## Department of Community Justice Juvenile Services Division

### **CASE PLAN FOR YOUTH AND FAMILY**

The goal of the Case Plan is to ensure community protection, fulfill obligations to the victim and community, clarify expectations and court ordered conditions, and help youth and family be successful. Juvenile Court Counselors are required to jointly develop the Case Plan with the youth and the family. The youth and family are expected to participate in developing the Case Plan and reviewing to monitor progress toward completion of the Case Plan.

|                               | YOUTH INFORMATION               |                     |   |                  |                  |      |  |  |  |
|-------------------------------|---------------------------------|---------------------|---|------------------|------------------|------|--|--|--|
| Name:                         |                                 | Race/Ethnicity:     | Gender:   | DOB/Age:         | JJIS #:          | JCC: |  |  |  |
|                               |                                 |                     |   |                  |                  |      |  |  |  |
| Date of current JCP:          | JCP Score:                      |                     | Supervision   | Level:           | Initial Plan Dat | e:   |  |  |  |
|                               |                                 |                     |   |                  |                  |      |  |  |  |
| Supervision Type/Disposition  | n                               |                     |   | Disposition Star | rt/End Date:     |      |  |  |  |
| ( ) FAA ( ) Probation (       | ( ) FAA ( ) Probation Other ( ) |                     |   |                  |                  |      |  |  |  |
| Language (Youth):             |                                 |                     |   | Language (Pare   | ent):            |      |  |  |  |
|                               |                                 |                     |   |                  |                  |      |  |  |  |
|                               |                                 |                     |   |                  |                  |      |  |  |  |
| SCHOOL INFORMATION            |                                 |                     |   |                  |                  |      |  |  |  |
| School:                       |                                 | Add                 | dress:  |                  |                  |      |  |  |  |
|                               |                                 |                     |   |                  |                  |      |  |  |  |
| City:                         | Stat                            | e:                  | Zip:  |                  |                  |      |  |  |  |
|                               |                                 |                     |   |                  |                  |      |  |  |  |
| Grade:                        | Stat                            | us                  | IEP: YES NO   |                  |                  |      |  |  |  |
|                               |                                 |                     |   |                  |                  |      |  |  |  |
|                               |                                 |                     |   |                  |                  |      |  |  |  |
|                               |                                 | HEALTH IN           | FORMATIO  | N                |                  |      |  |  |  |
| Immunization Record on File   | e: YES                          | NO                  | Medical Info  | rmation on File: | YES              | NO   |  |  |  |
| If not, please state reason(s | s):                             |                     | If not, please state reason(s):                                   |                  |                  |      |  |  |  |
| If 'YES' is checked, a copy   | must be in the social           | file under the      | If 'YES' is checked, a copy must be in the social file under the  |                  |                  |      |  |  |  |
| External tab. The 'record' r  | may come in one of the          | ne following forms: | External tab. The 'record may come in one of the following forms: |                  |                  |      |  |  |  |
| An official copy from a       | physician                       |                     | A summary of the medical information in the Court Report          |                  |                  |      |  |  |  |
| A handwritten or typed        | list tracked by the far         | mily.               | Medical information in a professional assessment report, e.g.,    |                  |                  |      |  |  |  |
| A list dictated to the J0     | CC by the parent                |                     | Psychological or psychiatric evaluation.                          |                  |                  |      |  |  |  |

# If 'NO' is checked, type an explanation similar to one of the following:

- In progress Requested and waiting for a copy
- Mom/dad reported that X is up-to-date with immunization.
   Youth is enrolled at XXX school. School has a copy.
- Mom/dad refused to provide a copy.
- Mom/dad reported that the family does not practice immunization due to religious/cultural value.
- Mom/dad reported that they have not had insurance. Unsure if immunization is up-to-date.
- Mom/dad reported that they have had different doctors over the years and have not tracked X's immunization record.
- School reported that X's immunization is up-to-date.
- Other.....

 Medical information in other reports, e.g., DHS report, youth's IEP.

# If 'NO' is checked, type an explanation similar to one of the following:

- No known medical concerns reported
- In progress Requested and waiting for a copy
- Mom/dad refused to discuss family medical information.
- X's is in the process of being evaluated for meds.
- Mom/dad reported prior ADHD meds prescribed but X has not been on it for the last # of years. Youth may need to be reevaluated.
- Other.....

|                                    | ACCOUNTABILITY CONDITIONS     |            |  |  |  |  |  |
|------------------------------------|-------------------------------|------------|--|--|--|--|--|
| Goals                              | Strategies/Services           | Phase/Date | Outcome/Progress                                 |  |  |  |  |
| 1. Complete \$ 150 of Restitution  | • N/A                         |            | 1/8/13 JCC XXX completed Payback Program         |  |  |  |  |
| 2. X's payment plan is \$50 per    |                               |            | referral. Youth is to start on 1/19/13. Gave X a |  |  |  |  |
| month                              | JCC XXX will refer youth to   |            | copy of Payback rules & instructions.            |  |  |  |  |
| OR                                 | Payback Program before        |            |  |  |  |  |  |
| X's payment plan is \$25 from      | case is transferred to the    |            | 1/14/13 Grandma gave X \$100 for Xmas and X      |  |  |  |  |
| each payback every two weeks       | Field                         |            | paid \$80.                                       |  |  |  |  |
|                                    | X will meet with Field JCC    |            |  |  |  |  |  |
| Note: Payment plan is required.    | XXX to decide specific dates  |            | 1/26/13 X missed the bus for Saturday payback    |  |  |  |  |
| A Payment Plan should be           | X will complete \$150         |            | but called and scheduled for Sunday instead.     |  |  |  |  |
| realistic based on the totality of | restitution within 4 months   |            |  |  |  |  |  |
| the case and youth's ability to    | X will complete \$150         |            | 2/15/13 X made two payments last month           |  |  |  |  |
| pay.                               | restitution within 6 months   |            | totaled \$100. Remaining balance is \$50.        |  |  |  |  |
|                                    | X will pay at least \$45 from |            |  |  |  |  |  |
|                                    | each paycheck from            |            | 3/3/13 X did not earn credits from Payback on    |  |  |  |  |
|                                    | McDonalds.                    |            | 3/2 because X did not follow the rules.          |  |  |  |  |
|                                    | X is currently placed at      |            | Discussed with X and mom to focus the goal of    |  |  |  |  |
|                                    | Portland Outreach. X's        |            | completion. Brainstormed options to handle       |  |  |  |  |
|                                    | payment is to be determined   |            | conflicts.                                       |  |  |  |  |

|                                | by Field JCC XXX.            |   |
|--------------------------------|------------------------------|---|
|                                | X will meet and discuss with | 3/28/13 X made the last remaining payment of        |
|                                | Field JCC XXX regarding      | \$24.95 today. X paid in full and successfully      |
|                                | next steps.                  | completed \$150 of restitution. Gave X a copy of    |
|                                | X will complete \$150        | State Clerk's Accounting information to keep as     |
|                                | restitution within 3 months  | verification. A copy is in the social file.         |
|                                | X will sign up and attend    |   |
|                                | Payback every Saturday       | 12/12/12 The family has been homeless until         |
|                                | starting 01/26/13 until      | recently so now X will be able to start working off |
|                                | finished                     | X's fine over Winter vacation 2012.                 |
|                                | Grandma will transport X     |   |
|                                | to/from Payback OR Mom       |   |
|                                | will take X to Payback and X |   |
|                                | will take the bus home.      |   |
| Complete \$Monetary            | See examples above           | See examples above                                  |
| Fines                          |                              |   |
| 2. 's payment plan is          |                              |   |
|                                |                              |   |
| 1. Complete hrs of             | See examples above           | See examples above                                  |
| Community Service              |                              | 12/12/12 X is currently working on paying           |
|                                |                              | Restitution as planned; X will work on CS after     |
|                                |                              | restitution is paid off in Feb 2013.                |
| Other:                         |                              |   |
| Note: 'Other' conditions may   |                              |   |
| include:                       |                              |   |
| CD/EM conditions as part of    |                              |   |
| the probation                  |                              |   |
| sanction/supervision.          |                              |   |
| Traffic fines                  |                              |   |
| Adult conditions for youth on  |                              |   |
| dual supervision.              |                              |   |
| Restitution owed from prior,   |                              |   |
| expired probation orders, etc. |                              |   |
| 5p 55 p. 55dilon 51d515, 6tc.  |                              |   |

| SPECIAL CONDITIONS       |                                       |  |  |  |
|--------------------------|---------------------------------------|--|--|--|
| No weapons/firearms: YES | Follow Safety Plan: See copy attached |  |  |  |

| No contact with co-defendant(s): Karl Johnson, Debra Mead, and | Other: |
|--|--------|
| Lonnie Nettles   |        |
|  |        |
| No contact with victim(s): Vickie Parker                       | Other: |
|  |        |

Note: Based on the youth's Juvenile Crime Prevention risk assessment, select the top three areas to focus at a time. Areas to focus, goals, strategies and services may change over time base on the youth's re-assessment.

NOTE: Some goals are more task specific that have deadlines, e.g., complete A/D assessment in 30 days and some are more skill building and on-going, e.g., attend Academic Center at school after school for tutoring. Therefore, the time frame can be established either under the Goals column or the Strategies/Services column. Some strategies may be broken down even further into smaller steps with more concrete deadlines that you need to include on the Action Form and it also depends on the functioning level of the youth. This approach allows for flexibility where the timeframe can be linked as long as you have a time frame to work from.

This list of examples is designed as a springboard and not intended to answer all of your scenarios or 'what if' situations. It is designed to offer you a sense of how varied a case plan can be on case-by-case basis especially depending on where the youth and family are at. Therefore, do not feel compelled to use these examples verbatim. Be sure to write in a language that is simple, makes sense, and has meaning to the youth and family.

ALSO SEE CASE PLAN PROTOCOLS (DRAFT pending Management approval. Will communicate and save in shared drive once it is approved).

|  | INTERVENTION STRATEGIES/SERVICES   |  |  |             |  |  |  |
|--|--|--|--|-------------|--|--|--|
| Driver 3.0 PEER & OTHER RELATIONSHIPS Service  |  |  |  | Phase/Date: |  |  |  |
| Goals  | Goals Strategies/Services  |  | Outcome/Progress   |             |  |  |  |
| <ul> <li>X will develop         positive peer group</li> <li>X will develop prosocial peer group</li> <li>X will hang out with positive peers</li> </ul> | <ul> <li>X will complete ZZ F by October 2012.</li> <li>X will identify 2 stud are attending and doin school in the next 2 w</li> <li>X will identify 1 posi in the neighborhood to out like playing basks within the next 2 wee</li> <li>X will not spend time defendants listed about 1 will attend the Aca</li> </ul> | ents who ng well in veeks tive peer to hang etball, etc. eks e with co- ve | 08/12/12 X has been attending ZZ straight.  09/01/12 X spent some time with Z the neighborhood once. | ·           |  |  |  |

| Center after school to do    |
|------------------------------|
| homework with other students |
|                              |

|   | Driver 4.0 BEHAVIOR I   | SSUI                     | ES                                       | Service:      |                                      | Phase/Date:              |
|---|-------------------------|--------------------------|--|---------------|--------------------------------------|--------------------------|
|   | Goals                   |                          | Strategies/Services                      |               | Outcome/Prog                         | ress                     |
| • | X will follow Safety    | •                        | See Safety Plan instructions             | attached      | 04/29/13 X completed a Mental He     | ealth Assessment. X has  |
|   | Plan                    | •                        | Parents will report to JCC XX            | XX any        | been prescribed medications.         |                          |
| • | X will be able to       |                          | curfew violations.                       |               |                                      |                          |
|   | identify, name and      | •                        | X will review the problem-sol            | lving         | 05/05/13 X attended Stop the Viole   | ence on 05/04/13. X      |
|   | plan for the steps that |                          | worksheet once a week to he              | elp remind X  | reported practicing the Stop Sign me | ental exercise and it    |
|   | lead up to negative     |                          | of pros and cons of choices              |               | helped once at school last week.     |                          |
|   | and positive            | •                        | X will imagine a big, red stop           | sign every    |                                      |                          |
|   | behaviors.              |                          | time X feels anger is coming             | on and ask    | 07/15/13 Stop the Violence group w   | vas canceled. X attended |
| • | X will be able to       |                          | the teacher for permission to            | go to the     | the Anger Management Group. X a      | ttended 3 out of 5       |
|   | understand a variety    |                          | resource room.                           |               | sessions so far.                     |                          |
|   | of behaviors, both      | •                        | X will practice stopping the s           | teps to       |                                      |                          |
|   | positive and negative,  |                          | negative behaviors and pract             | ice following |                                      |                          |
|   | that X has engaged      |                          | the steps to positive behavior           | rs.           |                                      |                          |
|   | in.                     | •                        | JCC XXX will collaborate with            | n ATYF        |                                      |                          |
| • | X will incorporate      |                          | Mental Health Consultant to              | make sure     |                                      |                          |
|   | pro-social activities   |                          | JCC's goals and MHC's goals              | s don't       |                                      |                          |
|   | into his daily life.    |                          | conflict.                                |               |                                      |                          |
|   |                         | •                        | X will attend the "Stop the Vi           | olence, Not   |                                      |                          |
|   |                         |                          | One More Drop" session on                | (date)        |                                      |                          |
|   |                         | •                        | X is currently on a Behavior             | Contract at   |                                      |                          |
|   |                         |                          | school. School will give X fe            | edback on a   |                                      |                          |
|   |                         |                          | daily basis during Resource of           | class.        |                                      |                          |
|   |                         | •                        | JCC XXX will review Contract             | t compliance  |                                      |                          |
|   |                         |                          | with X once a month.                     |               |                                      |                          |
|   |                         | •                        | JCC XXX will request Flex F              | unds          |                                      |                          |
|   |                         | approval for gym members |  | o             |                                      |                          |
|   |                         | •                        | X will attend ZZZ gym at least 3 times a |               |                                      |                          |
|   |                         |                          | week                                     |               | 7/4/14 JCC XXX submitted Flex Fu     | unds request and was     |
|   |                         |                          |  |               | approved. JCC XXX transported X      | to ZZZ gym and complete  |
|   |                         |                          |  |               | registration paperwork. X can start  | anytime.                 |
|   |                         |                          |  |               |                                      |                          |

|  | 08/08/14 X reported that X has been going to the gym 5 |
|--|--|
|  | times a week.  |

|   | Driver 5.0 FAMILY FUN  | ICTIC | ONING S   | Service:     |   | Phase/Date:                |  |
|---|------------------------|-------|---|--------------|---|----------------------------|--|
|   | Goals                  |       | Strategies/Services   |              | Outcome/Progress  |                            |  |
| • | X family will          | •     | Family and X will practice taking                               | g turns      | 11/15/12 JCC XXX provided Mom a list of shelters that may                   |                            |  |
|   | demonstrate an ability |       | talking and listening and then checking for understanding.      |              | to stable housing. Also made a referral to ZZZ Program for housing options. |                            |  |
|   | to have positive       |       |   |              |   |                            |  |
|   | interactions.          | •     | Family will practice communicat                                 | ting without |   |                            |  |
|   |                        |       | yelling or swearing.  |              | 11/21/12 The family entered Shelter   | YYY on 11/16/12.           |  |
| • | X and family will      | •     | Family and X will family counse                                 | eling to     |   |                            |  |
|   | develop and practice   |       | learn and practice problem solv                                 | ring         | 11/21/12 The family moved into their  | r own apartment on         |  |
|   | better communication   | •     | Mom and Dad will attend Paren                                   | nting Class  | 11/19/12  |                            |  |
|   | skills, and will be    |       | at Kaiser starting(date)  |              |   |                            |  |
|   | able to problem        | •     | Grandmother commits to attend                                   | ling family  | 12/15/12 ATYF MHC reported that Mom is struggling with                      |                            |  |
|   | solve.                 |       | counseling as available.  |              | following through with the practice assignments.                            |                            |  |
|   |                        | •     | Grandmother will attend when r                                  | requested    |   |                            |  |
| • | Mom and Dad will       |       | by the therapist.   |              | 06/10/12 DHS reported that the far  | nily has completed the     |  |
|   | attend family          | •     | X will tell Dad his whereabouts                                 | on a daily   | Voluntary Agreement and case will be  | pe closed next week.       |  |
|   | counseling as          |       | basis   |              |   |                            |  |
|   | recommended and as     | •     | Dad and X will text each other                                  | daily to     | 02/30/12 Attended Treatment at Al   | bertina Kerr. X's progress |  |
|   | scheduled              |       | tell each other to "have a good                                 | day!" and    | is up and down. Dad is now in the   | picture and has had a      |  |
|   |                        |       | check in for 10min at the end o                                 | of the day   | major impact on X adjusting.  |                            |  |
| • | Family to obtain       |       | to see how things went.  Grandpa will leave a note for X in the |              |   |                            |  |
|   | stable housing at the  | •     |   |              |   |                            |  |
|   | earliest possible.     |       | morning to tell X what his/her                                  | chore of     |   |                            |  |
|   |                        |       | the day is.   |              |   |                            |  |

| Driver 7.0 ATTITUDES, VALUES & BELIEFS |                       |              | UES & BELIEFS                            | Service: |   | Phase/Date:            |  |
|--|-----------------------|--------------|--|----------|---|------------------------|--|
| Goals Strategies/Services              |                       | Outcome/Prog | ress                                     |          |   |                        |  |
| •                                      | X and family will     | •            | Family and X will work with Morrison     |          | 03/18/13 X attended the 'Check Your Attitude at the Door' |                        |  |
|  | understand how        |              | Center therapist to explore their        |          | program on 02/29, 03/04, and 03/06.                       |                        |  |
|  | beliefs and values    |              | understandings of their personal, family |          |   |                        |  |
|  | impact attitude - and |              | and community values and bel             | iefs.    | 01/01/13 Morrison Center therapist                        | reported that s/he met |  |

Family and X will identify how those therefore behaviors with the family and X for Intake on 12/25/12 and started their that lead to criminal first session on 12/30/12. They have some goals identified values and beliefs have impacted their actions. attitude - toward family, school, friends, but will fine tune at the next session. and community and how that has led to X and family will involvement in the criminal system. commit to adopting Family and X will also identify other beliefs that aid X in attitudes, values and beliefs that have led choosing positive to positive outcomes at home, in school 05/25/13 X completed draft of letter as instructed. JCC with friends and in the community. XXX made suggestions to revise. X revised the letter right behaviors at home, at school, and in the X will complete draft of the letter of the way and a final copy was given to this JCC at the end of apology to the victim by 1/16/13. (See the appointment yesterday. community. Instructions Sheet provided X will develop X will complete Theft Talk at the earliest empathy toward session offered. others Mom & Dad will discuss with X regarding their survival in refugee camp X will volunteer 12 hours of community X will become a good citizen as discussed service at the Ngoc Chau Temple with Mom on (date) Mom will volunteer with X at the next Temple's major event in April and another about work ethics and one the weekend of Labor Day in what it means to contribute to the September and also volunteer for small society. events in between. X will go with Mom driving and delivering breads to the elderly at least 2 times a

|   | Driver 6.0 SUBSTANCE USE |   |  | Service:     |  | Phase/Date:             |
|---|--------------------------|---|--|--------------|--|-------------------------|
|   | Goals                    |   | Strategies/Services                    |              | Outcome/Progress   |                         |
| • | X will complete a        | • | X will identity people, places,        | and things   | 1/2/13 X did not attend the D/A ass                      | sessment appointment on |
|   | D/A assessment           |   | (triggers) that lead to substance use. |              | 1/1/13.  |                         |
|   | within the next 30       | • | X will develop and practice a plan to  |              |  |                         |
|   | days.                    |   | avoid triggers that lead to use.       |              | 1/8/13 X did not complete the D/A assessment on 1/6      |                         |
| • | X will demonstrate       | • | X will learn and practice avoid        | lance,       | because grandpa was hospitalized and mom didn't transpor |                         |
|   | clean time from drugs    |   | refusal, and coping skills.            |              | X.   |                         |
|   | and/or alcohol.          | • | Family will increase monitoring        | g X's        |  |                         |
| • | X will attend            |   | whereabouts and will randomly          | y administer | 3/23/13 Dad attended parents group                       | p while X attended the  |

month

|   | recommended A&D        |   | UAs and alcohol swabs.                    | youth group at Kaiser on 3/13/13.                         |
|---|------------------------|---|---|---|
|   | treatment after the    | • | Family will develop and consistently      |   |
|   | assessment is done.    |   | implement consequences for continued      | 4/1/13 Lifeworks confirmed that both mom and dad have     |
| • | X will cooperate with  |   | use of substances                         | been attending family counseling consistently. X has been |
|   | A&D testing.           | • | Family will develop positive              | making progress scheduled to graduate next week.          |
| • | X will understand      |   | acknowledgement of any refusal,           |   |
|   | patterns and           |   | avoidance and clean A&D samples.          | 1/15/13 X was placed at DePaul on 12/20/12 for inpatient  |
|   | consequences of        | • | X will report to JCC XXX on progress at   | services. Youth ran from DePaul on 12/14/12, and picked   |
|   | substance use.         |   | each scheduled appointment                | up on WRT on 01/14/13. Youth is now in RAD.               |
| • | X will complete        | • | X will attend Weds & Thurs sessions,      |   |
|   | outpatient services as |   | from 5:30pm-7:00pm.                       |   |
|   | ordered                | • | X will attend for 6 weeks to complete the |   |
|   |                        |   | program                                   |   |
|   |                        | • | X will cooperate with random UA           |   |
|   |                        | • | X will submit random UA once a week       |   |

| Driver 2.0 SCHOOL |                                    | Service: |                                    | Phase/Date:  |                                       |                           |
|-------------------|------------------------------------|----------|------------------------------------|--------------|---------------------------------------|---------------------------|
| Goals             |                                    |          | Strategies/Services                |              | Outcome/Prog                          | ress                      |
| •                 | X will complete GED                | •        | Family will monitor school atten   | ndance on    | 7/8/13 X took English and Math tes    | sts but only passed Math. |
|                   | program this school                |          | a weekly basis                     |              | X will re-take English next week.     |                           |
|                   | year                               | •        | Family will develop and implem     | ent clear    |                                       |                           |
| •                 | X will attend school               |          | expectations about school routing  | nes          | 5/5/13 Mom and dad attended fami      | ly counseling with X.     |
|                   | regularly                          | Ì        | (morning, during, after school).   |              | With the help of therapist ZZ, they w | vorked out a monitor and  |
| •                 | Family will develop                | •        | Family will provide incentives a   | nd           | communication routine. They also v    | vorked out a              |
|                   | and follow a routine               |          | consequences in response to X      | ('s positive | consequence/incentives chart.         |                           |
|                   | to monitor and                     |          | attendance each day.               |              |                                       |                           |
|                   | support X for ongoing              | •        | Family will attend school function | ons with X   | 10/19/12 X has consistently attende   | d school but struggled    |
|                   | school attendance                  | •        | Family will have a name of a co    | ontact       | with completing homework assignme     | nts on time. Discussed    |
|                   | and success.                       |          | person at X's school and will      |              | with Mentor to meet with X more fre   | quently.                  |
| •                 | X will pass 10 <sup>th</sup> grade |          | communicate with that person.      |              |                                       |                           |
|                   | this year                          | •        | JCC ZZZ will refer X to the Me     | entor        | 11/07/12 JCC ZZZ, school officials,   | mom, and X met to         |
| •                 | X will enroll and                  |          | Program within the next two we     | eeks         | discuss assignment issues and some    | e behavioral concerns.    |
|                   | attend school                      | •        | The Juvenile Department will su    | upport X in  | The school counselor will increase c  | heck-in from bi-weekly to |
|                   | regularly                          |          | getting to school by providing X   | K the        | weekly.                               |                           |
|                   |                                    |          | opportunity to earn a bus pass.    | ,            |                                       |                           |
|                   |                                    | •        | JCC ZZZ will monitor X's progre    | ess by       |                                       |                           |
|                   |                                    |          | communicating with X, family, a    | and school   |                                       |                           |

| Mom will enroll X to attend POIC                      |
|---|
| Parents, youth, and JCC will attend IEP               |
| on XX/XX/XXXX   |
| Dad will remind X to set alarm for two                |
| weeks   |
| After two weeks, X will set alarm for                 |
| him/herself   |
| X will take the bus at 8:30am everyday                |
| at the corner of 131 <sup>st</sup> and Raymond to get |
| to school on time.                                    |
| X will improve one grade level in reading             |
| at the end of December                                |
| X will work with Tutor XXX as scheduled               |
| to complete homework                                  |
| X will listen to audio stories and read               |
| along at least 30min each time, 3 times               |
| a week.   |
| X will take his meds every morning                    |
| before s/he leaves for the school bus                 |
| X will not use profanity when speaking                |
| with teachers   |
| X will ask for a 10min timeout to go to               |
| the Resource Room when upset.                         |
| X will check-in with each teach at the                |
| end of each class to make sure there is               |
| no confusion about homework                           |
| assignment.   |

|                           | Driver 8.0 MENTAL HEALTH INDICATORS |                              |                                  | Service:  |                                 | Phase/Date:      |
|---------------------------|-------------------------------------|------------------------------|----------------------------------|---|---------------------------------|------------------|
| Goals Strategies/Services |                                     |                              | Outcome/Progress                 |   |                                 |                  |
| •                         | X will complete a                   | JCC XXX will refer X to ATYF |                                  | 09/01/15 JCC XXX submitted a referral packet via JuST |                                 |                  |
|                           | mental health                       | •                            | X will attend as scheduled       |   | system on 08/20/15. Appointment | is scheduled for |
|                           | assessment as                       | •                            | Dad will transport X to/from the | e mental  | 09/03/15.                       |                  |
|                           | referred                            |                              | health assessment appointment    |   |                                 |                  |

| MEDICAL/INDEPENDENT <sup>1</sup> / |                           | OTHER INDICATORS Service: |  |              | Phase/Date:   |                         |
|------------------------------------|---------------------------|---------------------------|--|--------------|---|-------------------------|
|                                    | Goals Strategies/Services |                           |  | Outcome/Prog | ress  |                         |
| •                                  | X and family will         | •                         | JCC XXX will assist family apply for OHP |              | 5/8/13 Mom/dad took X to the Dr. complaints of back pain. |                         |
|                                    | provide X with            |                           | through the DHS staff in the juvenile    |              | 11/3/13 JCC XXX walked X and Dad to DHS cubicle and       |                         |
|                                    | medical attention:        |                           | department;                              |              | talked with ZZ. Dad filled out the O                      | HP application.         |
| •                                  | Family will make sure     | •                         | X and family will set up and follo       | w            |   |                         |
|                                    | youth has medical         |                           | through with any needed, require         | ed or        |   |                         |
|                                    | attention for illness or  |                           | recommended medical or dental            |              |   |                         |
|                                    | injury, as required by    |                           | appointments.                            |              |   |                         |
|                                    | school, as                | •                         | Through Life Works therapist, X          | and          |   |                         |
|                                    | recommended by            |                           | family will understand risk behavi       | ors that     |   |                         |
|                                    | medical providers and     |                           | may require medical intervention         | and/or       |   |                         |
|                                    | in response to risk       |                           | testing, e.g. unprotected sex, nee       | edle use,    |   |                         |
|                                    | behaviors.                |                           | etc.                                     |              |   |                         |
| •                                  | X will complete the       | •                         | X will attend Culinary Arts Orienta      | ation as     |   |                         |
|                                    | Culinary Arts training    |                           | scheduled on April 11, 2013              |              | 4/14/13 X attended the Orientation                        | on 4/11 as scheduled.   |
|                                    | program.                  | •                         | X will complete the 6-week progr         | ram as       | First class scheduled to start 4/15/1                     | 13                      |
| •                                  | X will learn              |                           | scheduled                                |              |   |                         |
|                                    | independent, daily        | •                         | X will report to JCC XXX on prog         | gress at     | 5/15/13 X attended 3 of 4 classes.                        | X missed 1 class due to |
|                                    | living skills within the  |                           | each scheduled appointment or w          | vhen         | family funeral.   |                         |
|                                    | next 3 months.            |                           | inquired.                                |              |   |                         |
| •                                  | X will explore            | •                         | Mom will show X how to do laun           | dry 3        | 7/4/14 Family and X agreed on a I                         | ist of weekly house     |
|                                    | college/career            |                           | times                                    |              | chores where X can earn \$5.00 each                       | ch. Thus far, X earned  |
|                                    | options                   | •                         | X will assist mom in house duties        | s at least   | \$15.00 by doing laundry and organization                 | zing the utility bills. |
| •                                  | X will gain               |                           | once a week.                             |              |   |                         |
|                                    | independent living        | •                         | X will bring and show to JCC ZZ          | Z 2 job      |   |                         |
|                                    | skills and explore        |                           | applications.                            |              |   |                         |
|                                    | interest in               | •                         | X will contact 2 community college       | ges for      |   |                         |
|                                    | cosmetology.              |                           | information by the end of March          | 2013.        |   |                         |
|                                    |                           | •                         | Mom/Dad will take X to YYY col           | llege for    |   |                         |
|                                    |                           |                           | a tour in Feb. 2013                      |              |   |                         |
|                                    |                           | •                         | X will meet with YYY to talk about       | ut           |   |                         |
|                                    |                           |                           | nursing. (Appointment to be sche         | eduled in    |   |                         |
|                                    |                           |                           | 1 week.                                  |              |   |                         |
|                                    |                           | •                         | JCC will provide X and parents re        | esources     |   |                         |
|                                    |                           |                           | information on before the                | next         |   |                         |

<sup>&</sup>lt;sup>1</sup> Independent Living Skills Goals are for youth who are 16 or older.

|                               | scheduled appointment.          |                           |  |
|-------------------------------|---------------------------------|---------------------------|--|
|                               | X will meet with independent    | ent barber to             |  |
|                               | ask about owning his/her        | own business.             |  |
|                               | JCC will provide contact in     | nfo. for                  |  |
|                               | vocational training.            |                           |  |
|                               | -                               |                           |  |
|                               |                                 | l .                       |  |
|                               |                                 |                           |  |
| TITLE IV-E CANDIDACY          |                                 |                           |  |
|                               |                                 |                           |  |
| JCP Risk Assessment           | ISD Assassm                     | nent/Court Report         | DHS/Investigative Report                             |
| USI TRISK 7 (SSCSSITTERIN     | 00B 7133633111                  | ient/ odurt rieport       | Brief investigative report                           |
| MH Assessment/Psy Eva         | al. Other                       |                           |  |
| WIT Assessment/ F sy Lva      | ii. Uilei                       |                           |  |
| Change One Polevy Pered on    | a the above referenced report   |                           | the verific  |
| Choose One Below: Based or    | n the above-referenced report(  | s), it is determined that | tne youth  |
|                               |                                 |                           | ll of factor and factor for the same                 |
|                               |                                 | youth is at imminent ris  | k of foster care/out-of-home placement, absent       |
| effective preventive an       | d intervention services.        |                           |  |
|                               |                                 |                           |  |
| IS NOT a foster/out-of-h      | nome placement candidate.       |                           |  |
|                               |                                 |                           |  |
| SIGNATURES                    |                                 |                           |  |
| ,                             |                                 |                           |  |
| We, <u>(Youth)</u> and        | (Parent)have review             | ewed this Case Plan with  | n the Juvenile Court                                 |
|                               |                                 |                           |  |
| Counselor and understand what | t it says. We also understand t | he expectations as outlin | ed and the plan is to help our family be successful. |
|                               |                                 |                           |  |
|                               |                                 |                           |  |
| Youth                         |                                 | Date                      |  |
|                               |                                 |                           |  |
|                               | <u>.</u>                        |                           |  |
| Parent/guardian               |                                 | Date                      |  |
|                               |                                 |                           |  |
|                               | _ ,                             |                           |  |
| Parent/guardian               |                                 | Date                      |  |
|                               |                                 |                           |  |
|                               | _                               |                           |  |
| JCC                           |                                 | Date                      |  |

| Other (DHS, OYA, etc.)                       | Date                                     |   |
|--|--|---|
| Community Justice Manager                    | Date                                     |   |
| SIGNATURE EXEMPTION                          |  |   |
| No parent available. Date                    | Parent reviewed/declined to sign. D.     | ate   |
| Youth declined to sign. Date                 | -  |   |
| If any box above is checked, please explain: |  |   |
| The Case Plan was developed with X and mom.  | Mom refused to sign because she said she | 's not the one who is on probation, the youth is. |

#### **CASE PLAN REVIEW**

The Case Plan is to be reviewed and discussed frequently to monitor and document progress and to adjust goals

and services as appropriate. A formal review and updated signatures are required every six months or if the goal is changed after foster care/out-of-home placement to return youth home. 6 Month 12 Month Date Review: Review Reason: **Review Outcome:** Case Plan (check one): remains appropriate is modified Youth is remained in the home and continued preventive services are necessary because: **SIGNATURES** We, (Youth) (Parent) have reviewed this Case Plan with the Juvenile Court Counselor and understand what it says. We also understand the expectations as outlined and the plan is to help our family be successful. Date Youth Parent/guardian Date Parent/guardian Date JCC Date

| Other (DHS, OYA, etc.)                       | Date  |
|--|---|
| Community Justice Manager                    | <br>Date  |
| SIGNATURE EXEMPTION                          |   |
| No parent available. Date                    | Parent declined to sign. Date   |
| Youth declined to sign. Date                 |   |
| If any box above is checked, please explain: |   |
| The Case Plan was developed with and mom.    | Mom refused to sign because she said she's not the one who is on probation, the |
| youth is.                                    |   |