# COLLABORATIVE SYSTEMS OF CARE (CSOC)

PLAN OF CARE

## Personally identifiable information is collected for monitoring the development of CSOC projects. All information gathered is confidential

Instructions: Complete the Plan of Care within 60 days of enrollment

Name – Child (Last, First, Middle Initial)	Telephone Number	Date of Birth	Social Security Number
Address – Home			County of Residence

## CHILD AND FAMILY TEAM MEMBERS

Team Member	Role	SIGNATURE*

#### \* I agree with the Plan of Care and have participated in the planning process.

Name – Service Coordinator (Case Manager)		Dates Updated			
Date of Enrollment Date Plan of Care Completed					

## CHILD, FAMILY, AND TEAM MEMBER STRENGTHS

Instructions: List all strengths identified during the Summary of Strengths & Needs Assessment process. These strengths should then be used to address identified needs in this Plan of Care.

Strengths, Interests, and Successful Strategies

## "Greatest Needs" as Identified in the Summary of Strengths and Needs Assessment

Instructions: Identify Life Domain Areas from the Summary of Strengths and Needs Assessment containing needs that scored Likert ratings of "4" and "5" (in addition to Crisis/Safety Domain). Then, as a team, prioritize the top needs; these Life Domains and corresponding needs will be the focus of the team's planning. Update as needed.

Domain (See key below)		d corresponding needs will be the focus of the team's p Needs Rated "4" or			Planning Priority (1, 2, 3, etc.)
DOMAIN KEY:	CS = Crisis/Safety MH = Mental Health	MD = Medical LS = Living Situation	<b>SP</b> = Spiritual <b>FA</b> = Family	BNF = Basic Ne SR = Social &	eeds/Financial Recreational
	CU = Cultural	AODA = Alcohol & Other Drug Abuse	ED = Educational	LE = Legal	

## **GOALS AND ACTIVITIES**

Instructions: Complete a "Goals and Activities" page for each of the top three or four Life Domain Areas prioritized by the family team on page three.

#### Domain to be Addressed:

dentified Need (from page 3)	Strengths Related to Need (from page 2)	Outcome/Goal	Activities (Include who, what, by when, and how paid for)		Foward Goa ey below)
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Taken from: Dunst, C.J.; Trivette, C.M.; & Deal, A.G. (1988). Enabling and Empowering Families: Principles and Guidelines for Practice. Cambridge, MA: Brookline

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### CRISIS RESPONSE PLANNING

#### "A crisis occurs when adults don't know what to do." - Carl Shick

Each child and family team should develop safety plans to address possible safety/crisis situations at *home* and in *school*. Teams may choose to create additional plans if needed (e.g., bus crisis response plan, community crisis response safety plan). Consider the following when developing your safety plans...

- Expect that a child with multiple needs living in the community will experience crisis
- Consider the most challenging act(s) that could happen and create the intervention
- Review historical strength-based information regarding strategies that have worked
- Pre-plan the interventions *with* people and/or agencies who may be involved in the safety issue resolution. Include an outline of responsibilities and communication procedures.
- Develop a protocol of who will be notified, and in what time frames.
- Develop a process for evaluating the safety plan use/effectiveness

Name – Child (Last, First MI)	Crisis Response Plan for (home, school, etc.):	Date Plan Prepared
Past Behaviors/Situations Considered Crises or Safety Concerns		

Progressive List of Interventions to Respond to a Crisis/Safety Situation (include description of the intervention, who is involved, contact information & responsibilities)

Service Code *	Service Description	Vendor (Service Provider)	Units Projected	Unit Description **	Unit Cost	Total Cost	Paid for By ***
I			1	1	Total:		

\* Service Codes

MEDICAL SERVICES		MENTAL HEALTH SERVICES		6	PLACEMENT SERVICES	
5000 Assessments Outpatient	5100 Individual Therapy	100 Individual Therapy 5220		ion with Other Professionals	5300 Crisis Home/Beds	
5010 Assessments Inpatient	5101 Individual AODA Therapy		5221 Child and	Family Team Meeting/Planning	5310 Treatment Foster Care	
5020 Medication Trial Inpatient	5110 Family Therapy		5230 Crisis Cas	se Planning	5320 Therapeutic Group Home	
5030 Medication Trial Outpatient	5120 Group Therapy		5240 Behavior	Management Services	5330 Partial Hospitalization	
5050 Psychiatric Reviews/Medication Checks	5121 Group AODA Therapy		5229 Other Me	ntal Health Services	5340 Residential Treatment/Child Caring Institutional Placement	
5099 Other Medical Services	5130 Special Therapy		SOCIAL	RECREATIONAL COSTS	5350 Psychiatric Hospitalization	
SUPERVISION SERVICES	5140 Crisis Intervention		5527 Members	hip Costs	5360 Assessment Home	
5530 Community Supervision	5050 Crisis Counseling		5528 Recreatio	nal Equipment Costs	5370 Foster Day Care	
5540 Intensive Supervision	5160 In-Home Treatment		5529 Social Act	tivities Cost	5380 Shelter Care	
5541 Education Costs	5170 Day Treatment		n Costs 5170 Day Treatment 5520 Recreational Reimbursement Costs		nal Reimbursement Costs	5390 Foster Home Care
CASE AIDE SERVICES	5180 Evaluation Services	180 Evaluation Services		Independent Living	5400 Group Home Care	
5521 Teacher's Aide	5200 Therapeutic Community Su	upport Services	5560 Supported	d Work Environments	5499 Other Placement Services	
5522 Parent Aide	5201 Reintegration Treatment Services		5570 Transport	ation	OTHER SERVICES	
5523 Supervision	5210 Reintegration Treatment Services		5580 Discretion	ary Funds	5410 Respite Services	
5524 Mentoring	CORRECTIONAL PLACEMENTS		5590 Other Cas	se Aide Services	5500 Case Management	
5525 Recreation	5420 Detention	9999 Non-Covered Services		ered Services	5501Case Management-Treatment Foster Care	
5526 Life Coach	5430 Corrections				5502 Training Expenses	
** Unit Descriptions	***Paid for By Codes					
Per Hour Per Month	CY = County	PS = Public Sc	hool System	ST = State		
Per Day Total Amount	PR = Program	FR = Free		PI = Private Insurance		
Per Week	<b>FA</b> = Family (1 <sup>st</sup> Party)	MC = Medicaid		NA = Not Applicable		