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# CARE REVIEW MANUAL



# Juvenile Justice Care Review Manual

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## **Care Review: The Basics**

### **Values and Principles**

A System of Care (SOC) is an integrated network of community services and resources that helps families meet the needs of adults and children with serious/complex behavioral, academic, social and/or safety needs. Using the SOC framework is consistent with the national standard of best practice for planning and delivering services to juveniles and families.

Juvenile Justice embraces and promotes the concept that juveniles and families should receive the services and supports they need in their homes, at work, in school and in the community, whenever possible. These services and supports should be evidence-based or grounded in best practice, strength-based, person-centered, family-focused and provided within environments of greatest independence that are appropriate and safe. The needs of the juvenile and family should dictate the type and mix of services and supports provided. Juveniles and families should be full participants in all aspects of the planning and delivery of their services and supports, which should be guided by one comprehensive, integrated and individualized plan. Agencies, programs, services and supports should be sensitive and responsive to cultural differences and unique needs without regard to race, religion, national origin, gender and sexual orientation, physical disability or other characteristics. In addition, agencies, programs, services and supports should promote common mechanisms for planning, developing and coordinating services while maintaining a professional standard of confidentiality for every juvenile and family.

### **Purpose of Care Review**

The Care Review process was developed to allow Juvenile Justice (1) to ensure the process is carried out with integrity, responsibility and accountability to the juvenile and family; (2) to put the values of SOC into practice; and (3) to meet legislative obligations. A Care Review is a community planning process whereby juveniles and families with complex life circumstances can meet with a team of community professionals and natural supports to develop strategies and discuss resources that can potentially address their needs. The Care Review team typically consists of individuals who can connect juveniles and families to resources, services and supports; provide information on different levels of care; assist teams with complex cases; and assist with establishing a recommendation plan that reflects the preferences of the juvenile, family and the decisions made during the Care Review meeting about how to proceed.

A Care Review seeks to:

- Brainstorm creative best practice options when current services/ supports are not adequate to address the juvenile and/or family's needs as recorded on the Care Review Recommendation Plan.



- Help determine the suitability between the juvenile and/or family's needs and the current plan of services/supports and review the potential need for transition to different services or supports as recorded on the Care Review Recommendation Plan.
- Review the potential need for development of a crisis plan or changes to the existing crisis plan.
- Build consensus about roles and functions of the team members and how they can support the juvenile or family to take the Care Review Recommendation Plan and put it into action.
- Assist in reviewing juvenile and family-specific system barriers and program roadblocks that stand in the way of achieving goals, and brainstorm ways to remove any barriers or roadblocks that exist.
- Provide education and technical assistance regarding local resources to help expand access to natural supports and evidence-based and best practice options.

By engaging in these types of conversations with juveniles, families and Child and Family Teams, the Care Review seeks to:

- divert all unnecessary and/or inappropriate psychiatric residential treatment facility (PRTF) placements and youth development center (YDC) commitments.
- help juveniles and families receive high quality and community-based services and supports.
- help in development of stable housing plans with juveniles.
- ensure that juveniles have access to needed medical treatment regardless of health insurance or ability to pay.
- help juveniles identify their own educational and vocational goals.

By participating in a Care Review Team, participants can work together and share ideas to develop a recommendation plan that includes services and supports available to help a juvenile and family meet their personal goals and sustain progress.

Care Review teams **CANNOT**:

- Override an agency's decision regarding service provision, availability, etc.
- Provide a clinical recommendation for a particular treatment service/level of care since such a recommendation is the product of a Comprehensive Clinical Assessment.
- Determine eligibility for funding sources like Medicaid or other state programs.
- Guarantee that a particular service will be approved.

## Care Review Roles

### Representation

The Care Review Team is comprised of representatives from different systems, agencies and organizations in the community like schools, churches, community services organizations, behavioral health service providers, social services, LME/MCO and Juvenile Justice. The diversity in membership and attendance is a significant factor in providing a high quality experience. While Care Review Team members represent their organizations, they are expected **not** to advocate for the



interest of their organizations, but rather to focus on the interest of the juvenile and family being served.

### **Required Members:**

- Juvenile
- Parent/Guardian/Custodian
- Juvenile Justice
- LME/MCO or Prepaid Health Plan (PHP) Representative
- Representatives from any state agency (public schools, health department, etc.) or local department of social services that is currently providing services

### **Recommended Members (in no specific order):**

- Existing Child and Family Team Members
- Advocates/Family Partner/Young Adult Partner/Personal or Natural Supports
- Public schools
- Child Welfare/DSS
- SSI/SSDI Advocate
- Behavioral Health (MH/SU/IDD/DD) provider(s)
- Vocational Rehabilitation/Employment
- Physical health/healthcare provider
- Faith-based organizations
- Post-secondary/adult education
- Housing
- Others as identified by wants/needs of juvenile and family

## **Care Review Responsibilities**

### **Participation and Attendance**

Care Review Team members (or their designees in their absence) are encouraged to attend the scheduled meetings. It is recommended that the alternate members be from the same agency or organization as the absent member and have at least cursory knowledge of the child and family and their situation.

Juveniles and families may ask any supportive individual to accompany them to the Care Review. Existing Child and Family Team members should also be present. It is a good idea for participants to think about what they would like from the Care Review team prior to the meeting; prepare notes if it is helpful. Participants are expected to play an active role in the planning process.

All participants of the Care Review Team should be familiar with the Care Review procedures.



## **Team Member Functions**

### Facilitation

A Care Review Facilitator is someone who skillfully helps the Care Review Team understand its common objectives and assists in developing the team's plan without taking a particular position in the discussion. The Care Review Facilitator often acts as the facilitator, but another team member could serve as facilitator, if necessary and only if neutral facilitation can be assured.

The basic skills of a facilitator are about observing good meeting practices: timekeeping, following an agreed-upon agenda, and ensuring the keeping of a clear record. The higher order skills involve managing the Care Review Team to ensure that juveniles and families are full participants in all aspects of the planning and delivery of their services.

In addition, the facilitator needs a variety of communications skills including the ability to paraphrase; draw people out; balance participation and make space for more reticent group members. It is critical to the facilitator's role to have the knowledge and skills to be able to intervene in a way that adds to the team's creativity rather than taking away from it.

### Documenting the Care Review Recommendation Plan

A court counselor or Care Review team member captures relevant information for the Care Review Recommendation Plan. These notes should be taken in neat, legible handwriting. Toward the end of the meeting, the recommendations and action steps will be reviewed/read aloud to the group by the Care Review Facilitator to ensure accuracy. Changes will be made as necessary. The Care Review Team members will seek to achieve agreement on the recommendations. If agreement is not achieved, this will be noted on the Care Review Recommendation Plan. Each participant will be asked to sign the Care Review Recommendation Plan. Copies will be made and distributed to the juvenile/family and anyone granted access to the plan by the juvenile/family within two business days of the meeting.



## **Care Review: Referral**

### **Eligibility Criteria**

**Care Review** is available to any juvenile and their families who:

- are eligible for a level III commitment to a YDC.  
or
- are being recommended for PRTF level of care.

**Care Review** is REQUIRED when either of the above occur,

AND

a recent CCA (updated within 45 days of the adjudication hearing) has been completed on the juvenile indicating SED, IDD, and/or DD and the court finds that this substantially contributed to the juvenile's delinquency.

### **Meeting Expectations and Procedures**

- All participants in a Care Review are expected to be on time and ready for the meeting at the top of the hour. The court counselor/referral source is expected to communicate with the Care Review Facilitator prior to the date of the meeting regarding copies and documents needed for sharing with participants in the Care Review.
- The Care Review Facilitator will contact the court counselor/referral source ahead of time to discuss any potential issues or concerns that may arise.
- Each Care Review meeting will be scheduled for at least an hour and should not exceed the amount of time that is appropriate for the juvenile and family.
- The Care Review process strongly encourages that a juvenile, family and their support persons share with the CRT at the beginning of the meeting what is most important to them, what they would like to achieve during the meeting, and if they are informed about the reason for the Care Review.
- The format is as follows: The Care Review Team (CRT) will introduce themselves (starting with the family members and their supports), sign the confidentiality form, and discuss the family and juvenile's strengths. The Care Review Facilitator will introduce the referral information submitted. The Care Review Facilitator will also explain that the purpose of the meeting is to develop a recommendation plan that identifies appropriate services and resources that address the strengths and needs of the juvenile and family. The Care Review Recommendation Plan may be provided to the court. The CRT will ask those who represent the juvenile and family to share historical and current information about current strengths, needs and supports already in place. The CRT will discuss any clarifications needed, and any service providers/agencies can provide updated data regarding the status of services and progress with goals. The final phase of the Care



Review meeting is to summarize what was presented and discussed, come to a consensus regarding recommendations for the Care Review Recommendation Plan, and discuss next steps. A copy of the Care Review Recommendation Plan will be provided to the juvenile and family within two business days of the Care Review Meeting.

- The court counselor/referral source should be prepared to present information about a juvenile justice history, YASI and any other available evaluations or documentation that can lend itself to productive planning during the Care Review process. Support persons and professionals involved with the juvenile and family should be ready to discuss their function and role in relation to how the juvenile and family is being served.
- The Care Review Recommendation Plan will be developed and reviewed at the conclusion of the meeting. Within two business days, the Care Review Recommendation Plan will be provided to the juvenile, family and other participants that have been given permission to obtain a copy.
- The court counselor shall upload the Care Review Recommendation Plan in NC-JOIN to be made a part of the juvenile's NC-JOIN record. A copy should also be placed in the juvenile's hard file.
- The best practice for convening a care review meeting would be to have it in person but other meeting platforms can be considered, if accessible to use by the juvenile, family and their supports.

## **Care Review Referral Form Instructions**

### **Instructions**

Care Review is a planning process that facilitates access to services and supports through the collaboration of juveniles, families and Care Review team members. Care Review Team members represent an array of public and private community-based resources such as social services, mental health and the faith community.

### **Scheduling the Care Review**

All applicable sections of the Care Review Referral form must be completed prior to requesting the Care Review. If the court counselor is unsure about a section of the referral form or need guidance, the court counselor shall consult with the Care Review Facilitator prior to submission. The attached form is used for all Juvenile Justice Care Review referrals. Please be sure to provide a detailed description of the current situation, as well as strengths and interests, in the last section of the referral form.

A Care Review cannot take place without the informed and willing participation of the juvenile and family. Therefore, it is the court counselor's responsibility to explain the purpose of the Care Review, why the process is being recommended and ascertain the juvenile and family's consent and willingness to proceed. The court counselor shall review the completed referral form with the juvenile and family prior to submitting the request to the Care Review Facilitator.

The completed referral form should be emailed with encryption or faxed to the Care Review Facilitator. The court counselor shall confirm that the Care Review Facilitator received the referral form.





### **Care Review Facilitator:**

- After receiving the referral form, the Care Review Facilitator will follow up with the court counselor to clarify or obtain additional information if needed, within two business days.
- Once the Care Review has been approved for scheduling, the Care Review Facilitator will work with the juvenile, family, court counselor and other required or recommended participants to schedule an appropriate time and date for the Care Review meeting.

### **Court Counselor/Referral Source:**

- Will arrange and assist the juvenile and family with the ability to participate in the Care Review.
- Will make arrangements with the juvenile, family, and their supports to participate in a virtual meeting, if that is the agreed upon platform for the Care Review meeting.
- Will coordinate interpretation assistance for juvenile and family as needed for Care Review.
- Will work with the Care Review Facilitator to inform and invite all Child and Family Team members and all other required and recommended participants to the Care Review meeting.
- Will ensure that all appropriate consent forms are reviewed and updated with the juvenile and family (CS 011b).
- On the days leading up to the Care Review, the court counselor will update the Care Review Facilitator of any changes that occur keeping in mind that the Care Review Team must provide the court with a Recommendation Plan within 30 days of it being court-ordered. Time will be of the essence so cancellations should be kept to a minimum.
- Will review and provide a copy of the document “What to Expect at Care Review” and “Care Review Comfort Agreement” to the juvenile and family. The juvenile and family may choose to have a supportive person available during this review.

**\*\*\*All cancellation notices should be sent immediately but no later than 24 hours via email directly to Care Review Facilitator prior to the scheduled Care Review.\*\*\***

### **On the Day of Care Review Meeting**

Participants and team members should sign-in/attend the meeting. The Care Review team welcomes the participation of the juvenile and family in the process. However, it may not be appropriate for the juvenile to participate in the entire meeting if sensitive issues will be discussed. The Care Review team may designate time during the meeting (or prior to the meeting) for the juvenile’s voice to be included in the discussion. If the Care Review meeting is held virtually, at the juvenile and family’s approval, the Care Review Facilitator will lead the process to ensure all voices are heard and encourage participation from everyone.



### **After the Care Review Meeting**

For Care Reviews, the family/guardian/custodian and anyone designated by the family/guardian/custodian will receive a copy of the Care Review Recommendation Plan. By request, copies of any additional resource information will also be given to the family/guardian/custodian. A copy of the Care Review Recommendation Plan shall be stamped "CONFIDENTIAL" and the original document will be provided to the court, if Care Review is required at disposition and/or court ordered.

If you have questions, please contact the Juvenile Justice Care Review Facilitator.



## **Care Review: Forms**

Care Review Referral Form

What to Expect at Care Review

Care Review Comfort Agreement

Care Review Meeting Confidentiality Sign-In Sheet

Care Review Recommendation Plan

Facilitator Care Review Process Checklist



# Care Review Referral Form

Today's Date: Enter a date

Urgency of Request:  ASAP  Within 30 days

Reason for Care Review:  YDC eligible  PRTF  Other: (Specify)

## Participant Information

**Juvenile Name:**  
 First Name Last Name

**Juvenile Address** Phone: ( ) -  
 Street Address  
 City , NC Zip Code

**NC-JOIN number:**

**Gender:**  Male  Female **DOB:** Enter a date **Age:** Enter Age

**Does the juvenile have private health insurance or Medicaid? Select from dropdown below:**  
**Insurance:** Choose an item  
**If yes, please list Insurance Number:** \_\_\_\_\_

**Does the juvenile have a Prepaid Health Plan (PHP) or private insurance? Select**  
 Health Choice  Private Insurance  Veteran's Benefits  Uninsured  
 AmeriHealth Caritas  Healthy Blue  United Healthcare  WellCare  
 Carolina Complete Health Name of Health Insurer: \_\_\_\_\_  
**If neither, has the court counselor assisted the parent with applying for Medicaid/Health Choice?**  
 Yes  No

**Please identify the associated managed care organization (MCO):**  
 Alliance  Eastpointe  Partners  Sandhills  Trillium  Vaya  Specialized Foster Plan  
 N/A

**Legal Guardian Name:**  
 First Name Last Name Phone: ( ) -  
**Relationship:**  Parent  Guardian  Custodian  Relative  DSS  Other: (Specify)

**Are there any accommodations or factors to consider when scheduling the Care Review?**  None  
 Non-English Speaker\*  ADA\*  Time/Day considerations (including after school)  Other  
**Please specify accommodation:**  
 \*If an interpreter is needed the court counselor is responsible for securing an interpreter.

## Referral Information

**Court Counselor/Referral Source:**  
 First Name Last Name

**District:** /County: \_\_\_\_\_ **Supervisor:**

**Email address:** \_\_\_\_\_ **Phone:** ( ) -



### Needs of the Juvenile and Parent/Guardian/Custodian

Please complete this section with the juvenile and parent/guardian/custodian. This section will inform who attends the Care Review as well as help us understand the priorities.

Discuss the juvenile and parent/guardian/custodian strengths, goals and interests:

How are you (juvenile and parent/guardian/custodian) hoping the Care Review process can help?

What needs would you like addressed in the following areas:

- **Housing:**  Yes  No
  
- **Transportation:**  Yes  No
  
- **Educational:**  Yes  No
  
- **Vocational:**  Yes  No
  
- **Financial:**  Yes  No
  
- **Legal:**  Yes  No
  
- **Emotional/Psychological:**  Yes  No
  
- **Health (including ability to afford and obtain prescribed medications):**  Yes  No
  
- **Social/Recreational/Spiritual:**  Yes  No
  
- **Family:**  Yes  No

What, if any, additional concerns do you have?



**Please check any supports or resources the juvenile/family currently have:**

- Enrolled in school/day treatment/Homebound  Full-time employment  Part-time employment  
 Vocational Rehab  Behavioral Health Therapy  Medication Management  Spiritual  
 AA/NA or similar recovery program  Other group or program regularly attending  Reliable transportation  
 IDD Services  Care Coordination  Other interpersonal support or mentor  
 SSI/SSDI  Work First  Unemployment benefits  VA benefits  SNAP  WIC  
 IEP  504 Plan  Housing Assistance  Other (Specify)

**Please list any natural supports (family, spiritual, friends, mentors, groups or activities):**

### Additional Information

**Is the juvenile connected to a behavioral health provider?**  Yes  No

**Please list the clinical home:**

**Date of last CCA:**

**Has the juvenile been admitted to the hospital for psychiatric care in the past three months?**

Yes  No

**Has the juvenile been admitted to a crisis facility in the past three months?**  Yes  No

**Which facility?**

**Does the juvenile have a behavioral health diagnosis?**  Yes  No

**If so, what type (Check all that apply)?**  MH  SU  DD  IDD

If uncertain, please check with provider/clinician

**Is the juvenile connected to a primary care physician?**  Yes  No

**Please list the physician and/or medical home:**

**Is the young person in detention?**  Yes  No

**Please list the detention facility name:**

**Has the juvenile had a preventive medical screening in the past 15 months from a primary care physician?**  Yes  No

**Date of last CFT meeting:** [Click here to enter a date](#)

**Who attends the CFT or other treatment team meetings (list names and affiliation)? or select  N/A**

**If applicable, please provide the name and contact info of the adult probation officer:**

First Name                  Last Name

Email address:

Phone: (    )                  -



## What to Expect at Care Review

Care Review Meetings are in place to help a juvenile and family meet with community and agency representatives to divert all unnecessary and/or inappropriate psychiatric residential treatment facility (PRTF) placements and youth development center (YDC) commitments by discussing the juvenile/family strengths, needs and desires across multiple areas and helping put a plan in place to meet those needs and desires. These areas may include the following: behavioral and physical health, housing, transportation, legal, financial, educational, employment, social activities, spiritual and familial needs.

The juvenile and family lead this process; in order for the meeting to take place, they should be informed and willing to participate in the Care Review Meeting. It is the responsibility of the person completing the referral with the juvenile and family to explain the purpose of the Care Review Meeting to ensure they are interested in participating.

The Care Review Team will help with brainstorming and creating a plan with the juvenile and family to access resources in the community and provide support throughout the process. This process is tailored around the specific strengths and needs of the juvenile and family.

A Care Review seeks to:

- Brainstorm creative best practice options when current services/supports are inadequate to address the juvenile and/or family's needs as recorded on the Care Review Recommendation Plan.
- Help determine the suitability between the juvenile and/or family's needs and the current plan of services/supports and review the potential need for transition to different services or supports as recorded on the Care Review Recommendation Plan.
- Review the potential need for development of a crisis plan or changes to the existing crisis plan.
- Build consensus about roles and functions of the team members and how they can support the juvenile or family to take the Care Review Recommendation Plan and put it into action.
- Assist in reviewing juvenile and family-specific system barriers and program roadblocks to achieving goals, and brainstorm ways to remove any existing barriers or roadblocks.
- Provide education and technical assistance regarding local resources to help expand access to natural supports and evidence-based and best practice options.

By engaging in these types of conversations with juveniles, families and Child and Family Team Members, the Care Review seeks to:

- divert all unnecessary and/or inappropriate PRTF placements and YDC commitments.
- help juveniles and families receive high quality and community-based services and supports.
- help in development of stable housing plans with juveniles.
- ensure that juveniles have access to needed medical treatment regardless of health insurance or ability to pay.
- help juveniles identify their own educational and vocational goals.

By participating in a Care Review Team, participants can work together and share ideas to develop a recommendation plan that includes services and supports available to help a juvenile and family meet their personal goals and sustain progress.

Care Review teams **CANNOT**:

- Override a state agency's decision regarding service provision, availability, etc.
- Provide a clinical recommendation for a particular treatment service/level of care since such a recommendation is the product of a comprehensive clinical assessment.
- Determine eligibility for funding sources like Medicaid or state-funding.
- Guarantee approval of a particular service.



#### Care Review Meeting:

- The Care Review Facilitator will contact the court counselor/referral source ahead of time to discuss any potential issues or concerns that may arise.
- All participants in a Care Review are expected to be on time and ready for the meeting at the top of the hour. The court counselor/referral source is expected to communicate with the Care Review Facilitator prior to the date of the meeting regarding copies and documents needed for sharing with participants in the Care Review.
- Each Care Review meeting will be scheduled for an hour.
- Format is as follows:
  - the Care Review Facilitator will open the meeting.
  - the Care Review Team members will introduce themselves.
  - the Care Review Team members sign the Confidentiality Form.
  - the Care Review Facilitator will introduce the referral submitted and why the meeting was requested.
  - the Care Review Facilitator will also explain that the purpose of the meeting is to develop a recommendation plan that identifies appropriate services and resources that address the strengths and needs of the juvenile and family.
  - the Care Review Recommendation Plan may be provided to the court.
  - those who represent the juvenile and family will share historical and current information about existing strengths, needs and supports.
  - CRT members will discuss any clarifications needed.
  - any service providers/agencies can provide updated data regarding the status of services and progress with goals.
  - the Care Review Facilitator will summarize what was presented and discussed, and work with team members to form a consensus regarding recommendations for the Care Review Recommendation Plan and discussing next steps.
  - the Care Review Recommendation Plan will be provided to the juvenile and family.
- The Care Review process strongly encourages that a juvenile, family and their support persons share with the CRT at the beginning of the meeting what is most important to them, what they would like to achieve during the meeting, and if they are informed/aware about the reason for the Care Review.
- The court counselor/referral source should be prepared to present information about a juvenile justice history, YASI and any other available evaluations or documentation that can aid in productive planning during the Care Review process. Support persons and professionals involved with the juvenile and family should be ready to discuss their function and role in relation to how the juvenile and family is being served.
- The Care Review Recommendation Plan will be developed and reviewed at the conclusion of the meeting. The Care Review Recommendation Plan will be provided to the juvenile, family and other participants that have been given permission to obtain a copy within two business days. The Care Review Recommendation Plan will be uploaded within NC-JOIN for review by Juvenile Justice employees who may be involved with the juvenile or family.





## Care Review Comfort Agreement (Ground Rules)

Please...

- Agree to maintain confidentiality.
- Stay present.
- Use the technology that is most accessible.
- Test your technology before the meeting.
- Use a phone or internet line with clarity and stability.
- Turn on your video to participate.
- Use the mute button to reduce background noise.
- Find a quiet space with minimal distractions.
- Introduce yourself and your role in the meeting/ relation to the juvenile and family.
- Share if there is a preference for how you want to be addressed (Ms./Mr./First name, etc.)
- Speak up to get attention if you have something to say.
- Be and stay engaged: we want this to be a collaborate and supportive environment.
- Explain what an acronym means if one is used.
- Focus on the meeting; the juvenile and family participating deserve your presence and focus
- If you cannot log-on to the meeting, call in.
- Be flexible; your participation may be needed more at some times than at others.
- Mute your microphone when you're not talking.
- Speak up to ensure you can be heard.
- Take turns speaking so as to not talk over anyone.
- Follow through with any commitments/ agreements you make.



## Care Review Meeting Confidentiality Sign-In Sheet

Name of Juvenile: \_\_\_\_\_

It is the policy of the NC Department of Public Safety - Juvenile Justice to protect individual's confidentiality according to North Carolina statutes and federal regulations. All proceedings of the Care Review Meeting related to progress reporting, assessment, planning, service delivery and implementation will occur in a confidential setting in which only those individuals authorized to be part of the discussions shall be allowed to participate and discuss relevant information. Information will be shared solely to support the juvenile and family and only with the guardian's consent. By signing below, you agree to participate in the Care Review Meeting and respect the privacy of the juvenile and family represented.

Printed Name	Phone	Email	Organization	Date of Attendance



## Care Review Recommendation Plan

### Juvenile Information:

<b>Juvenile's Name:</b>		<b>Phone:</b> (    )    -
First Name	Last Name	DOB:

**Juvenile Address:**

<b>Legal Guardian Name:</b> <input type="checkbox"/> N/A	<b>Phone:</b> (    )    -
First Name                      Last Name	
<b>Relationship:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Custodian <input type="checkbox"/> Relative <input type="checkbox"/> DSS <input type="checkbox"/> Other: (Specify)	

**Parent/Guardian/Custodian Address (if different from Juvenile Address):**

### Considerations (include triggers, etc. for facilitator awareness):

### Additional Information

<b>Court Counselor</b> First Name	Last Name
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<b>Phone:</b> (    )    -	<b>District:</b>	<b>County:</b>
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### Participants included:

**Names:**

### Recommendation Plan:

**Life Domains to be addressed during Care Review:**

Housing    Transportation    Health    Education    Vocational    Financial    Legal  
 Social/Recreational/Spiritual    Emotional/Psychological    Family

**Juvenile/Family Strengths and History of Supports (including treatment):**

### Considerations:

<input type="checkbox"/> Psychological evaluation /IQ /projective testing	<input type="checkbox"/> Psychosexual risk assessment
	<input type="checkbox"/> Education Plan
<input type="checkbox"/> Update IEP	<input type="checkbox"/> Physical / Dental Exam
<input type="checkbox"/> Other treatment services	<input type="checkbox"/> Birth Control / Sex Education
<input type="checkbox"/> Trauma assessment	<input type="checkbox"/> Expand CFT/treatment team to include:
<input type="checkbox"/> Substance Abuse treatment	
<input type="checkbox"/> Social Services	<input type="checkbox"/> School staff



<input type="checkbox"/> Employment Support/Vocational Rehabilitation	<input type="checkbox"/> Family Support
<input type="checkbox"/> YASI	<input type="checkbox"/> Other(s):

**Recommendation 1:**

**Service/Program to consider:** \_\_\_\_\_ **Funding Consideration:** \_\_\_\_\_

**Life Domain:** Choose an item.

**Person/s Responsible:**  Participant:  Guardian:  Provider:  Other:

**Recommendation 2:**

**Service/Program to consider:** \_\_\_\_\_ **Funding Consideration:** \_\_\_\_\_

**Life Domain:** Choose an item.

**Person/s Responsible:**  Participant:  Guardian:  Provider:  Other:

**Recommendation 3:**

**Service/Program to consider:** \_\_\_\_\_ **Funding Consideration:** \_\_\_\_\_

**Life Domain:** Choose an item.

**Person/s Responsible:**  Participant:  Guardian:  Provider:  Other:

**Recommendation 4:**

**Service/Program to consider:** \_\_\_\_\_ **Funding Consideration:** \_\_\_\_\_

**Life Domain:** Choose an item.

**Person/s Responsible:**  Participant:  Guardian:  Provider:  Other:



How was the Care Review Team able to identify ways to support the juvenile and/or family within their community (please give specific examples)?

Person documenting the Plan:

Considerations and recommendations reflected in this Care Review Recommendation Plan are based on information shared at the Care Review Meeting and are not intended to:

- Override a state agency's decision regarding service provision, availability, etc.
- Provide a clinical recommendation for a particular treatment service/level of care since such a recommendation is the product of a comprehensive clinical assessment.
- Determine eligibility for funding sources like Medicaid or state programs.
- Guarantee approval of a particular service.

Care Review ordered by the court?  Yes  No

Date due to court:

Signatures:

Juvenile \_\_\_\_\_ Agree?  Yes  No

Parent/Guardian/Custodian \_\_\_\_\_ Agree?  Yes  No

Court Counselor \_\_\_\_\_ Agree?  Yes  No

LME/MCO Representative \_\_\_\_\_ Agree?  Yes  No

PHP Representative \_\_\_\_\_ Agree?  Yes  No

\_\_\_\_\_ State Agency Representative \_\_\_\_\_ Agree?  Yes  No



\_\_\_\_\_ State Agency Representative \_\_\_\_\_ Agree?  Yes  No

\_\_\_\_\_ State Agency Representative \_\_\_\_\_ Agree?  Yes  No

Other Participant \_\_\_\_\_ Agree?  Yes  No

Other Participant \_\_\_\_\_ Agree?  Yes  No

Other Participant \_\_\_\_\_ Agree?  Yes  No



Juvenile's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ NC-JOIN #: \_\_\_\_\_

Name of court counselor/referral source \_\_\_\_\_ Phone # \_\_\_\_\_

Facilitator Assigned: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Care Review Recommendation Plan Due to Court \_\_\_\_\_

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### Facilitator Care Review Process Checklist

\_\_\_\_\_ Referral received from court counselor/referral source Date received \_\_\_\_\_

\_\_\_\_\_ Contact attempt(s) made with court counselor/referral source: \_\_\_\_\_

Date of contact with court counselor/referral source: (within two business days): \_\_\_\_\_

Contact Information: Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Court Counselor Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Additional information obtained regarding specific needs; contact may be made with the individual directly for additional information \_\_\_\_\_

**Strengths** in the following areas: \_\_\_\_\_

**Needs** in the following areas: \_\_\_\_\_

**Interpreter: Yes**  **No**

Name of Interpreter Assigned \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Who Contacted Interpreter: \_\_\_\_\_ Date Interpreter Scheduled: \_\_\_\_\_

**Cultural considerations:** \_\_\_\_\_

**Access to location (physical address, MS TEAMS, WebEx, etc.) considerations:** \_\_\_\_\_

**Does juvenile/family have transportation: Yes**  **No**

If no, who will transport juvenile/parent/guardian/custodian to meeting: \_\_\_\_\_

**Financial:**

**Housing:**

**Transportation:**

**Educational:**

**Emotional/Psychological:**

**Employment:**

**Legal:**

**Health:**

**Spiritual:**

**Social/Recreational:**

**Family:**

Coordinating with potential participants for meeting attendance (may take place over several days)

Names of participants invited:

- |    |     |
|----|-----|
| 1. | 8.  |
| 2. | 9.  |
| 3. | 10. |
| 4. |     |
| 5. |     |
| 6. |     |
| 7. |     |



\_\_\_\_\_ **When meeting date determined, provide the following to all participants:**

- \_\_\_\_\_ 1. email (or paper copies) of *What to Expect at Care Review* distributed to all participants
- \_\_\_\_\_ 2. Logistics information - Location (Physical Address, MS TEAMS link, WebEx link, etc.),  
with date, time and length of meeting                      Date of Meeting \_\_\_\_\_

\_\_\_\_\_ **Meeting standards (during meeting):**

- \_\_\_\_\_ 1. Review confidentiality
- \_\_\_\_\_ 2. Review meeting etiquette (including comfort agreement/ground rules)
- \_\_\_\_\_ 3. Explains that the purpose of the meeting is to develop a recommendation plan that identifies appropriate services and resources to address the strengths and needs of the juvenile and family
- \_\_\_\_\_ 4. Review strengths, needs and create a plan
- \_\_\_\_\_ 5. Explains that the Care Review Recommendation Plan may be provided to the court
- \_\_\_\_\_ 6. Identify individuals responsible for task completion and follow up
- \_\_\_\_\_ 7. Attain participant agreement/disagreement with recommendations on the Care Review Recommendation Plan and signatures

\_\_\_\_\_ **Within two business days of Care Review meeting:**

- \_\_\_\_\_ 1. Provide Care Review Recommendation Plan to juvenile/family, court counselor/  
referral source and other individuals (with provided consent).
- \_\_\_\_\_ 2. Upload Care Review Recommendation Plan in NC-JOIN      Date Uploaded: \_\_\_\_\_
- \_\_\_\_\_ 3. Date Care Review Recommendation Plan provided to the court \_\_\_\_\_





## **Care Review: Additional Resources**

### ***Juvenile Justice Resources***

Juvenile Justice Service Directory - [Juvenile Justice Service Directory | NC DPS](#)  
Juvenile Justice Behavioral Health Multiple Party Consent for Release of Information Form (CS 011(b)) - <https://intranet.djjdp.juvjus.state.nc.us/web/policy-development/forms>  
Juvenile Justice Education Multiple Party Consent for Release of Information Form (CS 011(c))  
<https://intranet.djjdp.juvjus.state.nc.us/web/policy-development/forms>  
Community Programs Consent for Release of Information - (JCPCCR001) -  
<https://intranet.djjdp.juvjus.state.nc.us/web/policy-development/forms>  
Information Sharing Guide - <https://intranet.djjdp.juvjus.state.nc.us/web/policy-development/forms>

### ***Mental Health/Substance Use/Developmental Disability Resources***

DHHS Clinical Coverage Policies (Service Definitions for Mental Health/Substance Abuse/IDD) can be found within the Behavioral Health Section: [www.ncdhhs.gov/dma/mp/](http://www.ncdhhs.gov/dma/mp/)  
Substance Abuse and Mental Health Services Administration (SAMHSA): [www.samhsa.gov](http://www.samhsa.gov)  
National Juvenile Justice on Mental Illness (NAMI): [www.naminc.org](http://www.naminc.org)  
Alcoholics Anonymous: [www.aa.org](http://www.aa.org)  
Alanon/Alateen: [www.al-anon.alateen.org/al-anon-in-north-carolina](http://www.al-anon.alateen.org/al-anon-in-north-carolina)  
Narcotics Anonymous: [www.na.org](http://www.na.org)  
Nar-Anon: [www.nar-anon.org](http://www.nar-anon.org)  
SMART Recovery: [www.smartrecovery.org](http://www.smartrecovery.org)

### ***Schools System Resources***

### ***Social Services Resources***

### ***Housing\Homeless Resources***

### ***Employment Resources***

Division of Employment Security for North Carolina: [www.desncc.com](http://www.desncc.com)  
Division of Vocational Rehabilitation Services of North Carolina:  
<http://www.ncdhhs.gov/dvrs/>

### ***Local Health Resources***

Community Care of North Carolina (CCNC): [www.communitycarenc.com/](http://www.communitycarenc.com/)

### ***Other Resources***

Social Security Administration: [www.ssa.gov/disabilityfacts/](http://www.ssa.gov/disabilityfacts/)  
Legal Aid: [www.legalaidnc.org](http://www.legalaidnc.org)  
PFLAG: [www.community.flag.org](http://www.community.flag.org) and [www.pflagtriangle.org](http://www.pflagtriangle.org)  
NCCARE360: <https://www.nc.gov/about-nc/nc360>  
Social Determinants of Health: [Screening Questions | NCDHHS](#)

