

## Family Team Meeting Assessment

| <b>LOCATION:</b>  |  |
|---|--|
| 1. Model being used   |  |
| 2. Purpose of the meeting   |  |
| 3. Type of family/ case   |  |
| 4. Identify families' level of risk   |  |
| 5. % of families using meetings   |  |
| 6. Does local practice require a family team meeting or does the family have an option? |  |
| 7. Total number of all meetings held per month?   |  |
| 8. When/what point in the continuum of services is meeting held?                        |  |
| 9. Frequency of Meetings?   |  |
| 10. Number of meetings conducted per family   |  |
| 11. What time of day are the meeting held?  |  |
| 12. Are snacks provided? Is childcare and/or transportation provided?                   |  |
| 13. Who initiates the meeting?  |  |
| 14. How are participants prepared before the meeting and amount of preparation time?    |  |
| 15. Who coordinates scheduling?   |  |

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| <b>LOCATION:</b>   |  |
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| 16. Who facilitates the meeting?   |  |
| 17. What funding supports the facilitator?   |  |
| 18. Where is meeting held?   |  |
| 19. Who decides who participates?  |  |
| 20. Who participates?  |  |
| 21. Family's role  |  |
| 22. Topics/issues/ agenda for meeting  |  |
| 23. Type of planning activity during the meeting?  |  |
| 24. Does the family have time alone?<br>Average length of alone time?  |  |
| 25. How long does the meeting last?  |  |
| 26. Is there a written summary of the meeting? If yes, who writes it. Is it distributed to all participants? |  |
| 27. Explain procedure for the follow up on the plan.   |  |
| 28. What are the barriers to holding a family team meeting?  |  |
| 29. What are the benefits?   |  |

## Family Team Meeting Assessment

**Key:** Location: identify county, cluster or region

1. i.e. Family unity, family decision making, ica, local modifications
2. i.e. Identify goals, develop plan, crisis planning, revise plan, safety planning, etc.
3. i.e. Voluntary vs. Court-ordered, in-home vs. Out-of-home, child welfare vs. Delinquency, etc.
4. Low, medium, high risk
5. What percent of the total number of families being served participate in family meetings?
6. Yes, no, may vary according to type of case. Does the family have a choice or is it a requirement to have a family team meeting?
7. Total number of all meetings held per month in the identified area
8. i.e. During the assessment, during the intake, during the transition between assessment/ case management, during transition between case management and provider work
9. i.e. 30 days, 60 days, 90 days, crisis response, etc.
10. How many times throughout the case do you have family team meetings?
11. During working hours (5-8), after working hours(5-9), based on family needs, give %
12. Are snacks, childcare and transportation offered to the family?
13. i.e. Families, providers, cpw, swcm, etc.
14. i.e. Interview with individual family and team members, mailing notification to participant, coordinates time & location, agenda, etc.
15. i.e. CPW, SWCM, provider, support staff, supervisor, etc.
16. i.e. CPW, SWCM, provider, support staff, supervisor, community member, etc.
17. i.e. Grant, Decat, provider's time, DHS staff time
18. i.e. DHS office, community center, providers office, church
19. i.e. CPW, SWCM, provider, families, etc.
20. i.e. CPW, SWCM, provider, support staff, supervisor, family, school, church member, child care provider, other formal and informal support
21. Active participant in decision making, identifies strengths and needs, identifies participants, etc.
22. i.e. summary, strengths, needs, goal setting, action plan, goal monitoring, development/review of treatment plan, response to crisis etc.
23. i.e. Plan development, monitoring plan implementation, crisis planning, safety planning, etc.
24. Is time provided during the meeting for the family to meet alone?
25. i.e. 1/2 hour, 1 hour, 2 hours, etc.
26. If there is written documentation, state the type (CPP, additional form, log notes) also who records the information (facilitator, SWCM, provider, etc). Does everyone get a copy?
27. When, how and who monitors the plan?
28. i.e. Lack of skilled facilitators, administration support, lack of time and/or education and/or resources
29. i.e. Empowers family, builds support network, save time over the course of case