Frederick County
Child and Family Team Packet

Child and Family Team Flow Chart

Systems of Care Guiding Principles

Child and Family Team Procedures
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3. Identification of Case Manager and Team Meeting Facilitator
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9. Fiscal Procedures
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Attached Forms and Checklists
A. Authorization to Use and Exchange Information Form
B. Information Gathering Checklist
C. Child and Family Team Participants Checklist
D. Letter of Invitation
E. Child and Family Team Meeting Report Form
F. Family Team Meeting Care Plan
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O. Youth and Parent Evaluation
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## Systems of Care Model for Frederick County

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- **Bring together a short internal meeting to identify case as known to the DSS system**
- **Fill out the cover sheet, identify DSS & other agencies workers who need to be involved in the planning process: DSS, CT, school, mental health, GAL & other attorneys for family, private providers, CSA Coordinator (include Benefit Program/VIEW worker if expected to be a resource)**
- **Identify Facilitator**
- **Meet with youth and family to hear their story, identify their strengths, identify the youth’s interests, identify their natural supports and who should be invited to the Child & Family Team meeting. Explain the purpose of Child & Family Team meeting and who will be there, and how the plan will be used.**
- **Complete CANS and Strengths Discovery, if determined appropriate.**
- **Complete Vision Statement**
- **Case planning meeting building on strengths. Group agrees on goals, evaluations still needed services to reach goals, natural supports, responsibilities, potential road blocks, timeframes, funding sources and specific recommendations to the Court. Also sets date for follow-up and monitoring**
- **Completion of written plan signed off by participants**
- **Completion of all funding paperwork, Case Actions, Purchase Orders and CSA paperwork.**
- **Distribution of plan to family, agencies, court, and attorneys and all service providers.**
- **Intensive case management and follow-up. New meeting scheduled when necessary.**
Flow Chart for Child and Family Teams

Identification of case appropriate for Child & Family Team Process within 24 hours → Assignment of Case Manager and Conference Facilitator

Information Gathering Get signed release of info within 7 days → Internal Coordination Meeting

Follow-up Conference - Revisions of Service Plan Within 3 months → Evaluation & ongoing case monitoring [case progress reports and evaluation of process by youth, family, Service Providers & Agency staff]

Goals: Safety and Permanency of Children

Meet with Youth and Caretaker within 7 days gather information for individuals who cannot attend Conference

Provision of Services Services to be arranged within 3 days → Written Report with CSA & Budget Sheet

Child and Family Conference

Completion of Services

Systems of Care Guiding Principles

- Identifies and builds on strengths of child and family. Family-driven.
- Dependent upon partnership between families and professionals. Highly participatory.
- Emphasis on serving families within their communities.
- Uses Child and Family Teams.
- Requires collaboration between multiple agencies and service sectors.
- Provides individualized supports and services based on strengths and needs in multiple domains. Includes informal, naturalistic supports and a net result of cost-effectiveness.
- Services aligned to meet identified goals for youth and family.
- Includes a commitment to culturally competent care: culturally responsive supports and services.
- Includes system of on-going evaluation and accountability – continuous improvement and revision of services if necessary.
- Outcome-driven process.
- Produces a written document which stakeholders can agree on -- document leads to resource allocation, programming decisions and evaluations.
- May involve outside facilitators who can ask tough questions and keep the process focused.
- May involve new ways of thinking, new mental models and new frameworks.
Ten Principles of the Wraparound Process

1. **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members’ perspective, and the team strives to provide options and choices such that the plan reflects family values and preferences.

2. **Team based.** The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.

3. **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members’ networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.

4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluation a single wraparound plan. The plan reflects a blending of team members’ perspective, mandates, and resources. The plan guides and coordinates each team ember’s work towards meeting the team’s goals.

5. **Community-based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsible, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

6. **Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

7. **Individualized.** To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.

8. **Strengths-based.** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

9. **Persistence.** Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.

10. **Outcome based.** The team ties the goals and strategies of the wraparound plan to observable of measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.
1. **Overview**
The Child and Family Team process is Family-Driven, Strength-Based, Inclusive, Collaborative, Consistent, Outcome-Driven, Culturally Competent, Accountable, Individualistic, Flexible and Cost-Effective. The goal of the Child and Family Team process is to avoid the necessity of out-of-home placements whenever possible, and if the child is already in foster care, to safely return the child to his or her home. If return home safely is not possible, the goal is to provide for a permanent placement of the child.

Child Safety is of paramount importance. Nothing in the Child and Family Team Procedures should supersede the development of a specified Safety Plan in all cases, when appropriate.

The Child and Family Team Process is dependent on a high degree of collaboration and clear communication:

- **Within the Department of Social Services**
  - Between CPS and Foster Care
  - Between Services and Eligibility
  - Between one Eligibility Program and another (TANF, VIEW, Medicaid, Day Care, Food Stamps, etc.)

- **Between DSS and the other three core agencies**
  - Schools
  - Juvenile Court
  - Community Services Board (Mental Health)

- **Between the agency and the family**
  - Parents or other caretaker
  - Youth
  - Relatives or other naturally supportive individuals identified by the family

- **Between public agencies and private agencies, including non-profit agencies**

- **Between human service agencies and the legal community**
  - Judges
  - Guardians ad litem
  - Defense attorneys
  - Prosecuting attorneys
  - Legal representatives of parents

*Note: The timeframes in this written procedure are included as a guideline. All time expectations on a given case will be determined by the Case Manager and his or her Supervisor taking into account the safety of the child. In some cases, the attorney for the parent may request that the Child and Family Conference occur after the Adjudicatory Hearing.*

2. **Identification of Case Needing a Child and Family Team Meeting**
It will be the responsibility of the Foster Care or CPS Supervisor to identify cases needing a Systems of Care or Child and Family Team Process at the time that the Social Work Case Manager is assigned.

The following cases may not be appropriate for the Child and Family Team process:
- 1) Cases involving significant alcohol/drug abuse
- 2) Cases involving serious gang connection or drug dealing
- 3) Cases where the parent refuses to work towards reunification
- 4) Cases involving significant domestic violence
Severe Child Protective Services abuse and neglect cases where one or both parents/caretakers are being charged by the Commonwealth’s Attorney may follow the Crisis Team Tracking Procedure in lieu of the Child and Family Team procedure.

Unless the Supervisor determines that is a compelling reason not to do so, the following cases will follow the Child and Family Team process:

a) On-going CPS cases  
b) Court cases where DSS has been placed “on-notice” that the child may come into foster care  
c) Foster Care Prevention Cases (Family Services)  
d) Foster Care Cases where the goal is “Return Home”

3. Assignment of Child and Family Team Meeting Facilitator

Within 24 hours of the time that it is determined that the case will follow the Systems of Care process, the Foster Care or CPS Supervisor will identify the facilitator for the Child and Family Team Meeting. Whenever possible, the facilitator will not be the Social Work Case Manager.

4. Information Gathering

The assigned Social Work Case Manager will be responsible for ensuring that all information known to the four core agencies has been obtained and read.

a) In order to obtain the information, the Social Worker will be responsible for getting the Authorization to Use and Exchange Information signed by the parent/caretaker (Appendix A). If the youth receives alcohol or substance abuse services, the youth must also sign the Authorization Form.

b) The Social Worker will work with the Services Aide II to obtain information from the four core agencies, service providers who are working with the family and relevant medical providers as indicated on Appendix B. Core agencies include the Court, schools, mental health and DSS (including current and past CPS, Foster Care, Medicaid, TANF, Food Stamps and other benefit program records). This information should be gathered and shared with the Social Work Case Manager within 5 days of request to the Social Work Aide.

5. Internal Coordination Meeting

The Social Work Case Manager and the Child and Family Team Facilitator will set an Internal Coordination Meeting for DSS staff currently or potentially responsible for working with the family. The purpose of the Internal Meeting is to:

a) Develop the list of the potential participants in the Child and Family Team Meeting (Appendix C);

b) Share information known to the DSS system;

c) Set possible date(s) for the Child and Family Team Meeting

d) Determine responsibility for:

1) contacting the key meeting participants for availability;
2) sending out the Invitation to Participate letter and the blank Child and Family Team Meeting Form to all meeting participants;
3) reserving the meeting room;

e) Identify any additional information needed prior to the Team Meeting. The Internal Coordination Meeting will be held within 7 days of assignment of the case to the Case Manager and Facilitator.
6. **Prior to the Child and Family Team Meeting**

   a) **Strengths Identification Meeting with Child and Caretaker**

   The Systems of Care approach is strength-based, family-driven and youth guided.

   The Child and Family Team Meeting can be intimidating to the youth and to the family. In order to engage the youth and family, the worker will meet with them in advance of the full Team Meeting to:

   1) let the youth and family know what to expect at the Child and Family Team meeting, who will be there and how the information in the written report will be used;
   2) discuss strengths of each of the caretaker(s);
   3) discuss the strengths/interests of the youth;
   4) identify the family’s natural community supports;
   5) identify any additional individuals who should be invited to the Team meeting
   6) complete the CANS and other Strengths Discovery Form, as appropriate
   7) develop the child’s and family’s Vision Statement (“Life will be better when . . . “). The instruments used to gather this information will be the CANS and Strengths Discovery tools.

   b) **Gather Information from Other Team Participants**

   The Child and Family Team Meeting can be lengthy. In order to maximize the time spent in the meeting, it is useful to have the participants come prepared to speak about the family’s strengths and issues.

   The Invitation to Participate and the blank Team Meeting Form should be personalized with identifying information on the cover page and sent out in advance of the meeting. Participants should be asked to bring the form with them or (if they cannot attend) to fax it to the Case Manager in advance of the meeting.

   The identifying information includes:

   1) Name(s) and date of birth of child(ren)
   2) Names and addresses of parents (if paternity has not been established, note it on the form)
   3) Current charge (if before the Court) and date of next hearing(s)
   4) Past charge(s) and disposition
   5) Truancy or behavioral issues at school
   6) If known to CPS, nature of complaint and disposition
   7) If the child is in foster care, date he or she came into care

7. **Child and Family Team Meeting**

   The purpose of the Child and Family Team meeting is to develop a creative plan with the family to identify the solutions necessary to reach the identified goals. Interventions should be community-based and as cost-efficient as possible utilizing a range of free or low-cost resources.

   The Team Meeting Facilitator will greet the family and youth and ask all participants to introduce themselves. The Facilitator will review the purpose and process of the meeting, including the written report, how it will be used and to whom it will be sent. The elements in the Child and Family Meeting should be consistent regarding the goals identified, the needs of the family, the services to be provided and accountability sought. Interventions should be flexible and individualized based on the strengths, interests, needs, and culture of the family.

   A Recorder will be identified prior to the Team Meeting. The responsibility of the Recorder will be to prepare the Family Team Meeting Care Plan, including needs, ways to meet needs, Plan of Action/Services/Challenges/person responsible. The Care Plan will be signed by Team Meeting participants.

   *The Child and Family Team Process is not a one-time event -- it is a process. There will always be changes, problems, roadblocks and adjustments which need to be made. Prior to leaving, a date for a follow-up meeting will be set.*
8. **Written Report**

One of the Guiding Principles of the Systems of Care approach is that it produces a written document which stakeholders can agree on -- a document which leads to resource allocation, programming decisions and evaluations.

The outcome of the Conference is a written plan which becomes the basis for the services to be provided throughout future management of the case. (The Family Team Meeting Care Plan provides a summary of decisions made during the meeting; the written report is more comprehensive.) The services and goals are clearly stated and shared with all parties involved including the family, service providers, social workers, court workers, school personnel and the Court. The written report should be signed and dated by the parent, the Case Manager and other meeting participants.

The written plan becomes the basis of the family service plans developed by providers of services. Progress towards the identified goals will form the basis of future reports to the Court. The written plan (with an addendum as to specific costs associated with the services) becomes the basis of the request for funding.

At the conclusion of the Child and Family Team Conference, the Facilitator will collect all forms from conference participants. Within one week, the Facilitator will complete the written report addressing the following quality indicators:

- **Is it consistent?** Is there anything missing related to needs/issues/goals/services?
- **Are goals and expectations clear?** Who is doing what? By when? At what cost (if known)?
- **Have the family’s naturalistic supports been included?**
- **Is it complete?** The Facilitator should add information which becomes known following the conference.
- **Are the specific recommendations to the Court clearly articulated?**

A copy of the written report should be delivered face-to-face to the youth and to the parent by the Case Manager. (This provides an opportunity to answer questions, review expectations and obtain the signature of the parent.) A copy should be sent to the GAL, all attorneys involved in the case, all providers who will be working directly with the family, the Core Agency representatives who participated in the conference, the CSA Coordinator and the appropriate DSS Supervisor (Foster Care and/or CPS Supervisor).

If the case is before the Juvenile Court (On-notice cases, Foster Care Cases, Protective Order cases, etc.), the written report should be sent to the Clerk of the Juvenile Court with a note as to who has received a copy. The copy to the Clerk should be received at least 72 hours before any scheduled hearing involving the case. The Clerk will deliver copies to all appropriate attorneys and put a copy in the file for the Judge’s review at the hearing.

If the Family Team Meeting is serving as the FAPT or if there will be a request for CSA expenditures, a Budget Request Form (Attachment H) and the CSA Referral Form (Attachment I) will be attached to the written report sent to the CSA Coordinator.

9. **Fiscal Procedures**

The Fiscal Procedures for cases handled under the Systems of Care process are similar to the procedures for all Child Welfare cases with one exception. As of August 1, 2008, the Frederick County CPMT approved the Child and Family Team to serve as the FAPT for cases where the total expenditure does not exceed $2,500.00 for evaluations and $3,500.00 per month for services. If the Child and Family Team Meeting is to serve as the FAPT, this will be noted on the written report and the required forms will be attached and sent to the CSA Coordinator (see above).

The Social Work Case Managers will use the Budget Form to provide information to the SW Aide so that she can initiate the Purchase Orders and to set the case up in Thomas Brothers. Typically, the Case Action Forms will be completed by the Worker.

**Case Action:** The Case Action Form will be used to track payments for:

a) on-going Foster Care Maintenance Payments
b) sporadic and one-time expenditures (drug testing, rent or other CPS Prevention expenses)  
c) items purchased on behalf of clients

**Purchase Order:** The Purchase Order serves as a contract between the agency and the service provider. It identifies the service to be provided, the frequency of services, the cost agreed upon and the duration of services (with beginning and end dates.) It is the primary documentation used to monitor fiscal expenditures for clients and to ensure that what the worker has requested for a client, what has been provided and what has been billed are consistent. It is the primary tool used by the agency auditors to ensure that payments made on behalf of clients are accurate. Purchase Orders are used for counseling and therapy, evaluations, mentoring, day care, in-home services, etc.

The SW Aide will use the information provided to her by the Worker on the Budget Form to create the Purchase Order. PO’s must have a beginning and an end date and may not be for a period to exceed 3 months.

**No services will be provided without a signed Purchase Order for the specific services within the timeframe indicated.**

The Purchase Order must be signed by the Worker, Supervisor and Administrative Manager and then sent by the SW Aide to the provider. The flow of the Purchase Order is as follows:

**Created by SW Aide  Worker  Supervisor  Administrative Manager  SW Aide**

The SW Aide is responsible for ensuring that the signed Purchase Order is received by the provider, signed and returned to the agency.

**Scheduling of Appointments:** It will be the responsibility of the Social Worker to coordinate with the family and the approved provider to schedule the services. The Social Worker will review with the family the policy that missed appointments will become the financial responsibility of the parent or caretaker (or the foster parent if the child is in Permanent Foster Care).

**Renewal of Purchase Orders:** Prior to the renewal of any Purchase Order, progress reports from the provider will be reviewed by the Social Worker to determine the necessity of continued services.

**Invoicing/ Billing:** Providers will submit the invoice directly to the SW Aide by the 5th of each month for services rendered in the previous month. She will compare the invoice with the approved Purchase Order. If a charge appears on the invoice which is disallowed, the Aide will call the provider to explain the disallowed charge, make the correction on the invoice and recalculate the new total due. She will also unencumber any unused funds in Thomas Brothers.

**Payments:** The SW Aide will forward all necessary information to the Administrative Manager who will forward the information to the Office Assistant for processing the payment. The Office Assistant will enter payment information into Thomas Brothers.

Prior to printing the checks, the Office Assistant will forward a copy of the Pre-check Warrant Register to the SW Aide for her review. Once she reviews the Register, she will then present it to the Foster Care and CPS Supervisors for their final approval and return the signed copy to the Office Assistant. The Office Assistant will take the Warrant Register to the Treasurer’s Office for approval and printing the checks. Once signed, she will ensure that the checks are mailed to the providers.
10. **Case Management and Monitoring of Services**

It is the responsibility of the Social Work Case Manager to coordinate services, to monitor and document progress toward identified goals, to assess the effectiveness of purchased services and to assess the use of natural supports or no-cost/low-cost community-based services for the family. It is the responsibility of the Case Manager to communicate with the family, with all involved attorneys and with the Court regarding the progress towards identified goals. Monthly Progress Reports will be completed, signed and dated by the parent with a copy sent to the parent and the attorneys.

When a family is referred for purchased services, it is the responsibility of the Case Manager to provide the following information:

a) A copy of the Written Family Team Report
b) Any additional evaluations, school reports, court reports, etc. relevant to the provision of services by the provider
c) Clearly written expectations of the provider including:
   - Goals/needs to be addressed
   - Monitoring/reporting requirements
   - Identified outcomes to be obtained related to improved school attendance and performance skills, reduced time in out-of-home placement and detention
   - Expectations as to family engagement, strengths-based service planning and development of natural supports
   - Collaboration/communication requirements including participation in Child and Family Team Meetings
   - Incorporation of a “whatever it takes” and “never give up” attitude in providing help and support

The Case Manager will obtain monthly progress reports from the service providers and will continually evaluate the appropriateness of the service plan and progress towards the identified goals. Failure on the part of the provider to submit monthly progress reports will result in discontinuation of said services.

No Purchase Order will be written for more than three months. Prior to the renewal of any Purchase Order, progress reports will be reviewed to determine the necessity of continued services.

*For On-going CPS, Foster Care Prevention and Foster Care cases, it will be the responsibility of the Case Manager to develop and ensure the implementation of a safety plan as needed.*

11. **Follow-up Team Meetings and Service Reviews**

The Case Manager will work with the Conference Team Facilitator to schedule a Follow-Up Team Meeting at least once every three months. If there has been a major change in the case, it may become necessary to hold a follow-up Team Meeting to amend the Service Plan or recommendations to the Court.

At least 48 hours prior to a scheduled follow-up Child and Family Team Meeting, the Case Manager will send progress documentation to all conference participants.

The purpose of the follow-up meeting is to assess progress towards the identified goals and to amend the service plan as needed. The risk assessment and SDM reunification protocol tools will be utilized as deemed appropriate by the Case Manager and his or her Supervisor.

12. **Evaluation** (Currently being written and tools developed for evaluation of the process by the youth and family and by the service providers and core agency workers.)

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*Appendix A*
AUTHORIZATION TO USE AND EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

I, __________________________________________________________________________________________________am signing this form for

(FULL PRINTED NAME OF AUTHORIZING PERSON OR PERSONS)

________________________________________________________________________________________________________________________

(FULL PRINTED NAME OF INDIVIDUAL)

My relationship to the individual is: [ ] Self  [ ] Parent  [ ] Power of Attorney  [ ] Guardian  [ ] Other Legally Authorized Representative

I want the following confidential information about the individual to be exchanged:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>[ ] Assessment Information</td>
<td>[ ] Medical Diagnosis</td>
</tr>
<tr>
<td>[ ] Financial Information</td>
<td>[ ] Mental Health Diagnosis</td>
</tr>
<tr>
<td>[ ] Benefits/Services Needed, Planned, and/or Received</td>
<td>[ ] Medical Records</td>
</tr>
<tr>
<td>[ ] Substance Abuse Records</td>
<td>[ ] Psychological Records</td>
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Other Information (write in): ________________________________________________________________________________________________

I want Frederick County Department of Social Services, 107 North Kent St., Winchester, VA 22601, Attn: _________________ and the following entities to be able to use and exchange this information among themselves:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

I want this information to be exchanged ONLY for the following purposes:

[ ] Service Coordination and Treatment Planning  [ ] Eligibility Determination

[ ] Other: _______________________________________________________________________

I understand that my records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this consent at any time, except to the extent that action has been taken in reliance on it, and that in any event this consent automatically expires as described below:

________________________________________________________________________________________________

(Date, event or condition upon which this consent will expire)

I further acknowledge that the information to be released as fully explained to me and that this consent is given of my own free will.

Executed this, the _______ day of _________________________, 20________.

This consent [ ] includes  [ ] does not include information placed on my records after the above date.

________________________________________________________________________________________________________________________

(Signature of patient/client)

________________________________________________________________________________________________________________________

(Signature of parent/guardian, where required)

________________________________________________________________________________________________________________________

(Signature of person authorized to sign in lieu of parent)

NOTE WHERE INFORMATION ACCOMPANIES THIS DISCLOSURE FORM: This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR Part 2.) The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

[SoC Exchange Information – 07/09]
# Background Information Checklist

**Department of Social Services**

- ____ CPS History on Family (anyone in the household)

- ____ Foster Care/Family Services Case:

- ____ Eligibility Cases:
  - _____ Food Stamps
  - _____ Medicaid
  - _____ TANF
  - _____ VIEW
  - ____ Other: ________________________________

**School History**

- Last school attended: ________________ Grade: ____________
- Truancy Issues ________________________________
- IEP: __________________________________________
- Behavioral Issues
  

**CSB History**

- Family Known to the CSB? ____ Youth _____ Parent
- Identified substance abuse issues: _____________________________
- Identified mental health issues: _______________________________
- On Medication? ________________________________
- Therapist: __________________________________________

**Juvenile Court History**

- Past Court involvement –charges and disposition:

- Current charges: __________________________________________

- Future Court date: ______________

**Parent Criminal History:**

- ________________________________

**Service Providers currently working with family or providing services in recent past:**

- ________________________________
- ________________________________
- ________________________________
Child and Family Team Participants Checklist

Child: ________________________________
Mother: _______________________________
Father: _______________________________
Other Family Members or Supportive Individuals: ______________________________

Team Meeting Facilitator: ________________________________________________
CSA Coordinator: _______________________________________________________
Prevention Case Manager: ________________________________________________

DSS:
  Social Work Case Manager: ______________________________
  In-Home Worker: _________________________________________
  VIEW/TANF Self-Sufficiency Worker: _______________________
  Eligibility Worker: _______________________________________
  Other DSS: ______________________________________________

School:
  Teacher: _________________________________________________________
  Guidance Counselor/Home-School Coordinator: _______________________
  Other School Personnel: ___________________________________________

Mental Health:
  Therapist: ________________________________________________________
  Other: ___________________________________________________________

Court:
  Probation Officer: _______________________________________________
  Court Services Supervisor: _________________________________________
  Other: ___________________________________________________________

Private providers: ______________________________________________________

Legal Representation
Youth: GAL: ____________________________
  Defense Attorney: _______________________________________________
  Prosecuting Attorney: _____________________________________________

Caretaker: Retained: ____________________________
  Court Appointed: _______________________________
  GAL: ___________________________________________
  Prosecuting Attorney: _________________________________________
Frederick County Department of Social Services
Child and Family Team Meeting: An Invitation to Participate

The Frederick County Department of Social Services has begun to implement a Child and Family Team Meeting procedure for children coming into foster care and for children at risk of coming into care. The purpose of the Child and Family Meeting is to bring together the family and other professionals to develop a plan to prevent the need for out-of-home placement or – if already in placement – to identify what it would take to return the child or children home safely. This approach builds on the child’s and family’s strengths. It is based on a Team Approach which includes family members and other supportive individuals, the child (if old enough), the social work case manager, and private providers of services to the family. It may also include other Social Services workers (Eligibility Worker, Self-Sufficiency Worker, In-Home Worker, CSA Coordinator and CSA Prevention Case Manager), the Court Services Worker, teachers, mental health professionals, plus the guardian ad litem and the attorneys representing the family or the department. In addition to identifying the family’s strengths and goals, the Child and Family Team identifies the major issues, outlines the information or evaluations needed and addresses the barriers to success.

The outcome of the meeting is a written plan which becomes the basis for the services to be provided throughout future management of the case. The services and goals are clearly stated and shared with all parties involved including the family, service providers, social workers, court workers, school personnel and the Court. The written plan becomes the basis of the family service plans developed by providers of services. Progress towards the identified goals will form the basis of future reports to the Court. The written plan (with an addendum as to specific costs associated with the services) becomes the basis of the request for funding.

All parties who are to participate in the Child and Family Team Meeting will receive a blank copy of the report form in advance of the meeting. We request that you complete it to the best of your knowledge and bring it with you on the day of the conference. If you do not have input for a particular question, simply leave that item blank. If you have been sent this form and cannot attend the Family Team Meeting, we will still like your input. Please complete the form and fax it to the attention of the Social Work Case Manager at 540-535-2146. At the Family Meeting we will discuss each section of the form and develop a Care Plan based on the input of all participants.

The use of the Family Team is not a one-time event but an on-going process throughout the life of the case. It is a process whereby all parties can stay informed regarding the progress of the family to prevent placement or to have their child or children returned to their care. The Family Team also identifies the plan should progress not be made towards the goal of return home. (If return home cannot be accomplished safely within a reasonable amount of time, the goal will shift to provide for a permanent placement of the child or children elsewhere.) The participants in the Child and Family Team will be asked to reconvene periodically as circumstances in the case change and the Care Plan evolves to meet the needs of the child and family.
Frederick County Department of Social Services
Child and Family Team
Initial Conference

Child: ___________________ (DOB: ________________)
Child: ___________________ (DOB: ________________)
Child: ___________________ (DOB: ________________)

Parents:
Mother: ___________________
Address: _________________

Father: _________________ (paternity established? ____)
Address: _________________

Current Charge(s): ________________________________________________
Date of Hearing: ________________

Past charge and disposition: _________________________________________
___________________________________________________________________

Truancy Issues: _____________________________________________________
___________________________________________________________________

Child Protective Services Involvement:
___________________________________________________________________
___________________________________________________________________

Date child came into care: __________________________

Reason child came into care:
___________________________________________________________________

Date of Conference: __________________________

In attendance:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Invited but not in attendance: _________________________________________
Major Issues:

☐ Child Safety Issues:

☐ Not an issue at this time

Issue: __________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Action Plan to Protect Child: ________________________________________________
________________________________________________________________________________
________________________________________________________________________________

☐ Predictable crisis in family life:

☐ Not an issue at this time

☐ Predictable crisis

Action Plan

1) 

2)  

3) 

☐ Other major issues:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

The Family Team Meeting Care Plan (See Appendix ____ ) will identify need(s), ways to meet needs, Plan of Action/Services, Challenges and person(s) responsible and outcome(s) sought.

The Care Plan will be written by the designated recorder and signed by the Child and Family Team participants.

Specific recommendations to the Court:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

_______ This Team Meeting served at the FAPT pursuant to policies of the Frederick County CPMT effective August 1, 2008.

Final written plan must be signed and dated by parent/ caretaker.
Family Team Meeting Care Plan

<table>
<thead>
<tr>
<th>Need(s)</th>
<th>Ways to meet needs</th>
<th>Plan of Action/Services</th>
<th>Challenges/Barriers</th>
<th>Person(s) Responsible</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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</table>

Outcome:

Date of Review:
Accomplished: __________
Did not complete: __________
Change: __________
Still in Progress: __________
<table>
<thead>
<tr>
<th>Date of Review:</th>
<th>Accomplished:</th>
<th>Did not complete:</th>
<th>Change:</th>
<th>Still in Progress:</th>
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<tbody>
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<td>3.</td>
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<td>Outcome:</td>
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<tr>
<td>Date of Review:</td>
<td>Accomplished:</td>
<td>Did not complete:</td>
<td>Change:</td>
<td>Still in Progress:</td>
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<td>4.</td>
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<td>Outcome:</td>
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<tr>
<td>Date of Review:</td>
<td>Accomplished:</td>
<td>Did not complete:</td>
<td>Change:</td>
<td>Still in Progress:</td>
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<td>Outcome:</td>
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</tbody>
</table>
Date of next Family Team Meeting: _____________________

**Signatures:**

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Youth</td>
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<tr>
<td>Parent/Caretaker</td>
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<td>Case Manager</td>
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<td>School</td>
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<td>Court Services</td>
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<td>Mental Health</td>
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<tr>
<td>Facilitator</td>
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<tr>
<td>CSA Coordinator</td>
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<tr>
<td>Foster Care/CPS Supervisor</td>
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<tr>
<td>Other</td>
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</table>
Frederick County Department of Social Services  
Strengths Discovery

This is an informal meeting with the youth and family to get acquainted and hear their story. This is not a formal meeting or assessment, but rather an opportunity to explore cultural and traditional norms, values, strengths, and needs and identify any potential informal supports. You should have this time together to frame the family’s vision statement.

Tell me more about your current situation?
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________

What is your happiest memory with your family?
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________

What supports do you think you need to better assist you and your family?
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________

It seems as if you have coped with this situation for quite some time. Who have you relied on for assistance?
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________

On a good day, when things seem to be going well, what are you most pleased or proud of about your family?
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________

Do you have any supportive family members, friends, or neighbors in the area?
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________
Has anyone from your child’s school been particularly helpful to you?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Do you have a support system at church/faith-based organization? Would you like to fine one?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What kinds of activities do you and your child do together? (If none) What kinds of activities do you think you would enjoy doing with your child?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Vision Statement:
Finish this statement: “Life will be better when …”
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Family Strengths:
1. 
2. 
3. 
4. 
5. 

Child’s Strengths:
1. 
2. 
3. 
4. 
5. 

People who might attend my Family Team Conference (Name and contact information):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Appendix H

Informal Community and Family Support

ABBA
Access Independence
Alcoholics Anonymous/Alanon/Alateen
American Red Cross
Apple Country Head Start
ARC of Northern Shenandoah Valley
Big Brothers/Big Sisters
Blue Ridge Hospice
Blue Ridge Legal Aide
Boy Scouts of America-Shenandoah Area Council
Boys & Girls Club of Northern Shenandoah Valley
C-CAP
Child Development Center
Child Parent Center
Churches
CLEAN, Inc.
Community-Housing Program
Concern Hotline, Inc.
Consumer Credit Counseling Service
Council on Alcoholism-Lord Fairfax House
Edgehill Recovery Center
Faith in Action
Food Pantries
Family
Frederick County Parks & Recreation
Free Medical Clinic
Friends
Fremont Street Nursery
Girl Scouts of Shawnee Council, Inc.
Goodwill Winchester
Habitat for Humanity
Handley Regional Library
Healthy Families
Help with Housing
Highland Memorial Presbyterian Church Food Pantry
Infant & Toddler Connection of Shenandoah Valley
Knights of Columbus
Kitchen of Hope-Market Street UMC
Literacy Volunteers-Winchester Area
Lions’ & Lioness’ Clubs
Lord Fairfax Community College
Logisticare
Lutheran Family Services Mentorship Program
March of Dimes Birth Defects Foundation
Narcotics Anonymous
National Alliance for the Mentally Ill
Northern Shenandoah Valley Workforce Center
Northwestern Community Services
NW Works, Inc.
Open Door Food Pantry
Regional GED Testing Center
Salvation Army
School Clubs
Share the Cheer Foundation
Shelter for Abused Women
Special Need Registry
Sports Teams
Telamon Corporation
Toys for Tots Program
Union Rescue Mission of Winchester
United Way of Northern Shenandoah Valley
Valley Health Line
Virginia Autism Resource Center
Virginia Cooperative Extension
Virginia Department for the Deaf and Hard of Hearing
Virginia Department of Rehabilitative Services
Virginia Employment Commission
Virginia Office for Protection & Advocacy
Volunteer Emergency Families for Children
Volunteer Income Tax Assistance
Winchester Day Nursery Inc.
Winchester/Frederick County Health Department
Winchester/Frederick County Child Advocacy Center
Winchester Migrant Head Start
Winchester Parks & Recreation
Winchester Union Rescue Mission
Youth Development Center

Support Group
Differently Abled Club
Family’s Anonymous
Friends Who Care
New Mom’s Support Group
Prison Fellowship
The following form will be used for all Budget Requests. It will be used by the Case Aide to establish the case in Thomas Brothers and to generate all Purchase Orders and Case Actions. The Case Manager will fill out service provider, frequency, beginning and ending dates. Case Aid will complete unit cost, total cost and funding category.

Child’s Name: ________________________________________
Case Manger: _________________________________________
CSA Approval: ________________________ Date: _________________

<table>
<thead>
<tr>
<th>Service to be Provided</th>
<th>Provider</th>
<th>Frequency</th>
<th>Beginning/Ending Dates</th>
<th>Unit Cost</th>
<th>Total Cost</th>
<th>Funding Category</th>
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1. CHILD’S INFORMATION

Name of Client: ____________________________________________
Address: __________________________________________________
Social Security Number: ____________________________
Has Child been adopted? ( ) Yes ( ) No
Age: ______ Race: _______ D.O.B: _______
School: _______________ Grade: __________
Who has legal custody of child? ____________________________
Identified Disability: (DSM IV Diagnosis)
Any psychotropic medications? ________________
Is child on Autism Spectrum? __________

2. FAMILY INFORMATION [complete if not included above]

Child’s Mother: _____________________________________________
Phone: _______________ SS#: ________________________________
DOB: _______________  In Household? ( ) Yes ( ) No
Hispanic? ______ Race ______
( ) Yes ( ) No

Child’s Father: ____________________________________________
Phone: _______________ SS#: ________________________________
DOB: _______________  In Household? ( ) Yes ( ) No
Hispanic? ______ Race ______
( ) Yes ( ) No

Parent’s Marital Status at the time of Child’s birth? Married ___ Divorced ____ Separated ___
Caregiver’s relationship to the Child __________________________
Child’s Siblings: Hispanic? ______ Race ______ DOB: __________
( ) Y ( ) N ( ) Yes ( ) No
( ) Y ( ) N ( ) Yes ( ) No

3. SIGNIFICANT PEOPLE IN CHILD’S LIFE

Name: ____________________________________________
DOB: _______________  In Household? ( ) Yes ( ) No
Hispanic? ______ Race ______
( ) Yes ( ) No

4. PLACEMENT INFORMATION

Name: ____________________________________________
Address: ____________________________________________ Date of Entry: ______
Date of Exit: ______
Type of Removal: ______
Voluntary ______ Emergency ______ Court Ordered ______
Court Dates and Type of Hearing: Initial ______ Review ______ Permanency ______
Court Hearings: Past and Future Dates
Immediate Goal of the Child: _____________________________
Future Goal of the Child: ________________________________
Does the child have Medicaid?: _________________________
Is this child eligible for IV-E? __________________________
Estimated Plan Completion Date: _______________________

Mandate type: □ Foster Care Prevention; □ DSS Non-Custodial Agreement; □ DSS Custody; □ CHINS Prevention;
□ CHINS CSA Parent Agreement; □ CHINS Custody; □ Court-ordered Truancy; □ Court-ordered Delinquency;
□ Special Ed Prevention; □ Special Ed; □ Non-Mandated
# Team Meeting Observation Form

Client ID____________________  Date_____________  Care Center: North Central South

Initial Meeting___________  UR Meeting___________  Transition Meeting______________

Care Coordinator_______________________  Care Manager_________________________

Location of Meeting_____________________  Initial Entry Date_______________________

Observer_________________  Meeting Start Time___________  End Time______________

## Team Members Present
(First name only)

<table>
<thead>
<tr>
<th></th>
<th>Role</th>
<th>Agency/Family/Community</th>
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<tbody>
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<td>10.</td>
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## Life Domain Areas Addressed In Plan of Core
(Check all those discussed at meeting)

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<tbody>
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<td>1.</td>
<td>Cultural</td>
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<td>2.</td>
<td>Education</td>
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<td>3.</td>
<td>Family</td>
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<td>4.</td>
<td>Legal</td>
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<td>5.</td>
<td>Medical/Self Care</td>
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<td>6.</td>
<td>Mental Health</td>
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<td>7.</td>
<td>Residential</td>
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<td>8.</td>
<td>Safety</td>
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<td>9.</td>
<td>Social/Recreational</td>
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<td>10.</td>
<td>Substance Abuse</td>
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<td>11.</td>
<td>Vocational</td>
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<tr>
<td>COMMUNITY</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>1. Information about resources/intervention in the area is offered to</td>
<td>Y</td>
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<tr>
<td>the team.</td>
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<td>2. Plan of care includes at least one public and/or private community</td>
<td>Y</td>
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<tr>
<td>service/resource.</td>
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<td>3. Plan of care includes at least one informal resource.</td>
<td>Y</td>
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<td>4. When residential placement is discussed, team chooses community</td>
<td>Y</td>
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<tr>
<td>placements for child(ren) rather than out-of-community placements,</td>
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<tr>
<td>whenever possible.</td>
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<td>5. Individuals (non-professionals important to the family are present at</td>
<td>Y</td>
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<tr>
<td>the meeting.</td>
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<thead>
<tr>
<th>INDIVIDUALIZED</th>
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<tbody>
<tr>
<td>6. If an initial plan of care meeting, the parent is asked what treatments</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>or interventions he/she felt worked/didn’t work prior to LPS.</td>
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<td>7. Care Coordinator advocates for services and resources for the family</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>(e.g., identified and argues for necessary services).</td>
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<tr>
<td>8. All services needed by family are included in plan (i.e., no needed</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>services were not offered).</td>
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<tr>
<td>9. Barriers to services or resources/interventions are identified and</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>solutions discussed.</td>
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<tr>
<td>10. The steps needed to implement the plan of care are clearly specified</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>by the team.</td>
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<tr>
<td>11. Plan of care that includes life domain(s) goals, objective, and</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>resources/interventions is discussed (or written).</td>
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<tr>
<td>12. Plan of care goals, objective, or interventions are based on family/child strengths.</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>13. Safety plan/crisis plan developed/reviewed.</td>
<td>Y</td>
<td>N</td>
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<tr>
<th>FAMILY</th>
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<tbody>
<tr>
<td>14. Convenient arrangements for family’s presence at meeting are made</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>(e.g., location, time, transportation, day care arrangements).</td>
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<td>15. The parent/child is seated or invited to sit where he/she can be</td>
<td>Y</td>
<td>N</td>
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<td>included in the discussion.</td>
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<tr>
<td>16. Family members are treated in a courteous fashion at all times.</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>17. The family’s perspective is presented to professionals from other</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>agencies.</td>
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<tr>
<td>18. The family is asked what goals they would like to work on.</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>19. The parent is asked about the types or services or resources/interventions he/she would prefer for his/her family.</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>20. Family members are involved in designing the plan of care.</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>21. In the plan of care, the family and team members are assigned (or</td>
<td>Y</td>
<td>N</td>
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<td>asked) tasks and responsibilities that promote the family’s</td>
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<td>independence (e.g., accessing resources on own, budgeting, maintaining</td>
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<td>housing).</td>
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</table>
22. The team plans to keep the family intact or to reunite the family. | Y | N | NA
23. Family members voice agreements/disagreement with plan of care. | Y | N | NA

**INTERAGENCY/COLLABORATION**

24. Staff from other agencies who care about or provide resources/interventions to the family are present at the meeting. | Y | N | NA
25. Staff from other facilities or agencies (if present) have an opportunity to provide input. | Y | N | NA
26. Informal supports (if present) have an opportunity to provide input. | Y | N | NA
27. Problems that can develop in an interagency team (e.g., turn problems, challenges to authority) are not evident or are resolved. | Y | N | NA
28. Staff from other agencies described support resources/interventions available in the community. | Y | N | NA
29. Statement(s) made by a staff member or an informal support indicate that contact/communication with another team member occurred between meetings. | Y | N | NA
30. Availability of alternative funding sources is discussed before flexible funds are committed. | Y | N | NA

**UNCONDITIONAL CARE** (*If one NA, all NA)

31. Termination of a network services is discussed because of the multiplicity or severity of the child. | Y | N | NA
32. Termination of other services is discussed because of the multiplicity or severity of the child’s/families behavioral problems. | Y | N | NA
33. For severe behavior challenges (e.g., gangs, drugs), discussion focuses on safety plans/crisis plans (e.g., services and staff to be provided) rather than termination. | Y | N | NA

**OUTCOMES**

34. The plan of care goals are discussed in objective, measurable terms. | Y | N | NA
35. The criteria for ending LPS involvement are discussed.* | Y | N | NA
36. Objective or verifiable information on child and parent functioning is used as outcome date. | Y | N | NA

**MANAGEMENT**

37. Key participations are invited to the meeting (i.e., family members, case worker, teacher, therapist, others identified by the family.) | Y | N | NA
38. Current information about the family (e.g., social history, behavioral and emotional status) is gathered prior to the meeting and shared at meeting (or beforehand). | Y | N | NA
39. All meeting participants introduce themselves (if applicable) or are introduced. | Y | N | NA
40. The family is informed that they may be observed during the meeting. | Y | N | NA
41. Plan of care is agreed on by all present at the meeting.

<table>
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<tr>
<th>CARE COORDINATOR</th>
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<tbody>
<tr>
<td>42. Care Coordinator presents the family vision of “Life with be better when…”</td>
</tr>
<tr>
<td>43. Care Coordinator reviews goals, objective, interventions, and/or progress of plan of care.</td>
</tr>
<tr>
<td>44. Care Coordinator directs (or redirects) team to discuss family/child strengths.</td>
</tr>
<tr>
<td>45. Care Coordinator directs (or redirects) team to revise/update plan of care.</td>
</tr>
<tr>
<td>46. Care Coordinator summarizes content of the meeting at the conclusion of the meeting.</td>
</tr>
<tr>
<td>47. Care Coordinator sets next meeting date/time.</td>
</tr>
</tbody>
</table>