**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. |   |   |   |   |   |   |   |   |   |