

Massachusetts Practice Review



Reviewer Name: _____ Date: _____



Goals:

1. _____
2. _____
3. _____
4. _____
5. _____

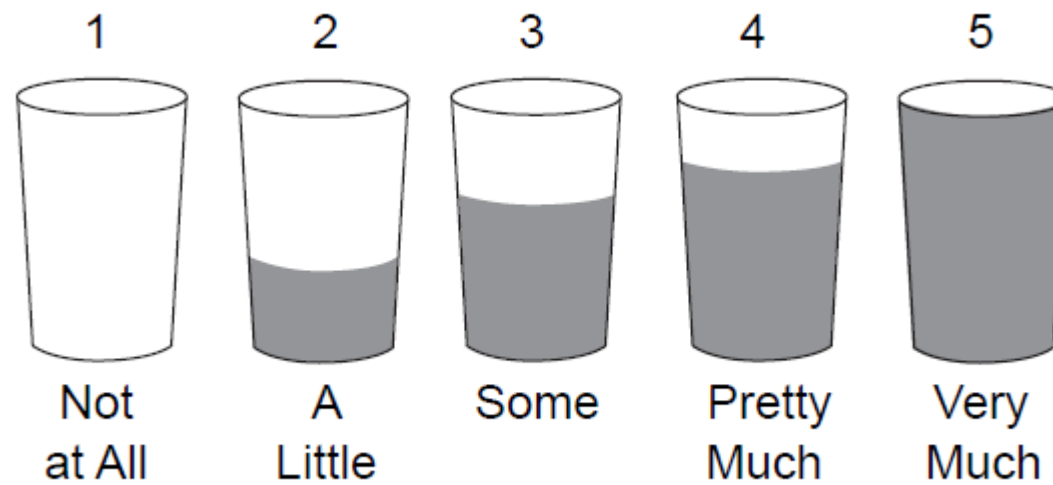
Formal Services/Supports:

Type of Service/Support (e.g. individual, family or group therapy, care coordination, psychiatric med. management, self-help / nutritional counseling)	Evidence Based? Which EBP?	Name of Service Provider (circle primary service coordinator)	Frequency	Service Organization	Service Setting (e.g. home school, outpatient clinic, day treatment, inpatient hospital, RTC, juvenile detention center)	Participant Involvement (List people, then circle family members)	Start Date	X = Service is Discont.	Is this Service Identified on Service Plan? (X = yes)
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Informal Services/Supports:

Type of Service/Support (e.g. sports, hobbies, clubs, extracurricular activities, religious activities or other community based activities)	Name of Informal Helper	Frequency	Service Setting (e.g. home school, outpatient clinic, day treatment, inpatient hospital, RTC, juvenile detention center)	Participant Involvement (List people, then circle family members)	Start Date	X = Service is Discont.	Is this Service Identified on Service Plan? (X = yes)
1.							
2.							
3.							

In a thorough assessment, information is gathered about the following issues:
Emotional
Behavioral
Medical
Physical
Intellectual
Educational
Social
Recreational
Vocational
Cultural
Spiritual
Financial
Legal
Familial
Residential
Safety
Self-Care
Drug/Alcohol Use



General Information Reviewer name: _____ Date of review: _____ Did you interview the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Provider information Service reviewed (select one): <input type="checkbox"/> ICC <input type="checkbox"/> IHT <input type="checkbox"/> Other (specify) _____ Provider agency name : _____ Is the care for the child currently: <input type="checkbox"/> Open <input type="checkbox"/> Closed Length of time IHT or ICC has (or was) been open at provider: <input type="checkbox"/> 0-3 mo <input type="checkbox"/> 4-6 mo <input type="checkbox"/> 7-9 mo <input type="checkbox"/> 10-12 mo <input type="checkbox"/> 13-18 mo <input type="checkbox"/> 19-36 mo <input type="checkbox"/> 37+ mo	
Youth demographic information Age of youth: <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-21 Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____ Race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Chooses not to self-identify Youth primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ Legal permanency status: <input type="checkbox"/> Birth family <input type="checkbox"/> Adopted family <input type="checkbox"/> Foster care <input type="checkbox"/> Permanent guardianship <input type="checkbox"/> Other: _____ Insurance carrier: <input type="checkbox"/> BMC Healthnet <input type="checkbox"/> Fallon <input type="checkbox"/> Health New England <input type="checkbox"/> PCC Plan/MBHP <input type="checkbox"/> NHP <input type="checkbox"/> Tufts Health Plan <input type="checkbox"/> Other: _____			
Behavioral Health Conditions (check all that apply) <input type="checkbox"/> Mood disorder <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Trauma/Stressor-related <input type="checkbox"/> Thought disorder/psychosis <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Anger/impulse control <input type="checkbox"/> Substance use disorder <input type="checkbox"/> Learning disorder <input type="checkbox"/> Communication disorder <input type="checkbox"/> Autism/Autism spectrum disorder <input type="checkbox"/> Disruptive behavior disorder <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Other disability/disorder _____		Referral source (check one) <input type="checkbox"/> Court <input type="checkbox"/> DCF <input type="checkbox"/> DYS <input type="checkbox"/> DMH <input type="checkbox"/> Hospital <input type="checkbox"/> MCI/ESP <input type="checkbox"/> School <input type="checkbox"/> Family/youth <input type="checkbox"/> Primary care clinician <input type="checkbox"/> Outpatient therapist <input type="checkbox"/> ICC <input type="checkbox"/> IHT <input type="checkbox"/> Other: _____	
Service systems utilized (current – check all the apply) <input type="checkbox"/> DMH <input type="checkbox"/> DDS <input type="checkbox"/> DCF <input type="checkbox"/> DYS <input type="checkbox"/> Special ed <input type="checkbox"/> Probation <input type="checkbox"/> CRA <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	Service system utilized <u>in past year</u> (if different from current – check all that apply) <input type="checkbox"/> DMH <input type="checkbox"/> DDS <input type="checkbox"/> DCF <input type="checkbox"/> DYS <input type="checkbox"/> Special ed <input type="checkbox"/> Probation <input type="checkbox"/> CRA <input type="checkbox"/> Other: _____ <input type="checkbox"/> No change in service system utilization	Crisis services utilized (past 30 days – check all that apply) <input type="checkbox"/> MCI <input type="checkbox"/> 911 emergency call/police/EMS <input type="checkbox"/> Emergency department <input type="checkbox"/> None <input type="checkbox"/> Other: _____	

Treatment/interventions (current – check all that apply) <input type="checkbox"/> ICC <input type="checkbox"/> IHT <input type="checkbox"/> IHBS <input type="checkbox"/> TM <input type="checkbox"/> FS&T (Family Partner) <input type="checkbox"/> TT&S <input type="checkbox"/> MCI (MobileCrisis Intervention) <input type="checkbox"/> Individual counseling <input type="checkbox"/> Family counseling <input type="checkbox"/> Group counseling <input type="checkbox"/> Psychopharmacology <input type="checkbox"/> Substance use treatment <input type="checkbox"/> Recreational activities <input type="checkbox"/> Inpatient/CBAT <input type="checkbox"/> Day treatment/partial hospital <input type="checkbox"/> Peer Mentor <input type="checkbox"/> Other: _____	Treatment/interventions in past year (if different from current – check all that apply) <input type="checkbox"/> ICC <input type="checkbox"/> IHT <input type="checkbox"/> IHBS <input type="checkbox"/> TM <input type="checkbox"/> FS&T (Family Partner) <input type="checkbox"/> TT&S <input type="checkbox"/> MCI (MobileCrisis Intervention) <input type="checkbox"/> Individual counseling <input type="checkbox"/> Family counseling <input type="checkbox"/> Group counseling <input type="checkbox"/> Psychopharmacology <input type="checkbox"/> Substance use treatment <input type="checkbox"/> Recreational activities <input type="checkbox"/> Inpatient/CBAT <input type="checkbox"/> Day treatment/partial hospital <input type="checkbox"/> Peer Mentor <input type="checkbox"/> Other: _____ <input type="checkbox"/> No change in treatment/interventions	Medication information Is this youth currently prescribed medication to manage a mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, number of prescribed medications: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more Current educational placement setting/status Grade level assigned: _____ <input type="checkbox"/> Pre-school/day care <input type="checkbox"/> Regular K-12 <input type="checkbox"/> Full inclusion <input type="checkbox"/> Partial inclusion <input type="checkbox"/> Substantially separate classroom <input type="checkbox"/> Ed collaborative/sp. ed day school <input type="checkbox"/> Residential school <input type="checkbox"/> Homebound/hospital <input type="checkbox"/> Alternative HS <input type="checkbox"/> Vocational HS <input type="checkbox"/> Completed/ graduated <input type="checkbox"/> Dropped out <input type="checkbox"/> Other _____
Where youth is living at the time of review (check one) <input type="checkbox"/> Home with family birth/adopt <input type="checkbox"/> Kinship/relative home <input type="checkbox"/> Respite care <input type="checkbox"/> Foster home <input type="checkbox"/> Therapeutic foster home <input type="checkbox"/> Shelter care <input type="checkbox"/> Group home <input type="checkbox"/> CBAT <input type="checkbox"/> Independent living <input type="checkbox"/> Detention <input type="checkbox"/> Hospital <input type="checkbox"/> Residential school <input type="checkbox"/> Other: _____		Living situations in past year (if different from current – check all that apply) <input type="checkbox"/> Home with family birth/adopt <input type="checkbox"/> Kinship/relative home <input type="checkbox"/> Respite care <input type="checkbox"/> Foster home <input type="checkbox"/> Therapeutic foster home <input type="checkbox"/> Shelter care <input type="checkbox"/> Group home <input type="checkbox"/> CBAT <input type="checkbox"/> Independent living <input type="checkbox"/> Detention <input type="checkbox"/> Hospital <input type="checkbox"/> Residential school <input type="checkbox"/> Other: _____ <input type="checkbox"/> No change in living situation
Assessment information Was a comprehensive assessment completed for this youth that identified individual and family strengths, needs, concerns, and diagnosis, inclusive of historical information on service and systems involvement, and significant life events? <i>(Note: For youth in ICC a strengths, needs, and culture discovery alone does not qualify as a comprehensive assessment. For youth in ICC and IHT a CANS alone without a comprehensive assessment as described earlier does not qualify.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last CANS: _____ Who received a copy of the assessment (check all that apply) <input type="checkbox"/> Parent <input type="checkbox"/> Education <input type="checkbox"/> Court <input type="checkbox"/> DCF <input type="checkbox"/> DYS <input type="checkbox"/> Not applicable <input type="checkbox"/> No evidence assessment was disseminated to others <input type="checkbox"/> Other: _____		
Children's Global Assessment Scale (from the last CANS) _____		

Instructions: Please complete the questions below for youth participating in In-Home Therapy (IHT) ONLY. These questions are not applicable for youth participating in Intensive Care Coordination (ICC). **Only question #5** needs to be directly asked during the caregiver and IHT clinician interview.

Question		Rating/Response				
1	<p>The youth needs or receive multiple services from the same or multiple providers AND</p> <p>The youth needs a CSA Wraparound care planning team to coordinate services from multiple providers or state agencies, special education, or a combination thereof.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2	<p>The youth needs or receive services from state agencies, special education, or a combination thereof AND</p> <p>The youth needs a CSA Wraparound care planning team to coordinate services from multiple providers or state agencies, special education, or a combination thereof.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3	The youth is receiving the amount and quality of care coordination his/her situation requires.	Disagree Very Much	Disagree	Neither	Agree	Agree Very Much
		1	2	3	4	5
		Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
4	Has the youth previously been enrolled in ICC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, briefly explain below why the youth is no longer enrolled.</i>				

Question		Rating/Response				
5	<p>Has the IHT team ever discussed the option of ICC with the youth/family?</p> <p>Note: This question will need to be explicitly asked during the IHT provider interview as well as the caregiver interview.</p>	Caregiver Response <input type="checkbox"/> Yes <i>If yes, briefly explain below the family's reason for declining ICC.</i> <input type="checkbox"/> No <i>If no, briefly explain below why not.</i>		IHT Clinician Response <input type="checkbox"/> Yes <i>If yes, briefly explain below the family's reason for declining ICC.</i> <input type="checkbox"/> No <i>If no, briefly explain below why not.</i>		
6	<p>A. The youth and family need the IHT provider to coordinate /collaborate with school personnel.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<p>B. If yes, the IHT is in regular contact with school personnel involved with the youth and family.</p>	Disagree Very Much 1 Adverse Practice	Disagree 2 Poor Practice	Neither 3 Fair Practice	Agree 4 Good Practice	Agree Very Much 5 Exemplary Practice
	<p>Comments:</p>					

Question		Rating/Response				
7	A. The youth and family need the IHT provider to coordinate/collaborate with other service providers (e.g. TM, OP, psychiatry, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	B. If yes, the IHT is in regular contact with other providers (e.g. TM, OP, psychiatry, etc.) involved with the youth and family.	Disagree Very Much	Disagree	Neither	Agree	Agree Very Much
		1	2	3	4	5
		Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	Comments:					
8	A. The youth and family need the IHT provider to coordinate/collaborative with state agencies (e.g. DCF, DYS, DDS, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	B. If yes, the IHT is in regular contact with state agencies (e.g. DCF, DYS, DDS, etc.) involved with the youth and family.	Disagree Very Much	Disagree	Neither	Agree	Agree Very Much
		1	2	3	4	5
		Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	Comments:					

Record Review

Area 1: Assessment***Relevant data/information about the youth and family was diligently gathered through both initial and ongoing processes.***

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| <ul style="list-style-type: none"> Initial & ongoing assessments covered all life domains Both <i>depth</i> and <i>breadth</i> found in assessment Assessment more thorough than CANS alone Provider has a clear understanding of the youth & family Provider has a process for conducting ongoing assessments | <ul style="list-style-type: none"> Provider's understanding of family has deepened over time Multiple sources of data/information were used to inform the assessment (e.g. youth/caregivers, discharge summaries, interviews with teachers, DCF workers, PCC, etc.) |
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The needs of the youth and family have been appropriately identified and prioritized across a full range of life domains.

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| <ul style="list-style-type: none"> Family & providers agree about the greatest need(s) Needs are prioritized according to family's wishes | <ul style="list-style-type: none"> All critical needs are identified in the assessment All domains with evidence of concern were addressed |
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Area 1: Assessment***Actionable strengths of the youth and family have been identified and documented.***

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| <ul style="list-style-type: none"> • Provider is able to identify youth and family strengths • Family and youth are able to identify strengths | <ul style="list-style-type: none"> • Strengths are actionable i.e. can be used to design treatment interventions and used to support a youth and family's goals. |
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The provider has explored natural supports with the family.

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| <ul style="list-style-type: none"> • Evidence that natural supports were discussed with the family • Provider has an understanding of the families support system • Provider assists with identifying natural supports (could be people like neighbors, relatives, friends, and/or community supports like YMCA, Boys and Girls Club, parent support groups, etc.) if none are established. | <ul style="list-style-type: none"> • Other options beside formal services were explored to assist the family in improving their overall situation? |
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Area 1: Assessment

The written assessment provides a clear understanding of the youth and family.

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| <ul style="list-style-type: none">• Provider has a clear understanding of the youth and family• All life domains are part of the assessment• Both depth and breadth are found in assessment | <ul style="list-style-type: none">• Provider has a clear understanding of interventions needed based on assessment• The written assessment includes a CANS (but is not ONLY a CANS) |
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Area 2: Service Planning***The provider actively engages and includes the youth and family in the service planning process.***

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| <ul style="list-style-type: none">• The youth and family are included as part of the service planning process• The family is informed about and understands the service planning process. | <ul style="list-style-type: none">• There is evidence that the provider involved family in the service planning process• The family is provided with a copy of the plan |
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The service plan goals logically follow from the needs and strengths identified in the comprehensive assessment.

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| <ul style="list-style-type: none">• Goals are clear and flow out of assessment• The family understands and agrees with goals• Interventions are designed to support goals | <ul style="list-style-type: none">• Goals match all needs and concerns from assessment• Goals incorporate child and family strengths• Goals reflect original reason the family sought out services |
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Area 2: Service Planning

Service plans and services are responsive to the emerging and changing needs of the youth and family.

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| <ul style="list-style-type: none"> Service plans are up to date Services offered support current goals and needs Documentation reflects the changing needs of the youth and family There is a good match between current needs and strengths and services being delivered. | <ul style="list-style-type: none"> Interventions/ goals have evolved over time to respond to changes in youth and family functioning or life circumstances. If the current plan is not working the provider has modified or changed the plan. |
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An effective risk management/safety plan is in place for the youth/family.

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| <ul style="list-style-type: none"> There is evidence of a safety plan in the record Family is aware of safety plan and feels comfortable using the plan All team members are aware of safety plan | <ul style="list-style-type: none"> Plan reflects current family needs and concerns Evidence that plan is reviewed and up to date |
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Area 3: Service Delivery

The interventions provided to the youth and family match their needs and strengths.

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| <ul style="list-style-type: none"> • Services match identified needs and strengths • Interventions build on strengths of family and youth • Evidence of creativity | <ul style="list-style-type: none"> • Services are added or removed based on needs of family and youth • The family received the type of services needed • Current provider is a good match for family and youth needs |
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The provider incorporates the youth's and family's actionable strengths into the service delivery process.

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| <ul style="list-style-type: none"> • Goals build on strengths identified in the assessment • Goals are framed in a positive manner • Strengths are incorporated into all aspect of the service delivery process | <ul style="list-style-type: none"> • Family and youth are able to identify their strengths • Specific strengths of both the youth and family are documented • Various providers can identify the family and youth's strengths |
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Area 3: Service Delivery***The intensity of the services/supports provided to the youth and family match their needs.***

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| <ul style="list-style-type: none"> • The service intensity is adjusted to meet the needs of the family • Providers meet with the family with appropriate frequency (not too often or too little) | <ul style="list-style-type: none"> • There are enough services provided based on need • Services or supports are ended if not meeting the family needs • The family feels comfortable with the amount of services being provided |
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Service providers assist the youth and family in understanding the provider agency and the service(s) in which they are participating.

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| <ul style="list-style-type: none"> • Providers explained processes for filing complaints/grievances • Providers explained how to access records • Providers gave numbers to call after-hours in emergencies • Providers explained what the service is (and what it is not) | <ul style="list-style-type: none"> • Documentation of client rights etc. is in the record • Family understands their “rights” as a client of the agency • Can the family explain/describe the service (i.e. IHT)? |
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Area 4: Youth and Family Engagement

The provider actively engages the youth and family in the ongoing service delivery process.

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| <ul style="list-style-type: none">• Family and youth are integrated into the entire service delivery process• Family and youth feel in charge of their care• Family and youth have assigned tasks | <ul style="list-style-type: none">• Family is included in all meetings about their care• Informed choices of the youth and family are evident in the plan• Family knows how interventions will help them achieve their goals |
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Area 5: Team Formation	
<i>The provider actively engages and includes <u>formal providers</u> in the service planning and delivery process (initial plan and updates).</i>	
<ul style="list-style-type: none">Formal providers are listed in service planEvidence formal providers were invited to and attended meetingsEvidence that input from formal providers was solicited	<ul style="list-style-type: none">Tasks were assigned to all providersProviders and family are able to identify all formal providers
<i>The provider actively engages and includes <u>natural supports</u> in the service planning and delivery process (initial plan and updates).</i>	
<ul style="list-style-type: none">Provider inquired about and explored natural supportsNatural supports were listed in the service plan	<ul style="list-style-type: none">Natural supports participated in meetingsNatural supports were utilized to perform certain tasks

Area 6: Team Participation

Providers, school personnel or other agencies involved with the youth participate in service planning.

- If there are other service providers, state agencies, and/or school personnel who are critical to helping the youth/family reach identified service plan goals, do they support the care coordination efforts by attending meetings, providing information to the person responsible for coordinating care, etc.?

Area 7: Care Coordination	
<i>The provider (i.e. IHT clinician, ICC) successfully coordinates service planning and the delivery of services and supports.</i>	
<ul style="list-style-type: none">Formal provider and family clearly identify “single point of contact”Evidence of communication with other providers and natural supports	<ul style="list-style-type: none">Providers are all on the same pageServices are not duplicated or confusing to the family
<i>The youth is receiving the amount and quality of care coordination his/her situation requires.</i>	
<ul style="list-style-type: none">The youth is receiving the appropriate level of care coordination (IHT or ICC)The family feels as if they are getting the help they need to coordinate services for their child.	

Area 7: Care Coordination	
<i>The provider facilitates ongoing, effective communication among all team members, including formal service providers, natural supports (if desired by the family), and family members including the youth.</i>	
<ul style="list-style-type: none">• All team members have the information they need to work with the family.• There is evidence of ongoing communication in the child’s record	<ul style="list-style-type: none">• Provider communicates regularly with all members of the team
<div></div>	

Area 8: Transition	
<i>Care transitions and life transitions (e.g. from youth to adult system, from one provider to another, from one service to another, from hospital to home, etc.) are anticipated, planned for, and well-coordinated.</i>	
<ul style="list-style-type: none">• Evidence of a plan for “aging out” youth• Referrals to other agencies and services were completed (if applicable)• Follow-up was done to assure services were obtained	<ul style="list-style-type: none">• Plan for ending of IHT or ICC services was discussed• Evidence that transition planning discussions begin early in the work with the family

Area 9: Responsiveness

The provider responded to the referral (for its own service) in a timely and appropriate way.

- Provider responded to the family within the designated time frame
- If the family chose to wait for services with this particular provider the provider assisted them in getting help for any urgent issues

Note: IHT specs stipulate that phone contact should be made with parent/caregiver within 1 calendar day of referral to offer a face-to-face interview with the family within 24 hours. ICC specs stipulate that telephone contact should occur within 24 hrs of referral, to offer a face-to-face interview with the family, within three calendar days.

The provider made appropriate service referrals (for other services/supports) in a timely manner and engaged in follow-up efforts as necessary to ensure linkage with the identified services and supports.

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| <ul style="list-style-type: none"> • Evidence of additional referrals in the record • Documentation of communication with schools, other agencies regarding additional services and the status of these services | <ul style="list-style-type: none"> • Documentation of follow-up • The family is receiving the services they need |
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Area 10: Service Accessibility

Services are scheduled at convenient times for the youth and family.

- Services are offered in the evening/mornings or weekends if needed
- Meetings scheduled based on family and youth need

Services are provided in the location of the youth and family's preference.

- Family feels comfortable in meeting place
- Meeting space was chosen by the family

Area 10: Service Accessibility

Service providers communicate in the preferred language of the youth/family.

- Provider communicates using the family’s preferred language or has arranged for appropriate translation supports/services
- Provider is able to communicate with all family members

Written documentation regarding services/planning is provided in the preferred language of the youth/family.

- All documentation is in the preferred language of the family and youth
- Written documentation is translated to preferred language if needed

Area 11: Cultural Awareness

The service provider has explored and can describe the family's beliefs, culture, traditions, and identity.

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| <ul style="list-style-type: none"> Provider is aware of family and youth culture Provider is aware and of family's beliefs and traditions | <ul style="list-style-type: none"> Service plan describes and addresses culture and beliefs Family feels provider is aware of that is important to them |
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Cultural differences and similarities between the provider and the youth/family have been acknowledged and discussed, as they relate to the plan for working together.

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| <ul style="list-style-type: none"> Provider is aware and respectful of family culture and beliefs Traditions, culture and beliefs that impact the plan are documented Provider has knowledge of neighborhood and community | <ul style="list-style-type: none"> Provider is aware of their own beliefs and views Provider is aware of the similarities and difference that may impact their work with the family |
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Area 12: Cultural Sensitivity and Responsiveness

The provider has acted on/incorporated knowledge of the family's culture into the work.

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| <ul style="list-style-type: none"> Family culture and beliefs are embedded in the plan Family culture and beliefs are embedded into the goals | <ul style="list-style-type: none"> Provider has prioritized what is most important for this family and youth Culture is considered when determining interventions |
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The provider has explored any youth or family history of migration, moves, or dislocation. If the youth or family has experienced stressful migration, moves, or dislocation, then those events inform the assessment of the family's strengths and needs and the treatment/care plan.

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| <ul style="list-style-type: none"> Providers have knowledge of family history Provider is aware of prior moves or disruptions to the family or youth Provider has documented any moves or disruptions into the assessment | <ul style="list-style-type: none"> Provider has taken under consideration how any moves or disruptions (including out of home placements such as foster care) might be affecting the youth/family and has incorporated these issues into the plan and ongoing work with the family. |
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Area 12: Cultural Sensitivity and Responsiveness

The provider has explored any youth or family history of discrimination and victimization. If the youth or family has experienced discrimination or victimization, then the provider ensures that the treatment process is sensitive/ responsive to the family's experience.

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| <ul style="list-style-type: none"> Provider is aware of any history of trauma or mistreatment of the family or youth Provider is aware of family's previous experience with past providers and natural supports | <ul style="list-style-type: none"> Family feels they can be open with provider Family feels provider is sensitive and respectful of their prior experience |
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The provider has explored cultural differences within the family (e.g. intergenerational issues or due to couples having different backgrounds) and has incorporated this information into the understanding of the youth and family's strengths and needs and the care/treatment plan.

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| <ul style="list-style-type: none"> Provider has discussed issues related to culture with ALL family members Differences within the family system were discussed Strengths and needs of each family member incorporates their culture and identify | <ul style="list-style-type: none"> How different family members view mental health How family members view having services |
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Area 12: Cultural Sensitivity and Responsiveness

The provider helps the entire team understand and respect this family’s culture.

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| <ul style="list-style-type: none">• Documentation that provider has communicated the family’s culture and background to other team members• All team members are aware of family culture and identity | <ul style="list-style-type: none">• Documentation of culture and identity as part of treatment plan and ongoing team meetings• Culture is incorporated into providers tasks and interventions |
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Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has developed improved coping or self-management skills.

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| <ul style="list-style-type: none"> Youth has demonstrated improved coping skills Youth is better able to deal with frustration and/or stressful situations | <ul style="list-style-type: none"> Youth has less acting out behaviors Youth has improved interactions with others |
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Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at school.

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| <ul style="list-style-type: none"> Youth has improved behavior at school Youth is better able to resolve conflict with peers and teachers at school | <ul style="list-style-type: none"> Youth participates in social events at school Youth has improved peer relationships |
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***Note:* Consider only if social or emotional functioning at school was an area of need identified by the youth, family, and clinician. If social functioning at school was not an issue, then these prompts can be ignored during interviewing and rating.**

Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning in the community.

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| <ul style="list-style-type: none"> Youth participates in community activities Youth has friends in his community | <ul style="list-style-type: none"> Youth gets along better with others in his community Youth's behavior is appropriate while in the community |
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Note: Consider only if social/emotional functioning in the community was an area of need identified by the youth, family, and clinician. If social/emotional functioning in the community was not an issue, then these prompts can be ignored during interviewing and rating.

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at home.

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| <ul style="list-style-type: none"> Youth has more positive relationships with family members Youth is engaged in and participates in family life/activities | |
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Note: Consider only if social/emotional functioning at home was an area of need identified by the youth, family, and clinician. If social/emotional functioning at home was not an issue, then these prompts can be ignored during interviewing and rating.

Area 13: Youth Progress	
<i>Since the youth's enrollment in the service being reviewed, there has been improvement in the youth's overall well-being and quality of life.</i>	
<ul style="list-style-type: none">Youth is happierYouth has improved relationships with othersYouth is more positively engaged with family, school and community	<ul style="list-style-type: none">Any major issues impacting the child's well-being (e.g. housing or school stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved
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Area 14: Family Progress

Since the family's enrollment in the service being reviewed, the parent/caregiver has made progress in their ability to cope with/manage their youth's behavior.

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| <ul style="list-style-type: none"> Parent is better able to set and follow through with limits Parent is less frustrated by youth's behavior | <ul style="list-style-type: none"> Parenting skills have improved Parent have an increased ability to deal with stressful situations |
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Since the family's enrollment in the service being reviewed, there has been improvement in the family's overall well-being and quality of life.

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| <ul style="list-style-type: none"> Family members have more positive interactions The family is not in a constant state of crisis Family members are able to complete tasks of daily living Family members are happier | <ul style="list-style-type: none"> Any major issues impacting well-being (e.g. housing stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved |
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Caregiver Interview

*For youth enrolled in **IHT only***- Please go to the MPR Supplemental Questions for In-Home Therapy section and ask the caregiver question #5.

Remember to give the caregiver his/her \$25 gift card and get a signed receipt.

Caregiver Demographic Information (for caregiver interviewed)

Relationship to youth <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other relative <input type="checkbox"/> Non-relative	Demographic information Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____ Race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Chooses not to self-identify
Primary language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	

If a SECOND caregiver is interviewed, fill out the following Caregiver Demographic Information (for 2nd caregiver interviewed)

Note: This would only be filled out in rare instances (e.g., two caregivers choose to sit in together for an interview OR mom and dad share custody and both want to participate in the MPR).

Relationship to youth <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other relative <input type="checkbox"/> Non-relative	Demographic information Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____ Race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Chooses not to self-identify
Primary language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	

Area 1: Assessment

Relevant data/information about the youth and family was diligently gathered through both initial and ongoing processes.

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| <ul style="list-style-type: none"> Initial & ongoing assessments covered all life domains Both <i>depth</i> and <i>breadth</i> found in assessment Assessment more thorough than CANS alone Provider has a clear understanding of the youth & family Provider has a process for conducting ongoing assessments | <ul style="list-style-type: none"> Provider's understanding of family has deepened over time Multiple sources of data/information were used to inform the assessment (e.g. youth/caregivers, discharge summaries, interviews with teachers, DCF workers, PCC, etc.) |
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Sample Question: How did the clinician learn about your child and family?

The needs of the youth and family have been appropriately identified and prioritized across a full range of life domains.

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| <ul style="list-style-type: none"> Family & providers agree about the greatest need(s) Needs are prioritized according to family's wishes | <ul style="list-style-type: none"> All critical needs are identified in the assessment All domains with evidence of concern were addressed |
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Sample Questions: What were the concerns that caused you to get help for your child? Are there any needs or important issues the clinician didn't ask you about or that you aren't working on with him/her that you feel are important?

Area 1: Assessment

Actionable strengths of the youth and family have been identified and documented.

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| <ul style="list-style-type: none"> • Provider is able to identify youth and family strengths • Family and youth are able to identify strengths | <ul style="list-style-type: none"> • Strengths are actionable i.e. can be used to design treatment interventions and used to support a youth and family's goals. |
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Sample Questions: Tell me a little about your child and family's strengths (e.g. what he/she enjoys what he/she is good at, what you or other people like about your child).
Did the provider ask you about your family's and child's strengths?

The provider has explored natural supports with the family.

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| <ul style="list-style-type: none"> • Evidence that natural supports were discussed with the family • Provider has an understanding of the families support system • Provider assists with identifying natural supports (could be people like neighbors, relatives, friends, and/or community supports like YMCA, Boys and Girls Club, parent support groups, etc.) if none are established. | <ul style="list-style-type: none"> • Other options beside formal services were explored to assist the family in improving their overall situation? |
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Sample Questions: Have you been asked if there are relatives, friends or neighbors who are or may be helpful to your family? Are you open to involving more natural supports with your family? Has your provider assisted you in identifying any natural supports? Has the provider helped to connect you or your family with the supports or services in your community (e.g. karate classes, parent support groups, community event's, etc.?)

Area 1: Assessment	
<i>The written assessment provides a clear understanding of the youth and family.</i>	
<ul style="list-style-type: none">• Provider has a clear understanding of the youth and family• All life domains are part of the assessment• Both depth and breadth are found in assessment	<ul style="list-style-type: none">• Provider has a clear understanding of interventions needed based on assessment• The written assessment includes a CANS (but is not ONLY a CANS)
Sample Questions: Did you receive a copy of the assessment? Do you think it accurately captured your child and family’s concerns, issues, strengths, etc.? Was anything important missing?	
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Area 2: Service Planning

The provider actively engages and includes the youth and family in the service planning process.

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| <ul style="list-style-type: none"> The youth and family are included as part of the service planning process The family is informed about and understands the service planning process. | <ul style="list-style-type: none"> There is evidence that the provider involved family in the service planning process The family is provided with a copy of the plan |
|---|---|

Sample Questions: How have you and your child been involved in developing and reviewing the plan for your child/family? Do you feel comfortable asking questions about the plan? Do you understand and agree with the plan? Did you sign the plan?

The service plan goals logically follow from the needs and strengths identified in the comprehensive assessment.

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| <ul style="list-style-type: none"> Goals are clear and flow out of assessment The family understands and agrees with goals Interventions are designed to support goals | <ul style="list-style-type: none"> Goals match all needs and concerns from assessment Goals incorporate child and family strengths Goals reflect original reason the family sought out services |
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Sample Questions: How were goals identified? Who determined the goals? Do you understand and agree with the goals? (*Show the goal page from the document review and ask if he/she agrees with the stated goals*) Were there areas of need identified that were not covered by the treatment goals?

Service plans and services are responsive to the emerging and changing needs of the youth and family.

Area 2: Service Planning

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| <ul style="list-style-type: none"> • Service plans are up to date • Services offered support current goals and needs • Documentation reflects the changing needs of the youth and family • There is a good match between current needs and strengths and services being delivered. | <ul style="list-style-type: none"> • Interventions/ goals have evolved over time to respond to changes in youth and family functioning or life circumstances. • If the current plan is not working the provider has modified or changed the plan. |
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Sample Questions: Have any new issues or concerns come up once X started working with your family? What did he/she do about it? Has the plan changed over time? If something isn't working has the plan been changed?

An effective risk management/safety plan is in place for the youth/family.

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| <ul style="list-style-type: none"> • There is evidence of a safety plan in the record • Family is aware of safety plan and feels comfortable using the plan • All team members are aware of safety plan | <ul style="list-style-type: none"> • Plan reflects current family needs and concerns • Evidence that plan is reviewed and up to date |
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Sample Questions: Are there any current safety issues/worries? (e.g. aggressive/violent behavior, running, suicidal thoughts, domestic violence, etc.) Is there a safety plan in place that addresses these concerns? Were you given a copy of the plan? Have you ever had to put the plan into action? Was it useful/helpful?

Area 3: Service Delivery

The interventions provided to the youth and family match their needs and strengths.

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| <ul style="list-style-type: none"> • Services match identified needs and strengths • Interventions build on strengths of family and youth • Evidence of creativity | <ul style="list-style-type: none"> • Services are added or removed based on needs of family and youth • The family received the type of services needed • Current provider is a good match for family and youth needs |
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Sample Questions: Tell me a little bit about some of the specific ways X helps your child/family? Do you find the things that X does to help your family helpful? Has X helped to connect you to other services/supports that are helping your child/family?

The provider incorporates the youth's and family's actionable strengths into the service delivery process.

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| <ul style="list-style-type: none"> • Goals build on strengths identified in the assessment • Goals are framed in a positive manner • Strengths are incorporated into all aspect of the service delivery process | <ul style="list-style-type: none"> • Family and youth are able to identify their strengths • Specific strengths of both the youth and family are documented • Various providers can identify the family and youth's strengths |
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Sample Questions: Does your provider know your family's and youth's strengths? How are these strengths noticed by providers?

Area 3: Service Delivery

The intensity of the services/supports provided to the youth and family match their needs.

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| <ul style="list-style-type: none"> The service intensity is adjusted to meet the needs of the family Providers meet with the family with appropriate frequency (not too often or too little) | <ul style="list-style-type: none"> There are enough services provided based on need Services or supports are ended if not meeting the family needs The family feels comfortable with the amount of services being provided |
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Sample Questions: Do you feel you are meeting enough with your service providers based on the needs of your family? Do you feel you need more or less services?

Service providers assist the youth and family in understanding the provider agency and the service(s) in which they are participating.

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| <ul style="list-style-type: none"> Providers explained processes for filing complaints/grievances Providers explained how to access records Providers gave numbers to call after-hours in emergencies Providers explained what the service is (and what it is not) | <ul style="list-style-type: none"> Documentation of client rights etc. is in the record Family understands their “rights” as a client of the agency Can the family explain/describe the service (i.e. IHT)? |
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Sample Questions: Did X explain to you how to reach someone if you have an urgent issue? Did they explain about the confidentiality of the information you share? Do you know how to get a copy of your child’s record if you want to see it? Did anyone explain what you could do if you were unhappy with the services you were receiving?

Area 4: Youth and Family Engagement

The provider actively engages the youth and family in the ongoing service delivery process.

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| <ul style="list-style-type: none">Family and youth are integrated into the entire service delivery processFamily and youth feel in charge of their careFamily and youth have assigned tasks | <ul style="list-style-type: none">Family is included in all meetings about their careInformed choices of the youth and family are evident in the planFamily knows how interventions will help them achieve their goals |
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Sample Questions: Do you find the time you spend with X valuable/worthwhile? How has X involved you/your child/family in helping you reach your service plan goals? Do you feel you have a say in how services are delivered to you/your family? Are there specific tasks or “homework” that you are responsible for with respect to your service plan/goals? Has X explained to you the reasons why they are making recommendations or asking you or your child to do certain things?

Area 5: Team Formation

The provider actively engages and includes formal providers, including prescriber (if applicable), in the service planning and delivery process (initial plan and updates).

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| <ul style="list-style-type: none"> Formal providers are listed in service plan Evidence formal providers were invited to and attended meetings Evidence that input from formal providers was solicited | <ul style="list-style-type: none"> Tasks were assigned to all providers Providers and family are able to identify all formal providers |
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Sample Questions: Who are the other people/providers working with the family? How are these providers involved in service planning? How do you keep these providers involved/up-to-date regarding the work with the family?

The provider actively engages and includes natural supports in the service planning and delivery process (initial plan and updates).

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| <ul style="list-style-type: none"> Provider inquired about and explored natural supports Natural supports were listed in the service plan | <ul style="list-style-type: none"> Natural supports participated in meetings Natural supports were utilized to perform certain tasks |
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Sample Questions: Are there any natural supports (i.e. relatives, friends, neighbors, clergy, etc.) who are involved in helping your child/family? Do they ever meet together with you and X (the provider)? Has X ever spoken with them or included them in helping your child/family? If yes, in what ways?

Area 6: Team Participation

Providers, school personnel or other agencies involved with the youth participate in service planning.

- If there are other service providers, state agencies, and/or school personnel who are critical to helping the youth/family reach identified service plan goals, do they support the care coordination efforts by attending meetings, providing information to the person responsible for coordinating care, etc.?

Sample Questions: Are school personnel, other agencies and providers involved in helping your child/family? If so, how? Do they ever meet with you and X (the provider)?

Area 7: Care Coordination

The provider (i.e. IHT clinician, ICC) successfully coordinates service planning and the delivery of services and supports.

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| <ul style="list-style-type: none"> Formal provider and family clearly identify “single point of contact” Evidence of communication with other providers and natural supports | <ul style="list-style-type: none"> Providers are all on the same page Services are not duplicated or confusing to the family |
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Sample Questions: Who would you say is responsible for ensuring that everyone is working together to help your child/family? Is this person helpful in coordinating the various services that your child/family receives? Does this person have good working relationships with the other people who are helping your family? Would you go to this person if you needed help/assistance with coordinating services?

The youth is receiving the amount and quality of care coordination his/her situation requires.

- The youth is receiving the appropriate level of care coordination (IHT or ICC)
- The family feels as if they are getting the help they need to coordinate services for their child.

Sample Questions: Are you getting the help you need to coordinate services and supports for your child? Is the amount of coordination you/your child is receiving too much, not enough, or just right? *(For kids in IHT ask: Has X ever spoken with you about enrolling in Intensive Care Coordination (Wraparound)?* If yes, did you consider participating in ICC? Why or why not?

Area 7: Care Coordination	
<i>The provider facilitates ongoing, effective communication among all team members, including formal service providers, natural supports (if desired by the family), and family members including the youth.</i>	
<ul style="list-style-type: none">• All team members have the information they need to work with the family.• There is evidence of ongoing communication in the child’s record	<ul style="list-style-type: none">• Provider communicates regularly with all members of the team
Sample Questions: How do all the people who work with you keep up to date on what is going on with your child/family? Are all team members up-to-date and informed about the status of your family’s care? How are you included in communication between/among the people who work with your child/family?	

Area 8: Transition

Care transitions and life transitions (e.g. from youth to adult system, from one provider to another, from one service to another, from hospital to home, etc.) are anticipated, planned for, and well-coordinated.

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| <ul style="list-style-type: none"> Evidence of a plan for “aging out” youth Referrals to other agencies and services were completed (if applicable) Follow-up was done to assure services were obtained | <ul style="list-style-type: none"> Plan for ending of IHT or ICC services was discussed Evidence that transition planning discussions begin early in the work with the family |
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Sample Questions: Has the provider talked with you about “what’s next” after this service ends? Do you feel confident about the plan for transitioning care to a new provider? When a crisis occurred or additional services were needed did your provider make a clear plan? Were referrals made to other services? Was there a waiting period for obtaining any additional services or transitioning care?

Area 9: Responsiveness

The provider responded to the referral (for its own service) in a timely and appropriate way.

- Provider responded to the family within the designated time frame
- If the family chose to wait for services with this particular provider the provider assisted them in getting help for any urgent issues

Note: IHT specs stipulate that phone contact should be made with parent/caregiver within 1 calendar day of referral to offer a face-to-face interview with the family within 24 hours. ICC specs stipulate that telephone contact should occur within 24 hrs of referral, to offer a face-to-face interview with the family, within three calendar days.

Sample Question: How long did it take to begin services once you asked for help?

The provider made appropriate service referrals (for other services/supports) in a timely manner and engaged in follow-up efforts as necessary to ensure linkage with the identified services and supports.

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| <ul style="list-style-type: none"> • Evidence of additional referrals in the record • Documentation of communication with schools, other agencies regarding additional services and the status of these services | <ul style="list-style-type: none"> • Documentation of follow-up • The family is receiving the services they need |
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Sample Questions: When/if additional services were needed did your provider make a referral to these services? Did they explain the referral process? How long did it take to obtain these services?

Area 10: Service Accessibility

Services are scheduled at convenient times for the youth and family.

- Services are offered in the evening/mornings or weekends if needed
- Meetings scheduled based on family and youth need

Sample Questions: When do you meet with your provider? How was this time/day determined? Is this the best time/day for your family and child?

Services are provided in the location of the youth and family's preference.

- Family feels comfortable in meeting place
- Meeting space was chosen by the family

Sample Questions: Where do you meet with your provider? How did this location get determined? Are you comfortable in this location?

Area 10: Service Accessibility***Service providers communicate in the preferred language of the youth/family.***

- Provider communicates using the family's preferred language or has arranged for appropriate translation supports/services
- Provider is able to communicate with all family members

Sample Questions: Does the provider speak in your preferred language? If no, has he/she arranged for an interpreter or tried to locate a provider who can communicate in your preferred language?

Written documentation regarding services/planning is provided in the preferred language of the youth/family.

- All documentation is in the preferred language of the family and youth
- Written documentation is translated to preferred language if needed

Sample Question: Have any documents/paperwork from the provider been given to you in your preferred language?

Area 11: Cultural Awareness

The service provider has explored and can describe the family's beliefs, culture, traditions, and identity.

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| <ul style="list-style-type: none"> Provider is aware of family and youth culture Provider is aware of family's beliefs and traditions | <ul style="list-style-type: none"> Service plan describes and addresses culture and beliefs Family feels provider is aware of that is important to them |
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Sample Questions: Can you tell me about any things that are especially important to you/your family (e.g. having dinner together, education, family, respecting elders, going to church)? Does your family have any special traditions or celebrations? Does your provider know about these things? How did they find out about them?

Cultural differences and similarities between the provider and the youth/family have been acknowledged and discussed, as they relate to the plan for working together.

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| <ul style="list-style-type: none"> Provider is aware and respectful of family culture and beliefs Traditions, culture and beliefs that impact the plan are documented Provider has knowledge of neighborhood and community | <ul style="list-style-type: none"> Provider is aware of their own beliefs and views Provider is aware of the similarities and difference that may impact their work with the family |
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Sample Questions: Have you ever discussed with your clinician how differences (or similarities) in your culture, point of view, beliefs, etc. might influence how you get along and work together?

Area 12: Cultural Sensitivity and Responsiveness

The provider has acted on/incorporated knowledge of the family's culture into the work.

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| <ul style="list-style-type: none"> Family culture and beliefs are embedded in the plan Family culture and beliefs are embedded into the goals | <ul style="list-style-type: none"> Provider has prioritized what is most important for this family and youth Culture is considered when determining interventions |
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Sample Questions: Do you feel the most important aspects of the culture and identity of your family are incorporated into your plan? Do you feel as if X (the clinician) is respectful of the things that are important to you and your family and has taken these things into consideration when working with you and your child?

The provider has explored any youth or family history of migration, moves, or dislocation. If the youth or family has experienced stressful migration, moves, or dislocation, then those events inform the assessment of the family's strengths and needs and the treatment/care plan.

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| <ul style="list-style-type: none"> Providers have knowledge of family history Provider is aware of prior moves or disruptions to the family or youth Provider has documented any moves or disruptions into the assessment | <ul style="list-style-type: none"> Provider has taken under consideration how any moves or disruptions (including out of home placements such as foster care) might be affecting the youth/family and has incorporated these issues into the plan and ongoing work with the family. |
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Sample Questions: Have you or your child ever moved or relocated? If so how has this move or relocation impacted your family? Has X (the clinician) ever discussed how this change(s) might have affected your child and family?

Area 12: Cultural Sensitivity and Responsiveness

The provider has explored any youth or family history of discrimination and victimization. If the youth or family has experienced discrimination or victimization, then the provider ensures that the treatment process is sensitive/ responsive to the family's experience.

- Provider is aware of any history of trauma or mistreatment of the family or youth
- Provider is aware of family's previous experience with past providers and natural supports

- Family feels they can be open with provider
- Family feels provider is sensitive and respectful of their prior experience

Sample Questions: Have you or any member of your family ever been the victim of abuse or violence? Have you ever felt discriminated against? If so is your current provider aware of this experience? Are they sensitive and responsive to your family's needs in this area?

The provider has explored cultural differences within the family (e.g. intergenerational issues or due to couples having different backgrounds) and has incorporated this information into the understanding of the youth and family's strengths and needs and the care/treatment plan.

- Provider has discussed issues related to culture with ALL family members
- Differences within the family system were discussed
- Strengths and needs of each family member incorporates their culture and identify

- How different family members view mental health
- How family members view having services

Sample Questions: Are you aware of any major differences in background, values, ideas about mental health, parenting approaches, etc. between you and your spouse, sig. other, or other important relative(s) like a parent or sibling? Has your provider ever asked you about these things and how they might be affecting you or your child/family?

Area 12: Cultural Sensitivity and Responsiveness

<i>The provider helps the entire team understand and respect this family's culture.</i>	
<ul style="list-style-type: none">• Documentation that provider has communicated the family's culture and background to other team members• All team members are aware of family culture and identity	<ul style="list-style-type: none">• Documentation of culture and identity as part of treatment plan and ongoing team meetings• Culture is incorporated into providers tasks and interventions

Sample Questions: Do all members of your team understand and respect your family's culture and background? How were they informed of what is important to your family and child?

Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has developed improved coping or self-management skills.

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| <ul style="list-style-type: none"> Youth has demonstrated improved coping skills Youth is better able to deal with frustration and/or stressful situations | <ul style="list-style-type: none"> Youth has less acting out behaviors Youth has improved interactions with others |
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Sample Questions: Has your child learned any new coping skills or strategies to help him/her manage/control his/her behavior, moods, emotions, since he/she started working with X (the clinician)? Since he/she started working with X (the clinician), would you say your child's ability to manage or cope with stressful or upsetting events has stayed the same, gotten better, or gotten worse?

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at school.

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| <ul style="list-style-type: none"> Youth has improved behavior at school Youth is better able to resolve conflict with peers and teachers at school | <ul style="list-style-type: none"> Youth participates in social events at school Youth has improved peer relationships |
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Note: Consider only if social or emotional functioning at school was an area of need identified by the youth, family, and clinician. If social functioning at school was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Questions: Since he/she started working with X (the clinician), would you say your child's ability to get along with others at school (kids and/or teachers) or cope with school related challenges has stayed the same, gotten better, or gotten worse? Can you give some examples of this?

Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning in the community.

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| <ul style="list-style-type: none"> Youth participates in community activities Youth has friends in his community | <ul style="list-style-type: none"> Youth gets along better with others in his community Youth's behavior is appropriate while in the community |
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Note: Consider only if social/emotional functioning in the community was an area of need identified by the youth, family, and clinician. If social/emotional functioning in the community was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Questions: Does your child have relationships with other kids or adults (i.e. coach, neighbors, etc.) in your community? What does he/she do when not in school? Do you have any worries/concerns about his/her behavior in the community?

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at home.

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| <ul style="list-style-type: none"> Youth has more positive relationships with family members Youth is engaged in and participates in family life/activities | |
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Note: Consider only if social/emotional functioning at home was an area of need identified by the youth, family, and clinician. If social/emotional functioning at home was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Questions: Since he/she started working with X (the clinician), would you say your child's ability to get along with family members has stayed the same, gotten better, or gotten worse? Can you give some examples of this?

Area 13: Youth Progress	
<i>Since the youth's enrollment in the service being reviewed, there has been improvement in the youth's overall well-being and quality of life.</i>	
<ul style="list-style-type: none">Youth is happierYouth has improved relationships with othersYouth is more positively engaged with family, school and community	<ul style="list-style-type: none">Any major issues impacting the child's well-being (e.g. housing or school stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved
Sample Questions: Has your child's overall quality of life improved since starting this service? How?	
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Area 14: Family Progress

Since the family's enrollment in the service being reviewed, the parent/caregiver has made progress in their ability to cope with/manage their youth's behavior.

- Parent is better able to set and follow through with limits
- Parent is less frustrated by youth's behavior

- Parenting skills have improved
- Parent have an increased ability to deal with stressful situations

Sample Questions: Since you started working with X (the clinician) have you learned any new skills or ways to help you with your child's behavior? Do you feel more confident/comfortable handling issues or problems with your child when they come up? Would you say your ability to manage your child's behavior has stayed the same, gotten better, or gotten worse since you started working with X (the clinician)?

Since the family's enrollment in the service being reviewed, there has been improvement in the family's overall well-being and quality of life.

- Family members have more positive interactions
- The family is not in a constant state of crisis
- Family members are able to complete tasks of daily living
- Family members are happier

- Any major issues impacting well-being (e.g. housing stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved

Sample Questions: Has your family's overall quality of life improved since starting this service? How?

Youth (if 12 or over) or Fourth Formal Provider Interview

If the youth is **18 or over**, please present him/her with a \$25 Target gift card and get a signed receipt.

4th Formal Provider Demographic Information (if applicable)

Job title/role <input type="checkbox"/> Care coordinator (CC) <input type="checkbox"/> In-home therapist (IHT) <input type="checkbox"/> Therapeutic training and support <input type="checkbox"/> Family partner <input type="checkbox"/> Therapeutic mentor <input type="checkbox"/> In-home behavioral staff <input type="checkbox"/> Outpatient therapist <input type="checkbox"/> Mobile crisis clinician <input type="checkbox"/> Teacher <input type="checkbox"/> School psychologist <input type="checkbox"/> Other school personnel <input type="checkbox"/> DCF worker <input type="checkbox"/> DYS worker <input type="checkbox"/> DDS worker <input type="checkbox"/> DMH worker <input type="checkbox"/> Other _____	Demographic information Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____ Race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Chooses not to self-identify
Language services are delivered in <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	

Area 1: Assessment***Relevant data/information about the youth and family was diligently gathered through both initial and ongoing processes.***

- | | |
|---|---|
| <ul style="list-style-type: none"> Initial & ongoing assessments covered all life domains Both <i>depth</i> and <i>breadth</i> found in assessment Assessment more thorough than CANS alone Provider has a clear understanding of the youth & family Provider has a process for conducting ongoing assessments | <ul style="list-style-type: none"> Provider's understanding of family has deepened over time Multiple sources of data/information were used to inform the assessment (e.g. youth/caregivers, discharge summaries, interviews with teachers, DCF workers, PCC, etc.) |
|---|---|

Sample Question: How did your clinician get to know you and your family?***The needs of the youth and family have been appropriately identified and prioritized across a full range of life domains.***

- | | |
|---|--|
| <ul style="list-style-type: none"> Family & providers agree about the greatest need(s) Needs are prioritized according to family's wishes | <ul style="list-style-type: none"> All critical needs are identified in the assessment All domains with evidence of concern were addressed |
|---|--|

Sample Questions: Why did you and your family start getting help from X? Are these things still a concern/worry/problem? What issues/problems/worries are you working on with X (the clinician) now?

Area 1: Assessment***Actionable strengths of the youth and family have been identified and documented.***

- | | |
|--|---|
| <ul style="list-style-type: none"> • Provider is able to identify youth and family strengths • Family and youth are able to identify strengths | <ul style="list-style-type: none"> • Strengths are actionable i.e. can be used to design treatment interventions and used to support a youth and family's goals. |
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Sample Questions: What do you like to do? What are you good at?

The provider has explored natural supports with the family.

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|--|---|
| <ul style="list-style-type: none"> • Evidence that natural supports were discussed with the family • Provider has an understanding of the families support system • Provider assists with identifying natural supports (could be people like neighbors, relatives, friends, and/or community supports like YMCA, Boys and Girls Club, parent support groups, etc.) if none are established. | <ul style="list-style-type: none"> • Other options beside formal services were explored to assist the family in improving their overall situation? |
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Sample Questions: Are there other people besides your clinicians that help you and your family? Has X helped to get you involved with any activities (e.g. baseball, soccer, music, dance, art, drama)?

Area 1: Assessment

The written assessment provides a clear understanding of the youth and family.

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|---|--|
| <ul style="list-style-type: none">• Provider has a clear understanding of the youth and family• All life domains are part of the assessment• Both depth and breadth are found in assessment | <ul style="list-style-type: none">• Provider has a clear understanding of interventions needed based on assessment• The written assessment includes a CANS (but is not ONLY a CANS) |
|---|--|

Area 2: Service Planning

The provider actively engages and includes the youth and family in the service planning process.

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|---|---|
| <ul style="list-style-type: none"> The youth and family are included as part of the service planning process The family is informed about and understands the service planning process. | <ul style="list-style-type: none"> There is evidence that the provider involved family in the service planning process The family is provided with a copy of the plan |
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Sample Questions: Are you included in planning your services? Do you understand and agree with the plan?

The service plan goals logically follow from the needs and strengths identified in the comprehensive assessment.

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| <ul style="list-style-type: none"> Goals are clear and flow out of assessment The family understands and agrees with goals Interventions are designed to support goals | <ul style="list-style-type: none"> Goals match all needs and concerns from assessment Goals incorporate child and family strengths Goals reflect original reason the family sought out services |
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Sample Question: Do the goals fit the needs and strengths of you and your family?

Area 2: Service Planning***Service plans and services are responsive to the emerging and changing needs of the youth and family.***

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|--|---|
| <ul style="list-style-type: none"> • Service plans are up to date • Services offered support current goals and needs • Documentation reflects the changing needs of the youth and family • There is a good match between current needs and strengths and services being delivered. | <ul style="list-style-type: none"> • Interventions/ goals have evolved over time to respond to changes in youth and family functioning or life circumstances. • If the current plan is not working the provider has modified or changed the plan. |
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Sample Questions: Does your plan help you reach your goals? If so how?

An effective risk management/safety plan is in place for the youth/family.

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| <ul style="list-style-type: none"> • There is evidence of a safety plan in the record • Family is aware of safety plan and feels comfortable using the plan • All team members are aware of safety plan | <ul style="list-style-type: none"> • Plan reflects current family needs and concerns • Evidence that plan is reviewed and up to date |
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Sample Questions: Is there a safety plan in place for you or your family? Can you describe the plan?

Area 3: Service Delivery

The interventions provided to the youth and family match their needs and strengths.

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|---|--|
| <ul style="list-style-type: none"> • Services match identified needs and strengths • Interventions build on strengths of family and youth • Evidence of creativity | <ul style="list-style-type: none"> • Services are added or removed based on needs of family and youth • The family received the type of services needed • Current provider is a good match for family and youth needs |
|---|--|

Sample Questions: Tell me a little about some of the specific ways X helps you and your family. What does X usually do with you when you see him/her? Has it helped you?

The provider incorporates the youth's and family's actionable strengths into the service delivery process.

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|--|--|
| <ul style="list-style-type: none"> • Goals build on strengths identified in the assessment • Goals are framed in a positive manner • Strengths are incorporated into all aspect of the service delivery process | <ul style="list-style-type: none"> • Family and youth are able to identify their strengths • Specific strengths of both the youth and family are documented • Various providers can identify the family and youth's strengths |
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Sample Question: How often are strengths discussed in your meetings with the provider?

Area 3: Service Delivery***The intensity of the services/supports provided to the youth and family match their needs.***

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| <ul style="list-style-type: none"> • The service intensity is adjusted to meet the needs of the family • Providers meet with the family with appropriate frequency (not too often or too little) | <ul style="list-style-type: none"> • There are enough services provided based on need • Services or supports are ended if not meeting the family needs • The family feels comfortable with the amount of services being provided |
|--|---|

Sample Questions: How often do you see X? Would you like to see X more often, less often, or is it just right? Do you think you have just enough services, too many, or not enough?

Service providers assist the youth and family in understanding the provider agency and the service(s) in which they are participating.

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| <ul style="list-style-type: none"> • Providers explained processes for filing complaints/grievances • Providers explained how to access records • Providers gave numbers to call after-hours in emergencies • Providers explained what the service is (and what it is not) | <ul style="list-style-type: none"> • Documentation of client rights etc. is in the record • Family understands their “rights” as a client of the agency • Can the family explain/describe the service (i.e. IHT)? |
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Sample Question: What did X tell you about how you would be working together?

Area 4: Youth and Family Engagement

The provider actively engages the youth and family in the ongoing service delivery process.

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| <ul style="list-style-type: none">Family and youth are integrated into the entire service delivery processFamily and youth feel in charge of their careFamily and youth have assigned tasks | <ul style="list-style-type: none">Family is included in all meetings about their careInformed choices of the youth and family are evident in the planFamily knows how interventions will help them achieve their goals |
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Sample Questions: Has X explained to you why he/she wants you to do certain activities? Do you find the time you spend with X useful/helpful? How does X involve you in helping you to get your needs met?

Area 5: Team Formation

The provider actively engages and includes formal providers, including prescriber (if applicable), in the service planning and delivery process (initial plan and updates).

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| <ul style="list-style-type: none"> Formal providers are listed in service plan Evidence formal providers were invited to and attended meetings Evidence that input from formal providers was solicited | <ul style="list-style-type: none"> Tasks were assigned to all providers Providers and family are able to identify all formal providers |
|---|--|

Sample Question: Who are the people that work with you and your family?

The provider actively engages and includes natural supports in the service planning and delivery process (initial plan and updates).

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|---|--|
| <ul style="list-style-type: none"> Provider inquired about and explored natural supports Natural supports were listed in the service plan | <ul style="list-style-type: none"> Natural supports participated in meetings Natural supports were utilized to perform certain tasks |
|---|--|

Sample Questions: Are there people outside of your immediate family that are involved in helping you i.e. relatives, neighbors, and friends? Are there people you would like to be more involved with your family?

Area 6: Team Participation

Providers, school personnel or other agencies involved with the youth participate in service planning.

- If there are other service providers, state agencies, and/or school personnel who are critical to helping the youth/family reach identified service plan goals, do they support the care coordination efforts by attending meetings, providing information to the person responsible for coordinating care, etc.?

Sample Question: Do the other people who work with you/ your family (e.g. teachers, mentor, DCF worker) ever meet together with you/your family and X (the provider)?

Area 7: Care Coordination

The provider (i.e. IHT clinician, ICC) successfully coordinates service planning and the delivery of services and supports.

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| <ul style="list-style-type: none"> Formal provider and family clearly identify “single point of contact” Evidence of communication with other providers and natural supports | <ul style="list-style-type: none"> Providers are all on the same page Services are not duplicated or confusing to the family |
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Sample Questions: Is there one person who organizes the care that you and your family receive? Who is it?

The youth is receiving the amount and quality of care coordination his/her situation requires.

- The youth is receiving the appropriate level of care coordination (IHT or ICC)
- The family feels as if they are getting the help they need to coordinate services for their child.

Area 7: Care Coordination

The provider facilitates ongoing, effective communication among all team members, including formal service providers, natural supports (if desired by the family), and family members including the youth.

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| <ul style="list-style-type: none">• All team members have the information they need to work with the family.• There is evidence of ongoing communication in the child’s record | <ul style="list-style-type: none">• Provider communicates regularly with all members of the team |
|---|--|

Sample Questions: How do you know all the people involved with your family know what is going on with your plan? Do members of your team talk to each other? Do you know how they communicate what is going on with you or your family?

Area 8: Transition

Care transitions and life transitions (e.g. from youth to adult system, from one provider to another, from one service to another, from hospital to home, etc.) are anticipated, planned for, and well-coordinated.

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| <ul style="list-style-type: none">• Evidence of a plan for “aging out” youth• Referrals to other agencies and services were completed (if applicable)• Follow-up was done to assure services were obtained | <ul style="list-style-type: none">• Plan for ending of IHT or ICC services was discussed• Evidence that transition planning discussions begin early in the work with the family |
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Sample Questions: Have there been any big changes for you or your family? How were these changes addressed by your clinician?

Area 9: Responsiveness***The provider responded to the referral (for its own service) in a timely and appropriate way.***

- Provider responded to the family within the designated time frame.
- If the family chose to wait for services with this particular provider, the provider assisted them in getting help for any urgent issues

Note: IHT specs stipulate that phone contact should be made with parent/caregiver within 1 calendar day of referral to offer a face-to-face interview with the family within 24 hours. ICC specs stipulate that telephone contact should occur within 24 hrs of referral, to offer a face-to-face interview with the family, within three calendar days.

Sample Question: When you or your family asked for help did you get it right away or did you have to wait?

The provider made appropriate service referrals (for other services/supports) in a timely manner and engaged in follow-up efforts as necessary to ensure linkage with the identified services and supports.

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|--|--|
| <ul style="list-style-type: none"> • Evidence of additional referrals in the record • Documentation of communication with schools, other agencies regarding additional services and the status of these services | <ul style="list-style-type: none"> • Documentation of follow-up • The family is receiving the services they need |
|--|--|

Sample Questions: Have there been any new helpers since you started this service? If so how did you get these new helpers?

Area 10: Service Accessibility***Services are scheduled at convenient times for the youth and family.***

- Services are offered in the evening/mornings or weekends if needed
- Meetings scheduled based on family and youth need

Sample Questions: Are meeting times good for you and your family? Did you have a say in when you would meet?

Services are provided in the location of the youth and family's preference.

- Family feels comfortable in meeting place
- Meeting space was chosen by the family

Sample Question: Are you comfortable meeting in your home (or wherever the meeting plan is)?

Area 10: Service Accessibility***Service providers communicate in the preferred language of the youth/family.***

- Provider communicates using the family's preferred language or has arranged for appropriate translation supports/services
- Provider is able to communicate with all family members

Written documentation regarding services/planning is provided in the preferred language of the youth/family.

- All documentation is in the preferred language of the family and youth
- Written documentation is translated to preferred language if needed

Sample Questions: Can you read all of the documents given to you/your family? Is the language they were given to you in the one that is easiest for you to read/understand?

Area 11: Cultural Awareness

The service provider has explored and can describe the family's beliefs, culture, traditions, and identity.

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|---|---|
| <ul style="list-style-type: none"> Provider is aware of family and youth culture Provider is aware of family's beliefs and traditions | <ul style="list-style-type: none"> Service plan describes and addresses culture and beliefs Family feels provider is aware of that is important to them |
|---|---|

Sample Questions: What is important to you and your family? Do you have any special traditions and/or celebrations that are part of your family identity?

Cultural differences and similarities between the provider and the youth/family have been acknowledged and discussed, as they relate to the plan for working together.

- | | |
|---|---|
| <ul style="list-style-type: none"> Provider is aware and respectful of family culture and beliefs Traditions, culture and beliefs that impact the plan are documented Provider has knowledge of neighborhood and community | <ul style="list-style-type: none"> Provider is aware of their own beliefs and views Provider is aware of the similarities and difference that may impact their work with the family |
|---|---|

Sample Questions: Have you ever discussed with X (the clinician) how differences (or similarities) in how you look, things you believe in or that are important to you might make a difference in how you get along and work together?

Area 12: Cultural Sensitivity and Responsiveness

The provider has acted on/incorporated knowledge of the family's culture into the work.

- | | |
|---|---|
| <ul style="list-style-type: none"> Family culture and beliefs are embedded in the plan Family culture and beliefs are embedded into the goals | <ul style="list-style-type: none"> Provider has prioritized what is most important for this family and youth Culture is considered when determining interventions |
|---|---|

Sample Question: Is your family's culture, what is important to you, taken into consideration during your time with the clinician?

The provider has explored any youth or family history of migration, moves, or dislocation. If the youth or family has experienced stressful migration, moves, or dislocation, then those events inform the assessment of the family's strengths and needs and the treatment/care plan.

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| <ul style="list-style-type: none"> Providers have knowledge of family history Provider is aware of prior moves or disruptions to the family or youth Provider has documented any moves or disruptions into the assessment | <ul style="list-style-type: none"> Provider has taken under consideration how any moves or disruptions (including out of home placements such as foster care) might be affecting the youth/family and has incorporated these issues into the plan and ongoing work with the family. |
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Sample Questions: Have you had any changes in your living situation? If so, has your clinician ever discussed how this change(s) has made you think or feel?

Area 12: Cultural Sensitivity and Responsiveness

The provider has explored any youth or family history of discrimination and victimization. If the youth or family has experienced discrimination or victimization, then the provider ensures that the treatment process is sensitive/ responsive to the family's experience.

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|---|--|
| <ul style="list-style-type: none"> Provider is aware of any history of trauma or mistreatment of the family or youth Provider is aware of family's previous experience with past providers and natural supports | <ul style="list-style-type: none"> Family feels they can be open with provider Family feels provider is sensitive and respectful of their prior experience |
|---|--|

The provider has explored cultural differences within the family (e.g. intergenerational issues or due to couples having different backgrounds) and has incorporated this information into the understanding of the youth and family's strengths and needs and the care/treatment plan.

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| <ul style="list-style-type: none"> Provider has discussed issues related to culture with ALL family members Differences within the family system were discussed Strengths and needs of each family member incorporates their culture and identify | <ul style="list-style-type: none"> How different family members view mental health How family members view having services |
|--|--|

Sample Question: How do you feel about getting help from your clinician and providers?

Area 12: Cultural Sensitivity and Responsiveness

The provider helps the entire team understand and respect this family’s culture.

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|--|--|
| <ul style="list-style-type: none">• Documentation that provider has communicated the family’s culture and background to other team members• All team members are aware of family culture and identity | <ul style="list-style-type: none">• Documentation of culture and identity as part of treatment plan and ongoing team meetings• Culture is incorporated into providers tasks and interventions |
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Sample Question: Does everyone who works with your family know what is important to you and your family?

Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has developed improved coping or self-management skills.

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|--|--|
| <ul style="list-style-type: none"> Youth has demonstrated improved coping skills Youth is better able to deal with frustration and/or stressful situations | <ul style="list-style-type: none"> Youth has less acting out behaviors Youth has improved interactions with others |
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Sample Questions: Since you started working with X, have you learned any new ways to help you with your feelings or behaviors? Can you tell me about a time you put this new skill to the test or give me an example of how this new skill/strategy has helped you?

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at school.

- | | |
|---|--|
| <ul style="list-style-type: none"> Youth has improved behavior at school Youth is better able to resolve conflict with peers and teachers at school | <ul style="list-style-type: none"> Youth participates in social events at school Youth has improved peer relationships |
|---|--|

Note: Consider only if social or emotional functioning at school was an area of need identified by the youth, family, and clinician. If social functioning at school was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Questions: Since you started working with X, have you learned any new ways to help you when/if you are having a hard time at school (e.g. with the school work, with other kids/teachers)? Can you tell me about a time you put this new skill to the test or give me an example of how this new skill/strategy has helped you?

Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning in the community.

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|--|--|
| <ul style="list-style-type: none"> Youth participates in community activities Youth has friends in his community | <ul style="list-style-type: none"> Youth gets along better with others in his community Youth's behavior is appropriate while in the community |
|--|--|

Note: Consider only if social/emotional functioning in the community was an area of need identified by the youth, family, and clinician. If social/emotional functioning in the community was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Questions: What do you do when you aren't in school? Do you have friends you play with or adults who aren't your parents who help you out and are important to you (e.g. coach, pastor, neighbor, big brother)?

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at home.

- Youth has more positive relationships with family members
- Youth is engaged in and participates in family life/activities

Note: Consider only if social/emotional functioning at home was an area of need identified by the youth, family, and clinician. If social/emotional functioning at home was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Questions: Since you started working with X, have you learned any new ways to help you when/if you are having a hard time with your parents or siblings? Can you tell me about a time you put this new skill to the test or give me an example of how this new skill/strategy has helped you?

Area 13: Youth Progress

<i>Since the youth's enrollment in the service being reviewed, there has been improvement in the <u>youth's overall well-being and quality of life</u>.</i>	
<ul style="list-style-type: none">Youth is happierYouth has improved relationships with othersYouth is more positively engaged with family, school and community	<ul style="list-style-type: none">Any major issues impacting the child's well-being (e.g. housing or school stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved

Sample Question: Are you happier overall since this service started?

Area 14: Family Progress

Since the family's enrollment in the service being reviewed, the parent/caregiver has made progress in their ability to cope with/manage their youth's behavior.

- Parent is better able to set and follow through with limits
- Parent is less frustrated by youth's behavior

- Parenting skills have improved
- Parent have an increased ability to deal with stressful situations

Sample Question: Since you/your family started working with X (the clinician) have you noticed any changes in how your parents help you when you are having a hard time?

Since the family's enrollment in the service being reviewed, there has been improvement in the family's overall well-being and quality of life.

- Family members have more positive interactions
- The family is not in a constant state of crisis
- Family members are able to complete tasks of daily living
- Family members are happier

- Any major issues impacting well-being (e.g. housing stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved

Sample Questions: Since you started working with X (the clinician/provider) would you say that life for your family has stayed the same, gotten better, or gotten worse since the service started?

Primary Formal Provider (IHT/CC) Interview

Primary Formal Provider (IHT/CC) Demographic Information

Demographic information for the service provider of the service being reviewed (either the ICC or IHT)

Job title/role <input type="checkbox"/> Care coordinator (CC) <input type="checkbox"/> In-home therapist (IHT) <input type="checkbox"/> Other _____		Demographic information Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____ Race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Chooses not to self-identify	
Language services are delivered in <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
COMPLETE THE SECTION BELOW FOR CARE COORDINATOR OR IHT CLINICIAN ONLY			
Highest Degree Attained <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.D. In What <input type="checkbox"/> Social Work <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Counseling Psychology <input type="checkbox"/> Nursing <input type="checkbox"/> Other Human Services Degree <input type="checkbox"/> Other: _____			# of years in the field? ____
Length of time the IHT or CC has been employed by the current agency (check one – for ICC or IHT only)			
<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 13-24 months <input type="checkbox"/> 25-36 months <input type="checkbox"/> 37-60 months <input type="checkbox"/> > 60 months			
Length of time the IHT or CC has been in their current role (check one – for ICC or IHT only)			
<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 13-24 months <input type="checkbox"/> 25-36 months <input type="checkbox"/> 37-60 months <input type="checkbox"/> > 60 months			
Length of time the IHT or CC has been working with this youth (check one – for ICC or IHT only)			
<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 13-24 months <input type="checkbox"/> 25-36 months <input type="checkbox"/> 37-60 months <input type="checkbox"/> > 60 months			
Current caseload size of IHT or CC			
<input type="checkbox"/> 8 or fewer <input type="checkbox"/> 9-10 youth <input type="checkbox"/> 11-12 youth <input type="checkbox"/> 13-14 youth <input type="checkbox"/> 15-16 youth <input type="checkbox"/> 17-18 youth <input type="checkbox"/> 19 or more			
Barriers affecting care management for this clinician or care coordinator globally (check all that apply – for ICC or IHT only)			
<input type="checkbox"/> Caseload size <input type="checkbox"/> Eligibility/access denial <input type="checkbox"/> Adequate team participation <input type="checkbox"/> Family disruptions <input type="checkbox"/> Billing requirements/limits <input type="checkbox"/> Case complexity <input type="checkbox"/> Team member follow-thru <input type="checkbox"/> Acute care needs <input type="checkbox"/> Driving time to services <input type="checkbox"/> Culture/language barriers <input type="checkbox"/> Family instability/moves <input type="checkbox"/> Arrest/detention of youth <input type="checkbox"/> Access to resources <input type="checkbox"/> Adequate training <input type="checkbox"/> Adequate supervision <input type="checkbox"/> Other: _____			

Area 1: Assessment***Relevant data/information about the youth and family was diligently gathered through both initial and ongoing processes.***

- | | |
|---|---|
| <ul style="list-style-type: none"> Initial & ongoing assessments covered all life domains Both <i>depth</i> and <i>breadth</i> found in assessment Assessment more thorough than CANS alone Provider has a clear understanding of the youth & family Provider has a process for conducting ongoing assessments | <ul style="list-style-type: none"> Provider's understanding of family has deepened over time Multiple sources of data/information were used to inform the assessment (e.g. youth/caregivers, discharge summaries, interviews with teachers, DCF workers, PCC, etc.) |
|---|---|

Sample Questions: How did you obtain information about this family? Who or what were your sources of information for the assessment?***The needs of the youth and family have been appropriately identified and prioritized across a full range of life domains.***

- | | |
|---|--|
| <ul style="list-style-type: none"> Family & providers agree about the greatest need(s) Needs are prioritized according to family's wishes | <ul style="list-style-type: none"> All critical needs are identified in the assessment All domains with evidence of concern were addressed |
|---|--|

Sample Questions: What was the reason this youth/family was referred or sought help from your organization? What would you say are the child's / family's greatest needs? What issues or areas of need did you start working with them on? What are you working with them on currently (if different)?

Area 1: Assessment

Actionable strengths of the youth and family have been identified and documented.

- | | |
|--|---|
| <ul style="list-style-type: none"> • Provider is able to identify youth and family strengths • Family and youth are able to identify strengths | <ul style="list-style-type: none"> • Strengths are actionable i.e. can be used to design treatment interventions and used to support a youth and family's goals. |
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Sample Questions: What are the strengths of the child and family? How did you determine the family and child's strengths?

The provider has explored natural supports with the family.

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| <ul style="list-style-type: none"> • Evidence that natural supports were discussed with the family • Provider has an understanding of the family's support system • Provider assists with identifying natural supports (could be people like neighbors, relatives, friends, and/or community supports like YMCA, Boys and Girls Club, parent support groups, etc.) if none are established. | <ul style="list-style-type: none"> • Other options beside formal services were explored to assist the family in improving their overall situation. |
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Sample Questions: How do you determine the family's natural supports? Have you assisted the family in identifying additional natural supports if needed?

Area 1: Assessment	
<i>The written assessment provides a clear understanding of the youth and family.</i>	
<ul style="list-style-type: none">• Provider has a clear understanding of the youth and family• All life domains are part of the assessment• Both depth and breadth are found in assessment	<ul style="list-style-type: none">• Provider has a clear understanding of interventions needed based on assessment• The written assessment includes a CANS (but is not ONLY a CANS)
Sample Questions: What sources of information did you use to write the assessment? Describe your assessment process and how you involved the family in this process?	
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Area 2: Service Planning

The provider actively engages and includes the youth and family in the service planning process.

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| <ul style="list-style-type: none"> The youth and family are included as part of the service planning process The family is informed about and understands the service planning process. | <ul style="list-style-type: none"> There is evidence that the provider involved family in the service planning process The family is provided with a copy of the plan |
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Sample Questions: Describe how you developed the care/treatment plan. How do you determine if changes are needed to the plan?

The service plan goals logically follow from the needs and strengths identified in the comprehensive assessment.

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| <ul style="list-style-type: none"> Goals are clear and flow out of assessment The family understands and agrees with goals Interventions are designed to support goals | <ul style="list-style-type: none"> Goals match all needs and concerns from assessment Goals incorporate child and family strengths Goals reflect original reason the family sought out services |
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Sample Questions: How did you determine goals? Who was involved in determining the goals? How do you determine when goals need to be updated or changed? What is the process for changing the goal(s)?

Area 2: Service Planning

Service plans and services are responsive to the emerging and changing needs of the youth and family.

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| <ul style="list-style-type: none"> Service plans are up to date Services offered support current goals and needs Documentation reflects the changing needs of the youth and family There is a good match between current needs and strengths and services being delivered. | <ul style="list-style-type: none"> Interventions/ goals have evolved over time to respond to changes in youth and family functioning or life circumstances. If the current plan is not working the provider has modified or changed the plan. |
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Sample Questions: Have any new issues or needs been identified since you began working with the family? How did you respond to these changes? What is the process for changing the plan when needed?

An effective risk management/safety plan is in place for the youth/family.

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| <ul style="list-style-type: none"> There is evidence of a safety plan in the record Family is aware of safety plan and feels comfortable using the plan All team members are aware of safety plan | <ul style="list-style-type: none"> Plan reflects current family needs and concerns Evidence that plan is reviewed and up to date |
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Sample Questions: Do you have any current safety issues/worries with respect to the child or family's welfare? (e.g. aggressive/violent behavior, running, suicidal thoughts, domestic violence, etc.) Is there a safety plan in place to address these concerns? Who was involved in developing a safety plan for this youth and family?

Area 3: Service Delivery

The interventions provided to the youth and family match their needs and strengths.

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| <ul style="list-style-type: none"> • Services match identified needs and strengths • Interventions build on strengths of family and youth • Evidence of creativity | <ul style="list-style-type: none"> • Services are added or removed based on needs of family and youth • The family received the type of services needed • Current provider is a good match for family and youth needs |
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Sample Questions: Tell me a little bit about how you are working with the family to help them meet their goals. Talk about some of the specific interventions or strategies you have used to help the family. What additional services/supports have you put in place to help the family? Are there any services/supports they need that they are not receiving? Why?

The provider incorporates the youth's and family's actionable strengths into the service delivery process.

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| <ul style="list-style-type: none"> • Goals build on strengths identified in the assessment • Goals are framed in a positive manner • Strengths are incorporated into all aspect of the service delivery process | <ul style="list-style-type: none"> • Family and youth are able to identify their strengths • Specific strengths of both the youth and family are documented • Various providers can identify the family and youth's strengths |
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Sample Question: How are the family and youth strengths incorporated into the service delivery process?

Area 3: Service Delivery

The intensity of the services/supports provided to the youth and family match their needs.

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| <ul style="list-style-type: none"> • The service intensity is adjusted to meet the needs of the family • Providers meet with the family with appropriate frequency (not too often or too little) | <ul style="list-style-type: none"> • There are enough services provided based on need • Services or supports are ended if not meeting the family needs • The family feels comfortable with the amount of services being provided |
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Sample Questions: How often do you meet with the child / family? Does this feel just right, not enough, too much? Do you feel the family is getting enough service and supports? Do you feel they need more or less services?

Service providers assist the youth and family in understanding the provider agency and the service(s) in which they are participating.

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| <ul style="list-style-type: none"> • Providers explained processes for filing complaints/grievances • Providers explained how to access records • Providers gave numbers to call after-hours in emergencies • Providers explained what the service is (and what it is not) | <ul style="list-style-type: none"> • Documentation of client rights etc. is in the record • Family understands their “rights” as a client of the agency • Can the family explain/describe the service (i.e. IHT)? |
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Sample Question: Describe how you helped orient the youth/family to your agency and the service.

Area 4: Youth and Family Engagement

The provider actively engages the youth and family in the ongoing service delivery process.

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| <ul style="list-style-type: none">Family and youth are integrated into the entire service delivery processFamily and youth feel in charge of their careFamily and youth have assigned tasks | <ul style="list-style-type: none">Family is included in all meetings about their careInformed choices of the youth and family are evident in the planFamily knows how interventions will help them achieve their goals |
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Sample Questions: How engaged would you say the youth/family are in the ongoing treatment process? Are they responsible for certain tasks or are providers responsible for most tasks? Does the youth and family meet with you regularly or do you find they cancel or “no show” frequently? If you experience frequent “no shows” or cancellations, how do you address this with the family?

Area 5: Team Formation

The provider actively engages and includes formal providers, including prescriber (if applicable), in the service planning and delivery process (initial plan and updates).

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| <ul style="list-style-type: none"> Formal providers are listed in service plan Evidence formal providers were invited to and attended meetings Evidence that input from formal providers was solicited | <ul style="list-style-type: none"> Tasks were assigned to all providers Providers and family are able to identify all formal providers |
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Sample Questions: Who are the other formal providers working with the family? How are these providers involved in service planning? How do you keep these providers involved/up-to-date regarding the work with the family?

The provider actively engages and includes natural supports in the service planning and delivery process (initial plan and updates).

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| <ul style="list-style-type: none"> Provider inquired about and explored natural supports Natural supports were listed in the service plan | <ul style="list-style-type: none"> Natural supports participated in meetings Natural supports were utilized to perform certain tasks |
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Sample Questions: Are there any natural supports involved in supporting the family with their service goals? If yes, how do you include/involve them in the service planning and delivery process?

Area 6: Team Participation

Providers, school personnel or other agencies involved with the youth participate in service planning.

- If there are other service providers, state agencies, and/or school personnel who are critical to helping the youth/family reach identified service plan goals, do they support the care coordination efforts by attending meetings, providing information to the person responsible for coordinating care, etc.?

Sample Questions: Who are the school personnel, agencies or other providers involved with the youth? How are they involved in the plan? Do they help support your efforts to coordinate care (e.g. return your calls, come to meetings, send you reports or other information as requested)?

Area 7: Care Coordination

The provider (i.e. IHT clinician, ICC) successfully coordinates service planning and the delivery of services and supports.

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| <ul style="list-style-type: none"> Formal provider and family clearly identify “single point of contact” Evidence of communication with other providers and natural supports | <ul style="list-style-type: none"> Providers are all on the same page Services are not duplicated or confusing to the family |
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Sample Questions: Who would you say is responsible for helping the family coordinate care? When was the last time you (or this person) met with the child/family? What challenges do you (or the person coordinating care) face in coordinating the planning and delivery of services and supports for this child and family?

The youth is receiving the amount and quality of care coordination his/her situation requires.

- The youth is receiving the appropriate level of care coordination (IHT or ICC)
- The family feels as if they are getting the help they need to coordinate services for their child.

Sample Questions: Do you think the level of care coordination this youth/family is receiving is too much, not enough, or just right? (For kids in IHT ask: Did you ever explore the option of ICC with the family? Why or why not?)

Area 7: Care Coordination	
<i>The provider facilitates ongoing, effective communication among all team members, including formal service providers, natural supports (if desired by the family), and family members including the youth.</i>	
<ul style="list-style-type: none">• All team members have the information they need to work with the family.• There is evidence of ongoing communication in the child’s record	<ul style="list-style-type: none">• Provider communicates regularly with all members of the team
Sample Questions: How do you ensure that everyone (including the family) has the most up to date information they need to help the child? How often do you communicate with various team members and the family?	
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Area 8: Transition

Care transitions and life transitions (e.g. from youth to adult system, from one provider to another, from one service to another, from hospital to home, etc.) are anticipated, planned for, and well-coordinated.

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| <ul style="list-style-type: none">• Evidence of a plan for “aging out” youth• Referrals to other agencies and services were completed (if applicable)• Follow-up was done to assure services were obtained | <ul style="list-style-type: none">• Plan for ending of IHT or ICC services was discussed• Evidence that transition planning discussions begin early in the work with the family |
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Sample Questions: What have you discussed with the family about ending your work together? When did you start these discussions? What is the plan for “aftercare”? Have you referred the youth or family for any additional services or supports? How did you follow up with these services?

Area 9: Responsiveness

The provider responded to the referral (for its own service) in a timely and appropriate way.

- Provider responded to the family within the designated time frame
- If the family chose to wait for services with this particular provider the provider assisted them in getting help for any urgent issues

Note: IHT specs stipulate that phone contact should be made with parent/caregiver within 1 calendar day of referral to offer a face-to-face interview with the family within 24 hours. ICC specs stipulate that telephone contact should occur within 24 hrs of referral, to offer a face-to-face interview with the family, within three calendar days.

Sample Question: Were you able to provide services to the family right away or was there a waiting period?

The provider made appropriate service referrals (for other services/supports) in a timely manner and engaged in follow-up efforts as necessary to ensure linkage with the identified services and supports.

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| <ul style="list-style-type: none"> • Evidence of additional referrals in the record • Documentation of communication with schools, other agencies regarding additional services and the status of these services | <ul style="list-style-type: none"> • Documentation of follow-up • The family is receiving the services they need |
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Sample Questions: Did you refer youth or family for any additional services or supports? How did you follow up with these services? How did you engage them with the rest of the team? Was it difficult to obtain additional services?

Area 10: Service Accessibility***Services are scheduled at convenient times for the youth and family.***

- Services are offered in the evening/mornings or weekends if needed
- Meetings scheduled based on family and youth need

Sample Questions: How did you determine when and how often you would meet with the family and youth? Did you offer evening or weekend options?

Services are provided in the location of the youth and family's preference.

- Family feels comfortable in meeting place
- Meeting space was chosen by the family

Sample Question: Where do you usually meet with the youth/family? How did you determine where to meet with the family?

Area 10: Service Accessibility***Service providers communicate in the preferred language of the youth/family.***

- Provider communicates using the family's preferred language or has arranged for appropriate translation supports/services
- Provider is able to communicate with all family members

Sample Questions: What is the preferred language of the family? What language do you use when provide services to the family?

Written documentation regarding services/planning is provided in the preferred language of the youth/family.

- All documentation is in the preferred language of the family and youth
- Written documentation is translated to preferred language if needed

Area 11: Cultural Awareness

The service provider has explored and can describe the family's beliefs, culture, traditions, and identity.

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| <ul style="list-style-type: none"> Provider is aware of family and youth culture Provider is aware of family's beliefs and traditions | <ul style="list-style-type: none"> Service plan describes and addresses culture and beliefs Family feels provider is aware of that is important to them |
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Sample Questions: Describe this family's culture. What is important to them, what are their family rituals, celebrations, etc.?

Cultural differences and similarities between the provider and the youth/family have been acknowledged and discussed, as they relate to the plan for working together.

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| <ul style="list-style-type: none"> Provider is aware and respectful of family culture and beliefs Traditions, culture and beliefs that impact the plan are documented Provider has knowledge of neighborhood and community | <ul style="list-style-type: none"> Provider is aware of their own beliefs and views Provider is aware of the similarities and difference that may impact their work with the family |
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Sample Questions: Have you discussed differences and similarities between your culture and beliefs and those of the youth/family? How does this impact how you work together?

Area 12: Cultural Sensitivity and Responsiveness

The provider has acted on/incorporated knowledge of the family's culture into the work.

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| <ul style="list-style-type: none"> Family culture and beliefs are embedded in the plan Family culture and beliefs are embedded into the goals | <ul style="list-style-type: none"> Provider has prioritized what is most important for this family and youth Culture is considered when determining interventions |
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Sample Questions: Describe how you incorporate the family's culture into your ongoing work. Have you made any changes/modifications to your work with the family based on your understanding of their culture?

The provider has explored any youth or family history of migration, moves, or dislocation. If the youth or family has experienced stressful migration, moves, or dislocation, then those events inform the assessment of the family's strengths and needs and the treatment/care plan.

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| <ul style="list-style-type: none"> Providers have knowledge of family history Provider is aware of prior moves or disruptions to the family or youth Provider has documented any moves or disruptions into the assessment | <ul style="list-style-type: none"> Provider has taken under consideration how any moves or disruptions (including out of home placements such as foster care) might be affecting the youth/family and has incorporated these issues into the plan and ongoing work with the family. |
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Sample Questions: Are you aware of any major moves, disruptions, or changes in living situation for this youth or family? If the family has moved or relocated how has this informed your work with the family?

Area 12: Cultural Sensitivity and Responsiveness

The provider has explored any youth or family history of discrimination and victimization. If the youth or family has experienced discrimination or victimization, then the provider ensures that the treatment process is sensitive/ responsive to the family's experience.

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| <ul style="list-style-type: none"> Provider is aware of any history of trauma or mistreatment of the family or youth Provider is aware of family's previous experience with past providers and natural supports | <ul style="list-style-type: none"> Family feels they can be open with provider Family feels provider is sensitive and respectful of their prior experience |
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Sample Questions: Have you explored any family history of trauma, exposure to community violence, or discrimination? If trauma/abuse/discrimination is an issue for the youth/family how did you incorporate this knowledge into your work with the family?

The provider has explored cultural differences within the family (e.g. intergenerational issues or due to couples having different backgrounds) and has incorporated this information into the understanding of the youth and family's strengths and needs and the care/treatment plan.

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| <ul style="list-style-type: none"> Provider has discussed issues related to culture with ALL family members Differences within the family system were discussed Strengths and needs of each family member incorporates their culture and identify | <ul style="list-style-type: none"> How different family members view mental health How family members view having services |
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Sample Questions: Are you aware of any major differences in background, values, ideas about mental health, parenting approaches, etc. among the family (i.e. the caregiver and his/her spouse/sig. other, or other important relative(s) like a parent or sibling)? If so how do these differences impact your work with this family?

Area 12: Cultural Sensitivity and Responsiveness

<i>The provider helps the entire team understand and respect this family's culture.</i>	
<ul style="list-style-type: none">• Documentation that provider has communicated the family's culture and background to other team members• All team members are aware of family culture and identity	<ul style="list-style-type: none">• Documentation of culture and identity as part of treatment plan and ongoing team meetings• Culture is incorporated into providers tasks and interventions

Sample Question: How do you communicate issues related to culture and identity to other members of the team?

Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has developed improved coping or self-management skills.

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| <ul style="list-style-type: none"> Youth has demonstrated improved coping skills Youth is better able to deal with frustration and/or stressful situations | <ul style="list-style-type: none"> Youth has less acting out behaviors Youth has improved interactions with others |
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Sample Questions: Since he/she started working with X (the clinician), would you say the child's ability to manage or cope with stressful or upsetting events has stayed the same, gotten better, or gotten worse? Can you give me some examples of this? Is this youth better able to self-regulate or cope with stressful situations? Please give some examples of how this has improved?

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at school.

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| <ul style="list-style-type: none"> Youth has improved behavior at school Youth is better able to resolve conflict with peers and teachers at school | <ul style="list-style-type: none"> Youth participates in social events at school Youth has improved peer relationships |
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Note: Consider only if social or emotional functioning at school was an area of need identified by the youth, family, and clinician. If social functioning at school was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Questions: Since he/she started working with you, would you say his/her ability to get along with others at school has stayed the same, gotten better, or gotten worse? Can you give some examples of this?

Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning in the community.

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| <ul style="list-style-type: none"> Youth participates in community activities Youth has friends in his community | <ul style="list-style-type: none"> Youth gets along better with others in his community Youth's behavior is appropriate while in the community |
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Note: Consider only if social/emotional functioning in the community was an area of need identified by the youth, family, and clinician. If social/emotional functioning in the community was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Questions: Since your child started working with you, has he/she been able to get along better with other children and adults in the community? Since he/she started working with you, would you say his/her behavior in the community has stayed the same, gotten better, or gotten worse? Can you give examples of this?

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at home.

- Youth has more positive relationships with family members
- Youth is engaged in and participates in family life/activities

Note: Consider only if social/emotional functioning at home was an area of need identified by the youth, family, and clinician. If social/emotional functioning at home was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Questions: Since he/she started working with you, would you say his/her ability to get along with family has stayed the same, gotten better, or gotten worse? Can you give some examples of this?

Area 13: Youth Progress	
<i>Since the youth's enrollment in the service being reviewed, there has been improvement in the youth's overall well-being and quality of life.</i>	
<ul style="list-style-type: none">Youth is happierYouth has improved relationships with othersYouth is more positively engaged with family, school and community	<ul style="list-style-type: none">Any major issues impacting the child's well-being (e.g. housing or school stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved
Sample Questions: Has the youth's overall quality of life improved since starting this service? How?	
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Area 14: Family Progress

Since the family's enrollment in the service being reviewed, the parent/caregiver has made progress in their ability to cope with/manage their youth's behavior.

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| <ul style="list-style-type: none"> Parent is better able to set and follow through with limits Parent is less frustrated by youth's behavior | <ul style="list-style-type: none"> Parenting skills have improved Parent have an increased ability to deal with stressful situations |
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Sample Questions: Since you started working with X (the parent/caregiver) have they learned any new skills or strategies for coping with or managing his/her child's behavior? Can you give an example of this? Does he/she seem more confident/comfortable handling issues or problems with his/her child? Would you say the parent's ability to manage his/her child's behavior has stayed the same, gotten better, or gotten worse since you started working him/her?

Since the family's enrollment in the service being reviewed, there has been improvement in the family's overall well-being and quality of life.

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| <ul style="list-style-type: none"> Family members have more positive interactions The family is not in a constant state of crisis Family members are able to complete tasks of daily living Family members are happier | <ul style="list-style-type: none"> Any major issues impacting well-being (e.g. housing stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved |
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Sample Questions: Would you say the family's quality of life has stayed the same, gotten better, or gotten worse since the service started? Has the family's overall quality of life improved since starting this service? How?

2nd Formal Provider Interview

2nd Formal Provider Demographic Information (if applicable)

Job title/role <input type="checkbox"/> Care coordinator (CC) <input type="checkbox"/> In-home therapist (IHT) <input type="checkbox"/> Therapeutic training and support <input type="checkbox"/> Family partner <input type="checkbox"/> Therapeutic mentor <input type="checkbox"/> In-home behavioral staff <input type="checkbox"/> Outpatient therapist <input type="checkbox"/> Mobile crisis clinician <input type="checkbox"/> Teacher <input type="checkbox"/> School psychologist <input type="checkbox"/> Other school personnel <input type="checkbox"/> DCF worker <input type="checkbox"/> DYS worker <input type="checkbox"/> DDS worker <input type="checkbox"/> DMH worker <input type="checkbox"/> Other _____	Demographic information Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____ Race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Chooses not to self-identify
Language services are delivered in <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	

Area 1: Assessment

Relevant data/information about the youth and family was diligently gathered through both initial and ongoing processes.

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| <ul style="list-style-type: none"> Initial & ongoing assessments covered all life domains Both <i>depth</i> and <i>breadth</i> found in assessment Assessment more thorough than CANS alone Provider has a clear understanding of the youth & family Provider has a process for conducting ongoing assessments | <ul style="list-style-type: none"> Provider's understanding of family has deepened over time Multiple sources of data/information were used to inform the assessment (e.g. youth/caregivers, discharge summaries, interviews with teachers, DCF workers, PCC, etc.) |
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Sample Question: If you have known the family longer than the clinician, how did the clinician incorporate your knowledge into the assessment?

The needs of the youth and family have been appropriately identified and prioritized across a full range of life domains.

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| <ul style="list-style-type: none"> Family & providers agree about the greatest need(s) Needs are prioritized according to family's wishes | <ul style="list-style-type: none"> All critical needs are identified in the assessment All domains with evidence of concern were addressed |
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Sample Questions: What was the reason this youth/family was referred or sought help from your organization? What would you say are the child's/family's greatest needs? What issues or areas of need did you start working with them on? What are you working with them on currently (if different)?

Area 1: Assessment***Actionable strengths of the youth and family have been identified and documented.***

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| <ul style="list-style-type: none"> • Provider is able to identify youth and family strengths • Family and youth are able to identify strengths | <ul style="list-style-type: none"> • Strengths are actionable i.e. can be used to design treatment interventions and used to support a youth and family's goals. |
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Sample Questions: What are the strengths of the child and family? How did you determine the family and child's strengths?

The provider has explored natural supports with the family.

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| <ul style="list-style-type: none"> • Evidence that natural supports were discussed with the family • Provider has an understanding of the families support system • Provider assists with identifying natural supports (could be people like neighbors, relatives, friends, and/or community supports like YMCA, Boys and Girls Club, parent support groups, etc.) if none are established. | <ul style="list-style-type: none"> • Other options beside formal services were explored to assist the family in improving their overall situation? |
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Sample Questions: How do you determine the family's natural supports? Have you assisted the family in identifying additional natural supports if needed?

Area 1: Assessment

The written assessment provides a clear understanding of the youth and family.

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| <ul style="list-style-type: none">• Provider has a clear understanding of the youth and family• All life domains are part of the assessment• Both depth and breadth are found in assessment | <ul style="list-style-type: none">• Provider has a clear understanding of interventions needed based on assessment• The written assessment includes a CANS (but is not ONLY a CANS) |
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Sample Questions: What is your understanding of the assessment process? Did you receive a copy of the written assessment?

Area 2: Service Planning

The provider actively engages and includes the youth and family in the service planning process.

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| <ul style="list-style-type: none"> The youth and family are included as part of the service planning process The family is informed about and understands the service planning process. | <ul style="list-style-type: none"> There is evidence that the provider involved family in the service planning process The family is provided with a copy of the plan |
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Sample Question: How are the youth and family involved in the service planning process?

The service plan goals logically follow from the needs and strengths identified in the comprehensive assessment.

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| <ul style="list-style-type: none"> Goals are clear and flow out of assessment The family understands and agrees with goals Interventions are designed to support goals | <ul style="list-style-type: none"> Goals match all needs and concerns from assessment Goals incorporate child and family strengths Goals reflect original reason the family sought out services |
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Sample Questions: How did you determine goals? Who was involved in determining the goals?

Service plans and services are responsive to the emerging and changing needs of the youth and family.

Area 2: Service Planning

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| <ul style="list-style-type: none"> • Service plans are up to date • Services offered support current goals and needs • Documentation reflects the changing needs of the youth and family • There is a good match between current needs and strengths and services being delivered. | <ul style="list-style-type: none"> • Interventions/ goals have evolved over time to respond to changes in youth and family functioning or life circumstances. • If the current plan is not working the provider has modified or changed the plan. |
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An effective risk management/safety plan is in place for the youth/family.

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| <ul style="list-style-type: none"> • There is evidence of a safety plan in the record • Family is aware of safety plan and feels comfortable using the plan • All team members are aware of safety plan | <ul style="list-style-type: none"> • Plan reflects current family needs and concerns • Evidence that plan is reviewed and up to date |
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Sample Questions: Are you aware of a safety plan for this youth and family? Were you involved in developing this plan?

Area 3: Service Delivery

The interventions provided to the youth and family match their needs and strengths.

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| <ul style="list-style-type: none"> Services match identified needs and strengths Interventions build on strengths of family and youth Evidence of creativity | <ul style="list-style-type: none"> Services are added or removed based on needs of family and youth The family received the type of services needed Current provider is a good match for family and youth needs |
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Sample Questions: Do you feel that the interventions of the provider match the needs of the family? Are strengths incorporated into these interventions?

The provider incorporates the youth's and family's actionable strengths into the service delivery process.

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| <ul style="list-style-type: none"> Goals build on strengths identified in the assessment Goals are framed in a positive manner Strengths are incorporated into all aspect of the service delivery process | <ul style="list-style-type: none"> Family and youth are able to identify their strengths Specific strengths of both the youth and family are documented Various providers can identify the family and youth's strengths |
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Sample Question: How are the family and youth strengths incorporated into the service delivery process?

Area 3: Service Delivery

The intensity of the services/supports provided to the youth and family match their needs.

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| <ul style="list-style-type: none"> The service intensity is adjusted to meet the needs of the family Providers meet with the family with appropriate frequency (not too often or too little) | <ul style="list-style-type: none"> There are enough services provided based on need Services or supports are ended if not meeting the family needs The family feels comfortable with the amount of services being provided |
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Sample Questions: How often do you meet with the child / family? Does this feel just right, not enough, too much? Do you feel the family is getting enough service and supports? Do you feel they need more or less services?

Service providers assist the youth and family in understanding the provider agency and the service(s) in which they are participating.

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| <ul style="list-style-type: none"> Providers explained processes for filing complaints/grievances Providers explained how to access records Providers gave numbers to call after-hours in emergencies Providers explained what the service is (and what it is not) | <ul style="list-style-type: none"> Documentation of client rights etc. is in the record Family understands their “rights” as a client of the agency Can the family explain/describe the service (i.e. IHT)? |
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Area 4: Youth and Family Engagement

The provider actively engages the youth and family in the ongoing service delivery process.

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| <ul style="list-style-type: none">• Family and youth are integrated into the entire service delivery process• Family and youth feel in charge of their care• Family and youth have assigned tasks | <ul style="list-style-type: none">• Family is included in all meetings about their care• Informed choices of the youth and family are evident in the plan• Family knows how interventions will help them achieve their goals |
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Area 5: Team Formation

The provider actively engages and includes formal providers, including prescriber (if applicable), in the service planning and delivery process (initial plan and updates).

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| <ul style="list-style-type: none"> Formal providers are listed in service plan Evidence formal providers were invited to and attended meetings Evidence that input from formal providers was solicited | <ul style="list-style-type: none"> Tasks were assigned to all providers Providers and family are able to identify all formal providers |
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Sample Questions: Are you invited to participate in meetings? Do you attend? Why or why not? Did you receive a copy of the plan?

The provider actively engages and includes natural supports in the service planning and delivery process (initial plan and updates).

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| <ul style="list-style-type: none"> Provider inquired about and explored natural supports Natural supports were listed in the service plan | <ul style="list-style-type: none"> Natural supports participated in meetings Natural supports were utilized to perform certain tasks |
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Area 6: Team Participation

Providers, school personnel or other agencies involved with the youth participate in service planning.

- If there are other service providers, state agencies, and/or school personnel who are critical to helping the youth/family reach identified service plan goals, do they support the care coordination efforts by attending meetings, providing information to the person responsible for coordinating care, etc.?

Sample Questions: Have you been asked to participate in service planning for this youth and family? If so, how do you participate? Did you get a copy of the plan?

Area 7: Care Coordination

The provider (i.e. IHT clinician, ICC) successfully coordinates service planning and the delivery of services and supports.

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| <ul style="list-style-type: none"> Formal provider and family clearly identify “single point of contact” Evidence of communication with other providers and natural supports | <ul style="list-style-type: none"> Providers are all on the same page Services are not duplicated or confusing to the family |
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Sample Questions: Who would you say is responsible for helping the family coordinate care? When was the last time you (or this person) met with the child/family? What challenges do you (or the person coordinating care) face in coordinating the planning and delivery of services and supports for this child and family?

The youth is receiving the amount and quality of care coordination his/her situation requires.

- The youth is receiving the appropriate level of care coordination (IHT or ICC)
- The family feels as if they are getting the help they need to coordinate services for their child.

Sample Questions: Do you believe the youth/family is receiving the level of care coordination his/her situation requires? (For kids in IHT ask: Do you think this family could benefit from ICC? Why or why not?)

Area 7: Care Coordination	
<i>The provider facilitates ongoing, effective communication among all team members, including formal service providers, natural supports (if desired by the family), and family members including the youth.</i>	
<ul style="list-style-type: none">• All team members have the information they need to work with the family.• There is evidence of ongoing communication in the child’s record	<ul style="list-style-type: none">• Provider communicates regularly with all members of the team
Sample Questions: Do you communicate directly with the family? Who on the team do you communicate with?	
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Area 9: Responsiveness

Area 8: Transition

Care transitions and life transitions (e.g. from youth to adult system, from one provider to another, from one service to another, from hospital to home, etc.) are anticipated, planned for, and well-coordinated.

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| <ul style="list-style-type: none">• Evidence of a plan for “aging out” youth• Referrals to other agencies and services were completed (if applicable)• Follow-up was done to assure services were obtained | <ul style="list-style-type: none">• Plan for ending of IHT or ICC services was discussed• Evidence that transition planning discussions begin early in the work with the family |
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Sample Questions: Are you aware of any upcoming transitions for this family? Has there been a discussion about how to determine when services are no longer needed?

The provider responded to the referral (for its own service) in a timely and appropriate way.

- Provider responded to the family within the designated time frame
- If the family chose to wait for services with this particular provider the provider assisted them in getting help for any urgent issues

Note: IHT specs stipulate that phone contact should be made with parent/caregiver within 1 calendar day of referral to offer a face-to-face interview with the family within 24 hours. ICC specs stipulate that telephone contact should occur within 24 hrs of referral, to offer a face-to-face interview with the family, within three calendar days.

The provider made appropriate service referrals (for other services/supports) in a timely manner and engaged in follow-up efforts as necessary to ensure linkage with the identified services and supports.

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| <ul style="list-style-type: none"> • Evidence of additional referrals in the record • Documentation of communication with schools, other agencies regarding additional services and the status of these services | <ul style="list-style-type: none"> • Documentation of follow-up • The family is receiving the services they need |
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Sample Questions: Are you aware of any services that have been added since the family began IHT or ICC? If so, how were these services obtained? How long have you been working with this youth/family? Who made the referral for your services?

Area 10: Service Accessibility***Services are scheduled at convenient times for the youth and family.***

- Services are provided in the location of the youth and family's preference.*

- Family feels comfortable in meeting place
- Meeting space was chosen by the family

Area 10: Service Accessibility

Service providers communicate in the preferred language of the youth/family.

- Provider communicates using the family's preferred language or has arranged for appropriate translation supports/services
- Provider is able to communicate with all family members

Written documentation regarding services/planning is provided in the preferred language of the youth/family.

- All documentation is in the preferred language of the family and youth
- Written documentation is translated to preferred language if needed

Area 11: Cultural Awareness

The service provider has explored and can describe the family's beliefs, culture, traditions, and identity.

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| <ul style="list-style-type: none"> Provider is aware of family and youth culture Provider is aware of family's beliefs and traditions | <ul style="list-style-type: none"> Service plan describes and addresses culture and beliefs Family feels provider is aware of that is important to them |
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Sample Questions: Describe this family's culture. What is important to them, what are their family rituals, celebrations, etc.?

Cultural differences and similarities between the provider and the youth/family have been acknowledged and discussed, as they relate to the plan for working together.

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| <ul style="list-style-type: none"> Provider is aware and respectful of family culture and beliefs Traditions, culture and beliefs that impact the plan are documented Provider has knowledge of neighborhood and community | <ul style="list-style-type: none"> Provider is aware of their own beliefs and views Provider is aware of the similarities and difference that may impact their work with the family |
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Area 12: Cultural Sensitivity and Responsiveness

The provider has acted on/incorporated knowledge of the family's culture into the work.

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| <ul style="list-style-type: none"> Family culture and beliefs are embedded in the plan Family culture and beliefs are embedded into the goals | <ul style="list-style-type: none"> Provider has prioritized what is most important for this family and youth Culture is considered when determining interventions |
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Sample Questions: Do you feel that the family's culture and identity is incorporated into the ongoing work? If so, how?

The provider has explored any youth or family history of migration, moves, or dislocation. If the youth or family has experienced stressful migration, moves, or dislocation, then those events inform the assessment of the family's strengths and needs and the treatment/care plan.

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| <ul style="list-style-type: none"> Providers have knowledge of family history Provider is aware of prior moves or disruptions to the family or youth Provider has documented any moves or disruptions into the assessment | <ul style="list-style-type: none"> Provider has taken under consideration how any moves or disruptions (including out of home placements such as foster care) might be affecting the youth/family and has incorporated these issues into the plan and ongoing work with the family. |
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Area 12: Cultural Sensitivity and Responsiveness

The provider has explored any youth or family history of discrimination and victimization. If the youth or family has experienced discrimination or victimization, then the provider ensures that the treatment process is sensitive/ responsive to the family's experience.

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| <ul style="list-style-type: none"> Provider is aware of any history of trauma or mistreatment of the family or youth Provider is aware of family's previous experience with past providers and natural supports | <ul style="list-style-type: none"> Family feels they can be open with provider Family feels provider is sensitive and respectful of their prior experience |
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The provider has explored cultural differences within the family (e.g. intergenerational issues or due to couples having different backgrounds) and has incorporated this information into the understanding of the youth and family's strengths and needs and the care/treatment plan.

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| <ul style="list-style-type: none"> Provider has discussed issues related to culture with ALL family members Differences within the family system were discussed Strengths and needs of each family member incorporates their culture and identify | <ul style="list-style-type: none"> How different family members view mental health How family members view having services |
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Area 12: Cultural Sensitivity and Responsiveness

The provider helps the entire team understand and respect this family's culture.

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| <ul style="list-style-type: none">• Documentation that provider has communicated the family's culture and background to other team members• All team members are aware of family culture and identity | <ul style="list-style-type: none">• Documentation of culture and identity as part of treatment plan and ongoing team meetings• Culture is incorporated into providers tasks and interventions |
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Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has developed improved coping or self-management skills.

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| <ul style="list-style-type: none"> Youth has demonstrated improved coping skills Youth is better able to deal with frustration and/or stressful situations | <ul style="list-style-type: none"> Youth has less acting out behaviors Youth has improved interactions with others |
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Sample Questions: Is this youth better able to self-regulate or cope with stressful situations? Please give some examples of how this has improved.

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at school.

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| <ul style="list-style-type: none"> Youth has improved behavior at school Youth is better able to resolve conflict with peers and teachers at school | <ul style="list-style-type: none"> Youth participates in social events at school Youth has improved peer relationships |
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Note: Consider only if social or emotional functioning at school was an area of need identified by the youth, family, and clinician. If social functioning at school was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Question: Does the youth have better behavior and relationships with others at school?

Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning in the community.

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| <ul style="list-style-type: none"> Youth participates in community activities Youth has friends in his community | <ul style="list-style-type: none"> Youth gets along better with others in his community Youth's behavior is appropriate while in the community |
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Note: Consider only if social/emotional functioning in the community was an area of need identified by the youth, family, and clinician. If social/emotional functioning in the community was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Question: Does the youth have better relationships with others in the community?

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at home.

- Youth has more positive relationships with family members
- Youth is engaged in and participates in family life/activities

Note: Consider only if social/emotional functioning at home was an area of need identified by the youth, family, and clinician. If social/emotional functioning at home was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Question: Does the youth have better behavior and relationships with others at home?

Area 13: Youth Progress	
<i>Since the youth's enrollment in the service being reviewed, there has been improvement in the youth's overall well-being and quality of life.</i>	
<ul style="list-style-type: none">Youth is happierYouth has improved relationships with othersYouth is more positively engaged with family, school and community	<ul style="list-style-type: none">Any major issues impacting the child's well-being (e.g. housing or school stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved
Sample Questions: Has the youth's quality of life improved since this service started? How?	
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Area 14: Family Progress

Since the family's enrollment in the service being reviewed, the parent/caregiver has made progress in their ability to cope with/manage their youth's behavior.

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| <ul style="list-style-type: none"> Parent is better able to set and follow through with limits Parent is less frustrated by youth's behavior | <ul style="list-style-type: none"> Parenting skills have improved Parent have an increased ability to deal with stressful situations |
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Sample Questions: Since you started working with X (the parent/caregiver), have they learned any new skills or strategies for coping with or managing his/her child's behavior? Can you give an example of this? Does he/she seem more confident/comfortable handling issues or problems with his/her child? Would you say the parent's ability to manage his/her child's behavior has stayed the same, gotten better, or gotten worse since you started working him/her?

Since the family's enrollment in the service being reviewed, there has been improvement in the family's overall well-being and quality of life.

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| <ul style="list-style-type: none"> Family members have more positive interactions The family is not in a constant state of crisis Family members are able to complete tasks of daily living Family members are happier | <ul style="list-style-type: none"> Any major issues impacting well-being (e.g. housing stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved |
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Sample Questions: Has the family's overall quality of life improved since starting this service? How?

3rd Formal Provider Interview

3rd Formal Provider Demographic Information (if applicable)

Job title/role <input type="checkbox"/> Care coordinator (CC) <input type="checkbox"/> In-home therapist (IHT) <input type="checkbox"/> Therapeutic training and support <input type="checkbox"/> Family partner <input type="checkbox"/> Therapeutic mentor <input type="checkbox"/> In-home behavioral staff <input type="checkbox"/> Outpatient therapist <input type="checkbox"/> Mobile crisis clinician <input type="checkbox"/> Teacher <input type="checkbox"/> School psychologist <input type="checkbox"/> Other school personnel <input type="checkbox"/> DCF worker <input type="checkbox"/> DYS worker <input type="checkbox"/> DDS worker <input type="checkbox"/> DMH worker <input type="checkbox"/> Other _____	Demographic information Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____ Race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Chooses not to self-identify
Language services are delivered in <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	

Area 1: Assessment***Relevant data/information about the youth and family was diligently gathered through both initial and ongoing processes.***

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| <ul style="list-style-type: none"> Initial & ongoing assessments covered all life domains Both <i>depth</i> and <i>breadth</i> found in assessment Assessment more thorough than CANS alone Provider has a clear understanding of the youth & family Provider has a process for conducting ongoing assessments | <ul style="list-style-type: none"> Provider's understanding of family has deepened over time Multiple sources of data/information were used to inform the assessment (e.g. youth/caregivers, discharge summaries, interviews with teachers, DCF workers, PCC, etc.) |
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Sample Question: If you have known the family longer than the clinician, how did the clinician incorporate your knowledge into the assessment?***The needs of the youth and family have been appropriately identified and prioritized across a full range of life domains.***

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| <ul style="list-style-type: none"> Family & providers agree about the greatest need(s) Needs are prioritized according to family's wishes | <ul style="list-style-type: none"> All critical needs are identified in the assessment All domains with evidence of concern were addressed |
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Sample Questions: What was the reason this youth/family was referred or sought help from your organization? What would you say are the child's/family's greatest needs? What issues or areas of need did you start working with them on? What are you working with them on currently (if different)?

Area 1: Assessment***Actionable strengths of the youth and family have been identified and documented.***

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| <ul style="list-style-type: none"> • Provider is able to identify youth and family strengths • Family and youth are able to identify strengths | <ul style="list-style-type: none"> • Strengths are actionable i.e. can be used to design treatment interventions and used to support a youth and family's goals. |
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Sample Questions: What are the strengths of the child and family? How did you determine the family and child's strengths?

The provider has explored natural supports with the family.

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| <ul style="list-style-type: none"> • Evidence that natural supports were discussed with the family • Provider has an understanding of the families support system • Provider assists with identifying natural supports (could be people like neighbors, relatives, friends, and/or community supports like YMCA, Boys and Girls Club, parent support groups, etc.) if none are established. | <ul style="list-style-type: none"> • Other options beside formal services were explored to assist the family in improving their overall situation? |
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Sample Questions: How do you determine the family's natural supports? Have you assisted the family in identifying additional natural supports if needed?

Area 1: Assessment	
<i>The written assessment provides a clear understanding of the youth and family.</i>	
<ul style="list-style-type: none">• Provider has a clear understanding of the youth and family• All life domains are part of the assessment• Both depth and breadth are found in assessment	<ul style="list-style-type: none">• Provider has a clear understanding of interventions needed based on assessment• The written assessment includes a CANS (but is not ONLY a CANS)
Sample Questions: What is your understanding of the assessment process? Did you receive a copy of the written assessment?	
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Area 2: Service Planning

The provider actively engages and includes the youth and family in the service planning process.

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| <ul style="list-style-type: none"> The youth and family are included as part of the service planning process The family is informed about and understands the service planning process. | <ul style="list-style-type: none"> There is evidence that the provider involved family in the service planning process The family is provided with a copy of the plan |
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Sample Questions: How are the youth and family involved in the service planning process?

The service plan goals logically follow from the needs and strengths identified in the comprehensive assessment.

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| <ul style="list-style-type: none"> Goals are clear and flow out of assessment The family understands and agrees with goals Interventions are designed to support goals | <ul style="list-style-type: none"> Goals match all needs and concerns from assessment Goals incorporate child and family strengths Goals reflect original reason the family sought out services |
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Sample Questions: How did you determine goals? Who was involved in determining the goals?

Area 2: Service Planning

Service plans and services are responsive to the emerging and changing needs of the youth and family.

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| <ul style="list-style-type: none"> Service plans are up to date Services offered support current goals and needs Documentation reflects the changing needs of the youth and family There is a good match between current needs and strengths and services being delivered. | <ul style="list-style-type: none"> Interventions/ goals have evolved over time to respond to changes in youth and family functioning or life circumstances. If the current plan is not working the provider has modified or changed the plan. |
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An effective risk management/safety plan is in place for the youth/family.

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| <ul style="list-style-type: none"> There is evidence of a safety plan in the record Family is aware of safety plan and feels comfortable using the plan All team members are aware of safety plan | <ul style="list-style-type: none"> Plan reflects current family needs and concerns Evidence that plan is reviewed and up to date |
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Sample Questions: Are you aware of a safety plan for this youth and family? Were you involved in developing this plan?

Area 3: Service Delivery

The interventions provided to the youth and family match their needs and strengths.

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| <ul style="list-style-type: none"> Services match identified needs and strengths Interventions build on strengths of family and youth Evidence of creativity | <ul style="list-style-type: none"> Services are added or removed based on needs of family and youth The family received the type of services needed Current provider is a good match for family and youth needs |
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Sample Questions: Do you feel that the interventions of the provider match the needs of the family? Are strengths incorporated into these interventions?

The provider incorporates the youth's and family's actionable strengths into the service delivery process.

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| <ul style="list-style-type: none"> Goals build on strengths identified in the assessment Goals are framed in a positive manner Strengths are incorporated into all aspect of the service delivery process | <ul style="list-style-type: none"> Family and youth are able to identify their strengths Specific strengths of both the youth and family are documented Various providers can identify the family and youth's strengths |
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Sample Question: How are the family and youth strengths incorporated into the service delivery process?

Area 3: Service Delivery

The intensity of the services/supports provided to the youth and family match their needs.

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|--|---|
| <ul style="list-style-type: none"> The service intensity is adjusted to meet the needs of the family Providers meet with the family with appropriate frequency (not too often or too little) | <ul style="list-style-type: none"> There are enough services provided based on need Services or supports are ended if not meeting the family needs The family feels comfortable with the amount of services being provided |
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Sample Questions: How often do you meet with the child / family? Does this feel just right, not enough, too much? Do you feel the family is getting enough service and supports? Do you feel they need more or less services?

Service providers assist the youth and family in understanding the provider agency and the service(s) in which they are participating.

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| <ul style="list-style-type: none"> Providers explained processes for filing complaints/grievances Providers explained how to access records Providers gave numbers to call after-hours in emergencies Providers explained what the service is (and what it is not) | <ul style="list-style-type: none"> Documentation of client rights etc. is in the record Family understands their “rights” as a client of the agency Can the family explain/describe the service (i.e. IHT)? |
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Area 4: Youth and Family Engagement

The provider actively engages the youth and family in the ongoing service delivery process.

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| <ul style="list-style-type: none">• Family and youth are integrated into the entire service delivery process• Family and youth feel in charge of their care• Family and youth have assigned tasks | <ul style="list-style-type: none">• Family is included in all meetings about their care• Informed choices of the youth and family are evident in the plan• Family knows how interventions will help them achieve their goals |
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Area 5: Team Formation

The provider actively engages and includes formal providers, including prescriber (if applicable), in the service planning and delivery process (initial plan and updates).

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|---|--|
| <ul style="list-style-type: none"> Formal providers are listed in service plan Evidence formal providers were invited to and attended meetings Evidence that input from formal providers was solicited | <ul style="list-style-type: none"> Tasks were assigned to all providers Providers and family are able to identify all formal providers |
|---|--|

Sample Question: Are you invited to participate in meetings? Do you attend? Why or why not? Did you receive a copy of the plan?

The provider actively engages and includes natural supports in the service planning and delivery process (initial plan and updates).

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| <ul style="list-style-type: none"> Provider inquired about and explored natural supports Natural supports were listed in the service plan | <ul style="list-style-type: none"> Natural supports participated in meetings Natural supports were utilized to perform certain tasks |
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Providers, school personnel or other agencies involved with the youth participate in service planning.

- If there are other service providers, state agencies, and/or school personnel who are critical to helping the youth/family reach identified service plan goals, do they support the care coordination efforts by attending meetings, providing information to the person responsible for coordinating care, etc.?

Sample Questions: Have you been asked to participate in service planning for this youth and family? If so, how do you participate? Did you get a copy of the plan?

Area 7: Care Coordination

The provider (i.e. IHT clinician, ICC) successfully coordinates service planning and the delivery of services and supports.

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| <ul style="list-style-type: none"> Formal provider and family clearly identify “single point of contact” Evidence of communication with other providers and natural supports | <ul style="list-style-type: none"> Providers are all on the same page Services are not duplicated or confusing to the family |
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Sample Questions: Who would you say is responsible for helping the family coordinate care? When was the last time you (or this person) met with the child/family? What challenges do you (or the person coordinating care) face in coordinating the planning and delivery of services and supports for this child and family?

The youth is receiving the amount and quality of care coordination his/her situation requires.

- The youth is receiving the appropriate level of care coordination (IHT or ICC)
- The family feels as if they are getting the help they need to coordinate services for their child.

Sample Questions: Do you believe the youth/family is receiving the level of care coordination his/her situation requires? (For kids in IHT ask: Do you think this family could benefit from ICC? Why or why not?)

Area 7: Care Coordination

The provider facilitates ongoing, effective communication among all team members, including formal service providers, natural supports (if desired by the family), and family members including the youth.

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| <ul style="list-style-type: none">• All team members have the information they need to work with the family.• There is evidence of ongoing communication in the child’s record | <ul style="list-style-type: none">• Provider communicates regularly with all members of the team |
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Sample Questions: Do you communicate directly with the family? Who on the team do you communicate with?

Area 8: Transition

Care transitions and life transitions (e.g. from youth to adult system, from one provider to another, from one service to another, from hospital to home, etc.) are anticipated, planned for, and well-coordinated.

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| <ul style="list-style-type: none">• Evidence of a plan for “aging out” youth• Referrals to other agencies and services were completed (if applicable)• Follow-up was done to assure services were obtained | <ul style="list-style-type: none">• Plan for ending of IHT or ICC services was discussed• Evidence that transition planning discussions begin early in the work with the family |
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Sample Questions: Are you aware of any upcoming transitions for this family? Has there been a discussion about how to determine when services are no longer needed?

Area 9: Responsiveness

The provider responded to the referral (for its own service) in a timely and appropriate way.

- Provider responded to the family within the designated time frame
- If the family chose to wait for services with this particular provider the provider assisted them in getting help for any urgent issues

Note: IHT specs stipulate that phone contact should be made with parent/caregiver within 1 calendar day of referral to offer a face-to-face interview with the family within 24 hours. ICC specs stipulate that telephone contact should occur within 24 hrs of referral, to offer a face-to-face interview with the family, within three calendar days.

The provider made appropriate service referrals (for other services/supports) in a timely manner and engaged in follow-up efforts as necessary to ensure linkage with the identified services and supports.

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| <ul style="list-style-type: none"> • Evidence of additional referrals in the record • Documentation of communication with schools, other agencies regarding additional services and the status of these services | <ul style="list-style-type: none"> • Documentation of follow-up • The family is receiving the services they need |
|--|--|

Sample Questions: Are you aware of any services that have been added since the family began IHT or ICC? If so how were these services obtained? How long have you been working with this youth/family? Who made the referral for your services?

Area 10: Service Accessibility

Services are scheduled at convenient times for the youth and family.

- Services are offered in the evening/mornings or weekends if needed
- Meetings scheduled based on family and youth need

Services are provided in the location of the youth and family's preference.

- Family feels comfortable in meeting place
- Meeting space was chosen by the family

Area 10: Service Accessibility

Service providers communicate in the preferred language of the youth/family.

- Provider communicates using the family’s preferred language or has arranged for appropriate translation supports/services
- Provider is able to communicate with all family members

Written documentation regarding services/planning is provided in the preferred language of the youth/family.

- All documentation is in the preferred language of the family and youth
- Written documentation is translated to preferred language if needed

Area 11: Cultural Awareness

The service provider has explored and can describe the family's beliefs, culture, traditions, and identity.

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|---|---|
| <ul style="list-style-type: none"> Provider is aware of family and youth culture Provider is aware of family's beliefs and traditions | <ul style="list-style-type: none"> Service plan describes and addresses culture and beliefs Family feels provider is aware of that is important to them |
|---|---|

Sample Questions: Describe this family's culture. What is important to them, what are their family rituals, celebrations, etc.?

Cultural differences and similarities between the provider and the youth/family have been acknowledged and discussed, as they relate to the plan for working together.

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|---|---|
| <ul style="list-style-type: none"> Provider is aware and respectful of family culture and beliefs Traditions, culture and beliefs that impact the plan are documented Provider has knowledge of neighborhood and community | <ul style="list-style-type: none"> Provider is aware of their own beliefs and views Provider is aware of the similarities and difference that may impact their work with the family |
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Area 12: Cultural Sensitivity and Responsiveness

The provider has acted on/incorporated knowledge of the family's culture into the work.

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|---|---|
| <ul style="list-style-type: none"> Family culture and beliefs are embedded in the plan Family culture and beliefs are embedded into the goals | <ul style="list-style-type: none"> Provider has prioritized what is most important for this family and youth Culture is considered when determining interventions |
|---|---|

Sample Questions: Do you feel that the family's culture and identity is incorporated into the ongoing work? If so, how?

The provider has explored any youth or family history of migration, moves, or dislocation. If the youth or family has experienced stressful migration, moves, or dislocation, then those events inform the assessment of the family's strengths and needs and the treatment/care plan.

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| <ul style="list-style-type: none"> Providers have knowledge of family history Provider is aware of prior moves or disruptions to the family or youth Provider has documented any moves or disruptions into the assessment | <ul style="list-style-type: none"> Provider has taken under consideration how any moves or disruptions (including out of home placements such as foster care) might be affecting the youth/family and has incorporated these issues into the plan and ongoing work with the family. |
|--|--|

Area 12: Cultural Sensitivity and Responsiveness

The provider has explored any youth or family history of discrimination and victimization. If the youth or family has experienced discrimination or victimization, then the provider ensures that the treatment process is sensitive/ responsive to the family's experience.

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|---|--|
| <ul style="list-style-type: none"> Provider is aware of any history of trauma or mistreatment of the family or youth Provider is aware of family's previous experience with past providers and natural supports | <ul style="list-style-type: none"> Family feels they can be open with provider Family feels provider is sensitive and respectful of their prior experience |
|---|--|

The provider has explored cultural differences within the family (e.g. intergenerational issues or due to couples having different backgrounds) and has incorporated this information into the understanding of the youth and family's strengths and needs and the care/treatment plan.

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| <ul style="list-style-type: none"> Provider has discussed issues related to culture with ALL family members Differences within the family system were discussed Strengths and needs of each family member incorporates their culture and identify | <ul style="list-style-type: none"> How different family members view mental health How family members view having services |
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Area 12: Cultural Sensitivity and Responsiveness

The provider helps the entire team understand and respect this family’s culture.

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| <ul style="list-style-type: none">• Documentation that provider has communicated the family’s culture and background to other team members• All team members are aware of family culture and identity | <ul style="list-style-type: none">• Documentation of culture and identity as part of treatment plan and ongoing team meetings• Culture is incorporated into providers tasks and interventions |
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Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has developed improved coping or self-management skills.

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|--|--|
| <ul style="list-style-type: none"> Youth has demonstrated improved coping skills Youth is better able to deal with frustration and/or stressful situations | <ul style="list-style-type: none"> Youth has less acting out behaviors Youth has improved interactions with others |
|--|--|

Sample Questions: Is this youth better able to self-regulate or cope with stressful situations? Please give some examples of how this has improved.

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at school.

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|---|--|
| <ul style="list-style-type: none"> Youth has improved behavior at school Youth is better able to resolve conflict with peers and teachers at school | <ul style="list-style-type: none"> Youth participates in social events at school Youth has improved peer relationships |
|---|--|

Note: Consider only if social or emotional functioning at school was an area of need identified by the youth, family, and clinician. If social functioning at school was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Question: Does the youth have better behavior and relationships with others at school?

Area 13: Youth Progress

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning in the community.

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|--|--|
| <ul style="list-style-type: none"> Youth participates in community activities Youth has friends in his community | <ul style="list-style-type: none"> Youth gets along better with others in his community Youth's behavior is appropriate while in the community |
|--|--|

Note: Consider only if social/emotional functioning in the community was an area of need identified by the youth, family, and clinician. If social/emotional functioning in the community was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Question: Does the youth have better relationships with others in the community?

Since the youth's enrollment in the service being reviewed, he/she has made progress in their social and/or emotional functioning at home.

- Youth has more positive relationships with family members
- Youth is engaged in and participates in family life/activities

Note: Consider only if social/emotional functioning at home was an area of need identified by the youth, family, and clinician. If social/emotional functioning at home was not an issue, then these prompts can be ignored during interviewing and rating.

Sample Question: Does the youth have better behavior and relationships with others at home?

Area 13: Youth Progress	
<i>Since the youth's enrollment in the service being reviewed, there has been improvement in the youth's overall well-being and quality of life.</i>	
<ul style="list-style-type: none">Youth is happierYouth has improved relationships with othersYouth is more positively engaged with family, school and community	<ul style="list-style-type: none">Any major issues impacting the child's well-being (e.g. housing or school stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved
Sample Questions: Has the youth's quality of life improved since this service started? How?	
<div></div>	

Area 14: Family Progress

Since the family's enrollment in the service being reviewed, the parent/caregiver has made progress in their ability to cope with/manage their youth's behavior.

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| <ul style="list-style-type: none"> Parent is better able to set and follow through with limits Parent is less frustrated by youth's behavior | <ul style="list-style-type: none"> Parenting skills have improved Parent have an increased ability to deal with stressful situations |
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Sample Questions: Since you started working with X (the parent/caregiver), have they learned any new skills or strategies for coping with or managing his/her child's behavior? Can you give an example of this? Does he/she seem more confident/comfortable handling issues or problems with his/her child? Would you say the parent's ability to manage his/her child's behavior has stayed the same, gotten better, or gotten worse since you started working him/her?

Since the family's enrollment in the service being reviewed, there has been improvement in the family's overall well-being and quality of life.

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|--|---|
| <ul style="list-style-type: none"> Family members have more positive interactions The family is not in a constant state of crisis Family members are able to complete tasks of daily living Family members are happier | <ul style="list-style-type: none"> Any major issues impacting well-being (e.g. housing stability, exposure to violence, abuse, neglect, health problems, etc.) are being addressed appropriately or are resolved |
|--|---|

Sample Questions: Has the family's overall quality of life improved since starting this service? How?

Practice Indicators (Domains 1-3)

Exemplary/ Best Practice: 5	Consistently exceeds established standards of practice
Good Practice: 4	Consistently meets established standards of practice
Fair Practice: 3	Does not consistently meet established standards of practice
Poor Practice: 2	Does not meet minimal established standards of practice
Adverse Practice: 1	Practice is either absent or wrong, and possibly harmful. Or practices being used may be inappropriate, contraindicated, or performed inappropriately or harmfully

Instructions: Rate the 12 Areas below according to the *Practice Indicator Rating Scale*, using the Prompts to inform your scores.

DOMAIN 1: Family-driven and youth-guided

<u>Area 1: Assessment</u>	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	1	2	3	4	5
Prompts					
• Relevant data/information about the youth and family was diligently gathered through both initial and ongoing processes.					
• The needs of the youth and family have been appropriately identified and prioritized across a full range of life domains.					
• Actionable strengths of the youth and family have been identified and documented.					
• The provider has explored natural supports with the family.					
• The written assessment provides a clear understanding of the youth and family.					

<u>Area 2: Service Planning</u>	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	1	2	3	4	5
Prompts					
• The provider actively engages and includes the <u>youth and family</u> in the service planning process.					
• The service plan goals logically follow from the needs and strengths identified in the comprehensive assessment.					
• Service plans and services are responsive to the emerging and changing needs of the youth and family.					
• An effective risk management/safety plan is in place for the youth/family.					

<u>Area 3: Service Delivery</u>	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	1	2	3	4	5
Prompts					
• The interventions provided to the youth and family match their needs and strengths.					
• The provider incorporates the youth's and family's actionable strengths into the service delivery process.					
• The intensity of the services/supports provided to the youth and family match their needs.					
• Service providers assist the youth and family in understanding the provider agency and the service(s) in which they are participating.					

<u>Area 4: Youth and Family Engagement</u>	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	1	2	3	4	5
Prompts					
<ul style="list-style-type: none"> The provider actively engages the youth and family in the ongoing service delivery process. Examples include: Family is included in all meetings about their care, family/youth have assigned tasks, and family/youth feel in charge of their care. 					

<u>Area 5: Team Formation</u>	Not Applicable	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
		1	2	3	4	5
Prompts						
• The provider actively engages and includes <u>formal providers, including prescriber (if applicable)</u> , in the service planning and delivery process (initial plan and updates).						
• The provider actively engages and includes <u>natural supports</u> in the service planning and delivery process (initial plan and updates).						

<u>Area 6: Team Participation</u>	Not Applicable	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
		1	2	3	4	5
Prompts						
• Providers, school personnel or other agencies involved with the youth participate in service planning.						

<u>Area 7: Care Coordination</u>	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	1	2	3	4	5
Prompts					
<ul style="list-style-type: none"> The provider (i.e. IHT clinician, ICC) successfully coordinates service planning and the delivery of services and supports. 					
<ul style="list-style-type: none"> The youth is receiving the amount and quality of care coordination his/her situation requires. <i>For youth in IHT:</i> This is exactly the same as question # 3 in the IHT Supplemental Section 					
<ul style="list-style-type: none"> The provider facilitates ongoing, effective communication among all team members, including formal service providers, natural supports (if desired by the family), and family members including the youth. 					

<u>Area 8: Transition</u>	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	1	2	3	4	5
Prompts					
<ul style="list-style-type: none">• Care transitions and life transitions (e.g. from youth to adult system, from one provider to another, from one service to another, from hospital to home, etc.) are anticipated, planned for, and well coordinated.					

DOMAIN 2: Community-Based

<u>Area 9: Responsiveness</u>	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	1	2	3	4	5
Prompts					
<ul style="list-style-type: none"> The provider responded to the referral (for its own service) in a timely and appropriate way. 					
<ul style="list-style-type: none"> The provider made appropriate service referrals (for other services/supports) in a timely manner and engaged in follow-up efforts as necessary to ensure linkage with the identified services and supports. 					

<u>Area 10: Service Accessibility</u>	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	1	2	3	4	5
Prompts					
<ul style="list-style-type: none"> Services are scheduled at convenient times for the youth and family. 					
<ul style="list-style-type: none"> Services are provided in the location of the youth and family's preference. 					
<ul style="list-style-type: none"> Service providers verbally communicate in the preferred language of the youth/family. 					
<ul style="list-style-type: none"> Written documentation regarding services/planning is provided in the preferred language of the youth/family. 					

DOMAIN 3: Culturally Competent

<u>Area 11: Cultural Awareness</u>	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	1	2	3	4	5
Prompts					
<ul style="list-style-type: none"> The service provider has explored and can describe the family's beliefs, culture, traditions, and identity. 					
<ul style="list-style-type: none"> Cultural differences and similarities between the provider and the youth/ family have been acknowledged and discussed, as they relate to the plan for working together. 					

<u>Area 12: Cultural Sensitivity and Responsiveness</u>	Adverse Practice	Poor Practice	Fair Practice	Good Practice	Exemplary Practice
	1	2	3	4	5
Prompts					
<ul style="list-style-type: none"> The provider has acted on/incorporated knowledge of the family's culture into the work. 					
<ul style="list-style-type: none"> The provider has explored any youth or family history of migration, moves, or dislocation. If the youth or family has experienced stressful migration, moves, or dislocation, then those events inform the assessment of family's strengths and needs and the treatment/care plan. 					
<ul style="list-style-type: none"> The provider has explored any youth or family history of discrimination and victimization. If the youth or family has experienced discrimination or victimization, then the provider ensures that the treatment process is sensitive/responsive to the family's experience. 					
<ul style="list-style-type: none"> The provider has explored cultural differences <u>within</u> the family (e.g. intergenerational issues or due to couples having different backgrounds) and has incorporated this information into the understanding of the youth and family's strengths and needs and the care/treatment plan. 					
<ul style="list-style-type: none"> The provider helps the entire team understand and respect this family's culture. 					

Youth/Family Progress Indicators (Domain 4)

Exceptional progress: 5
Good progress: 4
Fair Progress: 3
Little to no progress: 2
Worsening or declining condition: 1

Instructions: Rate the 2 Areas below according to the *Youth/Family Progress Indicator Rating Scale*, using the Prompts to inform your scores.

DOMAIN 4: Youth/Family Progress

<u>Area 13: Youth Progress</u>	Not Applicable	Worse or Declining Condition	Little to No Progress	Fair progress	Good Progress	Exceptional Progress	
		1	2	3	4	5	
Prompts							
• Since the youth's enrollment in the service being reviewed, <u>he/she</u> has developed improved <u>cop</u> ing or <u>self-management skills</u> .							
• Since the youth's enrollment in the service being reviewed, <u>he/she</u> has made progress in their <u>social and/or emotional functioning at school</u> .							
• Since the youth's enrollment in the service being reviewed, <u>he/she</u> has made progress in their <u>social and/or emotional functioning in the community</u> .							
• Since the youth's enrollment in the service being reviewed, <u>he/she</u> has made progress in their <u>social and/or emotional functioning at home</u> .							
• Since the youth's enrollment in the service being reviewed, there has been improvement in the <u>youth's overall well-being and quality of life</u> .							

<u>Area 14: Family Progress</u>	Worse or Declining Condition	Little to No Progress	Fair progress	Good Progress	Exceptional Progress
	1	2	3	4	5
Prompts					
• Since the family's enrollment in the service being reviewed, the <u>parent/caregiver</u> has made progress in their ability to <u>cope with/manage their youth's behavior</u> .					
• Since the family's enrollment in the service being reviewed, there has been improvement in the <u>family's overall well-being and quality of life</u> .					

This template is intended to structure your debrief presentation. It will also serve as a written summary of your impressions, to assist MassHealth staff providing MPR feedback to provider organizations. Please make your comments in each section no longer than necessary to communicate information needed to understand the practice. Focus on highs and lows rather than unexceptional areas. The template has 4 sections; plan to spend no more than 12 minutes on your presentation.

The template is generally aligned with the MPR summative questions, although the important “bottom line” questions regarding progress occur earlier in the template than in the MPR itself.

Background	
Identifying information	
Age, sex, living place and arrangement, primary language, and any other key characteristics of child and family	
Reason for referral	
Briefly describe why the family was referred for IHT/ICC services, when and by whom	
Services provided	
Length of IHT/ICC service to date, co-occurrence of any other MassHealth services or clinically relevant services, including educational services and state agency involvement, and any notable issues in terms of change of staff, interruption due to MassHealth eligibility issues, etc.	
Focus of the IHT/ICC intervention	
Primary goals, including priorities reflected in CANS ratings, and interventions, including the Hub’s use of other services to attain goals; note also if focus changed significantly during the intervention	

Impact	
Nature and amount of progress as seen by <i>youth, family, IHT clinician/care coordinator</i> . Also state if this is congruent with reviewer judgment.	
Progress toward primary goals or other goals; lack of expected progress or setbacks. For example, specifics about behavior change in child or family; evidence of changes in child symptoms, changes in child functioning, changes in family competence and empowerment; changes in quality of life noted by family; do not focus only on net change but also on the course, including setbacks and jumps forward. Also, were changes reflected in the CANS?	

Quality -- Family and IHT Clinician/Care Coordinator Perceptions	
Strengths about the IHT/ICC service that were observed by <i>youth/family/primary clinician/care coordinator</i>	
This includes youth/family identification of service elements from any MPR practice domain that were <i>notably helpful</i> ; this could include assessment, planning, development and use of a team, attention to transitions, and cultural competence, as well as direct treatment or support interventions by IHT or ICC staff	For the staff, examples include any elements of the IHT/ICC process that went very well (from any of the first 3 MPR domains), and factors that contributed to this
Dissatisfaction/challenges reported by <i>youth/family/primary clinician/care coordinator</i>	
For the youth/family statements about lack of engagement with or by the service or clinician/care coordinator; lack of clarity regarding the plan or roles of team members; feeling that interventions used by the clinician/care coordinator are not helpful and/or possibly making the situation worse; clinician or care coordinator not available or following through on plans; weakness in developing or working with a team of services and supports; poorly managed transitions; or other shortcomings in IHT/ICC practice	For the staff examples might include lack of success engaging the family or other team members; inability to arrive at helpful diagnostic formulation; inability to access services or resources; language or cultural barriers; or any other barriers or shortcomings. Distinguish factors that the clinician or care coordinator felt were beyond the control of the IHT/ICC from areas where the clinician/care coordinator felt in retrospect that IHT/ICC practice could have been better.

Quality -- Reviewer Judgment

Areas where practice was of noteworthy or exceptional quality according to *reviewer judgment*

Areas where practice was not consistent with service specification or general expectations of competent practice, whether this was the result of clinician/care coordinator actions, TT&S or Family Partner actions, or provider agency factors; do not include here issues that were entirely outside of the IHT or ICC provider's control.

Preferred format is rating number, Area, and then rationale.

For example:

(5) Family and Youth Engagement: Explanation...

Areas where practice was acceptable but could have been significantly strengthened according to *reviewer judgment*

For example, Areas in which a more experienced clinician/care coordinator, or a clinician/care coordinator or TT&S/family partner with different skill set, might have had more success; where more training could have significantly improved practice; where skilled supervision or access to better diagnostic services could have facilitated a more effective service, etc. Don't comment on unexceptional areas unless you see a notable opportunity for improvement.

See format above.

Areas where practice was substandard according to *reviewer judgment*

This could be the result of excellent work by the clinician or care coordinator, the TT&S or family partner, or high quality support by the agency. It could also be the result of external factors, such as an excellent IHBS team or other services or support.

See format above.

Additional comments:

Feedback To IHT/ICC Provider

Areas of strength:

Identify at least two Areas of strength and describe. Do not include direct comments/information/quotes from other providers or youth/caregiver. If there are no Areas that were strong overall, feedback can reflect components within Areas.

Preferred format is Area then rationale.

For example:

Youth and Family Engagement: Describe Strength

Areas for development:

Identify at least two Areas of weakness and describe. Do not include direct comments/information/quotes from other providers or youth/caregiver. If there are no Areas that were weak overall, comments can drill down to components within Areas.

See format above.

STOP!

Please look back through the protocol to ensure that the following sections have been fully completed:

Page(s)	Section
1	Summary of Goals, Services and Supports <i>(Optional)</i>
4-5	Youth Demographic Information
6-8	Supplemental Questions for In-Home Therapy
35	Caregiver Demographic Information
86	Primary Formal Provider (IHT/CC) Demographic Information
112	2 nd Formal Provider Demographic Information
138	3 rd Formal Provider Demographic Information
60	4 th Formal Provider Demographic Information