Placer County Systems of Care Unified Services Plan

Reference Name:			☐ ASOC ☐	CSOC	☐ Both	h ASOC 8	& CSOC
Case Number(s):			USP Start Date:	USI	P End Date:		
Check all systems whi	ch apply:						
Mental Health			Adult Servilles		Substance Abuse Out-Client Day Treatment Residential Other		
Names of Family Mem	bers Receiving Services:						
		SAFE					
Sub-Outcomes: 1 (Adult) – Not subject to 2 (Adult) – Not harming se	physical or emotional violence. elf or placing self at risk of injury or illness.	1 (Child) – C 2 (Child) – N	rared for, protected, and re lot subject to physical, sexu lot placing self at risk of inju	ual, or emotic	onal violence.		
Desired Objective: (Measurable)				Da	te to be Accor	nplished:	
Person Responsible For Completing Activity	Specific Activities/Services to Achieve Desired Objectives: (Include frequency and duration as appropriate) Focus Individua On Behalf Of			<u>Servic</u>	Provider Sub-outcome		<u>utcome</u>
						<u>Adult</u> 1□ 2□	<u>Child</u> 1□ 2□ 3□
						<u>Adult</u> 1□ 2□	<u>Child</u> 1□ 2□ 3□
						<u>Adult</u> 1□ 2□	<u>Child</u> 1 □ 2 □ 3 □
						<u>Adult</u> 1□ 2□	<u>Child</u> 1□ 2□ 3□
						<u>Adult</u> 1□ 2□	<u>Child</u> 1 □ 2 □

CARE-008 Rev. 08/05/2004

HEALTHY

Sub-Outcomes:

- 3 (Adult) Free of disease or illness; or, disease or illness medically managed. 4 (Adult) Happy with life and experience positive self-attitude.

- (Adult) Free of illicit drugs or alcohol (if a problem).
 (Adult) No unwanted pregnancy; if pregnant, participating in prenatal care.
 (Adult) Sustaining appropriate physical, mental, and emotional development.
- 4 (Child) Free of disease or illness; or, disease or illness medically managed.
 5 (Child) Happy with life and experiencing positive self-attitude.
 6 (Child) Free of illicit drugs, alcohol and tobacco.
 7 (Child) Not sexually active/not engaged in sexual risk behavior.

- (Child) Achieving appropriate level of physical development.
 (Child) Achieving appropriate level of emotional development.

Desired Objective:

(Measurable)

Date to be Accomplished:

Person Responsible For Completing Activity	Specific Activities/Services to Achieve Desired Objectives: (Include frequency and duration as appropriate)	Focus Individual(s)/ On Behalf Of	Service Provider	Sub-ou	<u>utcome</u>
				Adult 3	Child 4□ 5□ 6□ 7□ 8□ 9□
				Adult 3	<u>Child</u> 4□ 5□ 6□ 7□ 8□ 9□
				Adult 3	Child 4□ 5□ 6□ 7□ 8□ 9□
				Adult 3	<u>Child</u> 4 □ 5 □ 6 □ 7 □ 8 □ 9 □

CARE-008 Rev. 08/05/2004 2

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AT HOME/IN MOST HOME-LIKE ENVIRONMENT Sub-Outcomes: 8 (Adult) – Living in a safe, stable and supportive environment. 9 (Adult) – Interacting positively with all other persons at current residence. 10 (Adult) – Meeting basic needs for food, clothing, shelter and other necessities.						
Desired Objective: (Measurable)			Date to be Accor	mplished:		
Person Responsible For Completing Activity	Specific Activities/Services to Achieve Desired Objectives: (Include frequency and duration as appropriate)	Focus Individual(s)/ On Behalf Of	Service Provider	Sub-ou	<u>utcome</u>	
				<u>Adult</u> 8□ 9□ 10□	<u>Child</u> 10□ 11□	
				<u>Adult</u> 8□ 9□ 10□	<u>Child</u> 10□ 11□	
Sub-Outcomes: 11 (Adult) – Attending sch 12 (Adult) – Transportatio 13 (Adult) – Positive perfo 14 (Adult) – Able to establ	n adequate to arrive on time where needed. 13 (Child) – 14 (Child) – 15 (Child) – 15 (Child) – 15 (Child) –	Attending school on time even Obeying school rules. Participating, earning passin Participating in school enrich Experiencing positive peer reference of the participating partic	ery school day. ng grades and learning. nment or organized non-sch elationships at school.			
(Measurable)		1	Date to be Accor	mplished:		
Person Responsible For Completing Activity	Specific Activities/Services to Achieve Desired Objectives: (Include frequency and duration as appropriate)	Focus Individual(s)/ On Behalf Of	Service Provider	Sub-ou	<u>utcome</u>	
				Adult 11	Child 12□ 13□ 14□ 15□ 16□	
				Adult 11	<u>Child</u> 12□ 13□ 14□ 15□	

CARE-008 Rev. 08/05/2004 3

16□

<u>Child</u>

12□ 13□

14□

15□ 16□

<u>Adult</u>

11

12□ 13□

14

Sub-Outcomes: 15 (Adult) – Obeying all laws. 16 (Adult) – Engaged in self-controlled, positive, non-violent behavior. 17 (Adult) – Not involved with the criminal justice system/following requirements if						
Desired Objective: (Measurable)		20 (Child) – I	Not associating or involved	with gangs or offenders. Date to be Accor	mplished:	
Person Responsible For Completing Activity	Specific Activities/Services to Achieve Desired Ob (Include frequency and duration as appropria		Focus Individual(s)/ On Behalf Of	Service Provider	Sub-ou	<u>utcome</u>
					Adult 15□ 16□ 17□	<u>Child</u> 17☐ 18☐ 19☐ 20☐
					Adult 15□ 16□ 17□	<u>Child</u> 17☐ 18☐ 19☐ 20☐
					Adult 15□ 16□ 17□	Child 17☐ 18☐ 19☐ 20☐
Sub-Outcomes: 18 (Adult) – Maximizing w 19 (Adult) – Financial circ 20 (Adult) – Self-sufficient	FINANCIALLY SE rork hours/activities. umstances not adversely impacting relationships. t/totally supporting self and/or family.	ELF-Sl	JFFICIENT			
Desired Objective: (Measurable)				Date to be Accor	mplished:	
Person Responsible For Completing Activity	Specific Activities/Services to Achieve Desired Ob (Include frequency and duration as appropria		Focus Individual(s)/ On Behalf Of	Service Provider	Sub-ou	utcome
					Adult 18	
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CARE-008 Rev. 08/05/2004

Adult
18□
19□
20□

Desired Objective: (Measurable)			Date to be Accor	mplished:	
Person Responsible For Completing Activity	Specific Activities/Services to Achieve Desired Objectives: (Include frequency and duration as appropriate)	Focus Individual(s)/ On Behalf Of	Service Provider	Sub-Ou	<u>itcome</u>
				Adult	Child
				Adult	Child
				Adult	Child
Desired Objective: (Measurable)			Date to be Accor	mplished:	
Desired Objective: (Measurable) Person Responsible For Completing Activity	Specific Activities/Services to Achieve Desired Objectives: (Include frequency and duration as appropriate)	Focus Individual(s)/ On Behalf Of	Date to be Accor		<u>utcome</u>
(Measurable) Person Responsible For Completing	Specific Activities/Services to Achieve Desired Objectives: (Include frequency and duration as appropriate)	Focus Individual(s)/ On Behalf Of			
(Measurable) Person Responsible For Completing	Specific Activities/Services to Achieve Desired Objectives: (Include frequency and duration as appropriate)	Focus Individual(s)/ On Behalf Of		Sub-or	Child

CARE-008 Rev. 08/05/2004

STRENGTHS

- 1 Absent parent supportive
- 2 Accepts responsibility for parenting problems
- 3 Appropriate involvement with child
- 4 Awareness of age appropriate development
- 5 Child care adequate
- 6 Child doing well in school
- 7 Child shows age-appropriate development
- 8 Child shows comfort in parent's presence
- 9 Clean/safe home and yard
- 10 Community support utilized
- 11 Cooperative
- 12 Disciplines appropriately
- 13 Emotionally healthy
- 14 Employable skills
- 15 Employed

Signature:

16 - Extended family/friend support

- 17 Family heritage includes shared parenting
- 18 Free from alcohol/drug dependency
- 19 Goal setting/planning skills
- 20 Good communication skills
- 21 Good parent/child bonding
- 22 Has consistent employment history
- 23 High school graduate or equivalent
- 24 Housing adequate
- 25 In the past, parent met child's needs
- 26 Income source adequate
- 27 Insight into family problems
- 28 Intact family
- 29 Law-abiding
- 30 Medical care adequate
- 31 Motivated to solve problems
- 32 No known prior abuse/neglect record

- 33 Parent raised child a significant time
- 34 Parent shows empathy for the child
- 35 Parenting skills
- 36 Parent's childhood needs were met adequately
- 37 Personal hygiene adequate
- 38 Physically healthy
- 39 Positive attitude
- 40 Realistic expectations of child
- 41 Relates appropriately to parents/adults
- 42 Self-esteem
- 43 Social skills
- 44 Transportation available
- 45 Willingness to accept services
- 46 Willingness to change
- 47 Other (Specify)

PARTICIPANT DATE OF BIRTH		STRENGTHS		
	+	 		
In signing this service plan, I acknowled services outlined in this case plan, and	d I have received a copy	y of this case plan.		
In addition, I agree to sign re members and to measure ach				
Participant:		_ Relationship:	Date:	
Participant:		_ Relationship:	Date:	
Participant:		_ Relationship:	Date:	
Participant:		_ Relationship:	Date:	
Designated Staff Team Member:			Date:	
Supervisor Approval:			Date:	
Due Date of Next Unified Services Pla	ın:			
Non-signature explanation:				
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CARE-008 Rev. 08/05/2004

Date: _