COLLABORATIVE TREATMENT PLANNING AND CARE COORDINATION

The Core Team engages in a structured collaborative care coordination approach that promotes continuity in treatment planning and results in the ongoing collaborative development, implementation, and amendment of the youth and family's Individualized Action Plan (IAP)/treatment plan. It involves an ongoing process of engaging, coordinating, and collaborating with family members, referring agency, out-of-home treatment providers, Continuum OT and psychiatry consultants, other treatment providers and services, community resources, and natural supports as a cohesive group (Family Team). It entails the Family Team coming together around the youth's and family's prioritized needs; setting measurable goals and objectives; specifying who is responsible for each piece of the work; and identifying interventions that are most likely to succeed in supporting youth and family in helping the youth remain in and/or return home in a safe and timely manner and function successfully at home, school, and in the community.

The process is family-driven and youth-guided, strengths-based, collaborative, outcome-oriented, and tailored for the needs of the individual youth/family. This ongoing process takes into account the family's circumstances, culture, and readiness to participate. The Core Team takes the lead role in facilitating collaborative treatment planning and service coordination whether the youth is living at home or in an out-of-home treatment intervention (group home).

Please see the following matrices for additional information related to collaborative treatment planning and care coordination:

- Engaging Youth and Family
- Continuity with Higher Levels of Care
- Incorporating Psychiatry and Occupational Therapy Consultation
- Assessing Risk, Safety Planning, and Supporting Families through Crisis
- Practicing Cultural Relevance
- Supporting Life Transitions
- Strengthening Wellbeing through Respite
- Bridging Community Integration
- Conducting a Comprehensive Collaborative Assessment

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
ESTABLISHING A FAMILY TEAM		
Reviews the purpose and role of the Family Team with the family, including how it may be different/similar to other types of team meetings. Ensures that youth and family know that Family Team membership can change over time as youth/family needs change.	Gives a broad explanation of Family Team that fails to clarify how it may be different/similar to past team meetings the youth/family may have experienced.	» Gives confusing or inaccurate description of the Family Team's purpose and role. » Solely describes how providers and professionals have a critical role on the team and negates the critical role and participation of youth, parent/caregiver, and their informal supports.
» Explores and identifies, with youth/family and referring agency, the individuals they wish to include on the Family Team. Considers whether there are important missing Team members (such as natural supports, Family Partner, group home staff, medication prescriber, school personnel, peer mentor, DMH case manager/DCF social worker, non-custodial parent, caregiver, therapist, etc.). Uses diligence and persistence in reaching out to engage family and natural supports. » Fully explores and periodically revisits with family and referring agency the decision to leave out a particular stakeholder, including possible outcome of that decision.	» Explores Family Team membership once without regularly exploring any new supportive people in the youth's/family's life that they would like to invite to join the Family Team. » Fails to recognize potential key stakeholders or asks limiting questions that aren't broad enough to help solicit potential team members. » Only explores professional/formal supports as potential Family Team members to the exclusion of natural/informal support or vice versa. » Addresses key stakeholder that youth/family doesn't mention but fails to explore why or what it would take to feel comfortable with them on the team. » Doesn't revisit discussion.	» Makes individual determination and tells family who Family Team members will or should be. » Uses coercive approach to get parent/caregiver agreement on Family Team member participants. » Dismisses possible participants, makes assumptions about individuals' availability. » Proceeds to schedule and hold meetings without ever asking youth/family if the process of establishing Family Team membership works/makes sense for them.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
ESTABLISHING A FAMILY TEAM		
» Schedules face-to-face Family Team meetings with youth (as developmentally appropriate), family, and Family Team members at a time and location feasible for the youth/family. » Explores possible virtual attendance of Team members not able to attend in person. » Includes youth in meetings to every extent possible. » Plans for and schedules any needed special arrangements or accommodations, such as professional interpreters.	» Schedules meeting solely based on what works for some, but not all, Family Team members needed for discussion of particular agenda items. » Schedules meeting without explaining team member scheduling conflict to parent/caregiver; excludes parent/caregiver from troubleshooting ways to avoid leaving a key person out of the meeting. » Does not provide the option of some members attending virtually.	» Doesn't hold Family Team meetings. » Holds meetings without family present. » Holds meetings, but almost never in person. » Comes to agreement on virtual attendance for some members but neglects to follow through on setting it up. » Doesn't explore options to include youth in meetings. » Ignores the need for special arrangements such as a professional interpreter. Makes plan with family to have family member or support person translate.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
PREPARING FAMILY/YOUTH FOR FAMILY TEAM MEETINGS		
» Engages parent/caregiver (and youth to every extent possible) in face-to-face preparation for Family Team meetings. » Ensures that youth and their parent(s)/ caregiver understand that they have a driving voice in the Family Team process and that their involvement is vital. Discusses options for how the parent/caregiver and youth can participate and what support they may need. Asks youth/family to identify agenda items. » Determines meeting structure together (such as youth and family participation, seating, and ways to take a break if one is needed). Prioritizes Family Team meeting agenda items together. Explores youth and parent/caregiver expectations, concerns, and apprehension regarding meeting and agenda items. Explores and discusses ahead of time any sensitive information youth and parent/caregiver anticipate may be brought up and develops strategies to respond to it.	» Only aligns with the family or provider(s) agenda items, doesn't fully integrate both for prioritization with youth/family. » Limits description of what to expect in Family Team meetings; omits that meetings can be an opportunity to find a path forward when team members hold differing perspectives and hopes for the youth/family. » Assures the youth/family that their perspective is vital but doesn't fully explain that the shared decision-making process includes weighing others' perspectives as well. Gives parent/ caregiver the impression that team members will go along with whatever they request/say. » Asks about youth's/family's anticipated need for support during meetings but doesn't explain or give examples of what is meant by support.	» Prioritizes agenda items without parent/ caregiver and youth. » Does not adhere to agreed-upon plan for sharing Family Team member's sensitive information with parent/caregiver. » Fails to explore with youth/family whether and how they want to be supported during the meeting. » Remains focused on the plan for the day (prepping for the meeting) despite the fact that the family is experiencing a crisis situation. Ignores imminent risk/safety concerns. » Only focuses on crisis situation without consideration of how to include crisis as a priority item in the agenda being prepared.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
PREPARING FAMILY/YOUTH FOR FAMILY TEAM MEETINGS		
» Role plays/practices team meetings, as needed. » Explains that Family Team members may disagree and this is to be expected at times. Explains that there may be team decisions (and occasional external decisions by the state agency) that they disagree with or will be disappointed by and explores options for how to respond. » Prepares youth and parent/caregiver to meet any team members whom they have not previously met in person. » Plans for post-meeting debrief and support.	» Initiates holding meetings in youth/family home assuming it is easier for them, without exploring family cultural perspectives on having meetings in the home (e.g., number of people in the house, worries about what the neighbors will think, expectation that people take their shoes off at the door, etc.). » Doesn't ask parent/caregiver if they want to have their existing Family Partner in the preparation meetings.	» Intentionally leaves out parent/caregiver's Family Partner from the preparatory conversation with family. » Uses disrespectful or condescending language or tells the family what will be helpful and supportive to them during the Family Team meeting. » Discusses preparation for high-conflict discussions without preparing for and considering ways to diffuse conflict with youth/family.
» Engages youth and peer mentor (or other Family Team member of youth's choosing) in exploration of ways to support youth's involvement in Family Team meetings. Explores ways of having youth's voice in the meeting even if they can't attend in person. » Uses youth engagement tools as appropriate to bring youth voice into team meetings (such as, "Three Houses– Dreams/Wishes, Worries, Good Things and "I Want to Say Something" tools).	Discusses the need for youth voice in the meeting but without exploration of creative alternative ways (e.g., writing a letter, asking Family Team members to speak for them, etc.) to involve the youth when they don't feel ready to express themselves at the Family Team meeting in person	» Assigns an individual that the Core Team believes to be the "right" person to support youth's voice in the meeting without discussing it with youth. » Prepares youth in a general, vague, or superficial way that isn't specific to their needs or developmental stage.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
PREPARING TEAM MEMBERS FOR FAMILY TEAM MEETINGS		
» Underscores the central importance of and advocates with the parent/caregiver/LAR for full inclusion of safe, caring, and committed parent/family relationships as primary in youth's treatment, healing, and trauma recovery. » Outreaches new potential Family Team members identified/agreed upon by the youth, parent/caregiver/LAR (together with family members if they choose) prior to the Family Team meeting. » Describes the Continuum service and the Family Team structure, process, and purpose. » Describes roles of Family Team members and how they partner with one another and family members. Explores and clarifies the role/responsibilities of the particular team member. » Invites individuals to the Family Team meeting and asks about their needs and preferences for meeting.	» Provides insufficient information or detail to help potential Family Team members understand the purpose of the Family Team, the purpose of their attending the meeting, and the role of the youth/family in the meeting. » Minimally explores participant's relationship to youth/family in order to understand their potential role and value they add to the Family Team meeting. » Describes new team member's role for them rather than exploring how they might help support the youth and family within the meeting structure and process described.	» Fails to reach out to any potential team members or lacks persistence in attempted outreach to potential team members. » Reaches out to individuals listed in records/documents that were never discussed with parent/caregiver. » Determines a potential conflict of interest in adding a new team member to the Family Team and invites that person anyway without consulting with supervisor and, potentially, revisiting with youth and parent/caregiver/LAR.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
PREPARING TEAM MEMBERS FOR FAMILY TEAM MEETINGS		
» Reaches out to and prepares old and new Family Team members prior to every Family Team meeting. » Reviews evolving hopes, worries, strengths, needs, goals, and progress that the youth/ family holds for themselves and those that each Family Team member holds for the youth and family. » Reviews format and topics to be discussed and solicits agenda items. Reminds team members that the agenda will include various participants' agenda items that these are prioritized by youth/parent/caregiver/LAR.	» Assumes sole responsibility for outreach to all team members without considering how parent/ caregiver might want to participate in the process. » Engages in general inquiry about Family Team member's perspective on the youth's/ family's progress without explicitly exploring the worries, strengths, needs, and hopes/ goals they have for the youth and family. » Asks about hopes, worries, etc. Family Team members have for the youth but not the family, or vice versa. » Prepares some sub groups of Family Team members but not all.	» Insists Core Team members are always the best equipped to call and prep Family Team members. » Refutes youth/family request for outreach to some potential participants without exploring this option. » Shares family's hopes, worries, strengths, and needs with a judgmental or shaming tone/language. » Expresses youth's/family's hopes, worries, strengths, and needs from provider's view, not the youth's/family's perspective. » Shares information without consent. » Reaches out and prepares Family Team member once but not on an ongoing basis.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
PREPARING TEAM MEMBERS FOR FAMILY TEAM MEETINGS		
» Explores any reluctance from Family Team members to participate in a Family Team meeting and/or to support youth's/family's goals and vision. Explores options to move forward. » Explores and anticipates with team member any sensitive or difficult information that they or the youth, parent/caregiver, or other Family Team members may bring up. Explores options for responding to and framing sensitive information and determining whether the Family Team meeting is the best place to discuss it. » Develops strategies with Family Team members to discuss difficult information with the family in a manner that is individualized to youth/family (e.g., takes into account who, where, when, and how to discuss it).	» Asks Family Team members about barriers to engaging, etc., without also opening discussion about how to establish a path forward/next steps. » Downplays barriers that Family Team members identify. » Discusses sensitive information without exploring with family whether to share it and possible strategies to do so. » Develops strategy to share difficult information without considering all aspects of who, where, when, and how this youth/family will be most able to hear the information.	» Avoids exploring Family Team member's reluctance to engage or support youth/family in their goals. » Omits to plan for and strategize how to discuss difficult information. » Acts in a silo. Creates a strategy for addressing difficulties (with youth/family) without the Family Team member that brought up the difficulty. » Disregards agreed-upon strategy and shares difficult information with family in a different manner. » Avoids discussing difficult information. » Only prepares Continuum staff, not other Family Team members.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
CONVENING FAMILY TEAM MEETINGS		
» Convenes and facilitates face-to-face Family Team meetings within 30 calendar days, 90 days of intake, and at 90-day intervals thereafter (at minimum) and at greater frequency when needed to address the intensive needs of the youth/family. » Reschedules meeting if youth or parent/ caregiver/LAR is unable to attend.	» Holds meetings but not within timelines. » Waits too long to meet with Family Team. Misses opportunities to bring Family Team members together to discuss concerns/progress together. Doesn't explore the need to convene additional team meetings when family circumstances change. » Relies primarily on phone or email. Holds minimal face-to-face meetings.	» Only holds Family Team meetings as scheduled and not ad hoc in response to significant changes (such as when intervention is "stuck," youth is hospitalized or has ESP/MCI encounter, or when Family Team members, Continuum Core Team members or other providers/support persons change). » Holds meeting when family is absent.
» Creates a welcoming atmosphere and assists in building relationships among Family Team members. Facilitates agreement on and commitment to a set of ground rules for Family Team meetings. » Expresses value for each Family Team Member and honors everyone's input and perspectives. Brings team members together in exploring ideas, uniting, planning, and moving the planning process forward.	» Makes inconsistent use of facilitation skills (too rigid, too lenient, off-topic, not everyone is heard). » Encourages the sharing of information and opinions with a slant toward a particular outcome. » Weighs one team member's perspective heavier than others. Looks to one team member for guidance/direction. Elicits participation and input from only a subset of the team.	» Lacks intentional facilitation, leaves it to others, or doesn't facilitate at all. » Facilitates meetings without first establishing ground rules that support respectful participation. » Doesn't hold participants to established ground rules.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
CONVENING FAMILY TEAM MEETINGS		
» Helps all Family Team members engage in a process of shared decision making. Makes sure that youth and family have the time and encouragement needed to participate fully in discussions at meetings. Facilitates Family Team discussions that leverage team member's best clinical judgment combined with youth's and family's expertise in order to collaboratively identify and address the needs/goals in the youth's Treatment Plan/Individualized Action Plan. » Assures discussion of permanency status and progress at every Family Team meeting including next steps, tasks, and timeframes toward a permanency outcome. » Helps team members address and resolve conflicts in processes, perspectives, roles, and strategies both in the moment and with any needed follow-up. » Invites the Peer Mentor or other Family Team member selected by the youth to speak on behalf of the youth when agreed upon by youth. Invites the Family Team member or natural support to assist parent/caregiver in voicing their opinions, experiences, etc. as agreed upon with parent/caregiver.	» Continues discussion that is off agenda without refocusing on youth/family's agreed-upon prioritized agenda items. » Recognizes conflict on team but does not seek ways to resolve it. » Sets ground rules in a silo, doesn't involve participants in establishing them. » Inconsistently holds participants to ground rules they helped to establish.	» Actively or passively excludes participation among Family Team members. (e.g., leaves members to speak off topic and/or out of turn and does not attempt to invite input from all members at each step). » Doesn't carve out specific time for youth and family to speak. » Ignores the need to check in during meeting to ensure that all Family Team members (especially family members) are clear and agreeable to what is being discussed.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
CONVENING FAMILY TEAM MEETINGS		
» Ends Family Team meeting with a recap of action items and timelines for activities between meetings and clearly identifies who will work on what. Encourages Team members (who youth/family believe or agree are best fit for each task) to volunteer for tasks/action items that need to occur between meetings. » Develops/confirms a plan (frequency and medium) for Family Team members to communicate updates between meetings.	» Asks for volunteers to complete tasks without first considering which items the family would prefer to be responsible for and/or which individuals are a best fit for the task. » Doesn't check in with family (and other team members) on their understanding of action items to be completed. » Ends meeting without a time frame for future meetings.	» Ends meeting without team members understanding or agreeing on next steps and activities that will be worked on between meetings. » Dictates a how team members will communicate updates between meetings without discussion and agreement. » Dictates task assignments rather than asking specific individuals to take on a task or soliciting volunteers.
» As youth approaches transition out of Continuum services, holds Family Team meetings to plan and decide collaboratively with family members on next steps (attempts to meet youth/family at least virtually to support transition and discuss next steps even if family terminates abruptly). » Progressively engages, encourages and expects youth, family, and natural supports in taking on – to the best of their ability – supportive roles previously played by professionals.	» Begins transition planning too late. Arranges meetings with insufficient time to bridge work to new provider. » Offers community resources/services to family rather than holding a meeting to review, plan, and decide on next steps collaboratively.	» Neglects to engage youth and family in any planning for transition. » Ignores or minimizes the need to support youth in planning for events and experiences unique to transitional-age youth. » Invites new service providers to meetings without consent.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
FOCUSING FAMILY TEAM ON MAINTAINING, STRENGTHENING, OR ACHIEVING PERMANENCY		
» For youth who live with their family or are planning to returning to live with their families, uses the Family Team meeting process (pre-meetings and Family Team meetings) to establish action plan and agreement around how the Family Team will help maintain or strengthen emotionally secure family relationships and physical and legal permanency. » Brainstorms individualized strategies and interventions to help the youth build emotionally secure and lifelong relationships with parents, siblings, relatives, and other important people in their life and help the parent/family provide safe, supportive, and unconditionally committed, lifelong and/or legal family relationships for the youth. » Facilitates Family Team identification of youth-related, parent/family-related, and system-related needs and barriers. » Facilitates exploration of and collaboration on goals, objectives, interventions, and strategies to address needs and barriers to youth and family returning to or continuing to reside together.	» Discusses permanency with family but lacks consideration for possible multiple understandings of permanency. » Works with youth/family without engaging Family Team. Reaches out to DCF/DMH without involving family. Identifies/solicits needs from DCF/DMH but not youth/family. » Maintains Family Team plans without revisiting and adjusting to emerging permanency related needs. » Explores but doesn't take steps to resolve or mediate differences between youth and parent/caregiver and/or Family Team. » Launches into individualized strategies and interventions to help the youth build relationships and connections with parents, siblings, relatives, and other important people in their life without ever brainstorming options with Family Team.	» Guides Family Team away from a focus on maintaining/strengthening permanency. Dismisses the importance of maintaining or strengthening permanency in cohesive families. » Develops a provider-driven support plan for maintaining/strengthening permanency without youth/family input. » Rejects Family Team member's input or offers of support. » Develops action items that are unrealistic/not feasible for the youth/family. » Focuses on parent-child relationship without regard for options to strengthen relationships with siblings and extended family members. » Seeks out-of-home treatment intervention prior to attempting to stabilize living situation.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
FOCUSING FAMILY TEAM ON MAINTAINING, STRENGTHENING, OR ACHIEVING PERMANENCY		
» For youth who's parent/caregiver becomes unable or unwilling to continue in the role of safe, unconditionally committed, lifelong legal parent or for youth with permanency plans that have become unclear, fragile, or lack sufficient progress toward a permanency outcome, uses the Family Team meeting process (pre-meetings and Family Team meetings) to develop an action plan and establish agreement around how and when the Family Team will help achieve or solidify permanency, including legal, physical, and lifelong, emotionally secure relationships. » Coordinates with the youth, family, and Family Team members to identify the need for and engage in integrated concurrent permanency planning. Uses best-practice tools and approaches to facilitate concurrent planning discussions with youth, parents, and family (such as "My Forever House" and "Three Types of Parents" tools). » Collaborates with DCF/LAR on individualized strategies (such as Family Find, Family Group Conferencing, permanency planning activities, concurrent planning, specialized family recruitment, etc.) to identify and connect youth with family members with whom a lifelong kinship relationship can be developed.	» When permanency plan changes or additional concurrent planning is needed, straddles old and new plan in a confusing, conflicting, or incongruent manner. » Doesn't identify the need for and/or help youth consider the long-term benefits of establishing and maintaining familial relationships that lasts well beyond the age of 18. » Asks the peer mentor to share youth's perspective at the Family Team meeting without allowing time for the peer mentor to explore with the youth what to share.	» Maintains adherence to previous permanency plan when an updated one has been developed. » Doesn't explore permanency resources with the DCF/DMH. » Ignores DCF/DMH guidance regarding connecting to new family members. » Acts in a silo without offering to support DCF/DMH in pursuing permanency for youth/family. » Neglects to give youth an opportunity (in person or by proxy) to express ideas about their legal, physical, or emotional permanency needs and wants. » Ignores or disregards differing ideas for achieving permanency expressed by, youth, parent/caregiver, and/or Family Team members.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
FOCUSING FAMILY TEAM ON MAINTAINING, STRENGTHENING, OR ACHIEVING PERMANENCY		
» Provides assistance (as needed and agreed upon with LAR) in the identification, location, and assessment of potential lifelong relationships as well as connecting the youth with relatives and other important persons from near and far locations. » As developmentally appropriate, gives youth the opportunity to express their own ideas to Family Team members about how and with whom they want to achieve permanency, including legal, physical, and emotionally secure family relationships.		
Explores and identifies the need for and coordinates and obtains specialized consultations, such as a permanency consultation, with experts in the field to mitigate barriers (e.g., complex parent/caregiver/family medical concerns) to achieving permanency. Integrates permanency consultation (and other specialty consultation) recommendations into strategies with youth, family, and Family Team members.	» Pursues specialty consult but doesn't collaborate/coordinate with DCF/DMH. » Only provides limited information for specialty consult. » Integrates specialty consult recommendations into work with family but doesn't share recommendations with other Family Team members.	» Ignores physical/mental health challenges of family members in the home that may affect achieving permanency. » Obtains specialized consultation but omits integrating recommendations into Family Team process and/or interventions and interactions with youth/family. » Ignores any need to consider, explore, or coordinate logistics, such as payment for consult.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
FOCUSING FAMILY TEAM ON MAINTAINING, STRENGTHENING, OR ACHIEVING ACADEMIC SUCCESS		
» Explores (and revisits) supports and advocacy needed to assist youth in accessing educational services. Brainstorms ways to help family access educational and supportive forums that assist family in supporting and advocating for their child. Connects family with resources to help them obtain information regarding educational laws, statutes, and regulations. » Specifically communicates, coordinates, and collaborates with family, youth, OT consult, out-of-home provider, and school around youth's educational needs. » Obtains and reviews youth's current IEP (if one exists) and participates in IEP meetings. » Regularly discuss educational concerns. Proactively share successful behavioral support techniques with teachers/school personnel as appropriate. Asks about establishing a school support person ("champion") for the youth as needed. » Collaborates as needed to establish/ maintain a school routine that promotes regular, prompt attendance and supports participation in extracurricular activities. » Collaborates and brainstorms around options to support preparations for upcoming activities (tests, performances, athletic events, homework concerns, etc.). » Facilitates agreement on school enrollment prior to group-home admission.	» Ignores school domain when youth is doing well in school instead of considering how team could build on these strengths with youth. » Engages in minimal exploration around school needs and/or minimal care coordination to address school needs. » Uses "Do for, do with, cheer on" approach in manner that is misaligned with youth or parent/caregiver needs (e.g., "does for" - calls to make a referral when parent/caregiver could do this successfully with some coaching and/or a supportive presence from staff). » Creates a plan without considering/planning for ancillary needs such as transportation.	» Lacks coordination with OT or other specialty service from the beginning especially when there's an identified need to do so. » Lacks persistence when following up with school on planning and addressing needs. » Makes recommendations for school plans either without expertise to do so or against youth/family wishes, thoughts, and needs. » Fails to consider talking with the parent/caregiver about inviting the school (as an important stakeholder in the youth's life) to all Family Team meetings or some Family Team meetings that will have a school specific agenda.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
FACILITATING FAMILY TEAM INDIVIDUALIZED ACTION (TREATMENT) PLANNING		
» Encourages Family Team discussion of strengths of youth and family members as individuals and as a family system. Elicits specific, notable aspects of strengths and where each strength appears. » Encourages the Family Team to consider how strengths can be used and built upon to meet goals.	» Elicits strengths but doesn't help team members consider how youth/family might use them to meet goals. » Does not consider with the Family Team how individual strengths can help youth/family enhance their connection/relationship with one and help them live well together.	» Allows conversation about strengths to remain derailed without reorienting back to discussion of strengths. » Neglects to reframe back-handed compliments or other insults disguised as, or accompanied by, a compliment.
» At the initial Family Team meeting and throughout services, develops and reviews specific, measurable, achievable, realistic, time-targeted goals that are based on youth's/family's priority needs. Assists the family in prioritizing goals with the Family Team to ensure there aren't too many simultaneous goals overwhelming family or team members. » Anticipates and discusses how strengths and priority needs may change and impact goals over time. Makes specific efforts to continuously anticipate and discuss shifting priority needs, goals, and strengths of youth from the point of intake. For youth approaching their 18th birthday, uses the Family Team as the primary vehicle to plan interventions to address any urgent risk to the lack of permanency.	» Focuses team only on current needs without connecting them to youth's/family's future vision. » Doesn't prioritize needs/goals or prioritizes them but doesn't address them in prioritized order. » Communicates observed needs but doesn't » Invite Family Team members in the process of exploring, expressing, and prioritizing Youth/Family needs.	» Allows only professionals to express priority needs and set priority goals. » Doesn't solicit multiple perspectives when one or two individuals insist on which goals to prioritize. Negates what youth/family have indicated are priority goals for themselves. » Neglects to focus Family Team on anticipating family/youth life transitions and considering options/ interventions to meet related needs.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
FACILITATING FAMILY TEAM INDIVIDUALIZED ACTION (TREATMENT) PLANNING		
» Engages the Family Team in a process of brainstorming formal and informal options (interventions, services, creative strategies, etc.) to meet the youth's/family's prioritized needs/goals. » Establishes shared understanding of which options are most likely to succeed and promotes agreement on which ones to try first. » Explores with Family Team members how they will know if chosen option is effective. Reaches consensus on clear, observable measures of change as well as indicators of readiness to transition out of service.	» Focuses brainstorming on things other than strengths, needs, and creative interventions. Doesn't inspire team members to continue focusing on problem solving. » Acknowledges lack of agreement but avoids exploring what options/interventions might be most likely to succeed. » Limits brainstorming and exploration of what team members think should be tried first. » Only relies on discharge criteria from referring agencies rather than also facilitating Family Team discussion of how all will know when it's time for transition out of Continuum services. » Adds goals without considering indicators of readiness for discharge.	» Restricts brainstorming to formal/professional supports rather than also helping the Family Team members consider natural and informal resources as potential options to meet the youth and family needs. » Only reviews readiness for discharge when discharge seems imminent. Fails to facilitate discussion of discharge at the onset of services and periodically throughout.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
FACILITATING FAMILY TEAM INDIVIDUALIZED ACTION (TREATMENT) PLANNING		
» Engages Family Team members to share progress, successes, and challenges with chosen options (interventions, services, creative strategies, etc.) attempted since the last meeting as well as the measurable impact of these on goals and readiness to transition out of service. Helps team members express and celebrate successes. » Explores the specifics of what worked, what didn't, and what might help make the chosen options more effective. » Explores ongoing and new needs (especially including those related to upcoming life transitions and safety/risk). » Involves the entire Family Team in making decisions about ending or modifying services, treatment approaches, and safety interventions and brainstorms new options to meet new/ongoing needs.	» Is aware of successes but doesn't help team members express and celebrate them. Doesn't elicit or value each team member's view of success. » Shares Core Team updates as agreed upon with the family (during pre-meeting preparation) but doesn't encourage other Family Team members to do so as well. » Uses and/or allows Core Team members to use rehabilitation or clinical language family is unfamiliar with, without explaining it. » Facilitates discussion of progress but neglects to facilitate discussion of goals and interventions to be modified. » Discusses need to modify goals but doesn't facilitate brainstorming of new options to meet modified goals.	» Ignores what the family is working on, including their developing strengths. Doesn't elicit exploration of what has worked. » Only focuses on challenges or failures or fails to help team shift from only focusing on these things. » Relies only on clinician's (and/or other formal supports') judgment of progress and doesn't elicit other perspectives—especially informal supports and youth/family themselves. » Ignores the need to facilitate discussion of progress during Family Team meeting. » Listens to one or two but not all team members' perspectives on what is useful/effective. Gives greater weight to what other's feel is effective rather than what the youth/parent/caregiver says is effective. » Excludes occupational therapist or psychiatrist consult updates and impact on progress.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
FACILITATING FAMILY TEAM INDIVIDUALIZED ACTION (TREATMENT) PLANNING		
» Promotes continuity of approaches across Family Team members. Reviews Family Team member's goals for, expectations of, and work with the youth/family. » Acknowledges similarities and differences among approaches and facilitates discussions to make use of meaningful tensions among perspectives.	» Explores goals Family Team members are working on with youth/family but doesn't consider differences and similarities among them. Misses opportunities to coordinate efforts with and promote continuity of approaches across Family Team members. » Acknowledges differences but lacks planning for next steps to work through differences. » Discrepancy between youth and parent/caregiver goals or between family and Family Team member's goals are not acknowledged or explored.	» Omits exploration of Family Team member's expectations and goals for the family. » Ignores incongruence of Family Team member's goals for family or acknowledges incongruence but neglects to explore opportunities for integration. » Ignores disagreement that youth and family expresses about Family Team member's goals for them.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
FACILITATING FAMILY TEAM INDIVIDUALIZED ACTION (TREATMENT) PLANNING		
» Based on goals agreed upon in Family Team meeting, documents goals (in youth/family agreed-upon language) in youth's treatment plan/ individualized action plan within 30 calendar days, 90 days of intake, and at 90-day intervals thereafter at minimum (greater frequency when needed to address the intensive needs of the youth/family). » Shares draft treatment plan/individualized action plan with youth and family, in youth's and family's preferred language(s), and ensures that it is agreed upon and understood by all. Invites feedback and revises as agreed to with youth and parent/ caregiver/LAR and then obtains youth and parent/ caregiver/LAR and other required signatures and provides Family Team members with copies of plan.	» Waits to update treatment plan/individualized action plan at scheduled intervals, doesn't reconvene Family Team to update plan when needs of youth/family change. » Focuses on goals for youth or parent/ caregiver but not both. » Inconsistently shares written treatment plan/ individualized action plan with team members. » Shares treatment plan/individualized action plan with youth/family but excludes Family Team members. » Uses clinical language the family is unfamiliar with without explanation.	» Develops or revises Treatment Plan/Individualized Action Plan without input and agreement from youth, parent/caregiver and Family Team members. » Asks family to sign Treatment Plan/Individualized Action Plan without reviewing it with them and asking them if they agree with it. » Treatment Plan/Individualized Action Plan slanted toward provider bias not the prioritized goals and objectives agreed upon in the Family Team meeting. » Omits treatment planning/individualized action planning from Family Team agenda. Ignores the need to prioritize this agenda item in collaboration with parent/caregiver when goals are due for review or family circumstances change. » Neglects to invite and revise treatment plan/ individualized action plan with feedback from parent/caregiver and youth.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
COORDINATING CARE IN BETWEEN FAMILY TEAM MEETINGS		
» Establishes and maintains weekly communication with Family Team members (or other frequency based on youth/family and referring agency need). » Checks in with each Family Team member to learn about their progress on agreed-upon tasks. Explores tasks measurable impact on goal(s). Troubleshoots, problem solves, and empowers team to complete tasks and helps plan for next steps especially when encountering challenges/barriers to task completion. » Helps youth/family and the Family Team recognize and celebrate "micro" successes week to week, as they occur. » Actively addresses conflicting perspectives among youth, family, and Family Team members and revisits differences periodically. » Gathers information on Continuum effectiveness in order to improve Continuum services to youth/family.	» Has a general check-in with team members that lacks focus on progress related to the task they agreed to work on in the Family Team meeting. » Empowers Family Team member(s) to complete a task that they need help troubleshooting, or visa versa. » Talks with referring agency about concerns but doesn't collaborate on and/or help coordinate a strategy for discussing their concerns with the youth/family. » Listens to team members' conflict but doesn't help mediate it. » Neglects to specifically inquire and collaborate around successes and challenges with achieving/ maintaining community tenure/permanency.	» Neglects to follow up with team members in between meetings. Waits for weekly update rather then communicating in real time when it is needed. » Expresses judgment of Family Team members for not accomplishing tasks. » Agrees with negative comments Family Team member(s) make, colluding with negativity and bolstering conflict. » Ignores conflicts and barriers.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
COORDINATING CARE IN BETWEEN FAMILY TEAM MEETINGS		
» Attempts persistently to include prescribing practitioner in care coordination. Makes diligent outreach efforts (secure email, telephone, in person) to contact prescribing practitioner during initial assessment and intervention planning in order to include their perspective in written documents and to provide them with information relevant to the role of medication in context of Continuum interventions (includes parent/ caregiver in these outreach efforts as agreed upon with them). » Establishes a written, two-way communication plan with prescriber to monitor medication (benefits, compliance, side effects, and changes). Gathers input from prescribing practitioner at minimum before each Family Team meeting and treatment plan update. » Consent permitting, shares information regarding youth/family permanency plan and status with the prescriber to maximize full understanding and ongoing support of the youth's/family's situation. » Invites prescribing practitioner to Family Team meetings as agreed upon with parent/caregiver/LAR. » Explores the need for support around and attends prescribing practitioner meeting with youth/family as requested and/or helps youth/ family prepare for meetings (considering information to share, questions to ask, etc.).	» Gathers information about medications as a rote task without taking the time to understand implications of that information. » Agrees to attend prescribing practitioner meeting with youth/family but cancels when one staff can't go, rather than negotiating to determine who else can attend and how parent/ caregiver wants to handle the absence. » Makes minimal, non-persistent attempts to include prescribing practitioner in care coordination and two-way communications that address youth progress and any concerns or symptoms. » Shares pieces of the permanency plan but not to the fullest extent possible or shares initially but doesn't keep the prescriber updated.	» Does not consider using psychiatrist consult to better understand youth's medications and what they mean. » Declines attending prescribing practitioner meeting even when parent/caregiver requests that of support from Continuum services. » Makes no attempts to communicate with, obtain information from, share information with, or otherwise involve prescribing practitioner.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
BRIDGING WITH ALL ENTERING AND EXITING PROVIDERS/SUPPORTS		
» Helps family navigate the service system and links youth/family with needed services including but not limited to Continuum specialty consultations (OT & psychiatry); clinical services; social, educational, and vocational services; and formal and informal community resources. » Coordinates with family and Family Team members to arrange or provide transportation as needed.	» Links to service and follows up to be sure youth/family are connected but neglects to explore youth's/family's experience of new service. » Fails to arrange or provide transportation as needed.	» Links to services without any follow-up to ensure connection. » Ignores parent/caregivers' failed attempts at outreach to a provider/support. Offers no assistance. » Unsure where to access resources and does not seek assistance or figure out how. » Doesn't obtain consent to speak, coordinate, or collaborate with new supports/services.
Coordinates with youth/family as well as sending and receiving providers to ensure direct communication and continuity among them when necessary (e.g., coordinating psychiatrist-to-psychiatrist direct communication when there is a change in psychiatrist).	» Coordinates between sending and receiving providers without including the family. Jumps into "do for" without first considering if that's the best approach for the family. » Initiates collaborating/connecting providers but doesn't follow through or follow up to ensure it occurs. » When family indicates that they will coordinate the connection between providers, doesn't offer the family an opportunity to think through potential options for strategies they can use to connect providers.	» Disregards the need for coordination between providers. » Discusses/coordinates with providers without consent.

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	UNSATISFACTORY PRACTICE
BRIDGING WITH ALL ENTERING AND EXITING PROVIDERS/SUPPORTS		
» Creates a bridge to services, schools and programs by creating opportunities for in-person transition meetings with staff, family, and youth that are designed to assist the youth and family in establishing a comfort level with new services. Invites (consent permitting) new providers to Family Team meetings and intervention sessions. Engages in "warm" hand-offs (directly introduces the youth/family to a new service provider during which all three parties are present in person during a visit, meeting, or conference call as part of the process for supporting youth/family transition to a new service). » Meets in person with the youth/family and any entering/exiting provider/supports (regardless of whether they are on the Family Team) to transfer information and practices to help sustain treatment gains and continuation of effective therapeutic/behavioral interventions, safety plan approaches, skill-building activities, and care coordination. Ensures particular attention is paid to youth/family voice, including specific interventions, skill development activities, and crisis prevention tactics that the youth/family reports to be helpful. » Establishes an agreed-upon transition time frame that is viable and specific to the individual needs of the youth/family. » Exchanges necessary documentation (CANS, safety plan, discharge summary, etc.)	» Has transitional phone conversations (rather than face-to-face meetings). » Under-shares or over-shares documentation (e.g., has consent to share all of it and doesn't consider which pieces are most relevant—shares the whole document). » Shares information and practices without checking in with youth/family on their effectiveness or without exploring with youth/family which ones are most important to share. » Fails to prepare youth/family for meeting (e.g., doesn't discuss who will attend or help youth/family consider what to share).	» Fails to focus transition-oriented meeting on transfer of information and helpful practices. » Shares documentation without consent. » Orients new provider to family via phone without any family involvement in the process. » Uses shaming/blaming language when sharing information about youth/family with the provider. » Focuses on failures rather than approaches to consider avoiding/using based on family's actual experience with them as unhelpful/most helpful. » Neglects to revisit Family Team membership and explore with youth/family whether and how to include these new supports on their Family Team (e.g., full membership or attend a specific meeting).