] - [Case Plan [In Progress]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Strengths

	Participant	Strength
1	Child(13)	Child doing well in school
2	Child(13)	Good communication skills
3	Father(35), Mother(34)	High school graduate or equivalent
4	Father(35), Mother(34)	In the past, parent met child's needs

+ Participants

1 Training, Child(13)

Go to View by Participant

Strength

Child doing well in school

Description

Ready Case [Case, Training] -> Case Plan [In Progress]

The next page is the “Service Objectives” page. Service Objectives lists desired results of the case plan services. This is the third page in a series. “Contributing Factors,” “Strengths” and “Service Objectives” all work in exactly the same manner. To enter “Service Objectives” click the “+” in the top left corner of the grid. Select the participant or participants and the objective or objectives that apply to the participant choice.

The user should enter the three objectives listed in the Family Strenghts and Needs Assessment (FSNA) completed in Structured Decision Making (SDM). Best practice is to list only those three objectives. Listing more objectives may overload the clients and create a feeling of hopelessness.

There is also a second concern. The case plan, if completed, must result in a situation that is marginally “safe” to return the child or children to. If a parent complies and completes a case plan, in most jurisdictions, the child will be returned home. If more than three objectives are necessary to produce a safe environment, it is best practice to check with the supervisor prior to adding more than three objectives.

The expanded list of possible objectives to choose from is shown below.

Able and willing to have custody	Control anger/negative behavior	Implement case planning, drug, hygiene	
Accept disclosure made by child	Coop w/ Circumvent Services Planning	Know age appropriate expectations	
Acquire adequate resources	Cooperate to establish guardianship	Maintain problem-free school behavior	
Acquire basic cooking skills	Develop positive interpersonal skills	Maintain suitable residence for child(ren)	
Acquire basic skills to seek employment	Develop Domestic Violence Prevention Plan	Monitor/limit child(ren)'s behavior	Provide appropriate/adequate parenting
Acquire shopping, budgeting, money management skills	Do not abuse alcohol	Maintain child's health, safety, and well-being	Provide care for child's special needs
Allow victim confrontation	Do not abuse drugs	Obtain/Enforce Adoption	Provide emotional support for child
Arrange child care/supervision in absence	Do not break the law	Obtain/Maintain legal source of income	Receive age appropriate services
Assure school attendance	Do not involve your child in Dom. Viol.	Offer Service Objective	Refrain from domestic violence
Attend school regularly	Do not neglect your child's needs	Positive interaction during child visits	Stabilize mental health
Child to abide by placement rules	Do not physically abuse your child(ren)	Prepare for independent living	Support placement with potential guardian
Child to cooperate w/ child welfare worker	Do not sexually abuse your child	Protect child from contact with abuser	Support long-term placement for the child(ren)
Complete homework	Do not use physical punishment	Protect child from emotional harm	Take responsibility for actions
Complete Domestic Violence Program	Eliminate danger to physical health	Protect child from physical abuse	Treat others with respect
Comply with court orders	Follow conditions of probation/parole	Protect child from sexual abuse	Will complete vocational training
Comply with visitation	Have no contact with your child(ren)	Protect self from abusive relationships	Will remain in school till graduation/GED

After selecting objectives, the user has the opportunity to edit or tweek the objectives by using the “Participants,” “Service Objective” and “Additional Description for Participant” boxes.

+	Participants
1	Training, Child(8)

Service Objective
Comply with court orders

Additional Description for Participant

The objectives page allows for an additional modification of the objectives. The anticipated end date of each objective may be changed independently. Change the date shown in the “Completion Expected Date” information box.

Projected Completion Date
☐ Check to select all participants
Date 04/29/2010

There is one more feature or function available in the three case plan notebooks explained. All three notebooks have a “Go to View by Participant” button.

**Go to View by
Participant**

Clicking on the “Go to View by Participant” button will change the view of the page from the focus on the entity used for the page name to a focus on the client. Rather than looking at each objective, strength or contributing factor, the page will focus on each client and what entities have been selected for that client on that page.

	Participant	Service Objective Type
1	Child(8)	Comply with court orders, Comply with visitation
2	Father(39)	Do not physically abuse your child(ren), Other Service Objective, Protect child from physical a
3	Mother(38)	Do not physically abuse your child(ren), Other Service Objective, Protect child from physical a

This is restricted to viewing only, no changes may be made from here. To change anything, click on the “Go to

**Go to View by
Service Objective**

View. . .” button. This returns to the previous page from which the “Go to View by Participant” button was clicked.

After completing the Objectives page, go to the “Planned Client Services” page. The “Planned Client Services” page lists each planned client service category and type, the case plan participant(s) associated with each client service and whether or not the service is a Wraparound service. It also documents the schedule for the service and can document the provider of the service. While the basic function is the same as on previous pages, there is an additional choice that must be made when selecting services for the client.

After clicking on the “+” in the top left corner of the grid, the dialogue box shown on the following page displays. Choose one of the categories shown in the drop down menu.

If participants have different descriptions or schedules, please select them separately.

Participants

- Training, Child (8)
- Training, Father (39)
- Training, Mother (38)

Category

- <None>
- Counseling/Mental Health Services
- Education Services
- Family Preservation Services
- Health/CHDP Services
- Independent Living Program Services
- Substance Abuse Services

After a choice of service category has been made , choose the specific service or services deemed necessary to meet the objectives of the case plan. Again, care must be taken not to overload the clients with services to complete. Just as objectives have the potential to overload a client, so do services. A case plan with three objectives but 25 services to complete in six months is overwhelming for most clients.

Below and on the following page, the service category with the specific services for that category are shown.

Category
Counseling/Mental Health Services

Type

- Domestic Violence Program
- General Counseling
- Other
- Psychiatric/Psychological Evaluation
- Psychotropic Med Eval/Monitoring
- Sexual Abuse
- Therapeutic Day Treatment Services

Category
Education Services

Type

- Other
- Parenting Education Program
- Special Education
- Teaching And Demo Homemakers
- Temporary Caretakers
- Tutoring

Category
Substance Abuse Services

Type

- Counseling
- Other

Category
Health/CHDP Services

Type

- Current Service Provider
- Dental Visit
- HEP - CHDP Equivalent Physical Exam
- HEP - CHDP Physical Exam
- HEP - Periodic Dental Exam
- Medical Visit
- Medication Management
- Other
- Provide Medical Consent
- Provide Medical/Dental Information

Category
Family Preservation Services

Type

- FP - Auxiliary Request
- FP - California Children Services
- FP - Child Care
- FP - Counseling
- FP - Drug Treatment
- FP - Emergency Care
- FP - Employment and Training
- FP - Health Care
- FP - Housing
- FP - Income Support
- FP - Other
- FP - Parent Training
- FP - Regional Center Services
- FP - Respite Care
- FP - Special Education
- FP - Substitute Role Model
- FP - Teaching and Demo
- FP - Transportation

Category
Independent Living Program Services

Type

- ILP - Career/Job Guidance
- ILP - Consumer Skills
- ILP - Education
- ILP - Education Financial Assistance
- ILP - Education/Post-Secondary
- ILP - Employment/Vocational Training
- ILP - Financial Assistance Other
- ILP - Health Care
- ILP - Home Management
- ILP - Housing Options/Locations/THPP
- ILP - Interpersonal/Social Skills
- ILP - Mentoring
- ILP - Money Management
- ILP - Money Management
- ILP - Needs Assessment
- ILP - Other
- ILP - Parenting Skills
- ILP - Room & Board Financial Assistance
- ILP - Time Management
- ILP - Transitional Housing
- ILP - Transportation

Below is an example of selecting a specific service for a client documenting the service provider.

Select Planned Client Services Participants

If participants have different descriptions or schedules, please select them separately.

Participants

Training, Child (8)

☐ Wraparound

Category

Counseling/Mental Health Services

Type

Domestic Violence Program
General Counseling
Other
Psychiatric/Psychological Evaluation
Psychotropic Med Eval/Monitoring
Sexual Abuse
Therapeutic Day Treatment Services


Provider

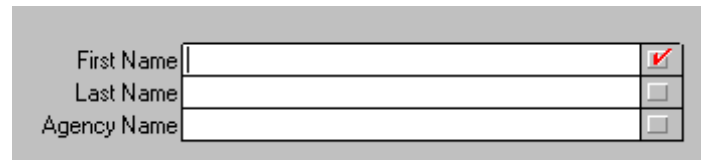
☐ Staff Person ☒ Service Provider ☐ Collateral
☐ Substitute Care Provider

Provider Name
Rafeal, Sally

OK
Apply
Cancel
Help

To create such a choice, first click on the client. In the example, that was Training, Child. Next select a category such as “Counseling/Mental Health Services.” Next select a specific service, in this case “General Counseling.” The next steps were to select who is providing the service.

In the example, Sally Raphael was the service provider. Unless the desired service provider has been associated with the case or a specific client in the case, the service provider selection drop down menu will be blank. To find an existing service provider, click on the search icon.  Using this icon will result in the following dialogue box.

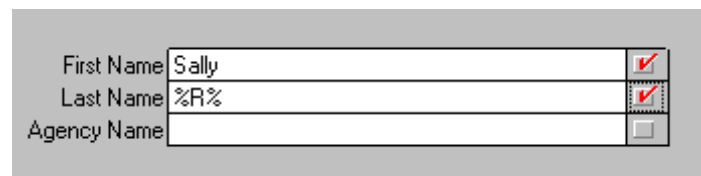


First Name	<input type="text"/>	<input checked="" type="checkbox"/>
Last Name	<input type="text"/>	<input type="checkbox"/>
Agency Name	<input type="text"/>	<input type="checkbox"/>

Fill in the name of the service provider or the agency of the service provider. Do not fill in both. What if the full name of the service provider is not known? Conduct a search using the following instructions.

Type in what you do know of the name as shown below. Note the use of what is called a “wildcard” at the start of the last name and the end of the last name. CWS/CMS allows the use of this “wildcard” character, %. It may be used at the end of a string of characters, in the middle of a string of characters or at the beginning of a string of characters.

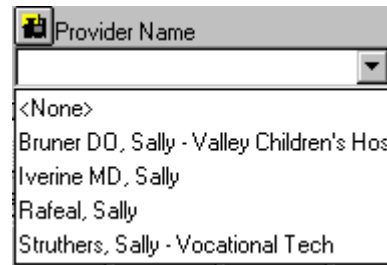
Once the name and wildcard are typed in, note to the right at the top of the dialogue box is an “OK” button. When the system knows that the user is finished typing, the “OK” button will enable (turn black) and can be clicked. One way to tell the application that the work is complete is to hit the tab key on the keyboard. Clicking on “OK” begins the search. In this example, the result of the search will be that any service provider with the first name Sally and the last name that contains “R” in it will be displayed. This includes hyphenated names.




First Name	Sally	<input checked="" type="checkbox"/>
Last Name	%R%	<input checked="" type="checkbox"/>
Agency Name	<input type="text"/>	<input type="checkbox"/>

If results cannot be found, there will be a message explaining that. If results are found, the search just disappears.

If no error in the search is displayed, click on the down arrow in the selection box.



All of the results will be shown. If the correct service provider is listed, click on that service provider's name. If the service provider is not listed, it may be necessary to create a new service provider. Do not create a new service provider unless absolutely sure that the desired service provider does not exist in the database.

If it is necessary to create a new service provider, the user must open the "Service Management" section.  In the

service management section, click on the "Create New Service Provider" icon.



At a minimum, complete all the yellow fields. Best practice would dictate completing all fields including the address page.

Client Services - Case [Training Child] - [Service Provider [<None>]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

ID Address

Identification

Service Provider Category Provider Title

Name

Prefix First Last Suffix

E-mail Address

Agency

Agency Name

Phone Numbers

Primary Phone Ext

Fax Number

Ready Case [Training Child] -> Service Provider []

When the user creates a “Service Provider” in this manner, there is no need to then search the database for the provider. It is possible to go back to the “Planned Client Services” page and complete the provider information box.

Select all planned services for a participant. When completed with a participant, if there are other participants to select services for, click either “Apply” or “OK.” In the example here, select services for the child and services for the parents.

Shown on the next page is a “Planned Client Services” page with choices regarding services completed. There is still more to complete for each service.

Client Services - Case [Case, Training] - [Case Plan [In Progress]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

ID CP Participants Contributing Factors Strengths Service Objectives **Planned Client Services** Case Mgmt Svcs

Planned Client Services

	Participant	Category	Service Type	Wraparound
1	Child(13)	Counseling/Mental Health Services	General Counseling	Yes
2	Child(13)	Education Services	Tutoring	
3	Child(13)	Health/CHDP Services	HEP - CHDP Physical Exam	
4	Child(13)	Health/CHDP Services	HEP - Periodic Dental Exam	

Participants
 1 Training, Child(13)

Service
 Category: Counseling/Mental Health Service
 Type: General Counseling
☒ Wraparound

Schedule for Service
 Start Date: 08/31/2010 End Date: 03/01/2011
 Occurrences: 1
 Frequency: Weekly

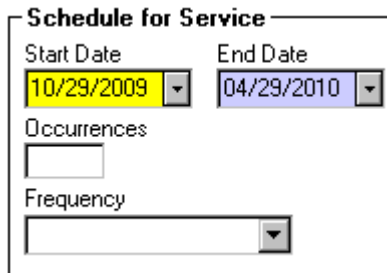
Go to View by Participant

Description/Responsibilities for Service

Provider
☐ Staff Person ☒ Service Provider ☐ Collateral
☐ Substitute Care Provider
 Provider Name: Rafeal, Sally

Ready Case [Case, Training] -> Case Plan [In Progress]

Complete the “Schedule for Service” information box (a requirement).




Schedule for Service

Start Date: 10/29/2009 End Date: 04/29/2010

Occurrences:

Frequency:

The start and end dates default to the six months of the case plan but may be changed. “Occurrences” must be entered by the staff person creating the case plan. “Frequency” is documented by using the down arrow and selecting one of the options.



Frequency

<None>

<None>

Daily

Every 2 Months

Every 2 Weeks

Every 3 Months

Every 6 Months

Monthly

Weekly

Next, document exactly what the client is to do to successfully complete the specific service. The “Description/Responsibilities for Service” data field will hold up to 8,000 characters.

Description/Responsibilities for Service



Enter the schedule and description for each service. Use this field to describe any specifics of the service and how the department will be determining if the client successfully completed the services assigned.

On the following page is an example of the “Planned Client Services” page highlighting substance abuse counseling for the parents. It demonstrates all the functions of the page.

Client Services - Case [Case, Training] - [Case Plan [In Progress]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Planned Client Services

	Participant	Category	Service Type	Wraparound
4	Child(13)	Education Services	Tutoring	
5	Child(13)	Health/CHDP Services	HEP - CHDP Physical Exam	
6	Child(13)	Health/CHDP Services	HEP - Periodic Dental Exam	
7	Father(35), Mother(34)	Substance Abuse Services	Substance Abuse (inpatient)	Yes

Participants

+	
1	Training, Father(35)
2	Training, Mother(34)

Service

Category: **Substance Abuse Services**

Type: **Substance Abuse (inpatient)**

☒ Wraparound

Schedule for Service

Start Date: **01/01/2012** End Date: **07/01/2012**

Occurrences: **1**

Frequency: **Weekly**

Go to View by Participant

Description/Responsibilities for Service

The parents are to attend and cooperate with substance abuse treatment center intake therapist. They will follow all recommendations of the intake therapist to include inpatient treatment if so recommended. The parents will attend all scheduled sessions, missing only for good cause, with prior notice to the

Provider

☐ Staff Person
 ☒ Service Provider
 ☐ Collateral

☐ Substitute Care Provider

Provider Name: **Bruner DO, Sally - Valley Children's**

Ready Case [Case, Training] -> Case Plan [In Progress]

Remember that in the training example, all pages are showing capabilities of the application. Follow all local county practices or the local legal environment protocols.

At this time, all aspects of the case plan directly associated with clients have been completed. The last page in the notebook deals exclusively with the activities the social worker will be managing for the benefit of case plan participants. The department must provide reasonable services to a family. The Court must make a finding that the department did provide those services. This page, when completed, tells the court, attorneys, and clients exactly what services are going to be provided by the department to this family for the next time period.

There are mandatory services that must be offered in every case and optional services that may be offered. Sometimes, the mandated services are based on which service component of the case is. An example of this is face-to-face contact with the parent. Such contact is mandatory in a Family Reunification (FR) case but is not required in a Permanency Planning (PP) case if parental rights have been terminated.

This is the first screen when the “Case Management Services” page is opened.

Client Services - Case [Training, Son] - [Case Plan [In Progress]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

ID CP Participants Contributing Factors Strengths Service Objectives Planned Client Services Case Mgmt Svcs

Case Management Services

Participant	Category	Service Type	Wraparound
1 Sister(16), Son(14)	Case Management Services	SW Plan Contact	

Participants

1	Training, Sister(16)
2	Training, Son(14)

Service

Category: Case Management Services

Type: SW Plan Contact

☐ Wraparound

Schedule for Service

Start Date: 09/12/2012 End Date: 03/13/2013

Occurrences:

Frequency:

Contact/Visitation Waivers:

Go to View by Participant

Contacts/Visits

Contact Party: Staff Person/Child

Contact Method: In-Person

Supervision Required

☐ Yes ☐ No ☒ Not Applicable

Agency Responsibilities for Service

Provider

☐ Staff Person ☐ Service Provider ☐ Collateral

☐ Substitute Care Provider

Provider Name:

Ready Case [Training, Son] -> Case Plan [In Progress]

The “Case Management Services” page is unique in that the face-to-face contact between the social worker and the child or children has automatically been added by the application. Social worker contacts with child clients are mandatory and the system will not let that contact be forgotten. Complete the page. Contact frequency is a minimum of one time a month. There may be a very limited number of exemptions to that contact schedule. Check with a supervisor or program manager before selecting an exemption.

To enter services that will be provided or managed, click on the “+” in the top left corner of the grid. As with “Planned Client Services,” a selection dialogue box appears that will first ask for categories then specific services in each service categories. The categories and specific services are different but the functionality remains the same. The dialogue box will also allow documenting whether or not the service is a wraparound service and who the service provider will be.

On the next page is an example of the “Case Management Services,” “Select Case Management Services” dialogue box.

Select Case Management Services [X]

If participants have different descriptions or schedules, please select them separately.

Participants

Training, Child (8)
Training, Father (39)
Training, Mother (38)


Category
[Dropdown]

Type
[Empty List Box]

☐ Wraparound

Provider

☐ Staff Person ☐ Service Provider ☐ Collateral

 **Provider Name**
[Dropdown]

OK **Apply** **Cancel** **Help**

Below is the list of categories from which specific services are selected.

The screenshot shows a software window titled "Select Case Management Services". On the left, under "Participants", there is a list: "Training, Sister (16)", "Training, Son (14)", "Training, Father (45)", and "Training, Mother (45)". Below this list is a checkbox labeled "Wraparound". In the center, a "Category" dropdown menu is set to "Special Education/Disciplinary Issues", and below it is a scrollable list of service categories: "Case Management Services", "Concurrent Services Planning", "Educational Stability", "Family Engagement Efforts", "Family Preservation Services", "Health/CHDP Services", "Independent Living Program Services", "Placement Services", "Referrals", "Secondary and Post Secondary Guidance", and "Special Education/Disciplinary Issues". On the right side of the window are four buttons: "OK", "Apply", "Cancel", and "Help". At the bottom right, there is a "Provider" section with four radio buttons: "Staff Person", "Service Provider", "Collateral", and "Substitute Care Provider". Below these is a "Provider Name" field with a small icon and a dropdown arrow.

The following pages show the specific services for each service category.

Category
Case Management Services

Type

- Adoption
- Arrange and Maintain Placement
- Arrange ADA (Amer Disabilities Act) Svcs
- Arrange Bilingual Services
- Arrange Emergency Shelter Care
- Arrange Legal Consultation
- Arrange Service Delivery
- Arrange Transportation
- Arrange Visitation
- Case Plan Development
- Foster Youth Rights and Svcs Delivered
- Obtain Medical Consent
- Other
- Perform Case Planning Activities
- Provide Bilingual Services
- Provide Crisis Intervention
- Provide Your Rights Brochure
- SW/ Plan Contact
- Transport Client
- Wraparound Services

Category
Concurrent Services Planning

Type

- CSP - Assess Child for Adoptions
- CSP - Complete Adoption Home Study
- CSP - Complete Guardian Assessment
- CSP - Complete Relinquishment
- CSP - Disclosure to Birth Parents
- CSP - ID/Assess Perm Planning Family
- CSP - Joint Assessment Review -CWS/Adopt
- CSP - Other
- CSP - Place in Perm Planning Family
- CSP - Recommend Permanency Alternative

Category
Educational Stability

Type

- Arrange Immediate School Enrollment
- Assess for Limit of Parental Ed Rights
- Consult Educational Right Holder
- Consult With Ed Liaison
- Other
- Refer for Transport/School of Origin

Category
Family Engagement Efforts

Type
Case Planning w/Family
Family Mtg/TDM/Family Case Conferencing
Mediation w/Family
Meeting w/CalWORKs Staff and Family
Meeting w/Community Partners and Family
Meeting w/Foster Parents and Family
Meeting w/Parent Partners and Family
Outreach w/Family

Category
Family Preservation Services

Type
FP - Other
FP - Referral to Family Preservation

Category
Health/CHDP Services

Type
Arrange Medical, Dental, Vision
Arrange Transportation for Dental
Arrange Transportation for Medical
Other
Provide CHDP Medical/Dental Information
Provide Medical/Dental Information
Schedule CHDP Medical
Schedule Dental

Category
 Independent Living Program Services

Type

- ILP - Career/Job Guidance
- ILP - Consumer Skills
- ILP - Education
- ILP - Education Financial Assistance
- ILP - Education/Post-Secondary
- ILP - Employment/Vocational Training
- ILP - Financial Assistance Other
- ILP - Health Care
- ILP - Home Management
- ILP - Housing Options/Locations/THPP
- ILP - Interpersonal/Social Skills
- ILP - Mentoring
- ILP - Money Management
- ILP - Needs Assessment
- ILP - Other
- ILP - Parenting Skills
- ILP - Referral to Community Resources
- ILP - Referral to ILP Services
- ILP - Room & Board Financial Assistance
- ILP - Time Management
- ILP - Transitional Housing
- ILP - Transportation

Category
 Placement Services

Type

- Altercare
- Awake Night Staff
- Daycare
- Discharge Plans
- Emergency Shelter Care
- Foster Care
- Medication Management
- On-Ground School
- One-to-One Supervision
- Other
- Relative Home
- Respite Care
- Structured Environment/Behavior Modification
- Therapeutic Milieu
- 24 hr Supervision/Residential School

Category
 Referrals

Type

- Refer for Adoption Services
- Refer for Case Management Services
- Refer for Concurrent Planning Services
- Refer for Counseling/Mental Health Svcs
- Refer for Education Services
- Refer for Family Preservation Services
- Refer for Health/CHOP Services
- Refer for ILP Services
- Refer for Placement Services
- Refer for Substance Abuse Services
- Refer to California Children's Services
- Refer to Mental Health Assessment
- Refer Adoption Home Study
- Refer Guardian Assessment
- Refer Legal Consultation
- Refer Relinquishment
- Referrals to Community Resources

Category
Secondary and Post Secondary Guidance ▼

Type

- Assess for Grad Credits/CAHSEE Scores
- Assist with Eligibility Determination
- Assist with Financial Aid Application(s)
- Detect Partial Credits
- Other
- Refer for Alternative Ed
- Refer for Tutoring

Category
Special Education/Disciplinary Issues ▼

Type

- Advocacy on Discipline-Suspend/Expulsion
- Assess for School Bullying
- Attend IEP or 504 Plan Meeting
- Attend School Meeting
- Attend SARB Mtg
- Other
- Provide Ed and/or Community Resources
- Request Psychological - Ed Assessment

As stated above, face-to-face contact between the social worker and the child client is mandatory though this is not the only mandatory face-to-face contact a social worker must make in a case. If the family is being offered Family Reunification (FR) services, the social worker must meet face-to-face with each parent receiving services at least one time each month. Visitation between the child or children and each parent receiving family reunification services is also mandatory unless there is a specific Court order limiting that contact.

If not placed together, the social worker will also have to arrange visitation between the siblings unless there is a specific court order limiting that contact. The steps that are being taken to place the siblings together must be documented as well as an explanation as to why it is not in the child/ren's best interest to be placed together if that is the situation. This is a case plan and a Court report issue.

Grandparent visitation is also to be documented in the case plan showing the visitation schedule for them. There is currently no Division 31 requirement for face-to-face contact with the grandparents.

Many users find it easier to enter the mandated face-to-face contacts between the social worker and the child(ren) and parent(s), the visitation between the child(ren) and parent(s) and the sibling visitation as independent entries, one at a time. The process is to click on the "+," select the participants, select "Case Management Services," select the visit or contact, select the "Provider," then click the "OK" button to the right. Complete the screen that appears after the "OK" button is clicked as was done on each of the preceding application pages.

Repeat that process for each of the mandated visits and contacts, clicking on the "+" in the top left of the top grid after completing each visit or contact. As new visits and contacts are added, the top grid will add additional rows. The grid can display four rows. If there are more than four rows, the application will add a scroll bar to the right end of the grid.

Below is the recommended visitation chart for In-Home services.

ONGOING WORKER MINIMUM CONTACT GUIDELINES FOR IN-HOME SERVICES		
Risk Level	Caregiver and Child Contacts	Location
Low	One face-to-face per month with caregiver and child One collateral contact	Must be in caregiver's residence
Moderate	Two face-to-face per month with caregiver and child Two collateral contacts	One must be in caregiver's residence
High	Three face-to-face per month with caregiver and child Three collateral contacts	One must be in caregiver's residence
Very High	Four face-to-face per month with caregiver and child Four collateral contacts	Two must be in caregiver's residence
Additional Considerations		
Contact Definition	Each required contact shall include at least one caregiver and one child. During the course of a month, each caregiver and each child in the household shall be contacted at least once.	
Designated Contacts	The ongoing worker/supervisor/service team may delegate face-to-face contacts to providers with a contractual relationship to the agency and/or other agency staff such as social work aids. However, the ongoing worker must always maintain at least one face-to-face contact with the caregiver and child per month, as well as monthly contact with the service provider designated to replace the ongoing worker's face-to-face contacts.	

Contact Content

1. Assess for any change in safety (vulnerability, safety threats, protective capacity, interventions).
2. Progress toward case plan objectives:
 - Participation in services
 - Demonstration of skills
3. Change in needs (identification of new needs/needs reduction).

Below is an example of the “Case Mgmt Svcs” page with three rows completed.

ID	CP Participants	Contributing Factors	Strengths	Service Objectives	Planned Client Services	Case Mgmt Svcs
1	Child(13), Father(35), Mother(34)				Case Management Services	Arrange Visitation
2	Child(13)				Case Management Services	SW Plan Contact
3	Father(35), Mother(34)				Case Management Services	SW Plan Contact

Participant	Category	Service Type	Wraparound
1 Child(13), Father(35), Mother(34)	Case Management Services	Arrange Visitation	
2 Child(13)	Case Management Services	SW Plan Contact	
3 Father(35), Mother(34)	Case Management Services	SW Plan Contact	

Participants
1 Training, Child(13)
2 Training, Father(35)
3 Training, Mother(34)

Service
Category: Case Management Services
Type: Arrange Visitation
☐ Wraparound

Schedule for Service
Start Date: 10/29/2009
End Date: 04/29/2010
Occurrences: 1
Frequency: Every 2 Weeks
Contact/Visitation Waivers:

Go to View by Participant

Contacts/Visits
Contact Party: Child/Parent-Guardian
Contact Method: In-Person
Supervision Required
☒ Yes ☐ No ☐ Not Applicable

Provider
☒ Staff Person ☐ Service Provider ☐ Collateral
☐ Substitute Care Provider
Provider Name: W, Chris

The information under the top grid is specific to the row that is highlighted. In the example, Row 1 is highlighted. The service category and type are displayed in the “Service” information box. Document whether or not the service is a wraparound service in this information box.

Service

Category
Case Management Services

Type
Arrange Visitation

☐ Wraparound

The schedule for services is documented in the “Schedule for Service” information box. Also, document any exemptions to a minimum of once a month service and apply to this service schedule. Occurrences and frequency must always be entered.

Schedule for Service

Start Date End Date
10/29/2009 04/29/2010

Occurrences
1


Frequency
Every 2 Weeks

Contact/Visitation Waivers

The “Provider” information box records who is providing the service. Select which of three provider types is providing the service by selecting the corresponding radial button, then use the drop down menu to select who is receiving the service. If the person desired does not appear in the menu, either search for the individual or create the individual in the appropriate category.

Provider

☒ Staff Person ☐ Service Provider ☐ Collateral

 Provider Name
Weekly, Susan

The “Participants” information box shows which clients are participating in the service. As with the “Participants” information box on the previous pages, clients may be added to or deleted from this service.

+	Participants
1	Training, Child(8)
2	Training, Father(39)
3	Training, Mother(38)

The “Contacts/Visits” information box is enabled only for contact or visits. Use this information box to select the contact type, method and if supervision is required.

Contacts/Visits	
Contact Party	<div>Child/Parent-Guardian</div>
Contact Method	<div>In-Person</div>
Supervision Required	
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	

The final information box on the page is “Agency Responsibilities for Service.” Workers enter information specific to the service that is not shown elsewhere. Examples of information to be entered include services being preformed for a child by a group home, not the supervising social worker, or services that are to be delivered as needed.

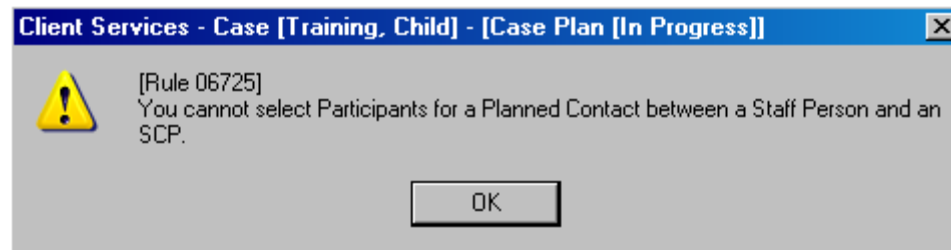
Agency Responsibilities for Service

<div>This field can hold up to 8,000 characters. If a service type of "other" is selected, this is a mandatory field and the service must be explained.</div>

There is one contact that is mandatory for any out-of-home placement. The social worker must have monthly contact with the Substitute Care Provider (SCP)((foster parent)). The preferred contact method is face-to-face, but it

is not mandatory. As with the child, the preferred location is the home. This contact must be entered in the case plan. To do so, click on the “+,” select a participant (pick from one of the shown clients, as usually the SCP does not show), select “Case Management Services” select “SW Plan Contact,” and then click the “OK” button.

Next, find the contact that was just created. It will be the one with no information in the “Contacts/Visits” information box. Select the contact party “Staff Person/Sub Care Provider.” The user will immediately get the following message.



The user has not made an error. There is no other way to enter this contact because the application forces selecting a participant before entering the contact. Click the “OK” button in the dialogue box. The dialogue box will disappear. The “Participants” information box is now blank and disabled. A participant cannot be added to the box.

+	Participants

Enter a contact method and complete the schedule for services.

In the same manner, enter all other services that are going to be provided. Most workers use the ability to multi-select services under each category. There are still a number of services that are going to be provided that should be entered. An important area is the “Concurrent Services Planning” category. The selection for the three specific services that will always be provided in a family reunification case is shown on the next page.

Select Case Management Services

If participants have different descriptions or schedules, please select them separately.

Participants

Training, Child (8)
Training, Father (39)
Training, Mother (38)

☐ Wraparound


Category
Concurrent Services Planning

Type

CSP - Assess Child for Adoptions
CSP - Complete Adoption Home Study
CSP - Complete Guardian Assessment
CSP - Complete Relinquishment
CSP - Disclosure to Birth Parents
CSP - ID/Assess Perm Planning Family
CSP - Joint Assessment Review -CWS/Adopt
CSP - Other
CSP - Place in Perm Planning Family
CSP - Recommend Permanency Alternative

Provider

☒ Staff Person ☐ Service Provider ☐ Collateral

 Provider Name

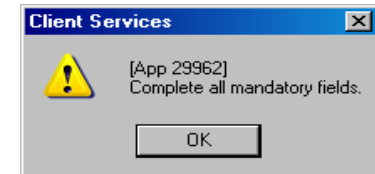
OK Apply Cancel Help

Best practice would be to review each category and select each service that the participant is going to receive during the period of this case plan. Numerous services must be provided to the client. Be sure to include all services that will be provided.

Before creating the "Case Plan Document," "Save to Database." This ensures that the completed work will not be lost and minimizes the potential for a system error named "Optimistic Concurrency (OC)." This error is created

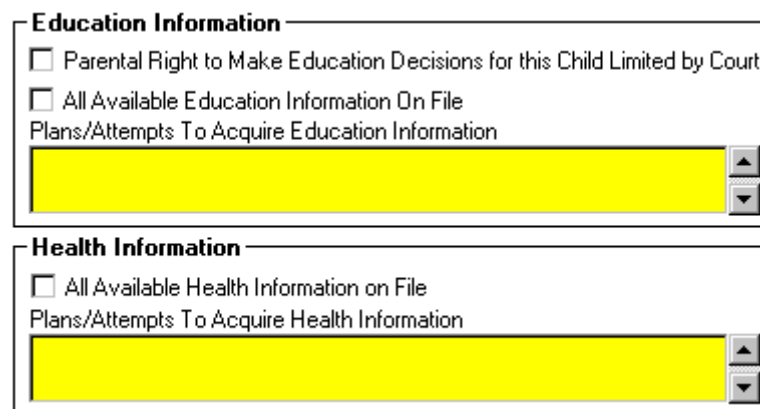
when two users access the same data field at the same time. The user who saves first will not be made aware of the problem. However, the second user will receive an error message telling him/her that all work done since the last save to database is irretrievably lost. The message will also say who the last user to save is.

If you “Save to Database” at this time, very often you receive an error message telling you to complete all mandatory fields.



The reason for this is that on one of the pages of any referral or case that is open on the computer, there is a yellow field that has not been completed. When the message is cleared by clicking “OK,” the application will automatically return to a page with a blank yellow field or occasionally to a page close to the missing field. If the yellow field is missing in the “Associated Services” or “Associated Visits” page of a contact, the application will usually return to the contact page.

The reason that there are likely to be missing mandatory fields when saving at this time is because simultaneously with the user creating a new case plan, two fields in the client notebook became mandatory.



Education Information

☐ Parental Right to Make Education Decisions for this Child Limited by Court

☐ All Available Education Information On File

Plans/Attempts To Acquire Education Information

Health Information

☐ All Available Health Information on File

Plans/Attempts To Acquire Health Information

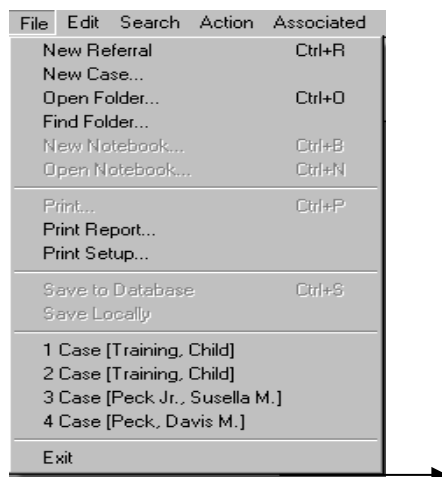
Had the information been entered prior to beginning the case plan, this message would not be triggered. In addition, if the “All Available Information on File” checkboxes in the Education and Health information boxes were


checked, the fields would not be mandatory. Do not check these boxes simply to turn off the mandated fields. If all the information is not in the file, explain what steps are being taken to acquire it. This information may be entered at any time after the creation of the case but is mandatory after a case plan is started.

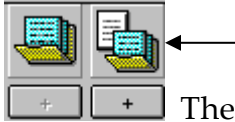
A second common reason for receiving the message to complete all mandatory fields is that “Other” was chosen in one of the drop down menus for the pages in case plan. When “Other” is selected, it must always be explained, and the system will open a yellow field in order to enter the description.

Finally, the application will allow the opening of multiple cases and/or referrals at one time. If any of the cases or referrals are open at the time of the attempted save, the user will receive the same error. In this case, when “OK” is clicked, the application will return to the open case or referral for completion of the mandatory field.

After the completed “Save to Database,” open the case again. Open any existing cases, and find the case. Open it by selecting it and then clicking the “OK” button. Another option is to click the drop down menu “File.” At the bottom of the list of options are the last four cases or referrals that have been opened. Click on the case that the case plan is being written for.



With the case open, be sure that the “Case Management” section is selected.  There are two very similar icons in



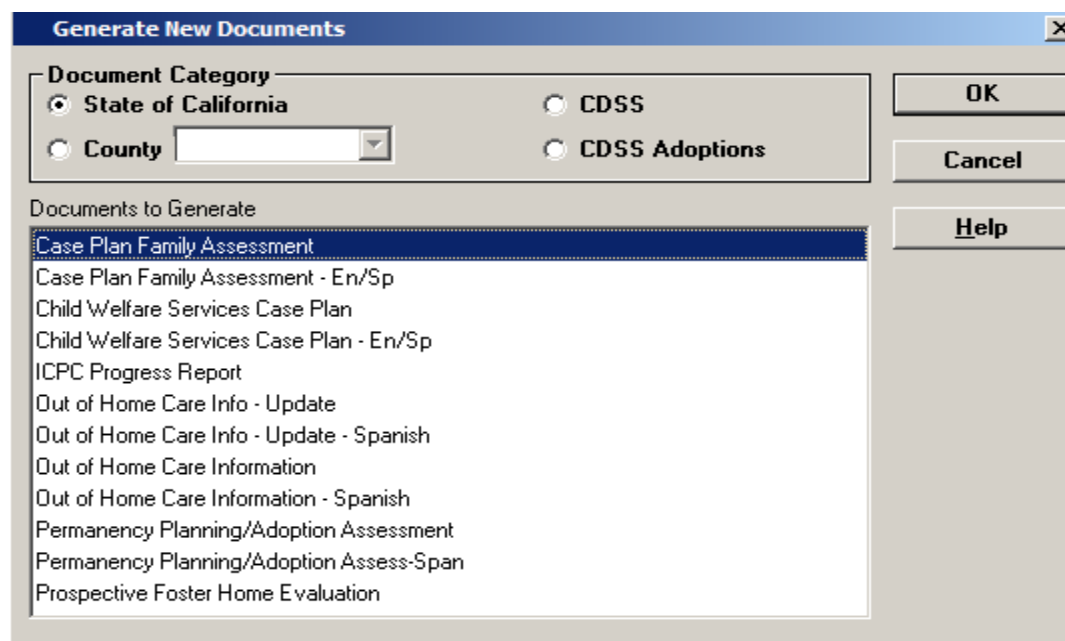
this section. The first, without the paper behind the folder, is case plan. The second, with the paper behind the folder, is case plan document. Create the case plan document. It is the document that the family reviews, is asked to sign and is attached to the Court report. Users establish the information in case plans and updated case plans in the first folder, but the document is in the second folder. There are a number of documents that are related to case plan that may be created here.

Create New Case Plan Document



To create a new case plan document click on the “+” under the “Open Existing Case Plan Document” icon.

The expanded list of case plan documents that are available is shown below.



Generate New Documents

Document Category

☒ State of California ☐ CDSS

☐ County ☐ CDSS Adoptions

Documents to Generate

- Case Plan Family Assessment
- Case Plan Family Assessment - En/Sp
- Child Welfare Services Case Plan
- Child Welfare Services Case Plan - En/Sp
- ICPC Progress Report
- Out of Home Care Info - Update
- Out of Home Care Info - Update - Spanish
- Out of Home Care Information
- Out of Home Care Information - Spanish
- Permanency Planning/Adoption Assessment
- Permanency Planning/Adoption Assess-Span
- Prospective Foster Home Evaluation

OK Cancel Help

There are two documents that would result in a printed case plan in the list. They are “Child Welfare Services Case Plan,” and “Child Welfare Services Case Plan – En/Sp.” The option ending in “En/Sp” is an English Spanish version. Headings are in English and Spanish but only the headings. All data entered is English only.

Do not be misled by the name. The bulk of the document will still need to be translated to be meaningful for a Spanish speaking client. As a suggestion, if it is necessary to translate the document into a foreign language have both versions of the same document with the client's native language version on top. That should help clear up any question regarding whether or not the translated document says the same thing as the English version.

To create the document, click the "+" under the document icon, select "Child Welfare Services Case Plan" and click on the "OK" button to the right top of the "Generate new document" dialogue box.

That will result in a "Select Notebook" dialogue box. The client and all case plans in progress will be listed there. Be sure to select or highlight then click the "OK" button to the top right.

That will result in the following “Generate Case Plan Document” dialogue box.

	Client Name	# of Service Objectives	# of Family Strengths	# of Contributing Factors
1	Training, Child	2	3	1
2	Training, Father	3	7	4
3	Training, Mother	3	7	4

No Case Plan Document Exists

Select Assessment(s) to incorporate with the Case Plan document

Assessment	Client Name	Creation Date
------------	-------------	---------------

The dialogue box shows the number of service objectives, family strengths and contributing factors. Scroll to the right to see the number of assessments (CWS/CMS assessments) completed for each participant. The bottom of the page shows any previously created case plan documents. In the example, there have been no previously created case plan documents, so the display is blank.

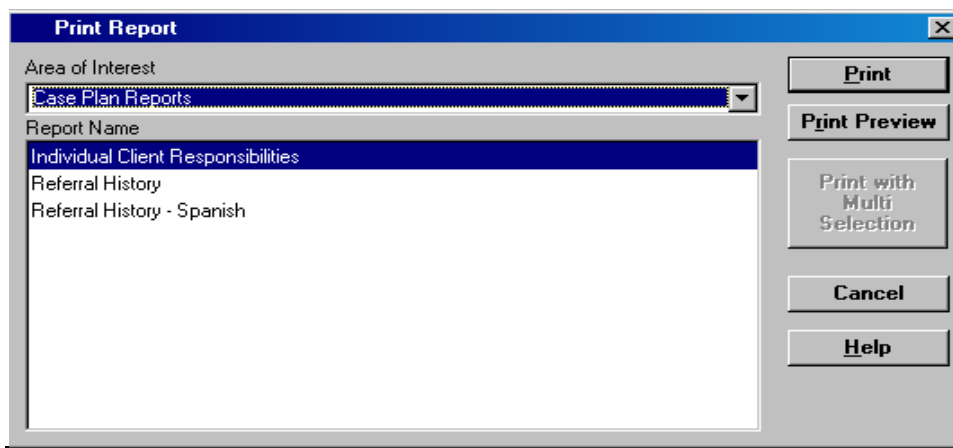
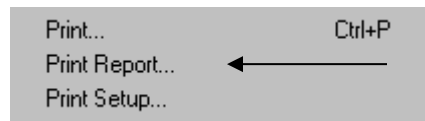
Click the “OK” button at the top right.

The system will now create the case plan document. It is a Word document and may be edited as any Word document may be. All the information in the document comes from CWS/CMS. The information that was entered when creating the case plan will print to the corresponding fields in the document. This includes any instructions or further definitions that were entered.

The entire case plan is in the appendix for this chapter.

It is not unusual for case plans to exceed eight pages in length. This is because Division 31 requires that specific information be included on the document. However it is possible to have a shorter version of the case plan for each client. shorter version can reduce a 12 page case plan to less then two full pages. However, it does not substitute for the full case plan. A full case plan created every six months is required.

To get to the shorter case plan, click on the “File” drop down menu. Select “Print Report” from the options on the drop down menu. After clicking on Print Report, the dialogue box that appears is shown on the next page.



Be sure that Case Plan Reports is selected in the “Area of Interest.” Next, select “Individual Client Responsibilities” from the three options shown, and then click on the “Page Preview” button.

Select Notebook

Item to Select
Case Plan

For this Case

	Local	ID	Name	Start Date	End Date
1	<input checked="" type="checkbox"/>	1272-7083-9793-3000147	Training, Child		09/30/2009

Select this Case Plan

	Effective Date	End Date	Status	Focus Children
1			In Progress	Training, Child

OK
Cancel
Sort...
Help

Select the correct case plan, the case plan in progress, and click on the “OK” button to the right.

Next, select which Case Plan Participant to create this report for. Only the individuals selected as case plan participants when developing the case plan are present, and only one can be selected for each report.

Individual Client Responsibilities

Select Case Plan Participant

<all>
Child Training
Father Training
Mother Training

OK
Cancel
Help

Click only one of the options. Next, click the “OK” button to the right of the dialogue box. That will create a document that is specific to a client that clearly tells the client what their objectives and responsibilities are. In the

above example, the document is only one page. This document is often referred to as the “refrigerator” case plan. An example using the father as the participant may be found in the appendix at the end of this chapter.

Case Plan Approval

The next step is to request approval from the supervisor of the case plan. To send the case plan for approval, be sure to be in the case plan notebook and not the case plan document notebook. Click on the open existing case plan



icon, the one without the piece of paper behind the folder. From the dialogue box that next appears, select the case plan in progress. Next, click on the “OK” button to the right top of the dialogue box. That will reopen the case plan that needs to be approved.

A sample of the dialogue box is at the right.

Open Notebook: Information Available: Current

Select Item to Open
Case Plan

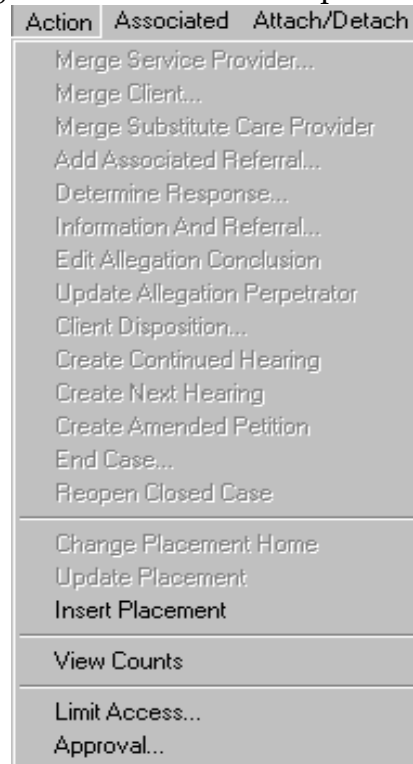
For this Case

	Local	ID	Name	Start Date	End Date
1	<input checked="" type="checkbox"/>	1272-7083-9793-3000147	Training, Child	09/30/2009	

Open this Case Plan

	Effective Date	End Date	Status	Focus Children
1			In Progress	Training, Child

When the “In progress” case plan is open, go to the “Action” drop down menu at the top of the screen.



At the bottom of the “Action” menu is “Approved.” In the example, action was activated; that means it is black. Had it been deactivated (greyed out), the case plan cannot be sent for approval. There are several causes for this. “Saving to Database” prior to this point eliminates most of the problems. If work has been saved, the most frequent problem is that the document has not been created. If somehow a new mandatory field was created that has no entry in it, that would be the other cause.

If the work had not been saved prior to coming to this point, open the child clients notebooks. If there is more than one child, open all children at one time. First, go to the demographics page and check to see if the Health and

Education information boxes are completed. Next, go to the ID page and make sure that the child's primary language and ethnicity have been checked. When that is complete, close the child client. If there are other child clients that are opened, check the same items.

When all child clients have been checked and the missing data, if any, has been added, go back to the action menu and see if approval is activated. If not, check to be sure that the Case Plan Document has been created. If it has not yet been created, then create it. Check for approval again. If the Case Plan Document has been created, then there is a mandatory field not completed. "Save to Database" will indicate any uncompleted mandatory fields. After completing the mandatory field, check to see if approval has been activated. Remember that the case plan in progress must be in focus when checking. "In focus" means that the case plan in progress is the open page on the computer screen.

When approval is activated, click on "Approval." The application will immediately show an "Approval Detail" (Case Plan) dialogue box. An example of the dialogue box is on the next page.

Approval Detail - <Case Plan>

Approval History		
	Approval Status	Date
1	Request Not Submitted	12/18/2009

OK
Cancel
Help

Approval Status
Request Not Submitted

Further Approval Needed By

Action Date: 12/18/2009
Action Time: 12:01pm
Submitted By: Weekly, Susan

Rationale

Change the yellow field from “Request Not Submitted” to “Pending Approval” by clicking on the down arrow next to “Request Not Submitted.”

Approval Status

Request Not Submitted

<None>
Approved
Pending Approval
Pending Higher Approval
Rejected
Request Not Submitted
Requires Modification

Approval Status

Request Not Submitted

The only option available at this time is “Pending Approval.”

Action time and date default to the time and date that the approval was requested. They may be changed, if necessary.

Action Date	Action Time
10/30/2009	12:13pm

“Submitted by” is a read only field and is based on whomever is logged on when the approval request is made.

Submitted By
Weekly, Susan

The final element of the approval dialogue box is the rationale. Use it to explain the request if necessary.

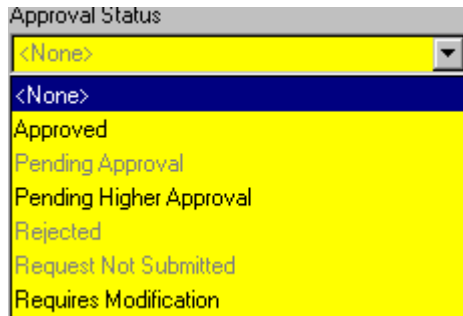
Rationale
Rationale is explanatory text on the approval status selected in Approval History. You can enter up to 254 characters in this field.

When the approval status is changed to “Pending Approval,” the “OK” button to the top right becomes enabled. When completed, click the “OK” button.

The dialogue box will disappear. All fields in the case plan in progress are now “Read Only.” Unless the supervisor sends the case plan for modification, the case plan notebooks will remain “Read Only” and no changes can be made.

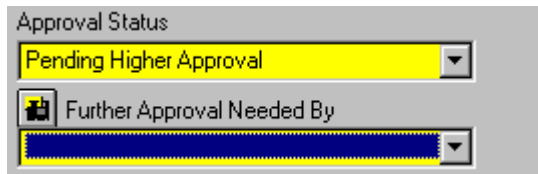
At this time, save the work by “Saving To Database.”

The supervisor will open the case, then open the pending case plan, then go to the action menu and select “Approval.” S/he will get the same “Approval Detail” (Case Plan) dialogue box the user received. The supervisor’s dialogue box differs slightly. First, there is no entry in the “Approval Status” line. The supervisor must select an option from the following choices.



There are only three choices available: Approved, Pending Higher Approval and Requires Modification. If the supervisor wants something changed or added, s/he would select “Requires Modification.” That would open the Case Plan Notebook Pages in order to make the necessary corrections or additions. If the supervisor approves the case plan, the case plan is “in Effect.” “Pending Higher Approval” is most likely used when contact exemptions are in the case plan.

If the supervisor selects “Pending Higher Approval,” s/he will then have to select who is provide the higher approval.



The date, time, submitted by and rationale functions are the same as in the original dialogue box.

Once the case plan is approved, the plan must be reviewed with the parents and any child ten years or older. The client is not mandated to sign the case plan; however, the worker is mandated to review the case plan with the client/s and offer the opportunity to sign it.

In CWS/CMS, document the review and the client's decision regarding signing the case plan.

To record the review and request for signature, open the "In Effect" case plan. To open the "In Effect" case plan, open the case then click on the open existing case plan notebook icon. Select the "In Effect" case plan and then click the "OK" button at the top right.

The application will open the case plan to the “Case Plan ID Page.” Details regarding the case plan can be viewed on this page. Document the review and signature in the “Participant Review” information box.

Open Notebook: Information Available: Current

Select Item to Open

For this Case

	Local	ID	Name	Start Date	End Date
1	<input checked="" type="checkbox"/>	1272-7083-9793-3000147	Training, Child	09/30/2009	

Open this Case Plan

	Effective Date	End Date	Status	Focus Children
1	12/18/2009		In Effect	Training, Child

OK
Cancel
New
Remove
Sort...
History...
Help

Participant Review

	Participant Name	Review Date	Signed Date	Refused to Sign Date	Refused to Participate Date
1	Training, Child (8)				
2	Training, Father (39)				
3	Training, Mother (38)				

Participant Name Review Date Signed Date Refused to Sign Date Refused to Participate Date

Reason Not Signed/Comments

There is a line for each participant. In the correct data field for each line, enter the review date and the date that the client signed, refused to sign or refused to participate. If the client refused to sign, enter the reason in the “Reason Not Signed/Comments” box.

Below is an example of a completed case plan ID page.

Client Services - Case [Case, Training] - [Case Plan [In Effect]]

File Edit Search Action Associated Attach/Detach Window Help Tools

CP Participants Contributing Factors Strengths Service Objectives Planned Client Services Case Mgmt Svcs

Identification

Approval

Approval Status: Date:

Effective Date: Next Review Date: NOA Date:

Case Plan Update Appropriateness Description:

Participant Review

	Participant Name	Review Date	Signed Date	Refused to Sign Date	Refused to Participate Date
1	Training, Child (13)	11/03/2009	11/03/2009		
2	Training, Father (35)	11/03/2009		11/03/2009	
3	Training, Mother (34)	11/03/2009	11/03/2009		

Participant Name: Review Date: Signed Date: Refused to Sign Date: Refused to Participate Date:

Reason Not Signed/Comments:

Ready Case [Case, Training] -> Case Plan [In Effect]

As soon as the “In Progress” case plan is approved by a supervisor, the case plan is automatically changed from “In Progress” to “In Effect” by the application. At the same time the case plan is changed to “In Effect,” the “+” icon under the “Existing Case Plan” notebook becomes enabled. Now create an “Updated” case plan at any time the needs of the family make that necessary but no less often than once every six months.


As long as the case plan is in progress, the “+” under the “Existing Case Plan” notebook is disabled or greyed out.

Also, when the case plan is sent for approval, the entire notebook for that case plan becomes “Read Only.” Unless the supervisor selects “Requires Modification,” no changes can be made to the case plan. If the case plan is approved, it remains “Read Only.”

Transitional Independent Living Plan (TILP)

As stated at the start of this chapter a Transitional Independent Living Plan (TILP) is required with youth in placement at 15 ½ years of age, or prior to the Dispositional Hearing for youth placed into protective custody after turning 16 yrs old. An updated TILP must be completed with the youth every six months. The rest of this chapter will explain how to document the TILP and how to create the TILP document in CWS/CMS.



The TILP is documented and created in the “Case Management Section.”  Open or click on the “Open Existing Transition Plan” notebook. Note that the “+” icon under the notebook is not enabled. It is not possible to create a “New” transition plan notebook. Also, note that the notebook will be available only for youth 12 years old or older. Clicking the “Open Existing Transition Plan” notebook results in the dialogue box shown on the next page.

Open Notebook [X]

Select Item to Open
 Transition Plan [v] [Load]

For this Case

	Local	ID	Name	Start Date	End Date
1	<input checked="" type="checkbox"/>	1610-5553-8621-6000018	Case, Training	09/03/2004	

Open this Transition Plan

	Transition Plan
1	Current Record for Case, Training

OK
 Cancel
 Sort...
 Help

Click on the “OK” button in the top right corner of the dialogue box. That will open the notebook page shown on the next page.

Client Services - Case [Case, Training] - [Transition Plan [Case Training]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Transition Plan

Transition Plan Information

Details

+	Plan Type	Start Date	End Date	Status	Reason Not Signed	Exception/Deferred

Plan Type
☐ TILP ☐ 90-Day

Start Date End Date

TILP Services Deferred Reason 90-Day Exception Reason

Youth
 Signed Date Not Signed Date Reason Not Signed

Caregiver
 Name Signed Date Not Signed Date Reason Not Signed

Comments

Next TILP Due Date Expected Emancipation Date

Ready Case [Case, Training] -> Transition Plan [Case Training]

The page is designed with multiple options. The type of transition plan, 90 day or TILP, is selected. Acceptable conditions that warrant not having a plan may be documented. If the youth or foster parent has signed the plan, or if not signed by either, the

reason why the plan was not signed. The start and end TILP is required, or the expected date the youth will

To document a TILP start by clicking the “+” in the top application will default to a TILP plan type and the start

Transition Plan

Transition Plan Information

Details

+	Plan Type	Start Date	End Date	Status
1	TILP	07/01/2011	01/02/2012	

Plan Type

☒ TILP ☐ 90-Day

Start Date **End Date**

07/01/2011 01/02/20

TILP Services Deferred Reason **90-Day Exception Reason**

TILP Services Deferred Reason

<None>

<None>

Case Suspended

Declined Services

Mental Disability

Physical Disability

dates and the date the updated emancipate.

left corner of the grid. The date must be entered.

When the “Start Date” is entered, the “TILP Services Deferred Reason” becomes enabled.

These are the four reasons what a TILP may be deferred.

If one of these conditions is present and the TILP is being deferred, document the reason by selecting it from this dropdown menu.

After the youth and caregiver have signed, or declined to sign, the TILP enter the date of that action. If the signature was declined, enter a reason why there was no signature.

Youth				
Signed Date	Not Signed Date	Reason Not Signed		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Caregiver				
Name	Signed Date	Not Signed Date	Reason Not Signed	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

In either field, if a date is entered in the “Not Signed Date” field, the “Reason Not Signed” dropdown menu becomes a mandatory selection and one of the reasons in the drop down menu must be selected.

Youth				
Signed Date	Not Signed Date	Reason Not Signed		
<input type="text"/>	07/06/2011	<input type="text"/>		
Caregiver				
Name	Signed Date	Not Signed Date	Reason Not Signed	
<input type="text"/>	<input type="text"/>	07/06/2011	<input type="text"/>	

These are the possible choices for reasons not signed.

Youth

Reason Not Signed
<None>
<None>
Developmental Disability
Mental Disability
Physical Disability
Refused to Sign
Whereabouts Unknown

Caregiver

Reason Not Signed
<None>
<None>
No Caregiver
Not Present
Refused to Sign
Other

The last data entry field for a TILP is the comments section shown below. Note that if “Other” is selected as a reason for the caregiver not signing the TILP, the field is mandatory.

Comments

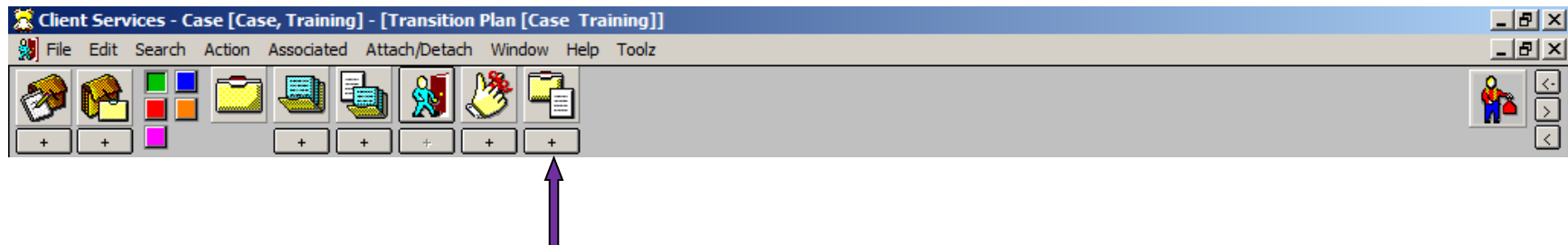
This field has a limitation of 4020 characters.
This field is mandatory if the 90-Day Exception Reason or Caregiver Reason Not Signed is "Other".

Next TILP
Due Date

01/01/2012

The “Next TILP Due Date” is calculated automatically by the application based on the TILP start date as entered.

The TILP document is created by creating a “New Document” in the case management section. That is done by clicking on the “+” under the “Open Existing Document” notebook.

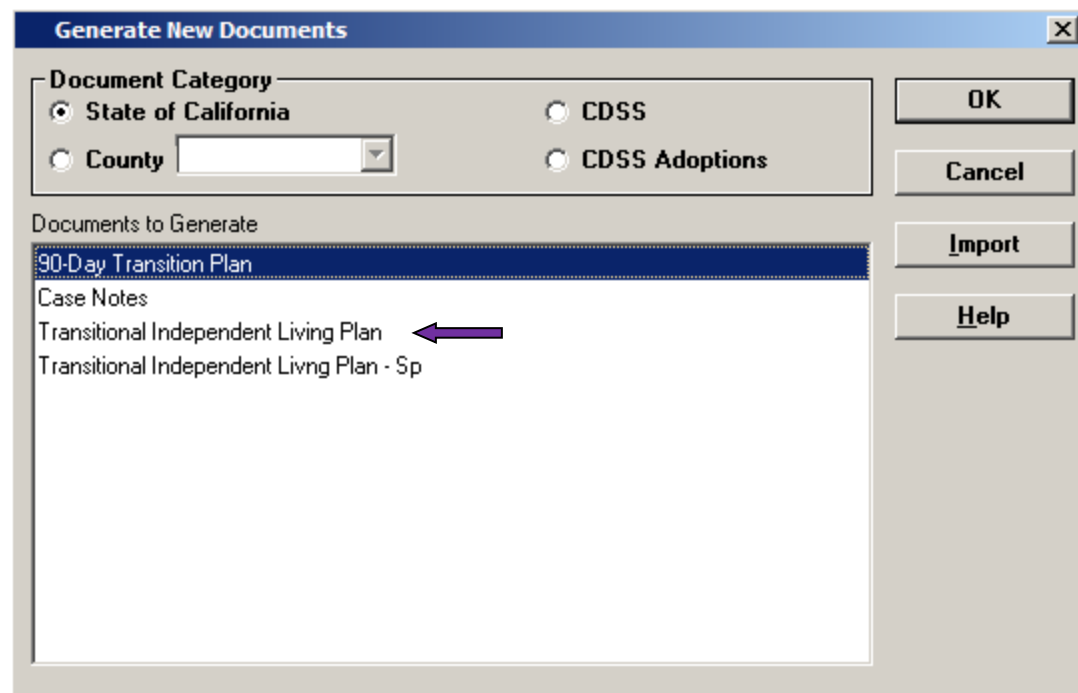


From the resulting dialogue box, select either the “Transitional Independent Living Plan” or the “Transitional Independent Living Plan –Sp (Spanish).”

Then click “OK” in the top right corner of the dialogue box.

The application will then create the Transitional Independent Living Plan as a Word document. Very little information is automatically entered from the application. The worker is expected to complete the document with the youth.

The following pages are an example of the document as created by CWS/CMS.



Transitional Independent Living Plan & AgreementYouth: Child Training Date of Birth: 06/13/1995 Age 16 Ethnicity HispanicAddress: Confidential Address

Instructions To Youth: The purpose of this agreement is to capture the goals you are agreeing to achieve over the next 6 months. It is a good organizing tool to help you stay focused and keep track of your progress toward accomplishing each goal. Your Social Worker/Probation Officer and caregiver will also have copies of this agreement and will help you achieve your goals.

Instructions to Caregiver: You are agreeing to assist the youth in the development of their ILP goals and to support the youth in completing the activities.

Instructions to Social Worker/Probation Officer: You are agreeing to assist the youth and the caregiver in completing this form, and develop Planned Services that will assist the youth in meeting his/her goals. Document the Planned Services and Delivered Services in CWS/CMS. Probation officers: use manual documentation procedures.

Service goals and activities to be addressed in the plan:

Goals are individualized based on your assessment and may include examples such as:

- develop a life-long connection to a supportive adult
- graduate from high school
- obtain a part-time job
- invest savings from part-time job
- develop community connections
- obtain a scholarship to attend college
- develop competency in the life skill of

Activities are individualized to help meet a specific goal. Example – if high school graduation is a goal, the youth directed activity might be to attend classes regularly with no tardies for the next 6 months.

For youth participating in ILP services, activities are reportable as ILP Delivered Services in CMS. The social worker shall select from one or more of the following ILP Service Types that an individualized completed activity fits in:

- Received ILP Needs Assessment
- ILP Mentoring
- ILP Education
- ILP Education Post Secondary
- ILP Education Financial Assistance
- ILP Career/Job Guidance
- ILP Employment/Vocational Training
- ILP Money Management
- ILP Consumer Skills
- ILP Health Care
- ILP Room and Board Financial Assistance
- ILP Transitional Housing, THP, THP Plus
- ILP Home Management
- ILP Time Management
- ILP Parenting Skills
- ILP Interpersonal/Social Skills
- ILP Financial Assistance Other
- ILP Transportation
- ILP Other (Stipends/Incentives)

☐ I understand that if I am employed as part of this plan, my earned income will be disregarded, as the purpose of my employment is to gain knowledge of needed work skills, habits and responsibilities to maintain employment. (WIC 11008.15)

☐ I understand that I can retain cash savings up to \$10,000 under this plan in an insured savings account and any withdrawal requires the written approval of my social worker/probation officer and must be used for purposes directly related to my transitional goals. (WIC 11155.5)

☐ I understand that I will receive assistance to obtain my personal documents and information about financial aid or postsecondary education/training. (WIC 16001.9)

TILP 1
Rev 07/08
CWS Case Management System

Copies to: Youth
Caregiver
Case File
ILP
Page 1 of 2

Transitional Independent Living Plan & Agreement

Youth: Child Training DOB: 06/13/1995 Age: 16 Ethnicity: Hispanic

Case Worker Name: Chris W Case Worker phone: (916) 000-2110

TILP 6-month timeline: to . Date Independent Living Needs Assessment completed:

☐ If I have not participated in the ILP program before, I agree to participate now.

☐ Based on the assessment of my level of functioning, the following transitional goals and activities meet my current needs.



Goal	Activity	Responsible Parties	Planned Completion date	Progress Date
Goal #1: <u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Met Goal Date <u> </u> <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #2: <u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Met Goal Date <u> </u> <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #3: <u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Met Goal Date <u> </u> <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.

Goal#4: []	[]	[]	[]	<input type="checkbox"/> Met Goal Date [] <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
----------------	-----	-----	-----	--

This Agreement will be updated on: [] Update # []

Signing this agreement means we will all work to complete the steps necessary to help the youth reach his/her goals.

Youth's signature

Date

Caregiver's signature

Date

Social Worker/Probation Officer signature

Date

TILP 1
Rev 07/08
CWS Case Management System

Copies to: Youth
Caregiver
Case File
ILP
Page 2 of 2

Activities

Go to activity handout, chapter 7.

Process Maps, Mapped Documents and Cheat Sheets

Transitional Independent Living Plan (TILP) & 90-Day Transition Plan

Transition Plan notebook

Transition Plan (TILP)

3. (A) Click on the Open Existing Transition Plan notebook. (B) Highlight the client in the Open this Transition Plan row and (C) click OK.

The screenshot shows the 'Client Services - [Case [B. Bobby]]' window with the 'Identification' tab selected. The 'Case Info' section contains the following data:

Field	Value
Case Name	B. Bobby
Case Number	1242-6018-0592-8000018
Start Date	06/19/2004
End Date	
Projected End Date	
County	Sacramento
State	California
Country	United States

The 'Case Status' section shows:

ID	Status	Effective Date	End Date
1	Court Involvement	06/19/2004	

The 'Intervention' section shows:

ID	Reason
1	Physical Abuse

The 'Primary Agency Responsible' is 'County Welfare Department'.

The 'Open Notebook' dialog box is open, showing the 'Select Item to Open' dropdown set to 'Transition Plan'. The 'For this Case' table is highlighted:

ID	Local	ID	Name	Start Date	End Date
1	✓	1242-6018-0592-8000018	B. Bobby	06/19/2004	

The 'Open this Transition Plan' section shows:

ID	Transition Plan
1	Current Record for B. Bobby

Callout A points to the 'Open Existing Transition Plan notebook' button in the top toolbar. Callout B points to the row for 'B. Bobby' in the 'For this Case' table. Callout C points to the 'OK' button in the 'Open Notebook' dialog.

Transition Plan Information page

Use this page to record information.

- (A) Click the “+” of the Details Grid. (B) In the Plan Type grid choose the TILP radio button. (C) Enter the Start Date and End Dates. (D) Record the signed date in Youth grid. (E) Record the Caregiver name and Signed Date.

Client Services - Case [B. Bobby] - [Transition Plan [B. Bobby]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Transition Plan

Transition Plan Information

Details

	Plan Type	Start Date	End Date	Status	Reason Not Signed	Exception/Deferred
1	TILP					

Plan Type: ☒ TILP ☐ 90-Day

Start Date: End Date:

TILP Services Deferred Reason: 90-Day Exception Reason:

Youth

Signed Date: Not Signed Date: Reason Not Signed:

Caregiver

Name: Signed Date: Not Signed Date: Reason Not Signed:

Comments:

Next TILP Due Date: Expected Emancipation Date:

Ready Case [B. Bobby] -> Transition Plan [B. Bobby]

Youth & Caregiver:

If the youth and/or caregiver do not

TILP Deferred Reason:

If TILP Services

Create Transitional Independent Living Plan Document

5. To create the Transitional Independent Living Plan document, (A) click on the Create New Document – Case folder.

Client Services - Case [B. Bobby] - [Transition Plan [B. Bobby]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Transition Plan

Transition Plan Information

Details

	Plan Type	Start Date	End Date	Status	Reason Not Signed	Exception/Deferred
1	TILP	03/01/2011	09/01/2011	Signed		

Plan Type: ☒ TILP ☐ 90-Day

Start Date: 03/01/2011 End Date: 09/01/2011

TILP Services Deferred Reason: 90-Day Exception Reason:

Youth

Signed Date: 03/01/2011 Not Signed Date: Reason Not Signed:

Caregiver

Name: Mary K. Signed Date: 03/01/2011 Not Signed Date: Reason Not Signed:

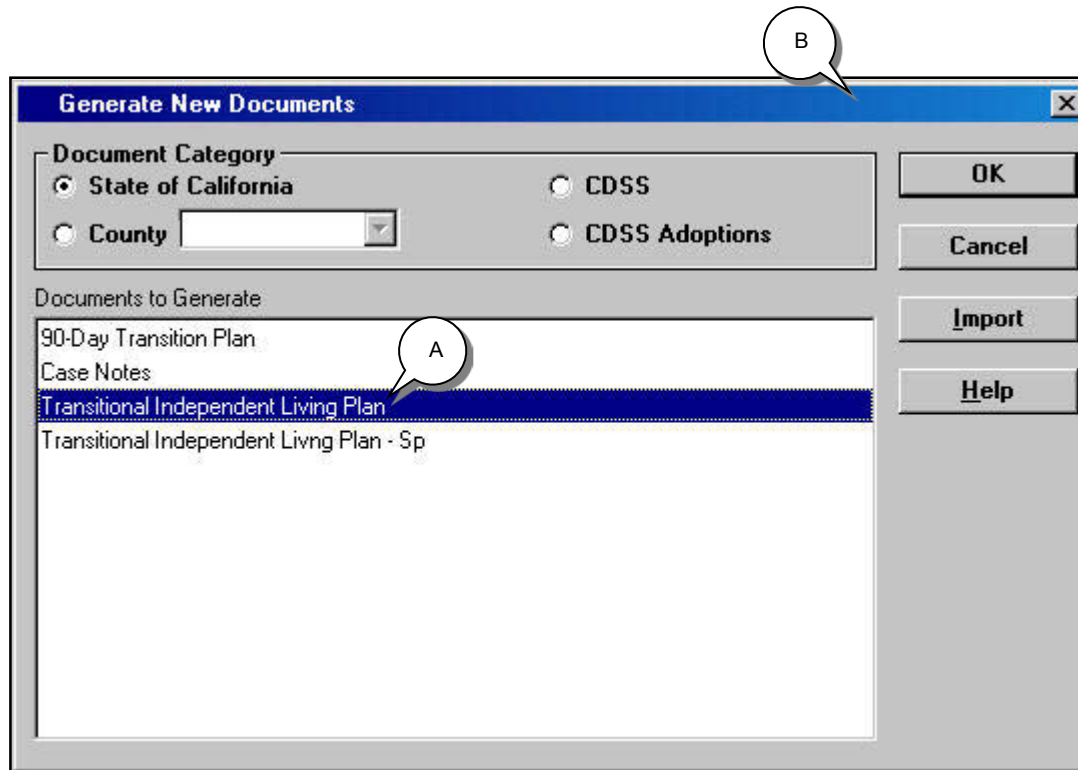
Comments:

Next TILP Due Date: 09/01/2011 Expected Emancipation Date: 06/15/2013

Ready Case [B. Bobby] -> Transition Plan [B. Bobby]

Create Transitional Independent Living Plan Document (continued)

6. From the Generate New Documents box, (A) choose Transitional Independent Living Plan and (B) click OK.



Create Transitional Independent Living Plan Document (continued)

7. Update all information in this document. After printing the document, (A) save, (B) close, and (C) minimize word.

The screenshot shows a Microsoft Word window titled 'cstil_00 - Word'. The menu bar includes File, Edit, Insert, Format, Tools, Table, Window, and Help. The toolbar shows various icons for file operations and formatting. The document content is a form titled 'Transitional Independent Living Plan & Agreement' from the 'STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY' and 'CALIFORNIA DEPARTMENT OF SOCIAL SERVICES CWS/CMS Case Management'. The form includes fields for Youth (Bobby B), Date of Birth (10/31/1994), Age (16), Ethnicity (White), and Address (Confidential Address). It also contains instructions for Youth, Caregiver, and Social Worker/Probation Officer, and a list of service goals and activities to be addressed in the plan. Callouts A, B, and C point to the Save, Close, and Minimize buttons respectively.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CWS/CMS Case Management

Transitional Independent Living Plan & Agreement

Youth: Bobby B Date of Birth: 10/31/1994 Age: 16 Ethnicity: White

Address: Confidential Address

Instructions To Youth: The purpose of this agreement is to capture the goals you are agreeing to achieve over the next 6 months. It is a good organizing tool to help you stay focused and keep track of your progress toward accomplishing each goal. Your Social Worker/Probation Officer and caregiver will also have copies of this agreement and will help you achieve your goals.

Instructions to Caregiver: You are agreeing to assist the youth in the development of their ILP goals and to support the youth in completing the activities.

Instructions to Social Worker/Probation Officer: You are agreeing to assist the youth and the caregiver in completing this form, and develop Planned Services that will assist the youth in meeting his/her goals. Document the Planned Services and Delivered Services in CWS/CMS. Probation officers: use manual documentation procedures.







Service goals and activities to be addressed in the plan:
Goals are individualized based on your assessment and may include examples such as:



- develop a life-long connection to a supportive adult
- graduate from high school
- obtain a part-time job
- invest savings from part-time job
- develop community connections


Page 1 Sec 1 1/2 At Ln Col REC TRK EXT OVR

Creating an Initial Case Plan

(Page 1 of 3)

<p>OPEN CLIENT SERVICES</p>  <p>1. Click the Client Services application.</p>  <p>2. Click the Open Existing Case Folder button.</p> <p>3. Use the Open Folder dialog box to select the Case you want to open.</p> <p>4. Click OK.</p> <p>5. Repeat the above steps to open the case folders for each focus child.</p> <p>UPDATE CASE INFORMATION NOTEBOOK PAGES</p> <p>6. Review and edit the Intervention Reason, the CWS Projected End Date and the Case Status on the Case ID page for each child's case.</p>	<p>Svc Comp</p> <p>7. Click the Svc Comp page tab.</p> <p>8. Click the "+" to add the appropriate Service Component and Effective Date in each child's case.</p> <p>UPDATE CLIENT NOTEBOOK PAGES</p>  <p>9. Click the Client Management Section (blue button).</p>  <p>10. Click the Open Existing Client notebook.</p> <p>11. Select the Client notebook(s) you want to open.</p> <p>12. Click OK.</p> <p>ID</p> <p>13. Complete the Language and Ethnicity fields on the ID page tab (cannot be blank).</p>	<p>Demog.</p> <p>14. Click the Demog. page to update the Education and Health Information fields (cannot be blank).</p> <p>Related Clients</p> <p>15. Click the Related Clients page tab.</p> <p>16. Update information.</p> <p>17. Repeat these steps to update each client's notebook.</p>  <p>18. Click the Case Management Section (green button).</p> <p>CREATE CASE PLAN</p>  <p>19. Click the "+" Create a New Case Plan.</p> <p>20. Select the child(ren) for whom this case plan is being created.</p>
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<p>21. Click the top Add button.</p> <p>22. Select the adults who will participate in this case plan.</p> <p>23. Click the bottom Add button.</p> <p>24. Enter the effective date in the Case Plan Start Date box.</p> <p>25. Click OK.</p> <p>CP Participants</p> <p>26. Click the participant in the Case Plan Participant grid.</p> <p>27. Click the Case Plan Goal drop-down list and enter a Case Plan goal for each child.</p> <p>28. Complete all mandatory (yellow) and known fields.</p> <p>Contributing Factors</p> <p>29. Click the Contributing Factors page tab.</p> <p>30. Click the "+" in the Contributing Factors grid.</p> <p>31. Complete all mandatory (yellow) and known fields.</p> <p>Strengths</p> <p>32. Click the Strengths page tab.</p>	<p>33. Click the "+" in the Strengths grid.</p> <p>34. Complete all mandatory (yellow) and known fields.</p> <p>Service Objectives</p> <p>35. Click the Service Objectives page tab.</p> <p>36. Click the "+" in the Service Objectives grid.</p> <p>37. Complete all mandatory (yellow) and known fields.</p> <p>Planned Client Services</p> <p>38. Click the Planned Client Services page.</p> <p>39. Click the "+" in the Planned Client Services grid.</p> <p>40. Complete all mandatory (yellow) and known fields.</p> <p>Case Mgmt Svcs</p> <p>41. Click the Case Mgmt Svcs page.</p> <p>42. Click the "+" in the Case Mgmt Svcs grid.</p>	<p>43. Complete all mandatory (yellow) and known fields.</p> <p>CREATE CASE PLAN DOCUMENTS</p> <p></p> <p>44. Click the "+" to create a New Case Plan Document.</p> <p>45. Select Case Plan Family Assessment.</p> <p>46. Click OK.</p> <p>47. Click the In Progress Case Plan.</p> <p>48. Click OK.</p> <p>49. Save, close and minimize MS Word.</p> <p></p> <p>50. Click the "+" to create a New Case Plan Document.</p> <p>51. Click the CWS Case Plan.</p> <p>52. Click OK.</p> <p>53. Click the In Progress case plan.</p>
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<p>54. Click OK.</p> <p>55. Click OK in the Generate Case Plan Document dialog box.</p> <p>56. Review the document for accuracy.</p> <p>57. Click the File drop-down menu.</p> <p>58. Select Print.</p> <p>59. Save, close and minimize MS Word.</p> <p>60. Click the ID page.</p> <p>RECORD PARTICIPANT REVIEW</p>  <p><i>Complete all applicable fields in the Participant Review grid</i></p> <p>61. Enter the date the staff person reviewed the case plan with the participant(s).</p> <p>62. Enter the date the participant(s) signed the case plan.</p>	<p>63. If the participant(s) did not sign the case plan, enter the date and reason in the Reason Not Signed/Comments narrative field.</p> <p>REQUEST APPROVAL</p> <p>Action</p> <p>64. Click the Action drop-down menu.</p> <p>65. Select Approval.</p> <p>66. Click Pending Approval.</p> <p>67. Click OK.</p> <p>SAVE TO DATABASE</p> <p>File</p> <p>68. Click the File drop-down menu.</p> <p>69. Select Save to Database.</p> <p>70. Click Continue Working.</p> <p><i>Continue working will automatically load the next arc file M03_S03 Assessment and Case Plan – Update.arc</i></p>	<p>Created by the CWS/CMS Project Office</p>
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CHILD WELFARE SERVICES INITIAL CASE PLAN - [COURT]

Shaded text notes the origin of data that populates into the document. Remember: Information entered into the Case Plan Notebook can easily be copied over into a case plan update.

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Relationship</u>	<u>To</u>
(Client NB, ID page and entered in Case Plan NB, CP Participants page)	12/22/1957 (Client NB, ID page)	Spouse Mother (Birth) Mother (Birth) Mother (Birth) (Client NB, Related Clients page)	(Client NB, Related Clients page)
(Client NB, ID page and entered in Case Plan NB, CP Participants page)	08/16/1954 (Client NB, ID page)	Spouse Father (Birth) Father (Birth) Father (Birth) (Client NB, Related Clients page)	(Client NB, Related Clients page)

Note: In order for family relationships to populate into the case plan document correctly, the information on the related clients pages of the client notebooks must be entered accurately.

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
(Case Plan NB, CP Participants page as a focus child)	06/03/1985 (Client NB, ID page + age/sex)	16 y	F	98767698 (Client NB, Juv. Ct.# page)
(Case Info NB, ID page, Case ID number. This populates only for the case in which the case plan was originally created)				
(Case Plan NB, CP Participants page as a focus child)	09/09/1990 (Client NB, ID page + age/sex)	10 y	M	75765745 (Client NB, Juv. Ct.# page)
(Case Plan NB, CP Participants page as a focus child)	10/06/1994 (Client NB, ID page + age/sex)	6 y	F	jv345322 (Client NB, Juv. Ct.# page)

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Completion Date</u>	<u>Projected Date For Termination Of Child Welfare Services</u>
(CP Participants page)	Return Home (Case Plan NB, CP Participants page)	01/21/2002 (Case Plan NB, CP Participants page)	06/21/2002 (Case Info NB, ID page, Projected End Date field)
(CP Participants page)	Return Home (Case Plan NB, CP Participants page)	01/21/2002 (Case Plan NB, CP Participants page)	06/21/2002 (Case Info NB, ID page, Projected End Date field)
(CP Participants page)	Return Home (Case Plan NB, CP Participants page)	01/21/2002 (Case Plan NB, CP Participants page)	06/21/2002 (Case Info NB, ID page, Projected End Date field)

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

SERVICE OBJECTIVES (All service objectives are from the service objectives page of the Case Plan notebook)

Projected Completion Date

1. Cooperate with services to achieve legal permanency.

01/21/2002

Description

This is from the Additional Description for Participant text box on the Service Objective page of the Case plan notebook.

2. Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required drug tests.

01/21/2002

Description

This is from the Additional Description for Participant text box on the Service Objective page of the Case plan notebook.

CLIENT RESPONSIBILITIES (Each activity below is from the Client Services page of the Case Plan notebook. Times and Frequency need to be filled out for each row in the Client Services grid and then will populate below. Note: Remember that this information, when entered into the case plan notebook, can be copied over into a case plan update document).

<u>Activity</u>	<u>Times</u>	<u>Frequency</u>	<u>Completion Date</u>
1. Counseling/Mental Health Services General Counseling	2	Weekly	01/21/2002
<u>Description</u>			
This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
2. Substance Abuse Services Substance Abuse (outpatient)	1	Every 3 Months	01/21/2002
<u>Description</u>			
This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
3. Substance Abuse Services Substance Abuse Testing	3	Monthly	01/21/2002
<u>Description</u>			
This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
4. Substance Abuse Services 12-Step Program	1	Weekly	01/21/2002
<u>Description</u>			
This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			

SERVICE OBJECTIVES (All service objectives are from the service objectives page of the Case Plan notebook)

Projected Completion Date

1. Cooperate with services to achieve legal permanency.

01/21/2002

Description

This is from the Additional Description for Participant text box on the Service Objective page of the Case plan notebook.

2. Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required drug tests.

01/21/2002

Description

This is from the Additional Description for Participant text box on the Service Objective page of the Case plan notebook.

CLIENT RESPONSIBILITIES (Each activity below is from the Client Services page of the Case Plan notebook. Times and Frequency need to be filled out for each row in the Client Services grid and then will populate below. Note: Remember that this information, when entered into the case plan notebook, can be copied over into a case plan update document).

<u>Activity</u>	<u>Times</u>	<u>Frequency</u>	<u>Completion Date</u>
1. Counseling/Mental Health Services General Counseling	2	Weekly	01/21/2002
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
2. Counseling/Mental Health Services Sexual Abuse	1	Every 2 Weeks	10/15/2001
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
3. Substance Abuse Services Substance Abuse (outpatient)	1	Every 3 Months	01/21/2002
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
4. Substance Abuse Services Substance Abuse Testing	3	Monthly	01/21/2002
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
5. Substance Abuse Services 12-Step Program	1	Weekly	01/21/2002
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			

SERVICE OBJECTIVES (All service objectives are from the service objectives page of the Case Plan notebook)

Projected Completion Date

1. Receive age appropriate, child oriented services.

01/21/2002

Description

This is from the Additional Description for Participant text box on the Service Objective page of the Case plan notebook.

CLIENT RESPONSIBILITIES (Each activity below is from the Planned Client Services page of the Case Plan notebook. Times and Frequency need to be filled out for each row in the Client Services grid and then will populate below. Note: Remember that this information, when entered into the case plan notebook, can be copied over into a case plan update document).

<u>Activity</u>	<u>Times</u>	<u>Frequency</u>	<u>Completion Date</u>
1. Counseling/Mental Health Services General Counseling	2	Weekly	01/21/2002
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
2. Counseling/Mental Health Services Sexual Abuse	1	Every 2 Weeks	10/15/2001
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
3. Education Services Tutoring	1	Weekly	01/21/2002
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
4. Independent Living Program Services ILP - Health Care	1	Weekly	01/21/2002
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
5. Independent Living Program Services ILP - Interpersonal/Social Skills	1	Weekly	01/21/2002
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			
6. Independent Living Program Services ILP - Time Management	1	Weekly	01/21/2002
<u>Description</u> This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.			

SERVICE OBJECTIVES (All service objectives are from the service objectives page of the Case Plan notebook)

Projected Completion Date

1. Receive age appropriate, child oriented services.

01/21/2002

Description

This is from the Additional Description for Participant text box on the Service Objective page of the Case plan notebook.

CLIENT RESPONSIBILITIES (Each activity below is from the Planned Client Services page of the Case Plan notebook. Times and Frequency need to be filled out in the Schedule for Service section for each row in the Client Services grid to populate below. Note: Remember that this information, when entered into the case plan notebook, can be copied over into a case plan update document).

<u>Activity</u>	<u>Times</u>	<u>Frequency</u>	<u>Completion Date</u>
1. Counseling/Mental Health Services General Counseling	2	Weekly	01/21/2002

Description

This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.

SERVICE OBJECTIVES (All service objectives are from the service objectives page of the Case Plan notebook)

Projected Completion Date

1. Receive age appropriate, child oriented services.

01/21/2002

Description

This is from the Additional Description for Participant text box on the Service Objective page of the Case plan notebook.

CLIENT RESPONSIBILITIES (Each activity below is from the Planned Client Services page of the Case Plan notebook. Times and Frequency need to be filled out in the Schedule for Service section for each row in the Client Services grid to populate below. Note: Remember that this information, when entered into the case plan notebook, can be copied over into a case plan update document).

<u>Activity</u>	<u>Times</u>	<u>Frequency</u>	<u>Completion Date</u>
1. Counseling/Mental Health Services General Counseling	2	Weekly	01/21/2002

Description

This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.

VISITATION SCHEDULE

The information below will populate from the Case Mgmt Services page. In order for it to appear here, you must have a Case Management Services row of 'Arrange Visitation' and Contact/Visits

information entered to include 'Child/Parent'. The Child/Sibling and Child/Grandparent visits below do not appear because they were not entered on the Case Mgmt Svcs page. Highlight and delete sections and headings within the case plan document that do not apply to the circumstances of your case.

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION

<u>Method</u>	<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>
In-Person	1	Weekly	07/23/2001
<u>Description</u> This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.			

CHILD(REN) – SIBLING(S) VISITATION

This information will populate from the Case Mgmt Services page and appear similar to the section above. In order for it to appear here, you must have a Case Management Services row of 'Arrange Visitation' and contact/visits information entered to include 'Child/Sibling'.

CHILD(REN) – GRANDPARENT(S) VISITATION

This information will populate from the Case Mgmt Services page. In order for it to appear here, you must have a Case Management Services row of 'Arrange Visitation' and contact/visits information entered to include 'Child/Grandparent'.

AGENCY RESPONSIBILITIES

The information in the following sections populates from the Case Mgmt Svcs page of the case plan notebook. Times and Frequency only appear if it is entered in the Schedule for Service section of the Case Mgmt Svcs page in accordance with each service row highlighted.

CASE MANAGEMENT SERVICES

In order for Case Management Services to appear here, it is necessary to select Case Management Services as a category and service on the Case Mgmt Svcs page of the Case Plan NB.

1. Perform Case Planning Activities

<u>For Whom</u>	<u>Times</u>	<u>Beginning Date</u>
	1	07/23/2001
<u>Description</u> This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.		

2. CHDP Physical Exam

For Whom

Times

Beginning
Date

1

07/23/2001

Description

This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.

3. Periodic Dental Exam

For Whom

Times

Beginning
Date

1

07/23/2001

Description

This is from the Description/Responsibilities for Service text box on the Planned Client Services page of the Case Plan notebook.

PLACEMENT SERVICES

In order for Case Management Services to appear here, it is necessary to

select Placement Services as a category and service on the Case Mgmt Svcs

page of the Case Plan NB.

1. Foster Care

For Whom

Times

Beginning
Date

1

07/23/2001

Description

This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.

CONCURRENT SERVICES PLANNING

In order for Concurrent Services Planning section to appear here, it is necessary to have a Service Component of Family Reunification (saved to database), and an Alternative/Concurrent Planning Goal listed on the CP Participants page of the Case Plan NB for at least one focus child.

Permanency Alternative / Concurrent Planning Goal

For Whom

(Case Plan notebook, CP
Participants page)

Concurrent Planning Goal

Adoption (Case Plan notebook, CP Participants page,
Alternative goal field)

(Case Plan notebook, CP Participants page)

(Case Plan notebook, CP Participants page)

Adoption (Case Plan notebook, CP Participants page, Alternative goal field)

Adoption (Case Plan notebook, CP Participants page, Alternative goal field)

1. CSP - Assess Child for Adoptions (Case Plan Notebook, Case Mgmt Services page, Concurrent Services Planning category)

For Whom

Description

This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.

CONTACT SCHEDULE

All contacts that populate here come from the Case Plan notebook, Case Mgmt Svcs page, Category: Case Management Services, Service: Planned SW Contact. The type of contact you choose in the mandatory yellow fields in the bottom left corner of the Case Mgmt Svcs page will determine where they populate below. Times and frequencies are entered in the Schedule for Service section of the Case Mgmt Svcs page.

SOCIAL WORKER – CHILD CONTACTS

Method

In-Person

Times

1

Frequency

Monthly

Beginning Date

07/23/2001

Description

This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.

SOCIAL WORKER – PARENT(S)/GUARDIAN (S) CONTACTS

Method

In-Person

Times

1

Frequency

Monthly

Beginning Date

07/23/2001

Description

This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.

SOCIAL WORKER – CARE PROVIDER CONTACTS

In order for this section to appear, choose social worker- substitute care provider in the Contact type field on the Case Mgmt Svcs page of the Case Plan NB.

<u>Method</u>	<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>
In-Person	1	Monthly	07/23/2001
<u>Description</u> This is from the 'Agency Responsibilities for Service' text box on the Case Mgmt Svcs page of the Case Plan notebook.			

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.
- Understand that while I am receiving services to reunify with my child(ren), efforts will also be made to locate an alternate permanent home through Adoption, Guardianship or Long Term Foster Care for my child(ren) should reunification services fail.
- Understand that my failure to cooperate or to take advantage of the services provided in this case plan might result in termination of efforts to reunify with my children.

Note: The last two bullets items appear only if they have been included in at least one service on the Case Mgmt Svcs page within the category of Concurrent Services Planning (e.g. " Assess Child for Adoptions"). If not, only the first three bullets will appear in the case plan document.

SIGNATURE OF MOTHER/GUARDIAN

DATE

SIGNATURE OF FATHER/GUARDIAN

DATE

SIGNATURE OF OTHER

DATE

SIGNATURE OF OTHER

DATE

NON-SIGNATURE EXPLANATION

SIGNATURE OF INTERPRETER (1)

DATE

SIGNATURE OF INTERPRETER (2)

DATE

Sharon Chamness SOCIAL WORKER	SHARON Caseload	(916) 758-6200 Phone Number	DATE
---	---------------------------	---------------------------------------	-------------

Sharon Chamness SUPERVISOR	(916) 758-6200 Phone Number	DATE
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Youth: Client NB, ID page

Date of Birth: Client NB, ID page

Age Client NB, ID page

Ethnicity Client NB, ID page

Address: Placement Home NB, ID page, Confidential, or not in placement Client NB, Address page

Instructions To Youth: The purpose of this agreement is to capture the goals you are agreeing to achieve over the next 6 months. It is a good organizing tool to help you stay focused and keep track of your progress toward accomplishing each goal. Your Social Worker/Probation Officer and caregiver will also have copies of this agreement and will help you achieve your goals.

Instructions to Caregiver: You are agreeing to assist the youth in the development of their ILP goals and to support the youth in completing the activities.

Instructions to Social Worker/Probation Officer: You are agreeing to assist the youth and the caregiver in completing this form, and develop Planned Services that will assist the youth in meeting his/her goals. Document the Planned Services and Delivered Services in CWS/CMS. Probation officers: use manual documentation procedures.

Service goals and activities to be addressed in the plan:

Goals are individualized based on your assessment and may include examples such as:

- develop a life-long connection to a supportive adult
- graduate from high school
- obtain a part-time job
- invest savings from part-time job
- develop community connections
- obtain a scholarship to attend college
- develop competency in the life skill of _____

Activities are individualized to help meet a specific goal. Example – if high school graduation is a goal, the youth directed activity might be to attend classes regularly with no tardies for the next 6 months.

For youth participating in ILP services, activities are reportable as ILP Delivered Services in CMS. The social worker shall select from one or more of the following ILP Service Types that an individualized completed activity fits in:

- Received ILP Needs Assessment
- ILP Mentoring
- ILP Education
- ILP Education Post Secondary
- ILP Education Financial Assistance
- ILP Career/Job Guidance
- ILP Employment/Vocational Training
- ILP Money Management
- ILP Consumer Skills
- ILP Health Care
- ILP Room and Board Financial Assistance
- ILP Transitional Housing, THP, THP Plus
- ILP Home Management
- ILP Time Management
- ILP Parenting Skills
- ILP Interpersonal/Social Skills
- ILP Financial Assistance Other
- ILP Transportation
- ILP Other (Stipends/Incentives)

-
- ☐ I understand that if I am employed as part of this plan, my earned income will be disregarded, as the purpose of my employment is to gain knowledge of needed work skills, habits and responsibilities to maintain employment. (WIC 11008.15)
 - ☐ I understand that I can retain cash savings up to \$10,000 under this plan in an insured savings account and any withdrawal requires the written approval of my social worker/probation officer and must be used for purposes directly related to my transitional goals. (WIC 11155.5)
 - ☐ I understand that I will receive assistance to obtain my personal documents and information about financial aid or postsecondary education/training. (WIC 16001.9)

Youth: Client NB, ID page

DOB: Client NB, ID page

Age: Client NB, ID page

Ethnicity: Client NB, ID page

Case Worker
Name: Case Assignment page

Case Worker phone: Case Assignment page

All remaining fields are user entered.

TILP 6-month timeline: to . Date Independent Living Needs Assessment completed:

- ☐ If I have not participated in the ILP program before, I agree to participate now.
- ☐ Based on the assessment of my level of functioning, the following transitional goals and activities meet my current needs.

Goal	Activity	Responsible Parties	Planned Completion date	Progress Date
Goal #1:				<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #2:				<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.

Goal	Activity	Responsible Parties	Planned Completion date	Progress Date
Goal #3:				<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #4:				<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.

This Agreement will be updated on:

Update # _____

Signing this agreement means we will all work to complete the steps necessary to help the youth reach his/her goals.

Youth's signature

Date

Caregiver's signature

Date

Social Worker/Probation Officer signature

Date

Example

CHILD WELFARE SERVICES INITIAL CASE PLAN - [COURT]

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Relationship</u>	<u>To</u>
Mother Training	01/01/1971	Spouse	Father Training
		Mother (Birth)	Child Training
Father Training	01/01/1970	Spouse	Mother Training
		Father (Alleged)	Child Training

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Child Training 1272-7083-9793-3000147	10/01/2001	8 y	M	J - 01254

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Completion Date</u>	<u>Projected Date For Termination Of Child Welfare Services</u>
Child Training	Return Home	04/29/2010	10/29/2010

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

Mother Training

SERVICE OBJECTIVES

**Projected
Completion Date**

- | | |
|--|------------|
| 1. Show that you will not permit others to physically abuse your child(ren). | 04/29/2010 |
| 2. Other Service Objective (up to 5) | 04/29/2010 |
| <u>Description</u>
zdfhg | |
| 3. Interact with your child(ren) without physical abuse or harm. | 04/29/2010 |

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
------------------------	---------------------	---------------------	-----------------------------------	------------------------	--------------------

Counseling/Mental Health Services

- | | | | | | |
|-----------------------|--|--|------------|-----------------|--|
| 1. General Counseling | | | 04/29/2010 | Sally Bruner DO | |
|-----------------------|--|--|------------|-----------------|--|

Education Services

- | | | | | | |
|--------------------------------|---|--------|------------|----------------|--|
| 1. Parenting Education Program | 1 | Weekly | 04/29/2010 | Dudley Doright | |
|--------------------------------|---|--------|------------|----------------|--|

Substance Abuse Services

- | | | | | | |
|---|---|--------|------------|-----------------|-----|
| 1. Substance Abuse (inpatient) | 1 | Weekly | 04/29/2010 | Sally Bruner DO | Yes |
| <u>Description</u>
The parents are to attend and cooperate with the Substance Abuse Treatment center intake therapist. They will follow all recommendations of the intake therapist to include inpatient treatment if so ordered. The parents will attend all scheduled sessions, missing only for good cause, with prior notice to the treatment provider and the supervising social worker. The parents must maintain a minimum of 75% attendance to successfully complete this service. Final determination of compliance with this element shall be determined by the supervising social worker based upon a favorable report from the treatment therapist, maintaining a minimum level of attendance and observable behavioral changes in lifestyle indicating successful drug treatment. | | | | | |
| 2. Substance Abuse Testing | | | 04/29/2010 | Sally Bruner DO | Yes |

Father Training

SERVICE OBJECTIVES

**Projected
Completion Date**

- | | |
|--|------------|
| 1. Other Service Objective (up to 5) | 04/29/2010 |
| <u>Description</u>
Successfully complete a parenting class dealing with issues around discipline of preteen | |

-
- children
2. **Interact with your child(ren) without physical abuse or harm.** 04/29/2010
 3. **Show that you will not permit others to physically abuse your child(ren).** 04/29/2010

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
Counseling/Mental Health Services					
1. General Counseling			04/29/2010	Sally Bruner DO	
Education Services					
1. Parenting Education Program	1	Weekly	04/29/2010	Dudley Doright	
Substance Abuse Services					
1. Substance Abuse (inpatient)	1	Weekly	04/29/2010	Sally Bruner DO	Yes
<u>Description</u>					
The parents are to attend and cooperate with the Substance Abuse Treatment center intake therapist. They will follow all recommendations of the intake therapist to include inpatient treatment if so ordered. The parents will attend all scheduled sessions, missing only for good cause, with prior notice to the treatment provider and the supervising social worker. The parents must maintain a minimum of 75% attendance to successfully complete this service. Final determination of compliance with this element shall be determined by the supervising social worker based upon a favorable report from the treatment therapist, maintaining a minimum level of attendance and observable behavioral changes in lifestyle indicating successful drug treatment.					
2. Substance Abuse Testing			04/29/2010	Sally Bruner DO	Yes

Child Training

SERVICE OBJECTIVES

	<u>Projected Completion Date</u>
1. You will comply with all orders of the court.	04/29/2010
2. Maintain relationship with your child by following the conditions of the visitation plan.	04/29/2010

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
Counseling/Mental Health Services					
1. General Counseling	1	Every 2 Months	04/29/2010	Sally Rafeal	

VISITATION SCHEDULE

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION

Child Training , Father Training , Mother Training

<u>Method</u>		<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>	<u>Provider</u>
In-Person	(Visits Must Be Supervised)	1	Every 2 Weeks	10/29/2009	Susan Weekly

Description

This field can hold up to 8,000 characters. If a service type of "other" is selected, this is a mandatory field and the service must be explained.

CHILD(REN) – SIBLING(S) VISITATION

CHILD(REN) – GRANDPARENT(S) VISITATION

CHILD(REN) – OTHER VISITATION

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Child Training

<u>Method</u>	<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>	<u>Provider</u>
In-Person	1	Monthly	10/29/2009	Susan Weekly

SOCIAL WORKER – PARENT(S)/GUARDIAN(S) CONTACTS

Father Training , Mother Training

<u>Method</u>	<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>	<u>Provider</u>
In-Person	1	Monthly	10/29/2009	Susan Weekly

SOCIAL WORKER – CARE PROVIDER CONTACTS

<u>Method</u>	<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>	<u>Provider</u>
In-Person	1	Monthly	10/29/2009	Susan Weekly

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

Participated in the case plan development. •

Agree to participate in the services outlined in this case plan.

Received a copy of this case plan.

SIGNATURE OF MOTHER/GUARDIAN

DATE

SIGNATURE OF FATHER/GUARDIAN

DATE

SIGNATURE OF OTHER

DATE

SIGNATURE OF OTHER

DATE

NON-SIGNATURE EXPLANATION

SIGNATURE OF INTERPRETER (1)

DATE

SIGNATURE OF INTERPRETER (2)

DATE

Susan Weekly

SOCIAL WORKER

Weekly 2

Caseload

(530) 555-1234

Phone Number

DATE

Nyal Homsher

SUPERVISOR

(530) 384-1485

Phone Number

DATE

CASE PLAN INDIVIDUAL CLIENT RESPONSIBILITIES

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

Father Training

SERVICE OBJECTIVES

Projected Completion

Date

- | | |
|--|------------|
| 1. Interact with your child(ren) without physical abuse or harm. | 04/29/2010 |
| 2. Other Service Objective (up to 5) | 04/29/2010 |

Description

Describe the objective.

- | | |
|--|------------|
| 3. Show that you will not permit others to physically abuse your child(ren). | 04/29/2010 |
|--|------------|

CLIENT RESPONSIBILITIES

Activity

Times

Freq.

Completion Date

Provider

Counseling/Mental Health Services

- | | | | | |
|-----------------------|--|--|------------|---------------|
| 1. General Counseling | | | 04/29/2010 | Sally Brunner |
|-----------------------|--|--|------------|---------------|

Education Services

- | | | | | |
|--------------------------------|---|--------|------------|----------------|
| 1. Parenting Education Program | 1 | Weekly | 04/29/2010 | Dudley Doright |
|--------------------------------|---|--------|------------|----------------|

Description

Successfully complete a parenting class dealing with issues around discipline of preteen children

Substance Abuse Services

- | | | | | |
|--------------------------------|---|--------|------------|---------------|
| 1. Substance Abuse Testing | 2 | Weekly | 04/29/2010 | |
| 2. Substance Abuse (inpatient) | 1 | Weekly | 04/29/2010 | Sally Brunner |

Description

The parents are to attend and cooperate with the Substance Abuse Treatment center intake therapist. They will follow all recommendations of the intake therapist to include inpatient treatment if so ordered. The parents will attend all scheduled sessions, missing only for good cause, with prior notice to the treatment provider and the supervising social worker. The parents must maintain a minimum of 75% attendance to successfully complete this service. Final determination of compliance with this element shall be determined by the supervising social worker based upon a favorable report from the treatment therapist, maintaining a minimum level of attendance and observable behavioral changes in lifestyle indicating successful drug treatment.