

# Case Plan

	<b>DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE POLICY</b>
<b>SUBJECT:</b>	Case Plan
<b>POLICY NUMBER:</b>	DCFS/JJS 500.20
<b>EFFECTIVE DATE:</b>	March 8, 2021
<b>APPROVED BY: DATE:</b>	Kathryn Roose, Deputy Administrator – Division of Child and Family Services February 23, 2021
<b>SUPERSEDES:</b>	New Policy
<b>APPROVED BY: DATE:</b>	Ross Armstrong, Administrator – Division of Child and Family Services February 23, 2021
<b>REFERENCES:</b>	NRS 62B.645; NRS 62E.506; NRS 62E.507; NRS 62.765 Performance-based Standards (PbS) (DCFS/JJS 100.14) Mental Health Treatment Plan (DCFS/JJS 400.06); Family Engagement (DCFS/JJS 500.13); Youth Level of Service/Case Management Inventory (DCFS/JJS 500.17)
<b>ATTACHMENTS:</b>	Attachment A: Case Plan Signature Page Attachment B: Case Plan QA Checklist Attachment C: How to Enter a Case Plan in Tyler Supervision

## I. SUMMARY

All youth committed to the Division of Child and Family Services (DCFS) Juvenile Justice Services shall have a Case Plan based on all information gathered through the risk/need assessment process to address risk areas and service needs to reduce recidivism.

## II. PURPOSE

To provide standards and requirements for Case Plans created for youth who are under the care of DCFS Juvenile Justice Services.

## III. DEFINITIONS

As used in this document, the following definitions shall apply:

- A. Accountability Requirements: Court orders, such as the Conditions of Parole, or other tasks a youth must complete to repair the harm caused to a victim or community for their offense.
- B. Case Plan: A document created through a collaborative, structured, and strength-based process identifying goals, objectives/activities, and target dates needed to mitigate risk factors.
- C. Child and Family Team (CFT): A family-driven, youth-centered, collaborative service team, focused on the strengths and needs of the youth and family. The team consists of the youth (as appropriate), family, service professionals, and the youth's assigned Youth Parole Counselor.

# Case Plan

---

Team may also consist of other family members, care providers, or individuals identified as being integral to the youth's environment.

- D. Family: Group of individuals who support a youth emotionally, physically, and financially. A family is defined by its members and each family defines itself. May include individuals of various ages who are biologically related, related by marriage, or not related at all.
- E. Living Document: Document which is ongoing for a period of time and updated periodically with progress or regression.
- F. Protective Factors: Positive influences in a youth's life which could minimize recidivism (i.e., an engaged family).
- G. Quality Assurance: A structured, internal monitoring, evaluation, and corrective action process designed to ensure effective services and improved outcomes.
- H. Responsivity Factors: Barriers needing to be prioritized due to increasing possible recidivism, (i.e., acute symptoms from a mental health issue).
- I. Risk Factors: Areas within the Youth Level of Service/Case Management Inventory (YLS/CMI) instrument specific to a youth's overall risk of re-offending.
- J. Service Matrix: A county specific spreadsheet containing available services and resources based on each dynamic YLS/CMI risk/need domain.
- K. Tyler Supervision: The web-based case management software system utilized by DCFS.
- L. YLS Assessment Coordinator: A DCFS staff person responsible for ensuring staff meet YLS training requirements as well as collecting and disseminating YLS data.
- M. Youth Level of Service/Case Management Inventory (YLS/CMI): A strength-based, gender informed, risk/needs tool which reliably and accurately classifies and predicts reoffending within male and female youth populations. This inventory draws from interviews, official reports, and other collateral information to produce a detailed evaluation of the risk and need factors of youth. The results provide a linkage between risk/need factors and the development of a personalized Case Plan. This is an evidence-based risk/need responsivity tool.

## IV. PURPOSE OF CASE PLANNING

- A. Four components of case planning:
  - 1. Assessment, development, and updating of Case Plan
  - 2. Referral and related activities
  - 3. Monitoring
  - 4. Evaluation of services
- B. The purpose of a Case Plan is to link the results of the YLS/CMI into a living document by identifying the risk areas most associated with the risk of recidivism, and the service needs of a youth.

# Case Plan

---

- C. The Case Plan is a document evolving over time and outlines activities to be completed during a youth's stay at a facility and throughout their community supervision.
- D. Case Plans:
  - 1. Empower youth to take ownership of their service/treatment needs and activities
  - 2. Allow youth to gauge their progress
  - 3. Help staff identify and prioritize needs
  - 4. Focus evidence-based resources on risk areas most likely to cause recidivism
- E. Case Plans are created through a team-centered approach within the Child and Family Team (CFT).
- F. A Case Plan provides clarity in expectations for the youth and team.

## V. ELEMENTS OF A CASE PLAN

### A. SMART Goals

- 1. All Case Plans shall be written using the SMART goal format. A SMART goal is a clearly defined goal written in positive language providing an understanding of expectations:
  - a. **SPECIFIC:** Clearly states what one wants to accomplish.
  - b. **MEASURABLE:** How much? How often?
  - c. **ATTAINABLE:** Based on a youth's skill level and situation, so they are not set up to fail.
  - d. **REALISTIC:** Should be DO-ABLE. Skills and resources must be available to achieve the goal.
  - e. **TIME-BOUND:** Short-term timeframes with clear due dates.
- 2. SMART goal activities should be broken down into small steps, particularly for goals seeking to change behaviors.

### B. Basic Components of a Case Plan

- 1. Provide information based on a youth's history and results of their risk and needs assessment, the YLS/CMI.
- 2. Consider a youth's criminogenic needs, protective factors, responsivity factors, and their Conditions of Parole.
- 3. Based on a youth's specific circumstance, the Case Plan shall hierarchically prioritize:
  - a. Any responsivity factors/barriers taking precedence in the youth succeeding with their Case Plan (i.e., an untreated or acute mental health issue)
  - b. The YLS/CMI domain(s) scored as a high risk/need level
  - c. The YLS/CMI domain(s) scored as a moderate risk/need level

### C. Family Engagement in Case Planning

# Case Plan

---

1. The family is an important component of Case Planning.
  - a. DCFS staff shall ensure the family or other placement providers are provided the opportunity to participate in CFT meetings and provide meaningful input in developing treatment goals, program choices, and the Case Plan per Family Engagement (DCFS/JJS 500.13).
2. The Case Plan shall include the following family engagement strategies ([NRS 62B.645](#)):
  - a. Increasing the family's contact with a youth subject to the jurisdiction of a juvenile court.
  - b. Engaging with family members in their youth's Case Plan and in planning meetings for the release of their youth subject to the jurisdiction of a juvenile court.
  - c. Partnering with families to determine the best treatment options.
  - d. Creating procedures to collect feedback from families regarding services the youth received while in a facility or under parole supervision.

## **VI. INITIAL REQUIREMENTS**

- A. Each youth committed to DCFS shall have a completed risk assessment (YLS/CMI) from the committing county/jurisdiction, completed before the date of commitment ([NRS 62E.506](#)).
  1. If the youth's most recent YLS is greater than six months old, a Youth Parole Bureau Mental Health Counselor shall complete a new YLS/CMI after commitment per Youth Level of Service/Case Management Inventory (DCFS/JJS 500.17).
- B. The initial facility Case Plan shall be created by facility mental health counselor or designated case manager.
  1. There is no difference between a facility and community Case Plan; the same document is used.
- C. Facility staff shall complete a youth's Case Plan within 30 days of admission and update the plan after every CFT meeting and when a YLS reassessment is completed.
- D. Case Plans shall be signed by the youth, Youth Parole Counselor or a DCFS facility staff member, and one family member.
  1. Case Plans may be signed by a residential provider if a family member is not involved in the youth's care.
- E. Case Plans shall be written in a language easily understood by the youth and family and consider the cultural preferences of the youth and family.
- F. For some youth, it shall be essential to provide services/programming addressing responsibility factors (e.g., mental health counseling, learning disability-related services).

## Case Plan

---

1. Services treating or assisting with responsivity factors may need to be addressed in conjunction with criminogenic needs present (e.g., personality/behavior, attitudes/orientation), as responsivity factors may directly correlate with one or more criminogenic needs.
  2. The Service Matrix for the county of the youth's residence/placement shall be utilized to identify services and resources, as available, for targeted risks/needs.
  3. Service Matrices of surrounding counties may need to be utilized if the needed services are not available in the youth's county of residence/placement.
  4. Guide to determination of number of services based on the youth's overall risk level:
    - a. High risk would be expected to participate in a maximum of 3 risk reduction activities at any one time
    - b. Moderate risk would require less programming (i.e., 2 activities)
    - c. Low risk should receive little to no risk reduction services
- G. Case Plans are required to meet the requirements of [NRS 62E.507\(2\)](#), which include:
1. Addressing youth's risks and service needs based on results of the YLS/CMI
  2. Specifying level of supervision and intensity of services the youth needs (Parole only)
  3. Providing referrals to treatment providers who may address youth's risks and needs
  4. Developing Case Plan in consultation with youth's family
  5. Specifying responsibilities of each person or agency involved with the youth
  6. Providing for the full reentry of the youth into the community

### **VII. GENERAL REQUIREMENTS**

- A. The initial Case Plan in a facility shall be completed by the facility mental health counselor or designated case manager based on the most recent probation Case Plan (when available), the YLS/CMI obtained at admission, and the Facility Score Sheet.
1. The Case Plan shall record any expectations placed on the youth in their Mental Health Treatment Plan (Refer to Mental Health Treatment Plan DCFS/JJS 400.06) to ensure consistency between the two plans, and additionally shall ensure youths are not being provided too many overlapping services or activities.
- B. The initial Case Plan shall be finalized with the Child and Family Team (CFT).
1. The facility mental health counselor or designated case manager has the ultimate responsibility for updating and finalizing a Case Plan.
- C. Within 30 days of admission to a state facility, a youth shall have an "Active" Case Plan entered in Tyler Supervision (Case Plan Screen), completed by a facility staff member.
1. Open Tyler Supervision and select appropriate youth
  2. Create a "New" YLS/CMI Case Plan
  3. Link New Case Plan to the most current YLS/CMI completed

## Case Plan

---

4. Status will be “Pending” until the entire Case Plan document is filled out, and then placed in Active status
  5. Each youth shall only have one “Active” Case Plan at a time
- D. The Active Case Plan shall be utilized throughout the entire time a youth is in a facility. Case management staff shall update the Case Plan within five business days of each CFT meeting which occurs while a youth is in a facility.
- E. The Active YLS/CMI Case Plan from the facility shall be used by Parole until a YLS reassessment is completed in the community.
1. There is no difference between a facility and community Case Plan; the same document is used for both purposes in Tyler Supervision.
  2. Upon discharge, facility staff shall update the Case Plan, which will allow Parole staff to continue working with the youth on pending identified areas of need to ensure a continuum of care.
  3. Once a youth is released, Case Plan updates are the responsibility of the Youth Parole Counselor.
- F. An Active Case Plan addressing reentry to the community shall be completed at least 30 days prior to discharge from a state facility. This is also known as the Reentry Plan.
1. Updated means tasks completed are closed and ongoing tasks are left open.
  2. The Reentry box on the Case Plan shall be completed as required in this policy.
- G. Facility and community Case Plans shall prioritize the need areas rated high (or moderate in some cases) on the youth’s YLS/CMI as targets for treatment in the Case Plan.
1. SMART goals and activities shall be developed based on the most pressing need areas, as possible, but caution should be taken not to overload a youth with services/programming.
  2. SMART goals and activities and associated programming should be individualized and should reflect the youth’s current level of developmental, cognitive, and emotional functioning.
- H. Case Plans require signatures of acknowledgment of the DCFS staff member, the youth, and the family.
1. Signatures may be obtained in two ways:
    - a. Staff may print the Case Plan Report from Tyler Supervision
    - b. Staff may utilize the Case Plan Signature Page (Attachment A)
      - i. The signed Case Plan Report or the Case Plan Signature Page (Attachment A) shall be completed within 10 days of an Active Case Plan
      - ii. Signed document should be uploaded using most recent date of the active Case Plan into the Case Plan Documents

# Case Plan

---

- iii. Document should be titled “Signed Case Plan” (Case Plan Report) or “Case Plan Acknowledgement” if the Case Plan Signature Page is used.
  2. It is acceptable for a staff member to indicate “verbal acknowledgement” and the date of either the youth or the family on either document.
    - a. In the event of a verbal acknowledgement, the staff member is also assuring the Case Plan was verbally read to or provided to the youth and family.
- I. Case planning is a continuous process.
  1. Case Plans shall be reviewed/updated by both facility and/or Parole staff at CFT meetings, every three months at a minimum, by staff who have been trained in both the YLS/CMI and Case Planning.
    - a. Case Plans may be reviewed more frequently based on the complexity of the youth’s risk/needs or the rate of completion of goals/activities.
  2. Updates to the Case Plan in Tyler Supervision shall be made within five business days following a CFT meeting to note progress, close completed tasks, and create new tasks, if applicable.
  3. Case Plan reviews shall occur within 10 business days following a YLS/CMI reassessment. Based on the results of the reassessment, and progress or regression towards goals/objectives, staff may:
    - a. Update the Active Case Plan or
    - b. Mark the Active Case Plan as “Completed” and initiate a New Case Plan.
      - i. All New Case Plans require a set of updated signatures.
- J. During any Case Plan review, staff are to update activities by closing out completed activities and adding new activities.
  1. A SMART goal may be closed out when all activities are completed or determined not to match the risk, need, and responsivity factors of the youth.
- K. A copy of the Active Case Plan shall be provided to both the youth and the family (specifically, the individual who signed the Case Plan).
  1. Any time a Case Plan is updated, a new copy shall be provided to the youth and the family (individual who signed the Case Plan).
  2. A Case Plan may be provided in person, via email, or through regular mail.
    - a. The youth and family may opt out of receiving printed copies of Case Plans; this shall be documented as a note on the Case Plan Signature Page (Attachment A).
- L. The Case Plan may be shared with the court, upon request, prosecuting and defense attorneys, upon request, and service providers, as appropriate.

# Case Plan

---

## **VIII. REENTRY PLAN**

- A. At least 30 days prior to discharge, per guidance from Performance-based Standards (PbS) (DCFS/JJS 100.14), the CFT shall develop a reentry plan finalizing services, placements, and supports the youth will require when discharged from a facility.
- B. The Reentry Plan shall:
  - 1. Identify the people who will support the youth in the community;
  - 2. Identify any substance use, mental health, or medical follow up requirements, including referred providers and medication needs;
  - 3. Identify any social skills follow up requirements, including programs;
  - 4. Identify any educational requirements, including the school the youth will attend and any special education needs;
  - 5. Identify any vocational requirements, including referrals;
  - 6. Identify the youth's residential placement, including community providers; and
  - 7. Identify any curfew, restitution, or community service requirements.

## **IX. TRAINING**

- A. All staff responsible for case planning shall receive training from a YLS Trainer on the completion of Case Plans before completing a Case Plan.
  - 1. The YLS Trainer shall provide the "How to Enter a Case Plan in Tyler Supervision" Reference Guide as part of the training (Attachment C). This may be used as an ongoing reference.
    - a. This guide may be updated, as needed, by the lead YLS Trainer.
- B. Case Plan booster training shall be completed at a minimum of twice per year (currently each January and July).
- C. Practice Case Plans will be completed based on YLS/CMI vignettes provided by YLS Trainers.
- D. YLS Trainers shall document trainings provided and staff attendance for each training.

## **X. QUALITY ASSURANCE FOR CASE PLANS**

- A. Supervisors and/or YLS Trainers shall review a sample of five percent of completed Case Plans quarterly using the Case Plan QA Checklist (Attachment B) to ensure they meet the requirements of NRS [62E.507](#).
  - 1. Facilities and/or Youth Parole Bureau may request assistance from the Juvenile Justice Programs Office to complete this task.
- B. The Juvenile Justice Programs Office may review a sample of completed Case Plans periodically using the Case Plan QA Checklist (Attachment B) to ensure they meet the requirements of NRS [62E.507](#).

## Case Plan

---

- C. All completed Case Plan QA Checklists (Attachment B) shall be provided to the YLS Assessment Coordinator for data gathering and presentation to supervisory staff or administration as required or requested.

### **XI. STANDARD OPERATING PROCEDURES**

- A. Each facility and the Youth Parole Bureau shall create Standard Operating Procedures consistent with this policy, to include:
  - 1. How often Child and Family Team meetings (CFTs) are conducted, not to exceed quarterly.
  - 2. What staff are responsible for ensuring Case Plans are finalized.
  - 3. What staff are responsible for updating Case Plans after each CFT meeting.
  - 4. How to determine if an Active Case Plan shall be closed and a new one created (Parole only).