



Indiana System of Care **Resource Manual**



Section III Essential Functions

Section III.IV

Care Coordination

Learning Objectives:

1. To learn the role and functions of a care coordinator.
2. To understand who should make up a child and family team.
3. To have some basic tools to use when facilitating child and family teams.

Summary:

Service delivery within a system of care occurs in the community. As discussed in a previous section, systems of care have a combination of formal services and informal supports that are used to meet the unique needs of children and families. The role of care coordinators and child and family teams is to help children and families navigate through this service array and to make sure that children get the help that they need. The following section will identify the roles of both the care coordinator and the child and family team in this process.

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The Wraparound Process

Since the first edition of this Resource Manual much work has been accomplished by the National Wraparound Initiative (NWI) and its advisors. Please log on to the NWI web site at www.rtc.pdx.edu/nwi to view many resources, tools <http://www.rtc.pdx.edu/nwi/tools/>, and documents mentioned in this chapter. We especially recommend that every care coordinator and family involved in the wraparound process have a full understanding of their roles throughout the four phases of wraparound: engagement, initial planning, implementation and transition. The Wraparound Process User's Guide (Miles, et al. 2006) provides a simple yet thorough explanation of the wraparound process in language that is easy to understand. This guide is available for download on the NWI site and individual printed copies may also be ordered.

Wraparound is a team-based planning process that provides individualized, coordinated, family-driven care to meet the complex needs of children who are involved with several child and family serving systems such as mental health, child welfare, juvenile justice, and special education. These children and youth are often at risk of placement in institutions because of emotional, behavioral or mental health difficulties. The process requires that families, providers and members of the family's social support network work together to build a creative plan that responds to the unique needs of the child and family. Team members then implement the plan and meet regularly to monitor progress and make adjustments as necessary. This work continues until team members agree that the formal wraparound process is no longer needed (Walker and Bruns, 2007).

Wraparound is a process that is guided by a set of values that sets it apart from many other planning and service delivery approaches. The NWI has defined these 10 principles that guide the wraparound process (Bruns, et al., 2004):

- Family voice and choice
- Team based
- Natural supports
- Collaboration
- Community-based
- Culturally competent
- Individualized
- Strengths based
- Persistence

- Outcome based

Additionally, the NWI has published the phases and 32 activities that comprise the wraparound process (Walker, et al., 2004, 2008). The purpose is to guide the care coordinator (or other team facilitator) through the process without specifically indicating who is responsible for each activity or proscribing the order in which they must occur, since individual teams may make their own decisions about assigning tasks among members. This flexibility within a defined framework is a highlight of the individualized nature of the wraparound process. This Section will discuss the roles of the care coordinator and the child and family team in the wraparound process and Sections 3.5 and 3.6 cover strengths based services and crisis planning respectively. The final subsection of this section (Section 3.7) covers hiring, retention and strengths based supervision for wraparound.

Care Coordinator

Note on Terminology

The function of a system of care discussed in this section is that of the care coordinator at the service-delivery level. Communities name this position in a variety of ways: for example some are called service coordinator, resource coordinator, wraparound facilitator or other variations on these titles. Though their job titles are different, their roles are essentially the same. For simplicity, we will use the term care coordinator throughout this section.

The Care Coordinator has many roles in a system of care. Perhaps the following list of words, many of which are defined further in Toolkit #1, will provide a general idea of the diversity of these roles:

- Advocate
- Coordinator
- Educator
- Facilitator
- Communicator
- Authorizer
- Accountant
- Writer
- Planner
- Treatment plan keeper
- Strengths-based discoverer/assessor
- Linker
- Monitor
- Evaluator

Certainly, this list does not capture everything that a care coordinator does. Nor does everything on this list apply to every community. However, the point is that a care coordinator is responsible for facilitating the child and family team and coordinating services on behalf of a child and family, with full participation and guidance from the team.

Remembering that the wraparound process in systems of care is family-driven, care coordinators must work closely and effectively with children and their family members.

Toolkit #2 presents some guidelines for working effectively with families and/or parents. Since wraparound families are like other American families, they are diverse in their composition. They may include single or joint biological or adoptive parents, as well as the youth and extended family members such as grandparents and other non biological kin. They may also include substitute caregivers who have been assigned custody by a public agency. With older and more mature youth, they begin to make more of their own decisions, including some of those assigned to families of younger children. (Walker and Bruns, 2008).

Job descriptions provide one mechanism through which the roles and responsibilities of care coordinators are clearly identified. A typical job description for a care coordinator is included at **Toolkit #3**.

Child and Family Teams

Engagement

During the engagement phase of the wraparound process, the care coordinator will meet with the child and family at a location where they are comfortable and talk with the family about the process and get to know their successes, hopes and dreams. They will all work together to help the family identify some of their strengths and describe what they believe are their needs. See **Toolkit #4** for a useful way to identify strengths and needs in ten life domains: mental health, family/relationships, financial, home/place to live, safety/crisis, social/recreational, vocational/education, cultural/spiritual, legal, and health/medical (Stroul and Blau, Eds., 2008). They will discuss who might participate on the CFT. Members of child and family teams (CFT) are individuals who best know the strengths and needs of the family. The child and the family, along with the care coordinator, choose CFT members. Possible members, in addition to the child and family, include the

child's:

- Teacher
- Social worker
- Probation officer
- OFC case manager
- Therapist
- Mentor
- Clergy
- Friend - Neighbor
- Foster parents
- Grandparents
- Relatives

This list does not include everyone that could be on a child and family team, nor will all the people listed above be on every CFT. Certain people may be required to be on a child's CFT (e.g., probation officer, Department of Child Services {DCS} caseworker). Otherwise, the child and family identify the members of their own team based on their individual situation. During this phase, any urgent crises are stabilized and groundwork is laid for the preparation of a comprehensive crisis plan in the plan implementation phase.

Toolkit #5 provides suggestions for identifying key players (i.e., CFT members) in the life of a youth and family. Once identified, the care coordinator will offer to help the family contact people to set up the first team meeting.

Initial Plan Development

Child and family teams are the core vehicles for achieving success in systems of care. The purpose of a child and family team is to develop a plan (sometimes called a treatment plan or service coordination plan) that is built on child and family strengths and to monitor and adapt the plan as needed during a child's enrollment in a system of care.

Further information on the role and function of child and family teams can be found in the toolkit. Specifically, **Toolkit #6** presents service principles for child and family teams and **Toolkit #7** includes some expectations and roles for members of child and family teams.

Facilitation

An effective team facilitator is important to the success of child and family teams. Different communities, and even different teams, may invite various individuals to facilitate team meetings at various times. Regardless of their title

they must be trained in the facilitation process and have opportunities to be observed and coached by others such as supervisors or trainers, with advanced skills.

For example, any of the following individuals could be CFT facilitators at all or part of any given meeting:

- Care coordinator
- Other team member
- Parent
- Child

The CFT facilitator is responsible for making sure that everyone's voice is heard and that decisions are made in a way that is valued by all members of the team. The following Ten C's of Teamwork (Kilgo, Clark, & Cox, 1990) offer some principles that a facilitator should embrace and encourage in child and family teams:

- Cooperation
- Communication
- Coordination
- Collaboration
- Consistency
- Confronting problems
- Compromise
- Consensus Decision Making
- Caring
- Commitment

In addition, the following tips may be helpful for both facilitators and team members working with child and family teams:

- Focus on the benefits of working on a team
- Learn to forgive
- Be an active participant
- Remember your mission
- Speak out loud about risks
- Speak from strengths
- Support other team members
- Use the team as your primary communication device

Pre-meeting preparation

Regardless of who facilitates child and family team meetings, preparation is necessary prior to team meetings, especially for a newly formed team.

Family members and children need to be told what to expect in child and family team meetings and supported in voicing their ideas, concerns, questions, and opinions before and during the meetings. The communication strategies presented in [Toolkit #8](#) provides some information on how to prepare family members for child and family team meetings and how to continue effective

communication during and after the meeting.

Other members of the child and family team need to be prepared as well. [Toolkit #9](#) presents communication strategies to use in preparing service providers and other team members for child and family team meetings.

Agendas

A meeting agenda is a very important tool in making sure that everyone's voice is heard during a child and family team meeting. A well-constructed agenda will also help team meetings to start and end on time.

To build an agenda for a 60-minute meeting, consider the following guidelines:

- 10 minutes – Strengths and successes
- 30 minutes – Review progress on treatment plan goals and outcomes
- 10 minutes – Plan for the next meeting (who does what, next steps)
- 10 minutes – Schedule next meeting and wrap-up

See [Toolkit #10](#) for an example of an agenda for a child and family team meeting.

When building an agenda, keep in mind that some members of the team may be unable to attend the entire meeting. Build in 15-minute opportunities for members who can only attend for part of the meeting or people who can participate by conference call to contribute the team's discussion.

Norms/Ground Rules

Creating norms for each child and family team is another effective way to conducting productive meetings. Norms should be established collaboratively by the team and approved by all members of the team. The sample ground rules in [Toolkit #11](#) can be introduced to teams as possible team norms, with modifications made as desired by the team.

The norms adopted by child and family teams should allow for true family participation by children, parents, and other family members participating on the team. Dr. John K. Whitbeck (personal communication) identified three elements that are central to family driven teams:

- Access – the parent and child have valid options at inclusion in decision making process.

- Voice – the parent and child are heard, listened to at all junctures of planning.
- Ownership – the parent and child agree with and are committed to any plan concerning them.

Creating access, voice and ownership within child and family teams requires viewing families as full partners in and drivers of their children’s treatment process. Most systems of care make it a requirement that family members be present at all child and family team meetings (i.e., no family, no meeting).

At the first team meeting, the team will create a mission statement about what they all will be working on together. They will discuss the child and family strengths identified in the engagement phase and add to them if necessary. The team will examine the child and family’s needs and work together with them to come up with several ways to meet the needs that match up with their strengths. Finally the team members will agree on which tasks each member will take on. When the meeting is over, everyone will know what they need to do, how to contact one another, and when the next meeting will be.

Plan Implementation

During this phase of the wraparound process the team will create a comprehensive crisis plan to be implemented whenever “the adults don’t know what to do” – our definition of a crisis situation. Please see Section 3.6 for more information on creating a crisis plan. Also during this phase the team will meet at least monthly to review and revise the plan of care (treatment plan) if necessary. The team examines its accomplishments (what has been done and what is going well), assesses whether the plan is working, adjusts things that aren’t working and assigns new tasks to team members. During this process, it is almost inevitable that there will be disagreements among members and their perceptions of how things are going.

Conflict resolution

Given that the members of child and family teams come from multiple agencies, individual perspectives, and backgrounds, conflict should be anticipated in all child and family teams. Team facilitators should be able to assist the team in resolving conflict when it occurs. Knowing how to handle difficult personalities and attitudes during team meetings is an important way to prevent and or minimize conflict. [See Toolkit #12](#) for some (sometimes humorous) thoughts on how to handle unusual behaviors in meetings.

When conflict occurs, it is often necessary to confront one or more members of the team with the problem or issue that is the source of the conflict. The following tips for constructive confrontation should be considered in these situations:

1. Remember that all team members share the common goal of success for the child and family.
2. Be direct and to the point. If you have a problem, say so up front without hiding it.
3. Be specific about what the problem is. State the facts as they relate to the specific problem.
4. Keep a positive and helpful tone and manner.
5. Give the other person a chance to respond so you can begin to work out a solution.

Also, consider these guiding principles for resolving conflicts when working with child and family teams:

- Preserve dignity and self-respect. Focus on the issues rather than on team members’ personalities.
- Listen with empathy – try to understand the feelings of others. Listen with neutrality – remain open to others’ opinions and perspectives and don’t let your own position interfere with your ability to hear what others say. Try the “shoes” test: How would you feel about the issue if you were in the other person’s shoes?
- Don’t expect to change the behavioral style of other team members. You can be responsible only for your behavior. Concentrate on how you perform in conflict situations. Your behavior can influence the outcome because team members are dependent on each other to reach goals.
- Express your independent perspective. It is important that the team hears your perspective, even if it goes against the opinion of everyone else at the table. Once you are certain that team members understand your point of view, be prepared to support an alternative position.

Systems of care and their wraparound administrators should develop grievance procedures for members of child and family teams to use if they feel that the processes used to resolve conflict within a child and family team are not adequate. [See Toolkit #13](#) for an example of a Grievance Procedure.

Stages of group development

There are four commonly identified stages (forming, storming, norming, and performing) of team growth that

are relevant to child and family team development. Although many of the stages may feel uncomfortable to groups, each stage is normal and should be anticipated by the team. Some teams may find it useful to acknowledge these stages when they first start meeting and then revisit them when team processes are being questioned.

The four stages of growth, and tips and tools to use during each stage, are presented in [Toolkit #14](#).

Transition

Though this is the fourth and “final” stage of the wraparound process, effective teams will begin planning for transition soon after enrollment in wraparound. Completion of the process happens when the team agrees that it is no longer necessary to meet regularly. The final meeting may include a celebration or graduation ceremony, or may simply involve the family acknowledging that they are ready to move on. The team agrees that the family members have gained the skills, knowledge and support network that will help them address future needs and crises. At this point a written transition plan with a timeline is completed by the care coordinator. This plan includes a post-wraparound crisis plan that the family can implement for themselves if needed. The family and referring entity both receive a final discharge report that outlines their accomplishments and successes and documents the interventions that were successful. Family members feel comfortable calling their own team meeting if necessary in the future.

Review

By way of review of all the items included in this section on Child and Family Teams throughout the four phases of wraparound, we highly suggest that you follow this link [http://www.rtc.pdx.edu/NWI-book/Chapters/Pierce-4a.2-\(teams\).pdf](http://www.rtc.pdx.edu/NWI-book/Chapters/Pierce-4a.2-(teams).pdf) to a lovely account of how the wraparound process can work in the real world (Pierce, 2008). In this chapter of The Resource Guide to Wraparound entitled “The Phases of Wraparound: Real Life & Teams”, Matt Pierce follows the up and down progress of “Andrew”, his team and wraparound facilitator, Molly.

References

Contact the TA Center's coaches for more information on and training and coaching in conducting child and family teams and care coordination.

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<http://www.rtc.pdx.edu/nwi/PhaseActivWAProcess.pdf>

Walker, J.S. & Bruns, E.J. (2008). *Phases and activities of the wraparound process: Building agreement about a practice model*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

Toolkit#1

Care Coordinator

Roles and Functions

ADVOCATE

Supports and assists the family in getting their needs met in multiple service systems such as mental health, substance abuse, school and social services.

COORDINATOR

Coordinates the care and services to be provided to the family and child. Monitors the services, assesses the progress, outcomes and facilitates providers and family members in discussing the plan.

EDUCATOR

Assists families in developing the skills necessary to work with their child's specific behavioral difficulties. Also educates the family about the service system and community resources available to them, assisting them in becoming self-sufficient and independent.

ACCOUNTANT

Monitors the family's budgeted amount, assessing the projected and expended amounts, and insuring that families and children are benefitting from the services that are purchased for them.

WRITER

Records all aspects of care for the family and youth by writing, updating and revising the treatment plan as changes arise, and providing written minutes to all members for each team meeting.

COMMUNICATOR

Communicates the needs of the family and child to the community providers, orchestrating the service provision, and clearly articulating the goals and outcomes.

ASSESSOR

Assesses the strengths and needs of the family and child using the strengths based discovery process and the CANS, as well as the clinical and fiscal outcomes of the plan, making decisions based on information.

PLANNER

Brings together the key stakeholders as identified by the family and implements an outcome based individualized family service plan with the team.

LINKER

Links families to services and supports that they may not have been aware of, encourages relationship building between service providers and families, and connects the family to community resources.

MONITOR

Provides careful daily and monthly analysis of the clinical progress and expenditures of care for the family, and assists the family in making changes in service provision when services are not what the family expects.

EVALUATOR

Evaluates the current plan after careful analysis of the clinical progress and financial expenditure and brings recommendations to the family and team for discussion.

Toolkit#2

Wraparound Coordinator Rules for Working Effectively with Parents

- Focus on the strengths of the family throughout planning and implementation of services
- Learn and acknowledge the hopes and dreams of each family member
- Acknowledge and address directly the mistrust bred by prior interventions and relationships with providers
- Meet all team participants prior to the first meeting and set the stage for participation in a unique process with the family
- Set and enforce, if necessary, ground rules for all team meetings that reinforce a blame free, creative environment
- Set time expectations early and stick to them
- Strategically plan who will be on the team with the family to assure the “right” membership
- Invest the time to learn the agenda and concerns of each team member
- Arrange for child care and other assistance to support team members in being able to attend regularly
- Always separate the actions of team members from your perceptions of the individual, and recognize the roots of each person’s role
- Hold meetings in a place where you can control and limit the distractions and interruptions
- Always pay attention to supporting the team in its functions
- Help the team develop and acknowledge the common interested and investments they hold on behalf of the family
- Plan for the worst; expect that the hardest thing is the thing that will happen
- Be assertive; plan to step up to a leadership role in the planning process
- Help team members clarify their roles; sort out personal versus professional interests
- Always remember that you are asking people to do things differently, and recognize they need support over time to do this
- Pay attention to the details of the setting; comfortable space helps people work well together
- Communicate energy and enthusiasm
- Never schedule two planning meetings in the same day

(Toolkit #2 Rules – con't.)

- Understand and practice the skill of reframing so you can help the team reframe as the traditional issues and input come out
- If the process is going badly don't hesitate to say so, stop it, or reshape it in any way necessary
- Plan for your own support as leading a team takes energy and can be a hard thing to do
- Know your strategies in advance; plan, plan, plan
- Always be polite, particularly when being confrontational
- Plan within the reality of your own capacity and workload
- Recognize and validate the input of team members
- Always meet around the family's schedule and needs
- Be aware of your own needs in the process and plan to get them met appropriately
- Have fun whenever possible!



CARE COORDINATOR

DEPARTMENT	Maryland Choices, Hamilton Choices, DC Choices, Dawn Project	EFFECTIVE	08/01/08
REPORTS TO	Lead Care Coordinator or Care Supervisor	FLSA STATUS	Exempt
EEO CATAGORY	Professionals	PAGE	1 of 3

JOB SUMMARY

The Care Coordinator is responsible for completing a comprehensive assessment of the individual, working in full partnership with team members to develop a plan of care, overseeing the implementation of the plan, identifying providers of services or family-based resources, facilitating community team meetings, monitoring all services authorized for client care and authorizing all care to maintain fiscal accountability. The Care Coordinator assures care is delivered in a manner consistent with strength-based, family-centered, and culturally competent values, offers consultation and education to all providers regarding the values of the model, monitors progress toward treatment goals, and assures that all necessary data for evaluation is gathered and recorded.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Organizational Management

1. Manages his/her caseload within the financial parameters of the case rate or other established financial protocol.
2. Uses resources and available flex funding to assure that services are based specifically on the needs of the child and family.
3. Uses referral information, CANS assessment and other data to complete strengths-based assessment for use by child and family team as they collaboratively develop a plan of care with clearly defined goals.
4. Willingly completes other duties as assigned to advance the mission of the agency.

Supervision

NA

Practice Level Component

1. Ensures all elements on the Task Time Line are completed within their associated time parameters.
2. Ensures that needs drive decision making.
3. Effectively incorporates strengths as interventions into plans of care.
4. Incorporates individual family beliefs and traditions into assessments and treatment plans and seeks culturally similar services and supports.
5. Can effectively articulate the vision, needs, and strengths of each child and family on his/her case load.
6. Seeks community services before formals services and works to continually move families to more community-based settings.
7. Ensures that parent and family involvement is maintained throughout the service period.
8. Maintains ongoing dialogue with the family and providers to assure that the philosophy of care is consistent and that consistent progress is made toward service goals. Evaluates the progress and makes adjustments as necessary.
9. Consistently delivers strength-based, family-centered, culturally competent services.
10. Interprets psychiatric, psychological and other evaluation data, and uses that information in the formation of a collaborative plan of care.
11. Demonstrates skill in consensus building, creative problem solving, mediation, and general meeting facilitation.

12. Demonstrates flexibility and optimism about the strengths of children and their families.

Learning Organization and Staff Training

1. Actively participates in internal and external training opportunities.
2. Exhibits enthusiasm for learning and personal growth.
3. Understands and can describe key components of all the agency's programs/lines of service.

Community Partnership

1. Maximizes use of public funds through development of families' natural resources and effective management of case rate.
2. Effectively uses resources that are naturally in the community.
3. Represents agency Values and follows agency Guiding Principles within the community at all times.

Technology

1. Uses The Clinical Manager to accurately maintain treatment summaries, payment and resource utilization records, case notes, legal documents, and releases of information.
2. Effectively uses office equipment (copiers, fax machines, scanners), a personal computer and Microsoft Office products: Word, Excel, PowerPoint, Outlook, and Explorer.

QUALIFICATIONS

1. Minimum of bachelors degree in social work or related human service field. Master's bachelor degree in social work or related human service field preferred.
2. Minimum of three years of clinical/management experience in human services field.
3. Demonstrated two or more years of clinical intervention skills.
4. Demonstrated skill in fiscal management activities, team building and development.
5. Strong knowledge of and genuine respect for youth and adults with mental health issues and a firm commitment to empowering their families.
6. Strong communication and writing skills. Bilingual skills (especially Spanish) a plus.
7. Be certified in the CANS within 45 days of hire and at all times beyond the first 45 days of employment.
8. Highly organized, detail oriented.
9. Must possess a valid driver's license in state of residence and auto insurance.
10. Demonstrated ability to
 - Work effectively with internal and external individuals, including other professionals in the community.
 - Work effectively as a member of a team.
 - Effectively communicate to various internal and external audiences in both person and through various electronic media.
 - Manage time and work effectively with minimal supervision.
 - Effectively manage multiple priorities simultaneously.

WORKING CONDITIONS / PHYSICAL DEMANDS

1. Daily travel within the county and in some locations occasionally (less than 25% of time) within the state.
2. Frequent (more than 50% of time) travel into a variety of community environments, including inner city areas and visits to family homes that may be unsanitary and/or in need of repair.

SIGNATURES

I understand that the company reserves the right to modify, interpret or apply this job description in any way that it desires. This job description in no way implies that these are the only duties to be performed

by the employee. This job description is not an employment contract. The employment relationship remains at-will at all times.

My signature below signifies that 1) I have read this job description, 2) I have been given ample opportunity to ask questions and/or seek clarification on any aspect of this job description, and 3) I fully understand the duties described in this job description.

Employee Signature

Employee Printed Name

Date

Supervisor Signature

Supervisor Printed Name

Date

Strengths & Needs Based Assessment

Client name: _____

Date: _____

Mental Health: Briefly discuss any significant psychological/psychiatric child and family history, current behavioral, emotional and psychological, mental status and functioning, access to needed care and crisis management.

General Summary/Significant events: _____

Strengths/resources: _____

Concerns: _____

Needs: _____

Family/Relationships: Briefly describe family constellation, relationships among family members, extended family resources, support network. Discuss family involvement in plans for child, case management abilities and empowerment.

General Summary/Significant events: _____

Strengths/resources: _____

Concerns: _____

Needs: _____

Financial: Briefly describe child/family's access to shelter, safety, food, transportation and other basic needs. Describe source of financial resources and money management skills.

General Summary/Significant events: _____

Strengths/resources: _____

Concerns: _____

Needs: _____

Home/Place to Live: Briefly describe the living situation (space, privacy, safety, comfort, and availability of respite), status of placement and changes planned in the long-term arrangement.

General Summary/Significant events: _____

Strengths/resources: _____

Concerns: _____

Needs: _____

Safety/Crisis: Describe the current situation in terms of safety of the child and ability to handle crisis and emergency situations. Attach crisis plan to summary.

General Summary/Significant events: _____

Strengths/resources: _____

Concerns: _____

Needs: _____

Social/Recreational: Describe social interactive skills and current/past relationships for child and family. Also include access to other community resources, both current and desired, and feelings of belonging in and/or contribution to the community.
General Summary/Significant events: _____

Strengths/resources: _____

Concerns: _____

Needs: _____

Vocational/Educational: Describe educational status, including grade level, type of educational placement, attendance and behavior. If applicable, describe work experience, pre-employment skills and goals/interests and independent living skills.
General Summary/Significant events: _____

Strengths/resources: _____

Concerns: _____

Needs: _____

Cultural/Spiritual: Describe any ethnic or national traditions important to the child/family, as well as their ability to access these traditions. Also, describe religious or spiritual beliefs, practices and support.

General Summary/Significant events: _____

Strengths/resources: _____

Concerns: _____

Needs: _____

Legal: Describe history of involvement with police and/or courts and current status, including any identified community safety and accountability concerns.

General Summary/Significant events: _____

Strengths/resources: _____

Preliminary Plan: Completed and signed off

_____	_____	_____
Care Coordinator	Date	Care Coordinator Supervisor
_____	_____	_____
Date		

_____	_____
Supervising M.D.	Date

Toolkit #5

STRATEGIES FOR IDENTIFYING KEY PLAYERS IN THE LIFE OF A YOUTH AND FAMILY

- Link to the 4-8 people who know the youth and family best
- Ask the youth and family who is most important to them in their daily life
- Have a conversation with the family about who they interact with most
- Share ways that key players emerge in your own life to help set the direction
- Incorporate the obvious people that the family may overlook due to proximity
- Explore hobbies and activities as key players will be tied to real life events
- Use patience in exploring these issues; families will tell you as they trust you
- Invest time in this process as it is a key to the success of your plan
- Spend time with the family members in different community settings
- Explore key players through others (teachers, neighbors) with permission
- Recognize that key players will change over time as family's needs change
- Include key players from systems involved in the life of a child and family
- Do not overlook key players who are unpleasant to deal with
- Consider identifying key players tied to each member of the family
- Emphasizing naturally occurring key players builds community base of a plan
- Recognize investments of each key player as this effects their role with family
- Find those whose commitment to the family is unconditional

Toolkit #6

SERVICE PRINCIPLES FOR CHILD AND FAMILY TEAMS

1. Decisions are reached by general agreement, or consensus, whenever possible. Consensus is not always completely possible in cases involving legal restrictions.
 - All members have input into plan
 - All members have ownership of the plan
2. Teams meet regularly, at least monthly, NOT just around crises.
3. Teams develop plans that are based on youth/family strengths.
4. Teams pay attention to and address a full range of life needs that may impact a youth/family.
 - Mental Health
 - Family
 - Living Arrangement
 - Medical
 - Legal
 - Vocational
 - Educational
 - Social/Recreation
 - Crisis/Safety
 - Cultural/Spiritual
 - Substance Use
5. Teams reach out for and utilize assistance from the family's natural support system, community-based programs, and professional providers.
6. Teams stay focused on realistic, attainable goals instead of on excuses why goals can't be reached.
7. Care is unconditional – changed the plan, not the commitment, when success is not seen.
8. Teams celebrate success.
9. All barriers that prevent parent involvement at the team meeting are removed, including transportation, time of day, childcare, and conflicts with work, to facilitate full team participation and supportive attitudes. A family member must be present at each CFT meeting.

Toolkit #7

CHILD AND FAMILY TEAM MEMBER EXPECTATIONS AND ROLES

1. Orientation to success in the family and community

Child and Family Teams (CFT) start with the following beliefs and ask that team members work to help make them real:

- Families identify the strengths they have and the services they need because they are responsible for their children.
- Teams allow everyone to work together. Success requires a team commitment.
- Children and families are most successful achieving independence in their own homes and communities.
- Each child is unique and each team and plan should be responsive to the cultural needs identified by the family.

2. Active members of the team

The members of the team will actively participate by bringing their resources, skills and knowledge to the table for the benefit of the child and family. Members will make themselves available to meet at least monthly and at other times as needed for consultation between team meetings. Members are expected to abide by any ground rules established by the team and are also expected to follow through on commitments made in team meetings.

3. Communication and information

The members of the team are a primary source of information about success (and lack of success) of different parts of the plan. Within the confidentiality of the team, members are expected to share information honestly and openly in order that the plan can be developed and changed when necessary. When members differ in their opinions, it is expected that these differences will be discussed by the team and with the Service Coordinator. It is only through openly discussing and resolving differences that a workable, successful plan can be developed.

Preparing Family Members to Join Child & Family Teams: Communication Strategies for Care Coordinators

Getting the adult family members ready for a child's team meeting

(These suggestions presume you have the parent, performed life domains strengths and needs assessments, and are in preparation for her/his attendance at the first meeting of the child's team).

1. Prepare the parent for the fact that several people at the meeting will each speak in somewhat technical language. Explain that you can help "translate" and that you will also ask the professionals to translate. Encourage the parent to ask for explanations and translations as needed.
2. Explain how the meeting will be run, ground rules, time structure, the attention to effective use of time, and the expected frequency of meetings.
3. Give the parent a copy of the first meeting agenda; go over the roles of team members and the care coordinator/facilitator.
4. Discuss with the parent who else he/she would like present. This can include extended family members, friends, and members of their "informal" service networks.
5. Explain who else will be present, and why.
6. Tell the parent what will be expected of her/him. Explain the parent's role as a full member of the team. Neither downplay nor overplay the importance of the parent's understanding of the child and the problem.
7. Ask if the parent has any questions. Listen carefully for concerns behind the questions, and try to address as many worries as possible.
8. Preparation is very important. Having the parent write what they want to say and what they want to accomplish at the meeting is a good strategy.
9. Ask whether the parent needs any help with logistics – place, time, transportation, child care arrangements, and so on.
10. Take responsibility for summarizing and closing the meeting.

Communicating During the Meeting

1. You have a responsibility to help the parent function as an effective member of the team. This requires that you find ways to help the parent follow the main points of the discussion, either by explaining the content yourself or by asking other team members to explain technical terms and concepts if needed. Your job also includes fostering the parent's contributions of information and ideas that will help meet the child's needs. Pay particular attention to the parent's participation when strategic decisions are made.

2. You do not always have to agree with the parent's points of view. You only have to treat the parent with dignity and respect, as a valued member of the team.
3. The parent will give you many non-verbal cues during the meeting even if s/he is silent. Check with the parent visually very often. Watch for non-verbal cues of distress, eagerness, confusion, anger and fear. Respond to the cues verbally when you can: "Mr. Warren, you look troubled. Are we missing something important about what Christy did last weekend?"
4. Each member of the team has a valued perspective, a part of the whole picture of the child's situation and needs. Work toward a natural reliance on the parent's unique knowledge and points of view. Use questions to confirm your respect for the parent's ability to contribute to the child's care – questions about what the child is like, what is likely to work for the child, and what particular difficulties are built into certain possible strategies. This will help you avoid patronizing behavior toward the parent.

Communication After the Meeting

1. Guarantee the parent time to de-brief after the meeting. Make notes of process or content issues for action and for future meetings.
2. Make sure that the parent receives a copy of the meeting minutes along with other team members. Check with the parent to make sure she understands and agrees with your summary of the meeting.

**PREPARING OTHER SERVICE PROVIDERS
TO JOIN A CHILD AND FAMILY TEAM:**

COMMUNICATION STRATEGIES

Getting Yourself Ready

1. You can make a difference in the quality of service to a child and family by your way of relating to the members of the team. To make this happen, it is important to concentrate on your own responsibility to model collaborative behavior. Be wary of thinking how nicely things would go if only other people would change how they operate. You cannot change other people, so attention in that direction will be wasted. How can you contribute to improving the quality of the communication and interactions?
2. Your intention to invite full participation of service providers on a child's team will show through if you clear away all your "mental cobwebs" and concentrate on the reasons for collaboration – the improved results that only collaboration can produce. Those mental cobwebs undoubtedly include memories of times your clients, your agency, or you were not treated well by the person or the agency you are going to prepare.
3. In order to work together on a team for the greatest benefit of all, it is not necessary to clear up or ignore all old difficulties. It is necessary to decide without question that on a limited basis – all the work done on behalf of a particular child, for example – you will set aside difficulties and resentments, The way to do this is to focus on the long view, on the results that you expect. Get these expectations clear in your mind before you begin your work to prepare the agency employee for participation on a child's team.

Getting the Service Provider Ready for a Team Meeting (These suggestions presume you are meeting with the team member about this child for the first time, in preparation for her/his attendance at the first meeting of the service team. The instructions presume a face-to-face meeting, but they can be modified for a planned telephone call.)

1. The other service provider is your collaborator. Make her/him welcome in as many ways as you can. This includes extending your hand first for a handshake, thanking her/him for taking time to meet or talk with you, offering a comfortable seat and refreshment, and so on. If you can, place yourself in seating similar to your collaborator's, without a barrier (such as a desk) between you.

2. You might begin by asking to what extent the collaborator is already involved in working with children with severe emotional disturbances in the model devised by Choices.
3. If familiarity seems low, you may want to cover the basic goals of the Choices approach. These might include:
 - The preference for in-home, in-community services, where possible, rather than hospitalization
 - The aim to have the service provision be empowering for all involved in it
 - The importance of the development of one coordinated inter-agency plan for the child
 - The way collaboration is built in to the effort
 - The particular emphasis on the parent/family member as a full partner in creating and carrying out a workable plan
4. Describe the way the meeting itself will go, and give the team member a copy of the agenda. If you want, you may also describe the meeting's elements to the collaborator.
5. Give the collaborator a description of the "feel" or tone of the meeting, as you mean for it to be. Be sure to mention that the structure is a tight one. Describe the facilitator's role, and how you or another person carries that out.
6. Discuss the problem of technical language and different agency languages. Ask the collaborator to follow three guidelines:
 - Use technical terms as little as possible; their use can often be avoided by using more words and not using the professional shorthand that is important and convenient when working with peers.
 - When you are forced to use technical terms, define or explain them in simple language first, and then use the term. Explain it as much as needed, and be prepared to repeat the explanation at other times. The parent/family member and the other agency collaborators will appreciate your patience in this. Remember that explanations are at least as much for team members from other agencies as for parents.
 - Don't use acronyms or initials at all. Not even SED. It is convenient but it yields a great potential for misunderstanding, and for dividing the team into those who know and those who don't know. (If you have ever heard a doctor refer to a heart attack as an "MCI" [myocardial infarction] you know the reasons for avoiding such shorthand except when talking only with seasoned peers.)
7. Explain who will be present, and why.
8. Tell the collaborator in specific terms what you will expect of her/him.

9. Ask if the collaborator has any questions. Listen carefully for concerns behind the questions, and try to address as many worries as possible.
10. Confirm the specific logistics of the meeting: day, place and room, time, parking, and so on. Ask if any of those present problems require your help.
11. Take responsibility for summarizing and closing the meeting.

Toolkit # 10

SAMPLE AGENDA

**TYPICAL CHILD AND FAMILY TEAM MEETING
(MODIFY AND USE THIS WITH YOUR TEAMS)**

Team meeting for: _____

Date: _____

Time: _____

Place: _____

(Elapsed Time)	(Actual Time)	
0:00	_____	Introductions, warm-ups, core values and ground rules (5 minutes) Core Values: <ul style="list-style-type: none">• Families can identify their strengths and needs.• Parents are responsible for their children.• Teams allow everyone to work together. Success requires a team commitment.• Children and families are more successful achieving independence in their own homes and communities.• Each child is unique. Each team and plan should be responsive to the family's cultural needs.
0:05	_____	Presentations regarding progress toward completing tasks included in the service plans (up to 25 minutes; should usually take less)
0:30	_____	List progress and difficulties with completing planned tasks since last meeting (5 minutes)
0:35	_____	If necessary, review overall goals for the child, and child and family strengths; amend if necessary (3 minutes)
0:38	_____	Decide continuing or new issues to be addressed (5 minutes)
0:43	_____	Revise the written plan as needed (15 minutes)
0:58	_____	Closing, summary, next meeting (2 minutes)
1:00	_____	Adjourn

Toolkit #11

Sample Ground Rules for Child and Family Teams

Meetings are more efficient and productive when everyone follows certain ground rules. Ground rules may be changed at any time by agreement of the team. They should be reviewed periodically as a way of evaluating the team's process and in order to see if changes are necessary. The ground rules below have been effective for wraparound teams and may be used as a starting point for new teams. Posting and/or distributing ground rules in writing is suggested.

- Meetings start on time. Everyone's time is important.
- Cell phones and PDAs are turned off. Please devote your full attention to the meeting.
- Everyone's input is important to the team's success.
- One person talks at a time; don't interrupt.
- Make your point one time and repeat when asked. Unless making a report, discussion points should be made in one minute or less.
- Show respect for other team members.
- Don't use professional jargon.
- Decisions in the team require a working consensus, where all members agree to support the solution, even if it is not their individual first choices.
- All members are expected to be present at as many team meetings as is possible; no meeting is held without the family present.
- The care coordinator insures that there is an agenda and that the meeting is facilitated, key points are recorded and the agenda moves on schedule.
- Tasks and assignments agreed upon by members in a team meeting are expected to be completed.
- Information shared in a team meeting is confidential.
- Members are expected to give input on what went well in team meetings and what can be improved.
- The team will develop and regularly monitor a set of goals and interventions which are based on the needs and strengths of the child and the family.

Toolkit #12

SAMPLE GROUND RULES FOR CHOICES CHILD AND FAMILY TEAMS

Meetings are more efficient and productive when everyone follows certain ground rules. Ground rules may be changed at any time by agreement of the team. They should be reviewed periodically as a way of evaluating the team's process and in order to see if changes are necessary. The ground rules below have been effective for CCF teams and may be used as a starting point for new teams. Posting and/or distributing ground rules in writing is suggested.

1. Meetings start on time. Everyone's time is important.
2. Everyone's input is important to the team.
3. One person talks at a time; don't interrupt.
4. Make your point one time and repeat when asked. Unless making a report, discussion points should be made in one minute or less.
5. Show respect for other team members.
6. Don't use professional jargon.
7. Decisions in the team require a working consensus, where all members agree to support the solution, even if it is not their individual first choice.
8. All members are expected to be present at as many team meetings as is possible.
9. The service coordinator insures that there is an agenda and that the meeting is facilitated, key points are recorded and the agenda moves on schedule.
10. Tasks and assignments agreed upon by members in a team meeting are expected to be completed.
11. Information shared in a team meeting is confidential.
12. Members are expected to give input on what went well in team meetings and what can be improved.
13. The team will develop and regularly monitor a set of goals which are based on the needs and strengths of the child and family, and are consistent with the core values of Choices.

What if I Have a Complaint or Grievance?

The system of care consortium members approved a grievance process for team members who are not satisfied with a specific issue related to team functioning and who wish to formally lodge a complaint.

As team success is built upon the members' ability to effectively communicate, the first step in resolving a conflict is to develop respect for other members, to value their opinions even when they differ from yours, and to work cooperatively to find solutions. However, if any member feels this approach has been ineffective, he/she may follow the steps of the grievance process identified below.

- 1) Talk with the care coordinator and/or other team members regarding the issue.
- 2) Talk with your supervisor and have them call the care coordinator's supervisor.
- 3) Have the supervisors talk with the project's director or clinical director.
- 4) If the complaint has not been resolved verbally in steps 1-3 outlined above, the complaint is put into writing and reviewed by the Grievance Committee.
 - a) Complete the grievance form
 - b) Committee will review the grievance within 7 working days
 - c) Choices, Inc., the non-profit agency overseeing the project, will respond in writing within 3 working days of the committee's review
- 5) The system of care consortium will review monthly all complaints submitted to the grievance committee.