This policy establishes how prevention plans and case plans are developed and completed.

**Required Practices**

Any deviations to the following information must be documented with Supervisory Approval.

I. CPSWs/JPPOs collaborate with the family to create a prevention plan or case plan that identifies:

   A. A goal or a permanency plan;
   
   B. Objectives to meet the goal(s);
   
   C. A description of the activities to achieve the objectives;
   
   D. Services and community supports to help meet the goals that includes:
      1. Who will provide the service or support;
      2. If the support will be for the whole family or an individual within the family; and
      3. How the service or support will assist the family, including frequency of contact; and
   
   E. The timetable for plan achievement.

II. The CPSW/JPPO will explore the family’s strengths and resources to inform the prevention/case plan development.

III. A Family and Permanency Team will be utilized for plan development.
A. The CPSW/JPPO may use the Solution-Based Family Meetings as a Family and Permanency Team to develop objectives and identify services for a prevention plan.

B. The CPSW/JPPO may use the Roadmap to Reunification process for non-residential placements, as a Family and Permanency Team to work on case plan development.

C. The CPSW/JPPO must engage all appropriate biological family members, relatives, and fictive kin of the child, on all case plans where a child is placed in a Qualified Residential Treatment Program (QRTP).
   1. When working with a QRTP the Family and Permanency Team may include professionals who are a resource to the family, such as teachers, medical or mental health providers who have treated the child, or clergy.
   2. In the case of a child who has attained age 14, the Family and Permanency Team shall include the members of the Permanency Planning Team selected by the child.

IV. Objectives are defined by the CPSW/JPPO and the family to create self-sustaining changes in the circumstances that led to Division involvement. Objectives will:
   A. Focus on behaviors and identify challenges for the family and barriers for individuals that need to change in order to prevent or reduce further risk;
   B. Be concrete and specific;
      1. Writing Family Level Objectives (FLOs) as a statement of what the family will do to safely address the high-risk everyday life events that led to reason for Division involvement;
      2. Writing Individual Level Objectives (ILOs) with certain individuals in the family to identify what the individual will do to safely manage their personal behavioral issues that interfere with the successful accomplishment of everyday family life tasks;
   C. Describe increments of change (small steps to move towards the objective); and
   D. Focus interventions on time-limited services consistent with the best interests and needs of the child.

V. The CPSW/JPPO reviews the plan with the child’s parents/guardians and the child, as age appropriate.
   A. The CPSW/JPPO must ask the parents or guardian to sign a copy of the plan, or note in the plan if the parents or guardians refuse to read and sign the plan.

VI. A CPSW/JPPO will use the prevention or case plan as a living document to adjust to the child or family’s needs until the case is ready to close.
A. If the family is working with a community or placement provider on a treatment plan, the Division’s plan will align and support the treatment plan, however the treatment plan will not take the place of a prevention/case plan.

### Standard Operating Procedures

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### Glossary and Document Specific Definitions

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### Document Change Log

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