**Juvenile Justice Quality Contacts Desk Reference Guide**

**Documentation Directions**

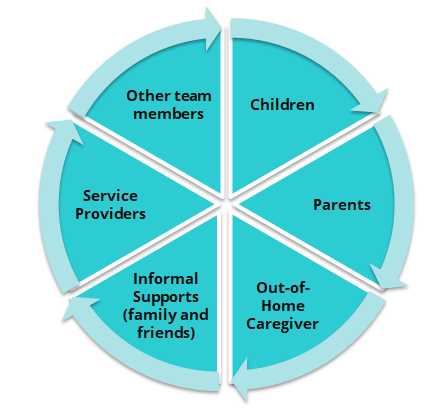
Each month the Caseworker will document the following case activity and contacts must be a separate case recording in TFACTS:

* Face to Face Visits with Child/Youth
* Worker/Parent contacts
* Parent Child Visitations
* Home/Placement Visit (may be included in another type of case recording, but location must be “family home”;
* Child and Family Team Meeting (CFTM);

Caseworkers will also provide additional documentation within the *Monthly Case Summary* contact type due along with other documentation requirements each month. This note is a “catchall” location for staff to capture all other notes in one place that do not require a compliance count like those listed above. Topics covered here include:

* + Contacts with “other” case participants and service providers;
  + Service referral information and quality contacts with service providers;
  + Notations;
  + Emails, phone call, fax and text correspondence;
  + Notifications such as to the Juvenile Court, District Attorney or etc.;
  + Legal consultations –no details needed.
  + Anything else pertinent

**Monthly Quality Practice and Documentation Expectations**

**Who?**

Each month the caseworker needs to ensure a comprehensive quality contact with each case member including, but not limited to:

Each child – including a private contact

* Each biological and legal parent or caregiver
* Relatives and kin- informal supports
* Out-of-home caregivers – safety placement caregivers, kinship caregivers and foster parents
* Service Providers including those arranged by DCS and those pre-existing
* Other team members – attorneys, CASA, church members, teachers, mentors, etc.

**How?**

****Each month the caseworker needs to ensure their efforts to implement all components of the practice wheel occur and are reflected in their documentation.

How the worker **ENGAGES** each case member (above) to:

* Share their story;
* Provide an update on how things are going;
* Participate in assessing what’s working and what’s not working;
* Developing ideas for solutions to problems;
* Contribute to decision making;

How the worker develops a **TEAM** to ensure case members will be:

* Invited and their schedule considered for attendance at CFTMs;
* Prepared by the worker for teaming touch points such as CFTMs, FCRBs, Court, etc.;
* Engaged in sharing their story, views and ideas for solutions in meetings during meetings;

How the worker **ASSESSES** to ensure:

* Discussion at every contact with ***each case participant*** to gather global assessment;
* Use of Motivational Interviewing skills to elicit global assessment;
* Global Assessment is used to complete the CANS or FAST;
* Other formal assessments, such as psychological and parenting assessments are collected.

How the worker **PLANS** with the team to:

* Develop formal plans that address the depth of need identified in global assessment (this may not happen monthly).
* Information outlined in formal assessments such as CANS, FAST, psychological, parenting, etc. are addressed and recommendations are implemented.
* Develop informal plans to ensure case progress continues.

How the worker **IMPLEMENTS** to ensure:

* Services are put in place that will address areas of concern uncovered by global assessment.
* Communication with service providers ensure shared assessment and progress updates

The worker **TRACKS AND ADJUSTS** to ensure:

* The team works to address areas that are not improving, services that are not working to develop new plans
* Progress made, areas of stability, or areas of lack of progress on areas identified in assessments are updated monthly.

**What?**

***Safety:***

* Safety/Risk Concerns- document supervision level and justification
* Home environment- include safety of all children in the home
* Domestic Violence
* Foster family environment/ group or residential environment
* Risk factors contributing to probation involvement or entering custody
* Runaway risk/ history
* Gang involvement; sexual exploitation

***Permanency:***

* New Assessments, gathering information both formal and informal
  + Case manager observations of progress of assessment recommendations
  + CANS
  + Mental Health assessments (psychological, psychiatric, etc.)
  + Alcohol and Drug/ Sex Offender
  + Others assessments/evaluations as plan requires
* Parents, Child progress on Permanency Plan Goals
  + Efforts to engage the youth and family in completing recommended assessments and services
  + Ensuring the quality of the services are assessed and the service meets the needs of the family
* Visitation Plan and Progress
  + Efforts to engage the youth and family in quality visitation this month
    - preparing them for the visits, debriefing after the visits
    - observations by the worker, agency worker, foster family or kinship family
  + If visits did not occur this month what were the barriers
* Barrier to worker visit with parent
* Sibling Visits –sibling separation and why
* Appropriateness of placement- if placement changes, why? Efforts made to stabilize placement? If temporary placement efforts made to identify permanent placement?
* CFTM’s that occurred during the month including decisions made
* On-going diligent search efforts
* Other contacts
* Legal Updates - THV status; changes in youth legal status/ new charges etc.

***Well-being:***

* Youth Medical Health (if in home assess all children in home)
* Counseling or therapeutic progress
* Dental
* Youth’s Education (if in home assess all children in home)
* Independent living skills; self-esteem and coping skills progress/needs
* Additional information, collateral contacts, records received etc.

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In addition to monthly documentation, the following open and closing summary documentation are needed at the beginning and the end of the case.

**Opening Summary**

* Case open reason (include charges current and pending; risk factors contributing to custody)
* Prior history of the family (transient, parent mental health, substance abuse, domestic violence)
* Cultural diversity of the family
* Efforts to engage the family
* Initial Diligent Search
* Placement information
* Document supervision level and justification

The opening summary should be submitted to the immediate supervisor for review and approval

**Closing Summary:**

* Reason for opening/involvement with the family include charges current and pending
* Current status of youth and family including safety status of youth include supervision level
* Justification for case closure which should include behaviorally specific description of how the youth and family has stabilized and achieved the goals in the original or updated case plan
* Family reaction to termination of services
* Community referrals made by worker to support family after case closure
* Any ongoing provider aftercare services the family will be receiving (e.g., continued counseling, med management).
* Discharge CANS and CFTM
* *For all youth exiting care to independence, an identified plan for self-sufficiency which addresses the nine domains of independent living. Documentation of when the Exit Packet and the Exit Verification letter were provided to the youth is included in the narrative.*

The closing summary should be submitted to the immediate supervisor for review and approval

Supervision

Each month, supervisors should select two-three case to coach and mentor their staff on for the month. The same case should be reviewed at least 2-3 consecutive months to review for improvements are made.

**Quick Documentation Desk Reference Guide Checklist**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Child** | **Child** | **Child** | **Mother** | **Father** | **Relative/Foster/Other Caregiver** | **Other family and friend supports** | **Service Providers** | **Other professional team members** |
| **PRACTICE (How?)** |  |  |  |  |  |  |  |  |  |
| **Avoid Buzzwords and use behaviorally descriptive language** |  |  |  |  |  |  |  |  |  |
| **Engagement** |  |  |  |  |  |  |  |  |  |
| Share their story; |  |  |  |  |  |  |  |  |  |
| Provide an update on how things are going; |  |  |  |  |  |  |  |  |  |
| Participate in assessing what’s working and what’s not working; |  |  |  |  |  |  |  |  |  |
| Developing ideas for solutions to problems; |  |  |  |  |  |  |  |  |  |
| Contribute to decision making; |  |  |  |  |  |  |  |  |  |
| **Teaming** |  |  |  |  |  |  |  |  |  |
| Invited and their schedule considered for attendance at CFTMs; |  |  |  |  |  |  |  |  |  |
| Prepared by the worker for teaming such as CFTMs, FCRBs, Court, etc.; |  |  |  |  |  |  |  |  |  |
| Engaged in sharing story, views and ideas for solutions during meetings; |  |  |  |  |  |  |  |  |  |
| **Assessment (Integrated)** |  |  |  |  |  |  |  |  |  |
| Use of Motivational Interviewing skills to elicit global assessment; |  |  |  |  |  |  |  |  |  |
| Global Assessment is used to complete the CANS or FAST; |  |  |  |  |  |  |  |  |  |
| Other formal assessments, such as psychological and parenting assessments are collected. |  |  |  |  |  |  |  |  |  |
| **Planning** |  |  |  |  |  |  |  |  |  |
| Develop formal plans that address the depth of need identified in global assessment (this may not happen monthly). |  |  |  |  |  |  |  |  |  |
| Information outlined in formal assessments such as CANS, FAST, psychological, parenting, etc. are addressed and recommendations are implemented. |  |  |  |  |  |  |  |  |  |
| Develop informal plans to ensure case progress continues. |  |  |  |  |  |  |  |  |  |
| **Implementation** |  |  |  |  |  |  |  |  |  |
| Services are put in place that will address areas of concern uncovered by global assessment. |  |  |  |  |  |  |  |  |  |
| Communication with service providers ensure shared assessment and progress updates |  |  |  |  |  |  |  |  |  |
| **Tracking and Adjusting** |  |  |  |  |  |  |  |  |  |
| Team works to address areas that are not improving, services that are not working to develop new plans |  |  |  |  |  |  |  |  |  |
| Progress made, areas of stability, or areas of lack of progress on areas identified in assessments are updated monthly. |  |  |  |  |  |  |  |  |  |
| **GLOBAL ASSESSMENT (What?)** |  |  |  |  |  |  |  |  |  |
| **Safety/Risk Concerns- document supervision level and justification** |  |  |  |  |  |  |  |  |  |
| Domestic Violence |  |  |  |  |  |  |  |  |  |
| Home environment- include safety of all children in the home |  |  |  |  |  |  |  |  |  |
| Foster family environment/ group or residential environment |  |  |  |  |  |  |  |  |  |
| Risk factors contributing to probation involvement or entering custody |  |  |  |  |  |  |  |  |  |
| Runaway risk/ history |  |  |  |  |  |  |  |  |  |
| Gang involvement; sexual exploitation |  |  |  |  |  |  |  |  |  |
| **Permanency** |  |  |  |  |  |  |  |  |  |
| New Assessments, gathering information both formal and informal |  |  |  |  |  |  |  |  |  |
| Case manager observations of progress of assessment recommendations |  |  |  |  |  |  |  |  |  |
| CANS Summary |  |  |  |  |  |  |  |  |  |
| Mental Health assessments (psychological, psychiatric, etc.) |  |  |  |  |  |  |  |  |  |
| Alcohol and Drug/ Sex Offender |  |  |  |  |  |  |  |  |  |
| Others assessments/evaluations as plan requires |  |  |  |  |  |  |  |  |  |
| Parents, Child progress on Permanency Plan Goals |  |  |  |  |  |  |  |  |  |
| Efforts to engage the youth and family in completing recommended assessments and services |  |  |  |  |  |  |  |  |  |
| Ensuring the quality of the services are assessed and the service meets the needs of the family |  |  |  |  |  |  |  |  |  |
| Visitation Plan and Progress |  |  |  |  |  |  |  |  |  |
| Efforts to engage the youth and family in quality visitation |  |  |  |  |  |  |  |  |  |
| Preparing them for the visits, debriefing after the visits |  |  |  |  |  |  |  |  |  |
| Observations by the person supervising the visit |  |  |  |  |  |  |  |  |  |
| If visits did not occur this month what were the barriers |  |  |  |  |  |  |  |  |  |
| Barrier to worker visit with parent |  |  |  |  |  |  |  |  |  |
| Sibling Visits –sibling separation and why |  |  |  |  |  |  |  |  |  |
| Appropriateness of placement- if placement changes, why? Efforts made to stabilize placement? If temporary placement efforts made to identify permanent placement? |  |  |  |  |  |  |  |  |  |
| CFTM’s that occurred during the month including decisions made |  |  |  |  |  |  |  |  |  |
| On-going diligent search efforts |  |  |  |  |  |  |  |  |  |
| Other contacts |  |  |  |  |  |  |  |  |  |
| Legal Updates - THV status; changes in youth legal status/ new charges etc. |  |  |  |  |  |  |  |  |  |
| **Well-being** |  |  |  |  |  |  |  |  |  |
| Youth Medical Health (if in home assess all children in home) |  |  |  |  |  |  |  |  |  |
| Counseling or therapeutic progress |  |  |  |  |  |  |  |  |  |
| Dental |  |  |  |  |  |  |  |  |  |
| Youth’s Education (if in home assess all children in home) |  |  |  |  |  |  |  |  |  |
| Informal supports, extracurricular activities, hobbies, etc. |  |  |  |  |  |  |  |  |  |
| Independent living skills; self-esteem and coping skills progress/needs |  |  |  |  |  |  |  |  |  |
| Additional information, collateral contacts, records received etc. |  |  |  |  |  |  |  |  |  |