

Child and Family Team Practice Improvement Review

Name of Youth: _____

Date of Review: _____

Please obtain copies of the following documents and include with the rating sheet when the review is completed:

- Strength, Culture and Needs document
- Current Service Plan
- Current Crisis Plan

Child and Family Team Practice Improvement Tool

Demographic Form

Name of Youth: _____

Name of Caregiver's: _____ Relationship to Child: _____

Comprehensive Service Provider: _____

Date of Enrollment to CSP: _____ Date of First Service: _____

First Child and Family Team Meeting Date: _____

Date of Review: Month _____ Day _____ Year _____

Youth's date of birth: Month _____ Day _____ Year _____ Age: _____

What is the youth's gender? Male Female

What is the youth's race/ethnicity? White/Caucasian Latino/Hispanic/Mexican American
Black or African-American American Indian/Native American or Alaska Native Asian
Native Hawaiian or Pacific Islander Unknown

Has the Youth been in school anytime in the last 30 days? Yes No If No, Why was the youth not in school?
 Dropped out of school before legal age Dropped out after legal age
 Expelled or Suspended Too young to go to school
 Graduated from high school or GED Taught at home (home-schooled)
 Physical illness Refused to go to school
 In juvenile detention or jail Summer vacation
 Other (please specify) _____

What grade is the youth in now?
 Preschool Kindergarten First Grade Second Grade
 Third Grade Fourth Grade Fifth Grade Sixth Grade
 Seventh Grade Eighth Grade Ninth Grade Tenth Grade
 Eleventh Grade Twelfth Grade Post-Secondary No Grade Levels in child's school

Name of this child's Clinical Liaison: _____

Is this child in DES/CPS Custody? _____ For how long? _____

Where does this youth currently reside?
 Home with biological parents Home with adoptive parents Lives with Kin
 Independent Living Therapeutic Foster Care Level III Group Home
 Level II Therapeutic Group Home Level I Residential Homeless
 DES/CPS Shelter DES/CPS Group Home DES/CPS Foster Care
 DES/DDD Foster Care DES/DDD Group Home Corrections Facility
 Detention Facility (Durango) Detention Facility (SEF) Out-of-State Residence
 Other _____

Where else has this youth resided since January 1, 2005? _____

Child and Family Team Practice Improvement Tool

Record Review

I. Engagement - Establishing a Trusting Relationship with the Child and Family

Key Indicator	Circle Response			<u>Comments</u>
1. There is written evidence in the record that family voice is solicited. (Indications of family voice are referenced in CFT notes or meeting minutes, psychiatric med check notes or therapy progress notes)	Yes	No	N/A	
2. Services and supports, from initial assessment to service planning and implementation, are provided in equal partnership with the child and family. (Indications of a family partnership are referenced in CFT notes or meeting minutes, psychiatric med check notes or therapy progress notes)	Yes	No	N/A	
3. Is a Family Support Partner participating on the team?	Yes	No	N/A	
4. Does the record reflect a need for family support?	Yes	No	N/A	
5. Do all people who interact with the family use written language that reflects respect and cultural curiosity, by being positive and strength based, when describing the child, family, others involved, system partners and colleagues.	Yes	No	N/A	
6. The family's preference for location, time of face-to-face contact (i.e. team meetings, clinical work, etc) and means for all other communication is noted in the record and met/honored and respected.	Yes	No	N/A	
7. Services and supports, from initial assessment to service planning and implementation, are provided in the child and family's language of preference.	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 4)				

II. Clearly knows the family and has identified the Strengths, Culture and Needs of the Child and Family

1. The team works to identify the child and family's cultural traditions, unique family values and preferences in a manner that is respectful and strengths based.	Yes	No	N/A	
2. A Strengths, Culture and Needs Discovery has been completed, contains a clear vision of the future for the child and family and a copy is located in the record.	Yes	No	N/A	
3. The Strengths, Culture and Needs Discovery document identifies individual and family strengths and elements of the family's culture that are useful in developing and carrying out an effective individualized service plan.	Yes	No	N/A	

4. The Strengths, Culture and Needs Discovery explores or identifies current and potential natural, community and informal supports and current agency involvement.	Yes	No	N/A	
5. There is an indication in the record that the Strengths, Culture and Needs Discovery has been reviewed and updated, team composition has been reviewed and updated and additional life events have been added over time.	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 4)				

III. Create an Individualized Service Plan that Meets the Needs of the Child and Family

1. An individualized Child and Family Team has been created and its membership is documented in the record.	Yes	No	N/A	
2. Key people, in addition to the family and agency staff, are consistently invited and are present at team meetings. (Clinical Liaison, natural supports, community supports, other family members, etc.),	Yes	No	N/A	
3. Specific goals are developed that relate to the family's vision of the future and the needs identified by the team and they are specified in the plan and reviewed regularly by the team.	Yes	No	N/A	
4. The team has created an individualized service plan that includes methods and strategies to regularly measure progress and/or the effectiveness of a strategy or action step and makes changes based on what is working.	Yes	No	N/A	
5. The Strength and Culture Discovery was used to develop the individualized service plan and utilized the child and family's strengths and cultural characteristics.	Yes	No	N/A	
6. The Child and Family Team facilitator identifies, documents and records task assignments, spreads responsibility and makes an effort to keep all team members involved with the CFT process.	Yes	No	N/A	
7. An effort is made to prepare and engage all Child and Family Team members prior to the meetings, as reflected in case or progress notes.	Yes	No	N/A	
8. There is evidence in the record to indicate that there is clinical oversight, consultation and support provided to the team.	Yes	No	N/A	
9. The team systematically reviews progress and revises the plan of needed to support progress.	Yes	No	N/A	
10. There is evidence that the timelines established in the service plan were met.	Yes	No	N/A	
11. When other agencies or systems are involved the assessment, needs identification and service plan goals/action steps compliment the plans of these agencies and relevant mandates and goals of the agencies are addressed and incorporated into the service plan.	Yes	No	N/A	

12. The plan for the child identifies the supports and services needed to develop the skills needed to achieve success in school as appropriate to his/her developmental age.	Yes	No	N/A	
13. The plan for the child identifies the supports and services needed for the child and family to develop the skills needed to live life together in their family home and community.	Yes	No	N/A	
14. The plan for the child identifies the supports and services needed to develop the skills needed to avoid delinquency.	Yes	No	N/A	
15. The plan for the child identifies the supports and services needed to develop the skills needed to become a stable and productive adult.	Yes	No	N/A	
16. The plan for the child identifies the supports and services needed to increase the level of stability experienced by the child in terms of housing/treatment settings.	Yes	No	N/A	
17. The plan for the child identifies the supports and services needed to decrease the safety risks present due to the child's behavior or the behavior of others.	Yes	No	N/A	
18. The team develops plans so the family can be as independent as possible from formal service systems while maintaining ongoing supports or service to meet long term needs.	Yes	No	N/A	
19. If the child is 16 years or older the transition to adulthood has been addressed and is a major part of the service plan.	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 4)				

IV. Implement, Monitor and Modify the Services Plan Toward a Successful Outcome for the Child and Family

1. The team works to continually identify family members and natural supports and actively engages these supports when the family feels it would be helpful and appropriate.	Yes	No	N/A	
2. Progress notes reveal a pattern of ongoing collection of new information about the family's utilization of natural and community supports.	Yes	No	N/A	
3. When other systems and agencies are involved with the family there is evidence that personnel from those systems or agencies attend CFT meetings, are involved in the team process and coordinate on planning and service delivery.	Yes	No	N/A	
4. Documentation denotes that the Child and Family Team is actively involved with the education process for the child when that has been identified as a need.	Yes	No	N/A	
5. Action steps or next steps that relate to the goals established in the plan are developed and/or reviewed at each team meeting and assignments are made to see that they are accomplished.	Yes	No	N/A	

6. The team assesses goals and strategies to measure progress and effectiveness and revises a goal or strategy when progress or effectiveness is below expectation.	Yes	No	N/A	
7. The team anticipates transitions in the child and family's life and develops plans to minimize risk or crises during transitions.	Yes	No	N/A	
8. The team has identified risky or crisis situations and developed a crisis and or safely plan, using an approach such as Predict-Prevent-Plan or a comprehensive functional assessment of behavior, and a copy is in the file.	Yes	No	N/A	
9. There is evidence that the crisis plan has been used during crises and is updated as needed to reflect current issues for the child and family.	Yes	No	N/A	
10. The team is actively working to build the supports necessary for the child to be in their home or community.	Yes	No	N/A	
11. The team has reviewed the child's status in relation to the six (6) outcome indicators at six month intervals and there is reference to the review in the record. (This will become pertinent after December 31, 2005).	Yes	No	N/A	
12. The team identifies the services that are needed by the child or family and if not available develops the service or support or adapts an existing service or support to meet the identified need.	Yes	No	N/A	
13. The team works to use in-home and community based services and supports to meet the unique needs and culture of this child and family.	Yes	No	N/A	
14. When out-of-home residential services are used, the team rapidly starts to plan for the return of the child to their home and/or community?	Yes	No	N/A	
15. When supports or services are identified as needed they are arranged and provided in the most appropriate settings and in a timely manner.	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 4)				

Summary of Responses			
	Yes	No	N/A
I. Engagement – Establishing a Trusting Relationship with the family			
II. Strengths, Culture and Needs of the family			
III. Individualized Service Plan that meets the needs of the family			
IV. Implement, Monitor and Modify the Services Plan			
Total Responses for Case Review			

Child and Family Team Practice Improvement Tool

Family Interview Form

I. Engagement - Establishing a Trusting Relationship with the Child and Family

1. Do you have a Child and Family Team (CFT)?	Yes	No	N/A	
2. Does your CFT meet often enough to meet your needs? How often do they meet? _____	Yes	No	N/A	
3. Where do you meet? _____ Is that where you would prefer to meet?	Yes	No	N/A	
4. Are there family and friends on your team?	Yes	No	N/A	
5. If the family thinks this would be helpful, is there someone from the school on the team?	Yes	No	N/A	
6. If the family thinks this would be helpful, is there someone from the community (i.e. church, clubs (Boys/Girls, YMCA) on the team?	Yes	No	N/A	
7. Is there someone on your team responsible for pulling the team together and making it work?	Yes	No	N/A	
8. Is everyone on your team who you would like to have on your team?	Yes	No	N/A	
9. Do you feel you are an equal partner in the process of developing the services and supports for your child and family?	Yes	No	N/A	
10. Do you feel comfortable giving your opinions during meetings even if they are different from other members of the team?	Yes	No	N/A	
11. Has the facilitator of your CFT formed a relationship with your family and your child and understand what is necessary for the child and family to succeed?	Yes	No	N/A	
12. Do you trust that you are always included in the important discussions and decisions made about supporting and serving your child or family?	Yes	No	N/A	
13. Do you trust that the team listens to you and gives your opinion the highest priority?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 8)				

II. Clearly knows the family and has identified the Strengths, Culture and Needs of the Child and Family

1. Do you feel the team knows your child and family?	Yes	No	N/A	
2. Is the team aware of your family's beliefs and traditions and do all members of the team respect and abide by your family's beliefs and traditions? (Prompt: i.e. What you do together; the holidays you celebrate; church; what makes you unique?)	Yes	No	N/A	
3. Was a strength, culture and needs discovery document developed for your child and family and were you given a copy?	Yes	No	N/A	

4. If yes, is the document used during planning team meetings?	Yes	No	N/A	
5. Do family and community members help you in meeting your needs?	Yes	No	N/A	
6. Do you have a Family Support Partner working with you and your family?	Yes	No	N/A	
7. If you asked for a Family Support Partner, did you get one assigned?	Yes	No	N/A	
8. If you do not have a Family Support Partner, are you aware of the kinds of support they can provide to your family?	Yes	No	N/A	
9. Is your Family Support Partner helpful to you and your family?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 8)				

III. Create an Individualized Service Plan that Meets the Needs of the Child and Family

1. Does the plan reflect the strengths of your family and the things your child does well?	Yes	No	N/A	
2. Did you help write the plan and does it meet your family's needs?	Yes	No	N/A	
3. Were you given a copy of the written plan?	Yes	No	N/A	
4. Are the services and supports identified to meet your family's needs readily available?	Yes	No	N/A	
5. Is your child encouraged to participate in team meetings and to help develop the plan? Is your child encouraged to express his/her needs and to help develop solutions?	Yes	No	N/A	
6. Does the plan support the child living in his/her family home and community?	Yes	No	N/A	
7. Does your child have any specific plans such as a crisis plan, transition plan or safety plan?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 8)				

IV. Implement, Monitor and Modify the Services Plan Toward a Successful Outcome for the Child and Family

1. Does the team help your child get involved with activities in his/her community and/or school?	Yes	No	N/A	
2. If you answered No to the previous question does your child need assistance in getting involved in school or community activities?	Yes	No	N/A	
3. Has your child been successful in school in the past six months?	Yes	No	N/A	
4. Does your family have an effective crisis plan that specifies what everyone must or should do and do you have a copy?	Yes	No	N/A	
5. Does the team discuss and update your individualized service plan as needed to meet your family's needs?	Yes	No	N/A	
6. Do you feel the professional support services that you receive will be there for as long as you and your family need them?	Yes	No	N/A	

7. If the child is in a non-family/community based setting (e.g. therapeutic placement, detention, shelter), is the team actively working to provide the community services and supports necessary to achieve family/community based living?	Yes	No	N/A	
8. Are there additional supports or services you would like to see included?	Yes	No	N/A	
9. Do service providers and representatives from other agencies attend and actively participate in meetings?	Yes	No	N/A	
10. Does the team ask if you are satisfied with the services being provided?	Yes	No	N/A	
11. Does the team review your child's progress toward specific goals at every team meeting?	Yes	No	N/A	
12. Do all the team members work together toward the family goals?	Yes	No	N/A	
13. Does the team find or develop whatever services or supports are needed to meet your family's unique needs?	Yes	No	N/A	
14. Has life gotten better for you since you've been involved with your Child and Family Team?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 8)				

Summary of Responses			
	Yes	No	N/A
I. Engagement – Establishing a Trusting Relationship with the family			
II. Strengths, Culture and Needs of the family			
III. Individualized Service Plan that meets the needs of the family			
IV. Implement, Monitor and Modify the Services Plan			
Total Responses for Case Review			

Child and Family Team Practice Improvement Tool

Facilitator Interview Form

I. Engagement - Establishing a Trusting Relationship with the Child and Family

1. Was the Child and Family Team process introduced to the family at the time of the original assessment?	Yes	No	N/A	
2. How often does the team meet? ____ Is it often enough?	Yes	No	N/A	
3. Are the team meetings held at a time and place that is convenient for this family?	Yes	No	N/A	
4. Does the team consist of people that the family wants on the team, including friends and family members who support them?	Yes	No	N/A	
5. Have you formed a relationship with the child and family and understand what is necessary for the child and family to succeed?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 11)				

II. Clearly knows the family and has identified the Strengths, Culture and Needs of the Child and Family

1. Are important discussions or decisions about the child or family made ONLY when they are present?	Yes	No	N/A	
2. Does the team encourage and support the child and family to express their opinions during meetings even if they are different from other members of the team?	Yes	No	N/A	
3. Is the team aware of the family's beliefs and traditions? (i.e. what they do together? Holidays they celebrate, church, what makes them unique?)	Yes	No	N/A	
4. Do all members of the team respect this family's beliefs and traditions?	Yes	No	N/A	
5. Has a strengths, culture and needs discovery document been created with this family and do they have a copy of it?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 11)				

III. Create an Individualized Service Plan that Meets the Needs of the Child and Family

1. Is the family's input given substantial weight in the decision making process?	Yes	No	N/A	
2. Does the team understand the family well enough to effectively plan services and supports with them?	Yes	No	N/A	
3. Did the family take part in developing the service plan?	Yes	No	N/A	
4. Does the plan identify supports and services to meet the child and family's needs at home, at school and in the community, including who is accountable for the implementation?	Yes	No	N/A	
5. Was the family given a copy of the written plan?	Yes	No	N/A	

6. If the child is 16 years or older does the child have a Transition Plan?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 11)				

IV. Implement, Monitor and Modify the Services Plan Toward a Successful Outcome for the Child and Family

1. Are the services and supports identified to meet the family's needs readily available?	Yes	No	N/A	
2. Does the team help the child get involved with activities in his/her community and/or school?	Yes	No	N/A	
3. Has this child been experiencing success in school in the past 6 months?	Yes	No	N/A	
4. Has this child been experiencing success in school as appropriate to his/her developmental age?	Yes	No	N/A	
5. Has this child developed the skills needed to live life together in his/her family home and community?	Yes	No	N/A	
6. Has this child developed the skills needed to avoid delinquency?	Yes	No	N/A	
7. Has this child been developed the skills needed to become a stable and productive adult?	Yes	No	N/A	
8. Has this child been experienced an increased level of stability in terms of housing/treatment settings?	Yes	No	N/A	
9. Has there been improvement in the safety risks present due to the child's behavior or the behavior of others?	Yes	No	N/A	
10. Does this family have a crisis plan that specifies what everyone must or should do? Does the family have a copy?	Yes	No	N/A	
11. Is this child actively encouraged to participate in team meetings and to help develop the plan. Is this child encouraged to express his/her needs and to help develop solutions to his/her own problems?	Yes	No	N/A	
12. Does the team update the plan as needed to meet the family's goals as needs change?	Yes	No	N/A	
13. Are you aware of the family's long terms goals?	Yes	No	N/A	
14. Does the Transitional Plan include school and the necessary supports to assist the child in acquiring the skills and abilities needed to help him/her become an independent adult?	Yes	No	N/A	
15. Do service providers and representatives from other agencies attend meetings?	Yes	No	N/A	
16. Do all team members share common goals for the family and work together to achieve those goals?	Yes	No	N/A	
17. Has the team been successful at resolving barriers in assisting this family?	Yes	No	N/A	
18. Is the family provided with a single point of contact who has the responsibility of coordinating information exchange among CFT members? Who is that person?	Yes	No	N/A	
19. Does the team use, find or create new services when this child and family needs them? Was the funding available?	Yes	No	N/A	
20. Does the team ask this family whether or not they are satisfied with the services being provided?	Yes	No	N/A	

21. Does the team review this child's progress toward specific goals at every team meeting?	Yes	No	N/A	
22. Has the team been effective in implementing strategies that are meeting the family's goals?	Yes	No	N/A	
23. Does the team develop methods and strategies to regularly measure progress and/or the effectiveness of a strategy or action?	Yes	No	N/A	
24. Are things that are not working discontinued or changed?	Yes	No	N/A	
25. Has life improved for the family since their involvement with the Child and Family team?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 11)				

Summary of Responses			
	Yes	No	N/A
I. Engagement – Establishing a Trusting Relationship with the family			
II. Strengths, Culture and Needs of the family			
III. Individualized Service Plan that meets the needs of the family			
IV. Implement, Monitor and Modify the Services Plan			
Total Responses for Case Review			

Child and Family Team Practice Improvement Tool

Youth Interview Form

I. Engagement - Establishing a Trusting Relationship with the Child and Family

1. Do you feel comfortable expressing your feelings even if they are different from those of other members of your team?	Yes	No	N/A	
2. Are important discussions or decisions about you or your family made only when you are there?	Yes	No	N/A	
3. Do you feel comfortable telling the team what you think about the people trying to help you?	Yes	No	N/A	
4. Are there members of your team who you can talk to about things that are important to you?	Yes	No	N/A	
5. If caregiver is NOT youth's biological parent, but the biological parent has custody OR will be reunited with youth, ask: Do your own parents participate on your team on a regular basis? Do they participate sometimes? Do you participate on your team on a regular basis? Otherwise ask: Do you and your parent actively participate on the team?	Yes	No	N/A	
6. Do you have a friend or advocate who participates on the team?	Yes	No	N/A	
7. Is there someone from your school (or childcare provider) who participates on the team with you or to support you?	Yes	No	N/A	
8. Would you pick out a different team if you could or is there someone else you would have join the team?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 11)				

II. Clearly knows the family and has identified the Strengths, Culture and Needs of the Child and Family

1. Do you and your family have many chances to tell the team about your families spiritual/religious beliefs, how you celebrate holidays, what family gatherings you have, or any other special things you like to do as a family?	Yes	No	N/A	
2. Do all members of the team respect your family's spiritual/religious beliefs, how you celebrate holidays, what family gatherings you have, or any other special things you like to do as a family?	Yes	No	N/A	
3. Has a strengths, culture and needs discovery been created with your family and do you have a copy?	Yes	No	N/A	
4. Does the team encourage and support you to express your feelings during meetings?	Yes	No	N/A	
5. Does the team seem to respect who you are and the things that you believe in?	Yes	No	N/A	
6. Does the team know what you like to do and the things that you do well?	Yes	No	N/A	

7. Do people on the team help you to solve your own problems?	Yes	No	N/A	
8. Does the team get you involved with activities you like and do well? (Please give me some examples)	Yes	No	N/A	
9. Does the team spend enough time on the good things that happen with you and your family?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 11)				

III. Create an Individualized Service Plan that Meets the Needs of the Child and Family

1. Does the team understand you and your family well enough to help you?	Yes	No	N/A	
2. Is your input listened to in the team meetings and in the decision making process?	Yes	No	N/A	
3. Did you help make a written plan to get the supports and services you need at home, at school and in the community?	Yes	No	N/A	
4. Do you or your family have a copy of the written plan?	Yes	No	N/A	
5. Do you and your family get the help you need?	Yes	No	N/A	
6. If things go wrong or get bad is there a plan that says what everyone must do?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 11)				

IV. Implement, Monitor and Modify the Services Plan Toward a Successful Outcome for the Child and Family

1. Do people on the team help you do things with your friends and family?	Yes	No	N/A	
2. Does the team help you become friends with other youth in the community?	Yes	No	N/A	
3. When things are not going right, does the team help you talk with friends and other people you like to talk to?	Yes	No	N/A	
4. Does the team help you get support from people who are not on the team?	Yes	No	N/A	
5. Have you been experiencing success in school?	Yes	No	N/A	
6. Does the team help you get involved with activities in the community and/or at school?	Yes	No	N/A	
7. If things were not going well, do you think your team would change your plan and make it better?	Yes	No	N/A	
8. If you got into big trouble, are there people on the team who would help you out?	Yes	No	N/A	
9. Do you feel that the services you receive will be there for you during difficult times?	Yes	No	N/A	
10. Are the places you go to for help and support convenient and easy to get to?	Yes	No	N/A	
11. Does the team ever ask you whether or not you are satisfied with the services you receive?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 11)				

Summary of Responses			
	Yes	No	N/A
I. Engagement – Establishing a Trusting Relationship with the family			
II. Strengths, Culture and Needs of the family			
III. Individualized Service Plan that meets the needs of the family			
IV. Implement, Monitor and Modify the Services Plan			
Total Responses for Case Review			

Child and Family Team Practice Improvement Tool

Young Child Interview Form

(For young children generally under about 10 years of age)

Describe Observations or Impressions:

1. Child's general appearance:
2. Child's living arrangements/conditions:
3. Child's education/school issues:
4. Child's connections to family/friends or the community:
5. Impact of the CFT on the Child:
6. Child's vision for the future or long term plan:
7. Additional Input/Suggestions & Summary.
8. Summarize Child's Successes and Needs

(There is no scoring involved with this interview form but this page should be used
to document observations and impressions)

Child and Family Team Practice Improvement Tool

CPS Worker Interview Form

I. Engagement - Establishing a Trusting Relationship with the Child and Family

1. Is there a Child and Family Team (CFT) that has been developed and on which you participate?	Yes	No	N/A	
2. How often does this team meet? _____, Is it often enough?	Yes	No	N/A	
3. Does the child and/or family participate on the team?	Yes	No	N/A	
4. Is there someone on the team responsible for pulling the team together and making it work?	Yes	No	N/A	
5. Are all people that you would like to see on the team, actually on the team?	Yes	No	N/A	
6. Do you feel you are a partner in the process of developing the services and supports for this child and/or family?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 8)				

II. Clearly knows the family and has identified the Strengths, Culture and Needs of the Child and Family

1. Do you feel the team knows this child, the family and the family's situation?	Yes	No	N/A	
2. Is the team aware of the beliefs and traditions of this child and/or family?	Yes	No	N/A	
3. Does the team respect and abide by these beliefs and traditions?	Yes	No	N/A	
4. Did you participate in the development of the strength, culture and needs discovery document developed for this child and family?	Yes	No	N/A	
5. If yes, is the document used when planning during team meetings?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 8)				

III. Create an Individualized Service Plan that Meets the Needs of the Child and Family

1. Does the Individualized Service Plan reflect the things this child and/or family does well?	Yes	No	N/A	
2. Did you help write the individualized service plan?	Yes	No	N/A	
3. Does the individualized service plan meet the child and/or family's needs?	Yes	No	N/A	
4. Were you given a copy of the written plan?	Yes	No	N/A	
5. Are the services and supports identified to meet this child and/or family's needs readily available?	Yes	No	N/A	
6. Is the child encouraged to participate in team meetings and to help develop the plan?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 8)				

IV. Implement, Monitor and Modify the Services Plan Toward a Successful Outcome for the Child and Family

1. Does the team help this child get involved with activities in his/her community and/or school?	Yes	No	N/A	
2. Has this child been experiencing success in school in the past 6 months?	Yes	No	N/A	
3. Has this child been experiencing success in school as appropriate to his/her developmental age?	Yes	No	N/A	
4. Has this child developed the skills needed to live life together in his/her family home and community?	Yes	No	N/A	
5. Has this child developed the skills needed to avoid delinquency?	Yes	No	N/A	
6. Has this child been developed the skills needed to become a stable and productive adult?	Yes	No	N/A	
7. Has this child been experienced an increased level of stability in terms of housing/treatment settings?	Yes	No	N/A	
8. Were you involved in developing a crisis plan?	Yes	No	N/A	
9. Is the crisis plan effective?				
10. Does the team discuss and update this plan as needed to meet the child and/or family's needs?	Yes	No	N/A	
11. Do service providers and representatives from other agencies attend and actively participate in meetings?	Yes	No	N/A	
12. Does the team review this child's and/or family's progress toward specific goals at team meeting?	Yes	No	N/A	
13. Do team members work together toward meeting the child's and/or family's needs?	Yes	No	N/A	
14. Does the team find or develop whatever services or supports are needed to meet the child's and/or family's unique needs?	Yes	No	N/A	
15. Does everyone on the team have the same goal for this child and/or family?	Yes	No	N/A	
Total of Yes, No and N/A responses (Please put in summary on page 8)				

Summary of Responses			
	Yes	No	N/A
I. Engagement – Establishing a Trusting Relationship with the family			
II. Strengths, Culture and Needs of the family			
III. Individualized Service Plan that meets the needs of the family			
IV. Implement, Monitor and Modify the Services Plan			
Total Responses for Case Review			

Overall Performance

Overall Summary of All Responses															
	Record Review			Family Interview			Facilitator Interview			CPS Worker Interview			Youth Interview		
	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
I. Engagement – Establishing a Trusting Relationship with the child and family															
II. Knows the family and Identified the Strengths, Culture and Needs of the family															
III. Individualized Service Plan that meets the needs of the family															
IV. Implement, Monitor and Modify the Services Plan															
Total Responses															

The above four issues are always looked at within the context of the **Child and Family Team Practice Model** and the **Arizona 12 Principles**. The scores that the case received from the Records Review, Family Interview, Facilitator Interview, CPS Worker Interview and Youth Interview are looked at in total to inform the reviewer’s decisions on answering the four major questions in the following pages.

I. Engagement - Establishing a Trusting Relationship with the Child and Family

Acceptable Performance

<p>Substantially Acceptable Relationship Building/Engagement Process. The facilitator and the Child and Family Team members were able to develop a trusting relationship with the child and family. The family was encouraged and supported to participate fully during the assessment, service planning and plan implementation efforts to express the feelings, needs and vision of the future for the child and the family. All people who interacted with the family were respectful and reflected interest in the family story and culture. The family's preferences for meeting location, meeting time, meeting frequency, team members and service agencies was elicited and respected. The family felt there was a partnership developed in meeting the needs of the child and family. The family and facilitator can identify steps and strategies to develop and maintain family involvement. The family understood why decisions were made and participated in the decision making process.</p>	4
<p>Minimally Acceptable Relationship Building/Engagement Process. The facilitator and the Child and Family Team members were able to develop a trusting relationship with the child and family. The family was encouraged and supported to participate fully during the assessment, service planning and plan implementation efforts to express the feelings, needs and vision of the future for the child and the family. Most team members who interacted with the family were respectful and reflected interest in the family story and culture. The family's preferences for meeting location, meeting time, meeting frequency, team members and service agencies was elicited and respected. The family felt there was a partnership developed in meeting the needs of the child and family. The family understood most decisions and their involvement in them.</p>	3

Unacceptable Performance

<p>Partially Unacceptable Relationship Building/Engagement Process. The family and facilitator report that the family participated to a limited degree in assessment, service planning or other team meetings. The child, family or resource family find their relationship with the service provided limited. The relationship is not seen as a full partnership. The family has not felt included in some decisions. The family has lost interest in the relationship with the service provider because of dissatisfaction with the system or other reasons. There have been limited or sporadic outreach efforts to engage the family members. The facilitator is unsure why the family is not engaged or may have made assumptions about the lack of engagement that does not address the family's views.</p>	2
<p>Substantially Unacceptable Relationship Building/Engagement Process. The facilitator and the Child and Family Team members had a strained relationship with the child and family. The family was minimally encouraged or supported to participate fully during the assessment, service planning and plan implementation efforts to express the feelings, needs and vision of the future for the child and the family. People who interacted with the family were not very respectful and did not seem to be very interest in the family story and culture. The family's preferences for meeting location, meeting time, meeting frequency, team members and service agencies were periodically elicited and not always respected. The family felt there was little partnership developed and the needs of the child and family were minimally met.</p>	1

II. Clearly knows the family and has identified the Strengths, Culture and Needs of the Child and Family

Acceptable Performance

<p>Substantially Acceptable Strengths, Culture and Needs Discovery Process. The Child and Family Team is created and contains most of the important supporters and decision makers in the child and family's life, including the family's informal and natural supports. The team has identified and the Strength, Culture and Needs discovery included the child and family's unique values, culture and preferences. The Strength, Culture and Needs document clearly states the child and families vision of the future as well as the unique strengths of the child and family. The Child and Family Team meetings are held regularly to develop crisis and service plans, transition plans when needed, action steps and to check on progress. When needed or requested the Family Support Partner is assigned and assists the family to express its needs and desires and identify it's support needs. A copy of the Strength, Culture and Needs has been given to the family and other team members and they see this discovery reflecting their family.</p>	4
<p>Minimally Acceptable Strengths, Culture and Needs Discovery Process. The Child and Family Team is created and includes many of the important supporters and decision makers in the child and family's life, including the family's informal and natural supports. The team has developed the strengths, culture and needs discovery document and has included most of the child and family's unique values, culture and preferences. The Child and Family Team meetings are held frequently and usually address crisis and service plans, transition plans when needed, and develop action steps. The Family Support Partner assists in the completion of discovery process. The family has a copy of the strengths, culture and needs discovery.</p>	3

Unacceptable Performance

<p>Partially Unacceptable Strengths, Culture and Needs Discovery Process. The Child and Family Team has been created and contains some of the important supporters and decision makers in the child and family's life. The family's informal and natural supports are included sporadically in the Team process. The strength, culture and needs discovery was partially developed or did not include most of the child and family's vision of the future or their unique strengths. The Family Support Partner has a limited role with the family. The Child and Family Team do not meet consistently to address crisis and service plans, develop transition plans when needed and develop action steps. The Family Support Partner has limited participation with the family; the strength, culture and needs discovery is not seen as complete.</p>	2
<p>Substantially Unacceptable Strengths, Culture and Needs Discovery Process. The Child and Family Team has not been created or does not contain the important supporters and decision makers in the child and family's life. The family's informal and natural supports have not been included in the Team process. The Strength, Culture and Needs discovery was poorly developed or did not include the child and family's unique values, culture or preferences. The Strength, Culture and Needs document did not include the child and family's Vision of the Future or the unique strengths of the child and family. The Child and Family Team meetings do not regularly address crisis and service plans, transition plans when needed, develop action steps and to check on progress. No Family Support Partner is assigned to assist the family. A copy of the Strength, Culture and Needs was not given to the family or other team members.</p>	1

III. Create an Individualized Service Plan that Meets the Needs of the Child and Family

Acceptable Performance

<p>Substantially Acceptable Service Planning. The child and family have a clearly written Vision of the Future that is clearly and consistently expressed within the Child and Family Team. The vision of the future reflects the ambitions and preferences of the child and family. The child and family have an individualized service plan built upon the assessment, Strengths, Culture and Needs Discovery and Vision of the Future. Necessary support and services have been identified to meet the needs of the child and family. The child and family's preferences are strongly seen in the service plan. Informal and natural supports are identified and included as part of the service plan. The strengths of the child and family are used in the development of service goals and action steps and these goals and action are evaluated on a regular basis to insure their continued necessity and effectiveness. Progress is measured and celebrated regularly. The plan is changed from time to time as progress is made and needs and circumstances change. All agencies that are involved with the child and family are part of the planning process and work cooperatively on mutually supportive goals.</p>	4
<p>Minimally Acceptable Service Planning. The Child and Family have a written vision of the future that is shared among most members of the Child and Family Team. Many of the ambitions and preferences of the child and family are reflected in the plan. The plan is somewhat tailored to the individualized assessment, strengths, culture and needs discovery. The child's and family's preferences are recognized in the plan. Many informal and natural supports are included in the plan. Some of the strengths of the child and family are used in the development of service goals and action steps. Periodically the plan is changed as progress is made and needs and circumstances change. Most of the agencies that are involved with the child and family are part of the planning process and work on mutually supportive goals.</p>	3

Unacceptable Performance

<p>Partially Unacceptable service planning. The child and family's vision of the future is partially developed. The vision is only shared by some members of the team. The child and family's individualized service plan only partially reflects the assessment, strengths, culture or need discovery. Necessary supports and services only partially reflect the needs of the child and family. Progress is not consistently measured or celebrated. The plan is not regularly updated. Agencies involved in the plan have a limited role in its development.</p>	2
<p>Substantially Unacceptable service planning. The child and family's Vision of the Future has not been clearly developed or consistently expressed within the Child and Family Team. The child and family's individualized service plan is poorly built and does not reflect the assessment, Strengths, Culture and Needs Discovery or Vision of the Future. Necessary support and services have been poorly identified and are not adequate to meet the needs of the child and family. The child and family's preferences are not found in the service plan. Informal and natural supports are weak, nonexistent or inconsistently included as part of the service plan. The strengths of the child and family have not been identified or used in the development of service goals and action steps. These goals and action are inconsistently evaluated to insure their continued necessity and effectiveness. Progress is poorly measured and rarely celebrated. The plan is not changed as progress is made and needs or circumstances change. Agencies that are involved with the child and family have minimal involvement in the planning process and do not work cooperatively.</p>	1

IV. Implement, Monitor and Modify the Services Plan Toward a Successful Outcome for the Child and Family

Acceptable Performance

<p>Substantially Acceptable Service Plan Implementation. The strategies, supports and services identified in the child and family service plan are being substantially implemented in a timely manner and in accordance with the child and family wishes. The plan is substantially implemented and is fully supportive of the child and families view of the future. The supports and services provided are sufficient to meet the needs and are culturally sensitive. The plan is updated regularly as the child and family situation changes, as new needs emerge and as accomplishments are achieved. Responsibilities appear to be well distributed among team members.</p>	4
<p>Minimally Acceptable Service Plan Implementation. Strategies, supports and services identified in the child and family service plan are being minimally implemented in a timely manner and accordance with the child and family wishes. The plan is implemented and in most cases is supportive of the child and families view of the future. The supports and services provided are limited and may meet the needs and are culturally sensitive. The plan is updated periodically as the child and family situation changes, as new needs emerge and as accomplishments are achieved. Responsibilities are minimally distributed among team members.</p>	3

Unacceptable Performance

<p>Partially Unacceptable service plan implementation. Strategies, supports and services identified in the child and family service plan are being inconsistently implemented and may be in accordance with the child and family wishes. The plan implemented may be supportive of the child's and family's view of the future. The supports and services provided are weak and may not meet all the needs. The plan is updated occasionally as the child and family situation changes, as new needs emerge and as accomplishments are achieved. Responsibilities are minimally distributed among team members.</p>	2
<p>Substantially Unacceptable service plan implementation. Strategies, supports and services identified in the child and family service plan are being poorly and inconsistently implemented and do not appear to be in accordance with the child and family wishes. It is unclear who is to do what within what timeframe. The plan as implemented does not support the child's and family's view of the future. The supports and services provided are weak and poorly address the needs. The plan is inadequately updated when the child and family situation changes, as new needs emerge and as accomplishments are achieved. Responsibilities are not distributed among team members.</p>	1

Performance Based Outcome Measures

<p>1. Success in School Describes the child's progression toward being successful in school. Is the child achieving success in school? The reviewer shall utilize the following guidelines, as applicable, in answering this question:</p> <ul style="list-style-type: none"> • Increased attendance; • Working at grade level; • Improved grades; • Completing homework; • Obeying school rules; • Improved peer relations; • Making progress toward grade level; • Showing progress toward IEP goals; and/or • Taking steps toward obtaining educational diploma (e.g., GED, trade school etc.). • Participates in extra-curricular activities 	<p>Yes No N/A</p>	
<p>2. Avoid delinquency Represents the child's progress toward avoiding delinquency. Is the child successfully avoiding delinquency? The Reviewer shall utilize the following guidelines as applicable, in answering this question:</p> <ul style="list-style-type: none"> • Decreased contact with law enforcement; • No contact with law enforcement; • Child is complying with the terms of their probation; and/or • Decrease in illegal behavior. 	<p>Yes No N/A</p>	
<p>3. Lives with Family Describes the child's living situation. Is the child living with his/her family? For the purposes of this question, family means the biological, adoptive or self-created unit of people residing together and consisting of adult(s) and children, with adult(s) performing duties of parenthood for the children. The reviewer shall utilize the following guidelines, as applicable, in answering this question:</p> <ul style="list-style-type: none"> • Lives with family; or • Moving toward living with family. 	<p>Yes No N/A</p>	

<p>4. Stable and Productive Adults Describes the child's progression toward becoming a stable and productive adult. Is the child making progress toward becoming a stable and productive adult? The reviewer shall utilize the following guidelines, as applicable, in answering this question:</p> <ul style="list-style-type: none"> • Improved ability to manage emotions; • Improvement in social interactions; • Money management skills; • Understands medical/psychiatric conditions and symptoms; • Has learned to use transportation; • Learning vocational/technical/educational skills; • Has friends; and/or • Learning/demonstrates organizational skills. 	<p>Yes No N/A</p>	
<p>5. Increased Stability Describes the level of stability experienced by the child in terms of housing/treatment settings. Has the child received experienced an increase in stability? The reviewer shall utilize the following guidelines, as applicable, in answering this question:</p> <ul style="list-style-type: none"> • No avoidable moves (moves due to an increase in symptoms, crisis, staff issues, procedural/contracting issues); • Decrease in running away or leaving against medical advise; • No shelter placements. 	<p>Yes No N/A</p>	
<p>6. Decrease in Safety Risk Describes whether or not safety risks are present due to the child's behavior or the behavior of others. Has the child experienced a decrease in safety risk? The reviewer shall utilize the following guidelines, as applicable, in answering this question:</p> <ul style="list-style-type: none"> • Decrease in child's behavior that poses safety risks, and/or • Decrease in other's behavior that poses safety risks. 	<p>Yes No N/A</p>	

Summary of Findings

Things working well for the child and family

Recommendations for Practice Improvement

Additional Input and Suggestions
