Today’s Date: _____________________

Family Name: __________________________  Care Coordinator: ____________________

Observer: ______________________________  Location of Meeting: __________________

Meeting Start Time: ___________   Meeting End Time _________

Team Members Present:

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<th>Agency/Role</th>
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Life Domain Areas Addressed In Plan of Care
(Check all those discussed at meeting)

1. Cultural  _____
2. Education  _____
3. Family  _____
4. Legal  _____
5. Medical/Self Care  _____
6. Mental Health  _____
7. Residential  _____
8. Safety  _____
9. Social/Recreational  _____
10. Substance Abuse  _____
11. Vocational  _____
12. Child Development  _____
13. Financial  _____
**COMMUNITY**

1. Information about resources/interventions in the area is offered to the team.  
2. Plan of care includes at least one public and/or private community service/resource.  
3. Plan of care includes at least one informal resource.  
4. When residential placement is discussed, team chooses community placements for child(ren) rather than out-of-community placements, whenever possible.  
5. Individuals (non-professionals) important to the family are present at the meeting.  

**INDIVIDUALIZED**

6. If at initial plan of care meeting, the parent is asked what treatments or interventions he/she felt worked/didn’t work prior to FTC.  
7. Care Coordinator advocates for services and resources for the family (e.g., identifies and argues for necessary services).  
8. All services needed by family are included in plan (i.e., no needed services were not offered).  
9. Barriers to services or resources/interventions are identified and solutions discussed.  
10. The steps needed to implement the plan of care are clearly specified by the team.  
11. Strengths of family members are identified and discussed at the meeting.  
12. Plan of care that includes life domain(s) goals, objectives, and resources/interventions is discussed (or written).  
13. Plan of care goals, objectives, or interventions are based on family/child strengths.  

14. Safety plan/crisis plan developed/reviewed.  

**FAMILY**

15. Convenient arrangements for family’s presence at meeting are made (e.g., location, time, transportation, day care arrangements).  
16. The parent/child is seated or invited to sit where he/she can be included in the discussion.  
17. Family members are treated in a courteous fashion at all times.  
18. The family’s perspective is presented to professionals from other agencies. (*If NA, include 28, 29)  
19. The family is asked what goals they would like to work on.  
20. The parent is asked about the types of services or resources/interventions he/she would prefer for his/her family.  
21. Family members are involved in designing the plan of care.  
22. In the plan of care, the family and team members are assigned (or asked) tasks and responsibilities that promote the family’s independence (e.g., accessing resources on own, budgeting, maintaining housing).  
23. The team plans to keep the family intact or to reunite the family.  
24. Family members voice agreement/disagreement with plan of care.  

**INTERAGENCY/COLLABORATION**

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

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

32. Termination of prevention and diversion services is discussed because of the multiplicity or severity of the child’s/family’s behaviors/problems.  
33. Termination of other services are discussed because of the multiplicity or severity of the child’s/family’s behavioral problems.  
34. For severe behavior challenges (e.g., gangs, drugs), discussion focuses on safety plans/crisis plans (e.g., services and staff to be provided) rather than termination.  

**OUTCOMES**

35. The plan of care goals are discussed in objective, measurable terms.  
36. The criteria for ending child welfare dependency involvement is discussed.*  
37. Objective or verifiable information on child and parent functioning is used as outcome data.  

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**MANAGEMENT**

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

**CARE COORDINATOR**

43. Care Coordinator makes the agenda of meeting clear to participants.  
44. Care Coordinator reviews goals, objectives, interventions, and/or progress of plan of care.  
45. Care Coordinator directs (or redirects) team to discuss family/child strengths.  
46. Care Coordinator directs (or redirects) team to revise/update plan of care.  
47. Care Coordinator summarizes content of the meeting at the conclusion of the meeting.  
48. Care Coordinator sets next meeting date/time.