

*This guidance text is provided to support caseworkers and supervisors with case planning work in OR-Kids. It is intended to prevent duplicate entry of information and ensure that key case plan elements are included.*

### **Ongoing Safety Plan:**

Identify all participants involved as well as the plan to manage the Safety Threats.

How is the child's safety being managed as it relates to their safety threats?

Who is participating in managing child safety? What specifically is each person doing, how often, and when to manage child safety?

Are there action plans (ie: calling law enforcement, ending a visit/phone call) for safety service providers to follow as part of managing safety?

Supervisor note: If they are also serving as a change service provider, be sure the worker has focused upon what are they specifically doing to manage child safety if they are included in the safety plan.

### **Conditions for Return:**

Describe what needs to be present in the home to manage child safety.

What needs to be different regarding the parents, living environment and/or safety service providers in order to allow the creation and management of a sustainable, ongoing in-home safety plan?

Supervisor note: How does the caseworker share these verbally with the parent in an understandable and actionable way?

### **Protective Capacities Assessment Summary:**

This Protective Capacities Assessment Summary is entered during the INITIAL case plan. Once this section is completed, you will NOT update it again unless a new report is received or additional information is obtained that would necessitate a new Protective Capacities Assessment.

-The Protective Capacity Assessment summary should reflect any protective capacity that is either enhanced or diminished

-Start with which capacities are enhanced and then which ones are diminished

-Each identified capacity should be tied in and related to the identified safety threats

-Do not reiterate the safety threats from the assessment, but instead use more depth to get at the parent's underlying strengths and needs.

## Protective Capacities Detail Narrative:

▼ Protective Capacities

### Behavioral

The parent has a history of protecting.

Enhanced  Diminished

These fields help guide the decision making process in selecting enhanced and diminished capacities. Document the brief reasoning behind selecting this capacity as enhanced or diminished. Use this information as a foundation for the Protective Capacities Assessment Summary.

## Expected Outcome:

Service  
Goal/Expected  
Outcome:

Describe a single expected outcome that is directly related to a diminished capacity for this parent. Complete a separate Case Plan Goals page for each expected outcome and associated services.

## Progress and/or Barriers in Achieving Outcome:

Discuss progress and/or barriers in achieving goal/outcome:

Is there progress toward this expected outcome?  
If not, what are the identified barriers?  
Note: Remember to update planned services based on progress/barriers for this expected outcome.

## Specifically Explain Service/Activity:

### Planned Services/Activities

Service Category:  ▼ Type:  ▼

Provider/Responsible Person:

Specifically Explain Service/Activity:

### ***Immediate Family Functioning:***

**Immediate Family Functioning:** Describe the role and operation of the family unit, expanding on the current strengths and needs. Is this an ICWA or refugee case? Consider parenting practices in the context of ethnic or cultural norms.

Immediate Family Functioning narrative should contain at a minimum:

- Parental Relationship Status
- Family Constellation
- Co-Parenting Strengths, weaknesses, etc.
- Sibling relationship status
- Cultural Influence on Family Functioning

### ***Extended Family Functioning:***

**Extended Family Functioning:** Describe the role of the extended family; whether they have been supportive or have a connection to the child. Document the diligent efforts used to connect or place a child with their extended family.

The Extended Family Functioning Narrative should at a minimum contain:

- Cultural Considerations
- Extended Family Dynamics (positive or negative)
- Type of connection with the family (individual or familial)
- Efforts to place with relatives
- Efforts to connect with relatives

### ***Case Progress Evaluation Summary:***

Describe the overall case progress and any other relevant case information:

The Case Progress Evaluation Summary should contain:

- Summary of each parent's progress (or lack of progress) during this reporting period toward achieving their specific Conditions for Return and Expected Outcomes
- Overall picture of the current family situation
- Progress toward concurrent planning
- Progress in meeting previous orders of the court and CRB recommendations
- The agency's plan for the next case planning period

### **Child's Functioning and Needs:**

Describe the child's current developmental status, placement, mood or temperament, physical or emotional characteristics and special needs.

The Child Functioning and Needs narrative should be short and succinct. At a minimum, it should include information obtained from:

- CANS Assessment
- Early Intervention Assessment
- Mental Health Evaluation

Information does not need to be duplicated here that is covered elsewhere in the Case Plan.

### **Service Goal (child):**

Service  
Goal/Expected  
Outcome:

This is the goal for the selected child to reach as a result of services provided. This mimics expected outcomes for parents/ caregivers. Insert a new Case Plan Goals page for each goal and associated services.

### **Description of How the Current Placement is Safe and Appropriate:**

The current placement is the most appropriate/least restrictive.       Yes    No    Yes, but may not be long term

Describe Why:

Does this placement support the level of care the child needs (determined by CANS, mental health evaluations, etc.)?

Does this placement address the child's behavioral, safety and developmental needs?

Will the child's needs and their level of care be maintained by this level of placement? (ie: The child needs long term therapeutic care and this placement does/does not provide that care.)

### **Description of How the Current Placement is Able to Meet the Child's Needs:**

Describe how the current placement is able to meet the child or young adult's physical, emotional, and educational needs, including their need to continue in the same school or educational placement.

How does the placement meet the educational, social and emotional needs of the child?

Does this placement support the agency's case planning?

Does this placement take into consideration which school the child attends?



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**CHILD WELFARE CASE PLAN**

<b>CASE NAME:</b> Jane M. Jetson	<b>CASE PLAN DATE:</b> 03/28/2012
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**PARENT/GUARDIAN(S)**

<b>Name:</b>	George Jetson
<b>Address:</b>	500 Summer Street
<b>City, State, Zip:</b>	SALEM OR 97301
<b>Relationship:</b>	Spouse

<b>Name:</b>	Jane M. Jetson
<b>Address:</b>	500 Summer Street
<b>City, State, Zip:</b>	SALEM OR 97301
<b>Relationship:</b>	Self

<b>Child's Name:</b> Elroy J. Jetson	<b>DOB:</b> 05/26/2010	<b>Age:</b> 1	<b>Gender:</b> Male
<b>Primary Language:</b> English	<b>Court Number:</b> 11J0203		
<b>ICWA Status:</b> Not Eligible	<b>Name of Tribe:</b> YUOK TRIBE OF THE YUOK RESERVATION		

**Active Safety Threats:** One or both parents' or caregivers' behavior is impulsive or they will not/cannot control their behavior.  
 A family situation or behavior is such that the family does not have or use resources necessary to assure a child's safety.  
 A situation, attitudes, and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to assure a child's safety.  
 The situation is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.

**Ongoing Safety Plan:** Elroy is in Relative Foster Care with his Paternal Aunt, Lulu Jetson.  
 His sister, Judy, also resides in Aunt Lulu's home on weekends for respite care as part of her In-Home Ongoing Safety Plan now that she has returned home from Relative Foster Care to live with her parents.  
 Contact between Elroy and his parents must be supervised by DHS or persons approved by DHS.  
 Mr. and Mrs. Jetson may seek prior approval from DHS to accompany Ms. Lulu Jetson to Elroy's

medical appointments and family functions, but may have no unsupervised contact with Elroy during those times.

**Conditions for Return:** For Jane Jetson if the child is returned to her care alone with an In-Home Ongoing Safety Plan:

Jane Jetson will recognize how her choices and behaviors contributed to the lack of safety for Elroy, and her conversations, actions and decisions will clearly show she is motivated to become a safer parent. For example, she will be consistently visiting with her son, actively participating in his medical care, and be taking appropriate steps toward addressing her addiction and mental health needs.

Jane Jetson's behaviors will be calm and predictable enough to allow DHS and Safety Service Providers to partner with her to meet Elroy's needs and keep him safe in her home.

Jane Jetson will show she is able to obtain and sustain a living environment which is appropriate for Elroy and stable enough to allow the implementation and management of an In-Home Ongoing Safety Plan.

For George Jetson, if the child is to return to his care alone with an In-Home Ongoing Safety Plan:

George will recognize how his choices and behaviors led to the lack of safety, neglect and injuries to Elroy.

George's conversations, actions and decisions will clearly show he is motivated to become a safer parent. For example, George will be consistently visiting with his son, actively participating in his medical care, and learning about Elroy's special needs.

George will be working diligently to resolve the circumstances and conditions which contributed to the neglect and physical injuries to Elroy, such as taking appropriate steps to address his own addiction and mental health needs, and developing more positive interpersonal and parenting skills.

George Jetson's behaviors will be calm and predictable enough to allow DHS and Safety Service Providers to partner with him to meet Elroy's needs and keep him safe in his home. For example, Mr. Jetson will show he is consistently able to remain calm and not use anger, threats or intimidation during disagreements with others.

George Jetson will show he is able to obtain and sustain a living environment which is appropriate for Elroy and stable enough to allow the implementation and management of an In-Home Ongoing Safety Plan.

For George Jetson and Jane Jetson if the child is to return to their joint care:

Each parent will meet each of their own Conditions for Return. In addition:

George and Jane Jetson will demonstrate the ability to communicate with each other to resolve disagreements without conflicts escalating to verbal or physical threats or violence.



<b>Child's Name:</b> Judy M. Jetson	<b>DOB:</b> 01/01/1998	<b>Age:</b> 14	<b>Gender:</b> Female
<b>Primary Language:</b> English	<b>Court Number:</b> 11J0202		
<b>ICWA Status:</b> Not Eligible	<b>Name of Tribe:</b> YUROK TRIBE OF THE YUROK RESERVATION		
<p><b>Active Safety Threats:</b> One or both parents' or caregivers' behavior is impulsive or they will not/cannot control their behavior.  A family situation or behavior is such that the family does not have or use resources necessary to assure a child's safety.  A situation, attitudes, and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to assure a child's safety.  The situation is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.</p>			
<p><b>Ongoing Safety Plan:</b> Judy has returned to the care of her parents in the family home with an In-Home Ongoing Safety Plan.</p> <p>Neither parent has restrictions on their contact with Judy.</p> <p>Judy will spend each weekend, from after school at 3:30 p.m. on Friday to the start of school at 8:00 on Monday as respite with her Aunt Lulu. There are no restrictions on parent contact with Judy during the respite weekends, but Aunt Lulu will be the adult responsible for Judy's care, supervision and safety during those hours.</p> <p>Aunt Lulu will check in daily with George and Jane (by phone or in person) to offer support and assistance such as transportation or additional respite time with Judy. Aunt Lulu will immediately notify DHS if she has concerns about the parents' stress levels or their ability to meet Judy's needs.</p> <p>Judy's school counselor will meet with Judy each Friday afternoon to confirm Judy continues to feel safe at home with her parents and on weekends at her Aunt's home. The school counselor will immediately report any concerns to DHS including, but not limited to: changes in Judy's behaviors or demeanor, concerns about Judy's safety, knowledge of non-compliance or other problems with the effectiveness of this Safety Plan.</p>			
<b>Conditions for Return:</b>			

**Departmental Efforts to Prevent Removal or to Return Child(ren) Home:**

In February 2011, upon DHS' initial contact with the Jetson family, the children were determined to be in a home with unsafe conditions. Both parents were willing and able to work with DHS to create an in-home Protective Action for the children.

DHS helped the family address the immediate unsafe conditions: DHS paid for a dumpster, helped the family organize a work party at the home the day after the initial contact to remove garbage and other hazardous debris, DHS paid a back utility bill to allow the utilities at the home to be turned back on, and DHS re-connected the parents with community resources necessary for them to financially maintain their housing.

After the family stayed with relatives for one night, the home was determined by DHS to be safe



enough for the family to return and for the children to remain in the home while the remainder of the comprehensive CPS assessment was conducted.

At the conclusion of the comprehensive assessment and safety analysis the children were determined to be safe. The family was actively re-connected to community and family supports who had historically assisted the parents in meeting the children's basic and safety needs. No case was opened by DHS.

**Reasons Services Could Not be Provided to Prevent Removal of the Child from the Home:**

In April 2011, DHS received a second call of concern about unsafe conditions at the home. DHS found the Jetson home to again be unsafe for children. The utilities were again shut off and the home was cluttered with debris and garbage.

At the initial contact, both parents were very hostile, threatening, and completely uncooperative with DHS efforts to attempt to work with them to create another in-home Protective Action for the children. The parents were refusing CPS access to the children, were adamant they did not think their children were unsafe, and clearly and repeatedly stated they were no longer willing to allow others (DHS, family, or community members) to be involved in their business.

Because it was not possible to partner with the parents to ensure the safety of the children with an in-home Protective Action, the children were taken into protective custody and placed into shelter care.

**Immediate Family Functioning:**

Mr. and Mrs. Jetson are committed to each other and to safely parenting their children together. After a slow start at recognizing the need for changes in their relationship and their parenting, they are now both able to see what must change and are encouraging each other to do what it takes.

Mr. and Mrs. Jetson have reconnected to their extended family and their church community and report they are open to the help and guidance those support systems are willing to provide to them and their children, now and into the future.

**Extended Family Functioning:**

At the time the children were taken into care, they were placed in separate foster homes. At an early family meeting, the parents and extended family members identified the Paternal Aunt, Lulu Jetson, to be the family's choice for the Relative Foster Care Provider for Judy and Elroy. That decision was supported and facilitated by DHS and Aunt Lulu has been the children's only placement since that time.

Relatives on both the maternal and paternal sides have been actively involved in planning for the children, visitation with the children, and providing support, assistance and encouragement to George and Jane.

The extended family members, including members of the family church who are "like family" to the children, have gained knowledge and confidence about their own roles and responsibilities in keeping the children safe now and into the future. The family members now recognize warning signs to watch for to indicate the children may be unsafe and are aware of the actions they are able to take to keep

the children safe in the event one or both of the parents are unable to do so in the future.

**Protective Capacity Assessment Summary:**

**George Jetson - Enhanced Parental Protective Capacities:** George Jetson feels closely connected to his children and responsible for their well-being and safety. He possesses the knowledge and skills to meet his children's basic daily needs such as feeding, cooking, cleaning and supervision. He describes himself as an action-oriented person. Once he decides to accomplish something he pushes himself to complete the task.

**Diminished Parental Protective Capacities:** George Jetson does not demonstrate impulse control, and does not act in managed self-controlled ways. George's abuse of substances and untreated mental health needs impair his ability to act in planful, deliberate ways which will keep his children safe.

George does not recognize how his choices and behaviors impact his children's safety. He does not recognize how his verbally and physically violent behaviors make his children fearful and unsafe.

George is unable to meet his own emotional needs in appropriate, adult-like ways which keep his children emotionally and physically safe. To get his way, George frequently behaves in verbally and physically aggressive and threatening ways toward his wife, children, extended family members, friends and total strangers.

**Jane M. Jetson - Enhanced Parental Protective Capacities:**

Janes possesses the knowledge and skill to meet her children's basic daily needs such as cooking, feeding, cleaning and supervision.

Jane is affectionate, compassionate and warm toward her children. She can explain and feel what her children are going through and have gone through.

Jane is very tolerant as a caregiver. She does not overreact to mistakes or accidents and values how her children feel and what they think.

Jane sees herself and closely connected to her children. She considers her relationships with her children as her highest priority and sees herself as responsible for their well-being and safety.

Jane takes actions to assure her children are encouraged and reassured when they are upset or unsure. She does her best to stand up for her children and encourages them through words and touch.

**Diminished Parental Protective Capacities:**

Jane does not demonstrate impulse control. Jane's use of substances and unmet mental health needs impair her ability to act in careful, deliberate and planful ways necessary for the safety of her children.

Jane does not possess the mental health, emotional energy and emotional stability to intervene on behalf of her children when needed to keep them safe. She is often immobilized by her own unmet needs, feelings and anxieties.

Jane is not assertive as a mother. She is not firm and convicted, forceful and forward when it comes to intervening on behalf of her children.

## EXPECTED OUTCOMES

<b>Expected Outcome #:</b> 1	
<b>Case Participant:</b> George Jetson	
<b>Expected Outcome:</b> George will be self-aware as a father. He will recognize how his choices and behaviors impact his children's safety. He will recognize how verbally and physically violent behaviors make children fearful and emotionally and physically unsafe.	
<b>Begin Date:</b> 02/09/2012	<b>Target End Date:</b> 06/08/2012
<b>Status of Outcome:</b> Continue Current Goal	
<b>Progress and/or Barriers in Achieving Outcomes:</b> Mr. Jetson and Mr. Baker have had difficulty coordinating their schedules, but have managed to meet at least once every other week during this reporting period. Mr. Jetson and Mr. Baker are both willing to continue to work together to overcome the barriers in their schedules and do want to meet weekly during this next reporting period. Mr. Jetson and Mr. Baker both report they have mostly been getting to know each other, and developing a trusting relationship haven't really had many conversations specifically related to the service goal. They intend to focus their time together more specifically on the impacts of violence on children in the future.	

<b>Expected Outcome #:</b> 2	
<b>Case Participant:</b> George Jetson	
<b>Expected Outcome:</b> George will demonstrate impulse control. He will act in managed and self-controlled ways. George will not allow the use of substances or his mental health needs impair his ability to act in planful, deliberate ways which keep his children emotionally and physically safe.	
<b>Begin Date:</b> 02/09/2012	<b>Target End Date:</b> 06/08/2012
<b>Status of Outcome:</b> Continue Current Goal	
<b>Progress and/or Barriers in Achieving Outcomes:</b> Mr. Jetson has been meeting with the ART team CADAC each Friday afternoon to check in on how the week has been and to prepare for the challenges weekends hold for him regarding his recovery. Mr. Jetson reports this service is helpful to him in his recovery and he wishes it to continue.	
Mr. Jetson has not required transportation assistance from DHS during this reporting period, but wants to keep that part of the ART service active and available should he need it in the future.	

<b>Expected Outcome #:</b> 3	
<b>Case Participant:</b> George Jetson	
<b>Expected Outcome:</b> George will meet his own emotional needs in appropriate, adult-like ways which support him in keeping his children emotionally and physically safe. George will consistently use calm, non-aggressive ways to resolve conflicts with others and get his own needs met.	
<b>Begin Date:</b> 02/09/2012	<b>Target End Date:</b> 06/08/2012
<b>Status of Outcome:</b> Continue Current Goal	
<b>Progress and/or Barriers in Achieving Outcomes:</b> Mr. Jetson and Dr. Barr are in agreement Mr.	

Jetson has made good progress in addressing his PTSD symptoms and learning about new ways to solve problems and communicate with others. They also agree Mr. Jetson needs more chances to try out the new knowledge in real-life situations. Their plan for the near future is for Mr. Jetson to increase his opportunities to practice what he has learned by joining a counseling group for parents with addiction issues when it begins sometime within the next 60 days.

**Expected Outcome #: 4**

**Case Participant:** Jane M. Jetson

**Expected Outcome:** Jane will be assertive as a parent. She will be firm and convicted, forceful and forward when it comes to intervening on behalf of the needs and safety of her children.

**Begin Date:** 02/09/2012

**Target End Date:** 06/08/2012

**Status of Outcome:** Continue Current Goal

**Progress and/or Barriers in Achieving Outcomes:** Mrs. Jetson decided to focus her attention on her recovery and mental health needs and chose to postpone participation in the Women's Empowerment Group until a time in the future when she feels more ready and able to address her assertiveness and other current relationship issues more fully. DHS will continue exploring with Mrs. Jetson when this service will be implemented. Mrs. Jetson wants this service to remain part of her overall case plan to be implemented at a future date.

**Expected Outcome #: 5**

**Case Participant:** Jane M. Jetson

**Expected Outcome:** Jane will demonstrate impulse control. She will act in managed and self-controlled ways. Jane will not allow the use of substances or her mental health needs impair her ability to act in planful, deliberate ways which keep her children emotionally and physically safe.

**Begin Date:** 02/09/2012

**Target End Date:** 06/08/2012

**Status of Outcome:** Continue Current Goal

**Progress and/or Barriers in Achieving Outcomes:** Jane and the ART CADC have met weekly during this reporting period and both agree their frequency of their meetings has met Jane's needs well and have supported her in progressing in her recovery. They also report the frequency of their meetings will likely change to every other week within the next 30 to 60 days based upon Jane's progress and increasing natural support system which can partially take the place of the ART CADC involvement.

**Expected Outcome #: 6**

**Case Participant:** Jane M. Jetson

**Expected Outcome:** Jane will possess the mental health, emotional energy and emotional stability to intervene on behalf of her children to keep them safe. She will meet her own emotional needs in ways which support her to focus on and meet the needs of her children.

**Begin Date:** 02/09/2012

**Target End Date:** 06/08/2012

**Status of Outcome:** Continue Current Goal

**Progress and/or Barriers in Achieving Outcomes:** Mrs. Jetson and her therapist agree she is making significant progress in recognizing how her own needs have prevented her from being able to recognize and meet her children's needs. Although it is still extremely difficult for Mrs. Jetson to talk about her own unsafe childhood, she reports she is developing trust in her counselor and hopes to make even better progress at addressing her own past abuse issues in the near future. Mrs. Jetson



sees this service as valuable and wants it to continue.

**SERVICES**

<b>Expected Outcome #: 1</b>	
<b>Case Participant:</b> George Jetson	
<b>Service Category:</b> Parent Training and Education	<b>Service Type:</b> Parent Training/Mentoring Individual
<b>Provider/Responsible Person:</b> John Baker, Parent Mentor	
<b>Specifically Explain Service/Activity:</b> George and John will meet weekly to discuss the impacts of violence on children.	

<b>Expected Outcome #: 2</b>	
<b>Case Participant:</b> George Jetson	
<b>Service Category:</b> Referral for Services	<b>Service Type:</b> Addiction Recovery Team Referral
<b>Provider/Responsible Person:</b> ART Team	
<b>Specifically Explain Service/Activity:</b> Mr. Jetson will meet with the ART CADC weekly in support of his recovery.	
Mr. Jetson will contact the DHS ART member ASAP when he needs transportation to/from treatment-related appointments.	

<b>Expected Outcome #: 3</b>	
<b>Case Participant:</b> George Jetson	
<b>Service Category:</b> Counseling and Therapeutic Services	<b>Service Type:</b> Individual Counseling
<b>Provider/Responsible Person:</b> Dr. Barr	
<b>Specifically Explain Service/Activity:</b> Weekly mental health counseling to resolve past emotional trauma and develop non-violent problem-solving skills and interpersonal behaviors.	

<b>Expected Outcome #: 4</b>	
<b>Case Participant:</b> Jane M. Jetson	
<b>Service Category:</b> Referral for Services	<b>Service Type:</b> DV/SA Support
<b>Provider/Responsible Person:</b> Women's Empowerment Group	
<b>Specifically Explain Service/Activity:</b>	

<b>Expected Outcome #: 5</b>	
<b>Case Participant:</b> Jane M. Jetson	
<b>Service Category:</b> Alcohol and Drug Support Services	<b>Service Type:</b> Addiction Recovery Team Services
<b>Provider/Responsible Person:</b> ART Team	
<b>Specifically Explain Service/Activity:</b> Jane will meet with the ART CADC weekly to support her recovery efforts.	



<b>Expected Outcome #: 6</b>	
<b>Case Participant:</b> Jane M. Jetson	
<b>Service Category:</b> Counseling and Therapeutic Services	<b>Service Type:</b> Individual Counseling
<b>Provider/Responsible Person:</b> LIFEWORKS NW	
<b>Specifically Explain Service/Activity:</b> Mrs. Jetson will attend weekly individual counseling sessions to identify and address her unmet mental health needs which currently impair her ability to recognize and meet her children's needs.	

**ACHIEVED EXPECTED OUTCOMES**

<b>Case Participant:</b>	
<b>Achieved Expected Outcome:</b>	
<b>Begin Date:</b>	<b>Date Achieved:</b>
<b>Barriers in Achieving Outcome:</b>	

**One Time Service Payments**

<b>Case Participant:</b> George Jetson	<b>Request Type:</b> Bulk Item Distribution
<b>Service Category:</b> Transportation	<b>Service Type:</b> Transport Parents or Others for Visit
<b>Start Date:</b> 11/28/2011	<b>End Date:</b> 11/28/2011

<b>Case Participant:</b> Elroy J. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Transportation	<b>Service Type:</b> Transport Child for Visit
<b>Start Date:</b> 11/02/2011	<b>End Date:</b> 11/02/2011

<b>Case Participant:</b> Elroy J. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Transportation	<b>Service Type:</b> Transport - Medical
<b>Start Date:</b> 11/02/2011	<b>End Date:</b> 11/02/2011

<b>Case Participant:</b> Elroy J. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Transportation	<b>Service Type:</b> Transport Child for Visit
<b>Start Date:</b> 09/02/2011	<b>End Date:</b> 09/02/2011

<b>Case Participant:</b> Elroy J. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Transportation	<b>Service Type:</b> Transport - Medical
<b>Start Date:</b> 09/02/2011	<b>End Date:</b> 09/02/2011

<b>Case Participant:</b> George Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Transportation	<b>Service Type:</b> Transport Parents or Others for Visit
<b>Start Date:</b> 09/22/2011	<b>End Date:</b> 09/22/2011

<b>Case Participant:</b> Jane M. Jetson	<b>Request Type:</b> One-Time
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<b>Service Category:</b> Other Medical	<b>Service Type:</b> 99244 - OM Case Consultation
<b>Start Date:</b> 12/07/2011	<b>End Date:</b> 12/07/2011

<b>Case Participant:</b> Jane M. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Other Medical	<b>Service Type:</b> 90801 - Psychiatric Evaluation
<b>Start Date:</b> 11/07/2011	<b>End Date:</b> 11/07/2011

<b>Case Participant:</b> Jane M. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Other Medical	<b>Service Type:</b> 90889 - Report Preparation
<b>Start Date:</b> 11/07/2011	<b>End Date:</b> 11/07/2011

<b>Case Participant:</b> Jane M. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Other Medical	<b>Service Type:</b> 96101 - Psychological Testing
<b>Start Date:</b> 11/07/2011	<b>End Date:</b> 11/07/2011

<b>Case Participant:</b> Jane M. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Other Medical	<b>Service Type:</b> H1011 Parental Assessmt Legal Prnt Only
<b>Start Date:</b> 11/07/2011	<b>End Date:</b> 11/07/2011

<b>Case Participant:</b> Jane M. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Transportation	<b>Service Type:</b> Transport Parents or Others for Visit
<b>Start Date:</b> 09/22/2011	<b>End Date:</b> 09/22/2011

<b>Case Participant:</b> Judy M. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Transportation	<b>Service Type:</b> Transport Child for Visit
<b>Start Date:</b> 11/02/2011	<b>End Date:</b> 11/02/2011

<b>Case Participant:</b> Judy M. Jetson	<b>Request Type:</b> One-Time
<b>Service Category:</b> Transportation	<b>Service Type:</b> Transport Child for Visit
<b>Start Date:</b> 09/02/2011	<b>End Date:</b> 09/02/2011

**Parent/Guardian(s) Participation in Development of the Case Plan:**

Mr. and Mrs. Jetson, although initially very upset and resistant to the current DHS intervention, have since become willing and able to partner with DHS to develop appropriate case goals and to manage child safety.

Mr. and Mrs. Jetson have also returned to being open to relatives and other persons being involved in child safety and case planning meetings and conversations, and have worked with DHS, their extended family members, and community providers to develop a Case Plan to address the specific circumstances and conditions which led to the children being unsafe.

Mr. and Mrs. Jetson have been present and highly vocal in the Child Safety Meeting and several Family Decision Meetings. They have met regularly (approximately weekly) with their caseworker, both individually and as a couple, to set specific Case Goals and to decide which service(s) each wants to focus upon as they take steps toward reaching their Case Goals.



It is their ongoing cooperation and active involvement in case planning and implementation which has also recently allowed the development of an in-home safety plan for Judy, monitored by the relative Safety Service Providers identified by Mr. and Mrs. Jetson.

**Case Planning Meetings Held in the Past Six Months:**

<b>Meeting Type:</b> Child Safety Meeting	<b>Date Held:</b> 02/08/2012
<b>Participants:</b>	
<b>Meeting Type:</b> Child Safety Meeting	<b>Date Held:</b> 03/16/2012
<b>Participants:</b> Angela Ward, George Jetson, Judy M. Jetson	
<b>Meeting Type:</b> Family Decision Meeting	<b>Date Held:</b> 03/01/2012
<b>Participants:</b> Angela Ward, George Jetson, John Jetson, Bob Jetson, Lulu M. Jetson, Jane M. Jetson, Judy M. Jetson	
<b>Meeting Type:</b> Other Family Meeting	<b>Date Held:</b> 03/29/2012
<b>Participants:</b> Angela Ward, George Jetson, Jane M. Jetson	
<b>Meeting Type:</b> Case Staffing	<b>Date Held:</b> 03/20/2012
<b>Participants:</b> Ashley Beatty, Angela Ward, MEGAN CARTER	

**Face-to-Face Contact Between Worker and Parent/Guardian(s) for the Past Six Months:**

George Jetson - 10/07/2011, MEGAN CARTER, null, Scheduled Contact Did Not Occur 10/11/2011, MEGAN CARTER, Community(park,mall,resturnt,rltv home), Scheduled Contact Occurred
Jane M. Jetson - 10/07/2011, MEGAN CARTER, null, Scheduled Contact Did Not Occur 10/11/2011, MEGAN CARTER, Community(park,mall,resturnt,rltv home), Scheduled Contact Occurred 11/22/2011, MEGAN CARTER, null, Scheduled Contact Did Not Occur

**Case Progress Evaluation Summary:**

George and Judy Jetson have made very good progress toward achieving the Conditions for Return and Expected Outcomes during this reporting period. With continued progress by both parents at the current rate, it is possible DHS intervention with this family could end prior to the next regular 6 month review.

After many months of denying their children had been unsafe, blaming others for the family's problems, and refusing to recognize and acknowledge their choices and behaviors had contributed to their children being unsafe, both parents now readily acknowledge to friends, family members, each other and professionals working with them that their drug and alcohol use, unmet mental health needs, and lack of parenting knowledge and skills were seriously impairing their ability to be safe parents.

Likewise, after initially demonstrating reluctant compliance with recommended services, both parents are now actively engaged in services they report are helping them gain the knowledge, skills and abilities to be safer parents to Judy and Elroy.



During this reporting period, George and Judy met the Conditions for Return related to their daughter, Judy, and she has been returned to their care with an In-Home Ongoing Safety Plan. They have both consistently participated in family counseling sessions with Judy and her therapist and are working to strengthen their relationship with each other and with their daughter.

If things go well with Judy's transition back home, and both parents continue to make progress, plans will be made to transition Elroy back into his parents' care within the next 60 - 90 days.

For the first time in many years, George is gainfully employed and reports feeling proud to be providing for his family again. His use of threats and intimidation when he feels provoked is still an occasional problem for George, but he now appears to be very motivated to gain the knowledge and use the skills to manage frustration and conflict in more positive ways. George more appropriately understands his protective role as a parent and is taking appropriate steps to become a safe parent.

Jane has recently begun working in her individual counseling sessions on resolving some very difficult past experiences and trauma which she now understands was contributing to her repeated relapses into addictive behaviors and was standing in the way of being the parent she wanted to be for her children. Jane now recognizes she is more able to focus on the needs of her children when she is not overwhelmed by her own unmet emotional needs and is working hard to be able to meet her own needs in positive ways which support her in safely parenting her children.

The Jetsons are also participating in couples counseling and the emotional volatility and conflict in the relationship has decreased significantly as they are learning and using new interpersonal skills.

**Attachments:**

- Action Agreement
- Visitation Plan
- Minutes from Family Decision Meeting

**Signatures**

**Date**

\_\_\_\_\_  
George Jetson

\_\_\_\_\_  
Jane M. Jetson

\_\_\_\_\_  
**Caseworker**

\_\_\_\_\_  
**Supervisor**

**Parent/Legal Guardian has opted not to sign the Case Plan**



365125  
 Angela Ward  
 (503)867-5309  
 500 Summer St. NE  
 Salem, OR 97301

**CHILD SPECIFIC CASE PLAN**

<b>CASE NAME:</b> Jane M. Jetson	<b>PLAN DATE:</b> 02/08/2012
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<b>Child's Name:</b> Jetson, Judy, M.		<b>Primary Language:</b> English	
<b>DOB:</b> 01/01/1998	<b>Age:</b> 14	<b>Gender:</b> Female	
<b>Child is considered a runaway:</b> No		<b>Date Child reported missing:</b>	
<b>ICWA Status:</b> Not Eligible		<b>Name of Tribe:</b> YUROK TRIBE OF THE YUROK RESERVATION	
<b>CASA:</b> Jane Addams		<b>Attorney:</b> Benjamin Matlock	

**PARENT/GUARDIAN(S)**

<b>Name:</b> Jetson, Jane, M.		<b>Phone Number:</b> (503)867-5309	
<b>DOB:</b> 06/23/1981	<b>Age:</b> 30	<b>Relationship to Child:</b> Mother - Biological	

<b>Name:</b> Jetson, George		<b>Phone Number:</b> (503)867-5309	
<b>DOB:</b> 04/30/1977	<b>Age:</b> 34	<b>Relationship to Child:</b> Father - Legal	

**Description of how Paternity Status has been determined (if applicable):**

Mr. Jetson is the legal father. He is listed on the birth certificate and on the father questionnaire. He was married to the mother at the time of the child's birth.

**RELATIVE SEARCH**

<b>Relationship:</b> Maternal Nephew			
<b>Method of Contact</b>	<b>Date of Contact</b>	<b>Result</b>	<b>Desired Level of Participation</b>
Letter	03/05/2012	Response Received	Family Contact

<b>Relationship:</b> Maternal Grandparent (Great)			
<b>Method of Contact</b>	<b>Date of Contact</b>	<b>Result</b>	<b>Desired Level of Participation</b>
Letter	03/05/2012	Response Received	Family Contact

<b>Relationship:</b> Paternal Uncle			
<b>Method of Contact</b>	<b>Date of Contact</b>	<b>Result</b>	<b>Desired Level of Participation</b>
Letter	03/05/2012	Response Received	No Desired Participation

<b>Relationship:</b> Maternal Aunt (great)			
<b>Method of Contact</b>	<b>Date of Contact</b>	<b>Result</b>	<b>Desired Level of Participation</b>
Letter	03/05/2012	Response Received	Permanent Placement

<b>Relationship:</b> Step Parent Spouse			
<b>Method of Contact</b>	<b>Date of Contact</b>	<b>Result</b>	<b>Desired Level of Participation</b>
Phone	03/01/2012	Response Received	Safety Service Provider

## PLACEMENT

### Child's Functioning and Needs:

Judy recently returned home to the care of her parents with an In-Home Ongoing Safety Plan. As part of the Safety Plan, Judy stays with her Aunt Lulu (with whom she was in Relative Foster Care and where her baby brother still resides) every weekend. Judy is very attached to her baby brother, Elroy, and reports she is very happy she gets to spend weekends with him and their Aunt.

Although Judy has wanted to return to her parents' care for a long time, until recently she was also expressing fear of doing so. She still is concerned one or both of her parents will begin using drugs and alcohol again and the abuse and neglect and fighting could return, but she reports feeling safe at this time with the Safety Plan in place, and is hopeful her parents will keep making progress so her brother can also return home soon. Both of Judy's parents have been included in some of her therapy sessions, and Judy is working on expressing and working through her feelings about the abuse and neglect she experienced in their care. Her parents' willingness and ability to participate in this process has helped Judy begin to trust her parents again and has been instrumental in her feeling safe returning home.

Judy has been diagnosed with PTSD and Depression and is seen weekly for individual therapy to address her history of abuse and neglect and to learn to manage her needs and emotions in positive ways. She also takes prescribed medication for depression and anxiety and is seen regularly by her Psychiatrist for medication management.

At the time Judy came into care, she acknowledged she had been cutting herself on both arms when feeling very stressed. Judy is happy to report she hasn't cut herself in over 6 months and no longer feels the need to do so.

Judy is physically healthy and has no current unmet medical or dental needs.

She is doing well in school and hasn't had any known conflicts with peers in several months which is a great improvement from the almost daily verbal and physical conflicts she was experiencing at the time DHS involvement began.

<b>Reasons(s) for Initial Removal from Home (AFCARS):</b> Child's Behavior Problem	
<b>The current placement is most appropriate and least restrictive:</b> Yes	
<b>Placement Setting:</b>	<b>Begin Date:</b>
<b>Provider ID:</b>	<b>Are siblings all placed together?</b> No
<b>If No, describe why siblings are not placed together:</b> Judy has returned home to her parents with an In-home Ongoing Safety Plan. Her brother, Elroy, remains in Relative Foster Care at this time.	

### Description of How the Current Placement is Safe and Appropriate:

Judy has returned home to live with both of her parents in the family home.



**Description of How the Current Placement is Able to Meet the Child's Needs:**

Judy has attended the same school prior to, during and following her placement in foster care.

**Does the agency anticipate a placement change? No**

**If Yes, describe in detail including anticipated date of placement change:**

**PLACEMENT HISTORY**

<b>Placement Setting:</b> Regular Family Foster Care-non relative		<b>Provider ID:</b> 220227
<b>Start Date:</b> 11/05/2011	<b>End Date:</b> 02/07/2012	<b>End Reason:</b> Reunification with Parent

<b>Placement Setting:</b> Relative Family Foster Care		<b>Provider ID:</b> 220933
<b>Start Date:</b> 06/09/2011	<b>End Date:</b> 11/04/2011	<b>End Reason:</b> Moved to Equivalent Level of Care

<b>Placement Setting:</b> Regular Family Foster Care-non relative		<b>Provider ID:</b> 220227
<b>Start Date:</b> 04/12/2011	<b>End Date:</b> 06/08/2011	<b>End Reason:</b> Moved to Equivalent Level of Care

<b>Placement Setting:</b> Regular Family Foster Care-non relative		<b>Provider ID:</b> 197272
<b>Start Date:</b> 04/01/2011	<b>End Date:</b> 04/11/2011	<b>End Reason:</b> Moved to Equivalent Level of Care

**SERVICE GOALS**

<b>Service Goal # 1</b>	
<b>Case Participant:</b> Judy M. Jetson	
<b>Service Goal:</b> Judy will have emotionally healthy relationships with both of her parents. She will increase her ability to trust them to meet her needs and keep her safe.	
<b>Begin Date:</b> 02/09/2012	<b>Target End Date:</b> 06/08/2012
<b>Status of Goal:</b> Continue Current Goal	
<b>Progress and/or Barriers in Achieving Goal:</b>	

<b>Service Goal # 2</b>	
<b>Case Participant:</b> Judy M. Jetson	
<b>Service Goal:</b> Judy will meet her emotional needs in healthy, safe ways.	
<b>Begin Date:</b> 02/09/2012	<b>Target End Date:</b> 06/08/2012
<b>Status of Goal:</b> Continue Current Goal	
<b>Progress and/or Barriers in Achieving Goal:</b> Judy has been actively participating in counseling, is managing her medication independently and has refrained from self-harming behavior for the past few months. She is making significant progress toward managing her emotional needs in healthy, safe ways.	

**SERVICES**

<b>Service Goal # 1</b>	
<b>Case Participant:</b> Judy M. Jetson	
<b>Service Category:</b> Counseling and Therapeutic Services	<b>Service Type:</b> Family Counseling
<b>Provider/Responsible Person:</b> HORIZON COUNSELING SVCS	
<b>Specifically Explain Service/Activity:</b>	
If the Child remains in the home without these services, Immediate Risk of Removal from the home is possible	

<b>Service Goal # 2</b>	
<b>Case Participant:</b> Judy M. Jetson	
<b>Service Category:</b> Counseling and Therapeutic Services	<b>Service Type:</b> Individual Counseling
<b>Provider/Responsible Person:</b> HORIZON COUNSELING SVCS	
<b>Specifically Explain Service/Activity:</b> Judy will attend weekly mental health counseling to develop ways to meet her emotional needs which do not involve cutting or other harmful means.	
If the Child remains in the home without these services, Immediate Risk of Removal from the home is possible	

### ACHIEVED SERVICE GOALS

<b>Case Participant:</b>	
<b>Achieved Service Goal:</b>	
<b>Begin Date:</b>	<b>Date Achieved:</b>
<b>Progress and/or Barriers in Achieving Goal:</b>	

### PERMANENCY PLAN

<b>Permanency Plan:</b> Remain Home	<b>Anticipated date achieved:</b> 08/09/2012
<b>Concurrent Plan:</b> Reunification	
<b>When ICWA eligible, is the tribe in agreement with the plan?</b>	
<b>Permanency Plan Agreement:</b>	<b>Concurrent Plan Agreement:</b>
<b>Child is currently placed with a potential adoptive resource:</b> No	
<b>The child has been out of the family home 10 of the most recent 22 months.</b>	
<b>The court has made a finding that reasonable/active efforts are not required:</b> No	
<b>Date referred to AAG/DDA office:</b>	<b>Date TPR was filed:</b>
<b>Reason why TPR is not being pursued at 15 of 22 months (if applicable):</b>	

<b>Description of Efforts to identify an Adoptive Resource (if applicable):</b>

### EDUCATION INFORMATION

<b>Child is currently enrolled in school:</b> Yes	
<b>School Name:</b>	McKay High School
<b>Address:</b>	2440 Lancaster Dr NE



<b>City, State, Zip:</b> Salem, OR97305				
The child's placement allows the child to remain in the school or educational setting the child attended prior to entry into substitute care when in the child's best interest.				
<b>Last grade completed:</b> Nine		<b>Current IEP:</b>		<b>Child's IQ:</b> 128
<b>Expected Graduation Date:</b> 06/03/2016		<b>Diploma/Certificate:</b>		
<b>Performance</b>	<b>Math:</b> At Grade Level		<b>Reading:</b> Below Grade Level	
<b>High School Credits</b>	<b>English:</b> 0.5	<b>Math:</b> 0.5	<b>Electives:</b> 1	<b>Social Science:</b> 0.5
	<b>Science:</b> .25	<b>Health:</b> 0	<b>Language:</b> 0	<b>Physical Education:</b> 1

**SCHOOL HISTORY**

<b>School Name:</b> Stephens Middle School		<b>School Type:</b> Middle school		
<b>Start Date:</b> 09/01/2008	<b>End Date:</b> 06/16/2011	<b>End Reason:</b> Child advanced to high school		
<b>School Name:</b> Miller Elementary School		<b>School Type:</b> Elementary		
<b>Start Date:</b> 09/02/2002	<b>End Date:</b> 06/19/2008	<b>End Reason:</b> Child advanced to middle school		

**MEDICAL/MENTAL HEALTH INFORMATION**

<b>Physician/Clinic:</b>	Dr. Mary Jones/Childhood Health Assoc.
<b>Address:</b>	555 Maple Street
<b>City, State, Zip:</b>	Salem, OR 97301
<b>Phone Number:</b>	(555)432-3535

<b>Dentist:</b>	Dr. John Goss/Willamette Dental Group
<b>Address:</b>	734 Sesame Street
<b>City, State, Zip:</b>	Salem, OR 97302
<b>Phone Number:</b>	(555)432-4987

<b>Mental Health Professional:</b>	Horizon Counseling Services
<b>Address:</b>	1313 Hummingbird Lane
<b>City, State, Zip:</b>	Salem, OR 97303
<b>Phone Number:</b>	(555)212-4784

**Mental Health Organization:** Mid Valley Behavioral Care Network

**Medical/Dental/Mental Health Treatments for the past Six Months:**

Service	Service Date	Provider Name
Mental Health Procedures/DX	03/05/2012	Smith
Individual Counseling	02/21/2012	Smith
Individual Counseling	02/14/2012	Smith

Billed Medications	# Days	Quantity	Strength	Start Date



Psychotropic Medications	Dosage	Frequency	Start Date	End Date
Paxil	20mg	2x daily	02/09/2012	
Zoloft	15mg	2x daily	02/01/2012	

<b>Allergies:</b> Judy has no known allergies.	
<b>Immunizations:</b>	<b>Date Administered:</b>
Influenza, seasonal, injectable	11/28/2011

**Child's Medical Needs:**

Judy is physically healthy with no current unmet health needs. She is diagnosed with PTSD and Depression and is taking medications prescribed by her psychiatrist to specifically address depression and anxiety symptoms. Judy reports "definitely feeling better" since she started taking the medications. At the beginning of the case, Judy self-reported making rows of small cuts on both arms when she was feeling "stressed-out." Judy has not had the "need" to cut herself in over 6 months.

**VISITATION**

**Visit contact between the child and parent/guardian for the past 6 months:**

10/03/2011  
 10/03/2011, DHS Office, Scheduled Contact Occurred  
 10/17/2011, DHS Office, Scheduled Contact Occurred  
 10/31/2011, Scheduled Contact Did Not Occur  
 11/07/2011, Scheduled Contact Did Not Occur  
 11/21/2011, DHS Office, Scheduled Contact Occurred  
 12/19/2011, DHS Office, Scheduled Contact Occurred

**Visit contact between the child and siblings for the past 6 months:**

03/06/2012, Community(park,mall,resturnt,rltv home), Scheduled Contact Occurred  
 03/13/2012, Substitute Care/Child Placement, Scheduled Contact Occurred

**Visit contact between the child and relatives for the past 6 months:**

03/01/2012, DHS Office, Scheduled Contact Occurred  
 01/11/2012, Community(park,mall,resturnt,rltv home), Scheduled Contact Occurred

**FACE-TO-FACE**

**Face-to-face Contact Between Worker and Child for the Past Six Months:**

10/07/2011, MEGAN CARTER, Substitute Care/Child Placement, Scheduled Contact Occurred  
 11/01/2011, MEGAN CARTER, Substitute Care/Child Placement, Scheduled Contact Occurred

**Attachments:**

<input type="checkbox"/> Comprehensive Youth Transition Plan Attached	<b>Effective/Issued:</b>
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<input checked="" type="checkbox"/> <b>Child's most current report card is attached</b>	<b>Effective/Issued:</b> 03/22/2012
<input checked="" type="checkbox"/> <b>Visitation Plan(s) attached</b>	<b>Effective/Issued:</b> 03/18/2012

**Signatures**

**Date**

\_\_\_\_\_  
Jetson, Judy, M.

\_\_\_\_\_  
Jetson, Jane, M.

\_\_\_\_\_  
Jetson, George

\_\_\_\_\_  
**Caseworker**

\_\_\_\_\_  
**Supervisor**

<input type="checkbox"/>	<b>Parent/Legal Guardian has opted not to sign the Permanency Plan</b>
<input type="checkbox"/>	<b>Child has opted not to sign the Permanency Plan</b>