

Coordinated Services Team Initiative Handbook for Working with Children & Families

Module 3

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- Team Overview Handout
- Rights and Responsibilities of Family – Service Provider Partnerships
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3.1 Preparing for the Team Meeting

Once the preliminary Strengths and Needs Assessment Summary is completed and team members have been identified, the Service Coordinator can arrange the first team meeting. The location, time and date of the meeting should be where and when it's convenient for most team members.

Service Coordinator Responsibility to the Family

Prepare the Family for the Child and Family Team Meeting

- Prepare the family for the fact that several people at the meeting will each speak in somewhat technical language. Explain that you can help translate, and that you will ask the professionals to translate. Encourage the family to ask for explanations and translations as needed.
- Explain how the meeting will be run, the ground rules, the time structure, the attention to effective use of time, and the expected frequency of meetings.
- Give the family a draft of the first meeting agenda; go over the roles of team members and the service coordinator.
- Discuss with the family who else he/she would like to have present. This can include extended family members, friends, and members of their "informal" service networks.
- Explain who else will be present, and why.
- Tell the family what will be expected of them. Explain the family's role as a full member of the team.
- Ask if the family has any questions. Listen carefully for the concerns behind the questions, and try to address as many worries as possible.
- Preparation is very important. Having the family write what they want to say and what they want to accomplish at the meeting is a good strategy.
- Ask whether the family needs any help with logistics – place, time, transportation, childcare arrangements, and so on.

Support the Family's effective involvement on the team:

This requires that you find ways to help the family follow the main points of the discussion, either by explaining the content yourself or by asking other team members to explain technical terms and concepts. Your job also includes fostering the family's contributions of information and ideas that will help meet the child's needs. Pay particular attention to the family's participation when strategic decisions are made.

You do not always have to agree with the family's points of view. You only have to treat the family with dignity and respect, as a valued part of the team. The family will give you many non-verbal cues during the meeting, even if they are silent. Check with the family visually very often. Watch for non-verbal cues of distress, eagerness, confusion, anger, and fear. Respond to these cues verbally when you can.

For example: *"Mr. Q Parent, you look troubled. Are we missing something important about what your daughter did last weekend?"*

Each member of the team has a valued perspective, a part of the whole picture of the child's situation and needs. Work toward a natural reliance on the family's unique knowledge and points of view. Use questions to confirm your respect for the family's ability to contribute to the child's care; questions about what the child is like, what is likely to work for the child, what particular difficulties are built into certain possible strategies. This will help you avoid patronizing behavior toward the family.

Meeting Follow-up Communicating Strategies:

- Offer the family time to de-brief after the meeting.
- Make notes of process or content issues for action and for discussion at future meetings.
- Coordinator's Responsibility to the Family

Addressing health and safety needs

- The coordinator has a responsibility to ensure that the client's health and safety needs are met, and that a comprehensive crisis plan is established in the event the client's behaviors pose a safety risk to himself, to his family or peers, or to the community at large.
- This responsibility is shared among all members of the team including parents/family, county social workers, therapists, intensive supervision service providers, crisis intervention staff and others.

Facilitation, team building and helping the team reach consensus

- The coordinator is responsible for organizing the team, and for ensuring that all people integral to the child and family are invited to participate. He/she is also responsible for creating an environment that enables team members to work together towards a common goal. In addition, Coordinators must be responsible for keeping the team focused on setting intervention priorities that support the family towards achieving their goals.
- This responsibility is also shared. Each team member must take responsibility for using time efficiently, and for ensuring the family's needs and concerns remain the primary focus. It is expected that team meetings will occur at least monthly and/or within two working days of any crisis that results in a placement outside the home.

Being an active, involved member of the team

- In addition to his/her role as facilitator, the coordinator must also be an active, involved member of the team. He/she must bring his/her own skills and expertise to the table, and must be knowledgeable about appropriate interventions and available community resources. An element of this responsibility includes serving as an advocate for the child and family, if, and only until, the family members develop the skills necessary to effectively advocate for themselves.

Be a "voice" for the team

- The coordinator final responsibility is to be a voice for the child and family team. He/she must accurately represent the team's intentions to service providers and outside agencies, and must advocate for the interventions supported, and agreed upon by the team.

Preparing Team Members for the Child and Family Team Meeting

It is highly recommended that the Service Coordinator make every effort to orient team members to the CST child and family team process prior to the first team meeting. It is important that everyone involved understand and agree with CST Core Values, as well as the Rights and Responsibilities of Family – Service Provider Partnerships (*both can be found in "Tools"*). In addition, it is important to orient team members to the child and family team process, which is very different from most other types of meetings many service providers are used to.

The chart below summarizes the major responsibilities of team members. The role of the Service Coordinator should not be to do all the work, rather to ensure that it is being done.

Responsibilities:	Team Member	Service Coordinator	Family Advocate	Project Coordinator
Offer initial support to help “get the team going”		•		•
Provide team process overview		•		•
Help with periodical team reviews		•		•
Coordinate team meetings		•		
Prepare agenda		•		
Contribute agenda items	•	•		
Set ending time		•		
Facilitate team meetings		•		
Attend team meetings	•	•	•	
Encourage balanced participation	•	•	•	
Ensure communication is understood by all	•	•	•	
Ensure team members are being heard	•	•	•	
Encourage active listening	•	•	•	
Ensure paperwork is completed and updated		•		•
Collecting and reporting outcomes		•		•
Contribute to discussions	•	•	•	
Note taker	•			
Distribute meeting notes		•		
Listen to & respect teammates	•	•	•	
Keep team focused on agenda	•	•	•	
Share appropriate information with co-workers	•	•		
Support the conflict resolution process	•	•	•	•

3.2 The Initial Team Meetings

The basic purpose of the first team meeting is to build and strengthen relationships among team members and to establish the process for working together as a team. The team can then move to review of the Strengths and Needs Assessment Summary, prioritizing of needs, and development of the Plan of Care and Crisis Response Plans.

The task of “establishing the process” begins at the start of the meeting when a team facilitator is identified, and the agenda is set. The facilitator (usually the Service Coordinator) should ask team members how much time they have available to meet, and to explain that team meetings typically take about one hour.

Agenda Items Covered in the Initial 3 - 5 Child and Family Team Meetings:

- “Roles, Strengths, and Goals” Exercise
- Review of CST Child and Family Team Process
- Establish Team Rules
- Discuss need for Crisis Response Planning
- Review draft of Strengths and Needs Assessment Summary

The job of “note taker” should also be identified. It is very important that someone take notes at every team meeting – this ensures written documentation of what was covered at the meeting, who attended, when the next meeting is, and who said they would do what. Anyone other than the facilitator can take notes – many teams choose to rotate the responsibility among team members. A Team Meeting Note template, such as the one found in “*Tools*”, can be used to record CFT meeting notes. An example of completed CFT notes can also be found in “*Tools*”.

Initial Team Meeting Products:

- Family and other team members have a sense of working together toward a Team Mission
- Enough openness to share ideas, observations and concerns
- If needed, a Crisis Response Plan to insure safety and stability
- A completed Strengths and Needs Assessment Summary
- Adequate balance of formal and informal options
- Improving communication and readiness to take on the upcoming tasks
- An individualized Plan of Care that addresses needs

Key Responsibilities of the Service Coordinator as Team Facilitator

- Open the meeting, welcome team members
- Review and add to the agenda
- Set meeting time limit
- Prioritize agenda items if necessary
- Ensure notes are taken and plan for distribution
- Keep team focused, moving through the agenda
- Keep track of time
- Facilitate discussions and conflict resolution
- Ensure members participation
- Assist team in decision-making
- Set agenda, time and place of next meeting

Roles, Strengths, and Goals Exercise

The “Roles, Strengths, and Goals” exercise can be used as an expanded version of “introductions” at a first team meeting. In addition to giving their name, each team member is asked to explain their role in the life of the child/family. The service coordinator should encourage team members to go beyond their titles. For example, a teacher may explain their role as “teacher and mentor” or “teacher and advocate”.

Each team member is also asked to share what strengths they bring to the table. These strengths should be referred to when identifying ways to meet needs in the Plan of Care. Once the individual team member shares their strengths, the service coordinator asks others around the table who know the individual to share what they feel are the person’s strengths.

Finally, team members are asked to share what their goal is for the child/family in terms of the team (what they hope can be accomplished or supported by the team’s efforts). These individual goals can then be summarized into one common “team mission” that everyone agrees on. This “team mission” will be the underlying common goal for the team.

An example of a summary of one team's "Roles, Strengths and Goals" exercise and "Team Goal/Mission Statement" are found below:

Roles	Strengths	Goals
Facilitator, keep group on task, provide information on community resources	Knowledge of community resources, resource for fishing equipment	Wants family to be together and safe at home and school
Educator, advocate for Dan	Caring, psychology background, auto racing enthusiast	Wants Dan to value and enjoy education
Social worker, occasional mentor	Enjoys physical activity: basketball, Tae Kwan Do	Help Dan succeed in school & in the community
Father	Unconditional care for Dan, support Dan's mechanical interests	For Dan to be happy, satisfied, content, and to speak out for himself
Family advocate, parent resource person	Knows "the system" firsthand, unconditional support for family, great listener	The family has a voice in all decisions, access to needed services, life is better
Pastor, spiritual supporter, family advocate	Church resource "connector", great listener, knows Bible	The family have their spiritual needs met, be comfortable in coming to church
Dan (child)	Likes working on cars, likes sports (basketball, football), doesn't lie, willing to help anyone who needs it.	Pass 6 th grade. Make some friends and get in trouble less at home.
Summary Team Goal/Mission: Dan & his family are together and safe; Dan is successful and enjoys activities at school, home and in the community.		

Team Ground Rules/Participant Rights

Each team should develop their own ground rules, including how they expect team members to treat each other, and expectations regarding team meeting structure.

Some examples of team rules/participant rights that teams often include in their list are:

- Meetings start and end on time
- What's said here, stays here (confidentiality)
- No yelling
- Active listening – only one person talks at a time
- No "dump and run" – if you bring a problem or need to the table, you should stay and be part of the solution

Review of the CST Child and Family Team Process

The following items should be discussed with the team early on in the team process. Samples of each can be found in the Tools section of this module.

- Interagency Release of Information (*found in "Tools"*)
- CST Core Values (*see Module 1*)
- Team Overview Handout (*found in "Tools"*)
- Rights and Responsibilities of Family-Service Provider Partnerships (*found in "Tools"*)
- Flex Funding Policy (*explained in Module 4*)
- Conflict Resolution Process (*explained in Module 4*)

Discuss need for Crisis Response Planning

Prior to “jumping in” to the above agenda items, the facilitator should ask team members if there are any “stabilization issues”, that is, are there any crisis or safety issues that *need* to be resolved by the team immediately. If there are, the team should connect the family with needed resources and/or develop an initial Crisis Response Plan. With the exception of crisis issues, all other issues should be discussed at later meetings as the team gets into the review of the Strengths and Needs Assessment Summary, and later, development of the Plan of Care.

Crisis Response Planning is a very important part of the team process. Crisis Response Planning typically takes place as a part of the Plan of Care process, and is prioritized by the team in terms of when it should be completed. In some cases, when safety is a primary concern, Crisis Response Planning may occur at the first or second team meeting. This is only recommended if there are immediate safety or crisis concerns – experience shows that teams are better equipped to develop Crisis Response Plans once relationships have been built among team members.

Crisis Response Plans are based on the assumption that individuals with multiple needs living in the community will experience crisis. The team should consider the most challenging events that could occur and “pre-plan” progressive interventions to address those events. Interventions will be based on what’s worked in the past at home, school, and in the community. The Crisis Response Plan should specify what the intervention is, who will be notified, for what purpose, and in what time frames. If individuals outside of the core family team are involved (e.g. law enforcement), it is important to include them in a team meeting while creating the Crisis Response Plan. More information on Crisis Response Planning can be found in section **3.4 Crisis Response Planning**.

Review Strengths and Needs Assessment Summary

By the time the Strengths & Needs Assessment Summary is presented to the family team, an initial draft should be completed – in part by the family and Service Coordinator, and also by individual service providers completing their corresponding pages. A sample of a completed page can be found later in this section. The family team then reviews the draft – making clarifications, additions, and/or changes as needed. The review of the Strengths & Needs Assessment Summary by the team typically takes 2 – 3 team meetings. As a guideline, the Strengths & Needs Assessment Summary should be completed within 30 days of enrollment. Strengths & Needs Assessment Summary documents are to be updated annually.

3.3 Plan of Care Development

Prioritization of Needs

Next, the Service Coordinator guides the team in prioritizing the top needs as identified in the Assessment Summary of Strengths and Needs. Prior to the team meeting, the Service Coordinator may choose to review the document, noting the areas which Needs Items have ratings of “2” or “3”, and Strengths Items that are rated a “0” or “1”.

A rating of “2” or “3” on a Needs Item suggests the area should be addressed in the Plan of Care. . These top areas of need can then be proposed to the family and team as the areas to address in the Plan of Care. Strengths rated a “0” or “1” should be used, if at all possible, to help meet needs identified in the Plan of Care

Plan of Care Development

Once the team has prioritized the top three needs from the Strengths & Needs Assessment Summary, the planning can begin. Use the Plan of Care form found in “Tools”. The family team should be asked which of the three areas of need they would like to start planning for first. The Service Coordinator should then lead the family team in reviewing the strengths and needs for that area as identified in the Summary of Strengths & Needs.

The next step is to identify a realistic long-term goal. Once a long-term goal is chosen, the team determines short-term goals/objectives to meet the needs of that area as identified in the Summary of Strengths & Needs. For each short-term goal/objective, tasks are identified to reach each objective. It is important to include *who* will be doing *what* by *when*, and *how* it will be paid for. The Plan of Care takes several team meetings to complete, typically 4 - 6. As a guideline, the Plan of Care should be completed roughly within 45 of completion of the Summary of Strengths & Needs. Plans of Care should be updated at least every 6 months. An example of a completed Plan of Care page can be found in “Tools”.

3.4 Crisis Response Planning

Tips for Building and Implementing Effective Crisis Response Plans

- The team should discuss the need for and development of Crisis Response Plans for home, school, and community.
- Include representatives from all intervention sources at the table when planning
- Plan through police, hospital, or DHS involvement; don't stop at “call police”
- Always build plans that “triage” for differing levels of intensity and severity of crisis events. (Small crises do not require the same response as big crises.)
- If necessary, build crisis response plans early in the life of the team so they are in place when crisis occurs.
- Be sure to ask the individual/family what can go wrong with the whole plan as the first step in building the crisis plan. They know best what can go wrong.
- Build crisis response plans for 7-days/week, 24-hour response. Crisis seldom occurs when it is convenient.
- Clearly define crisis roles for family members. Plan them up front and it will help the team keep to the mission of the overall plan during crisis.
- Build roles for family members and natural support people, as they are likely to be most responsive during a crisis.
- Create time for the team to assess their management of a crisis within two weeks of the crisis.
- Establish a rule that no major decisions can be made until at least 72 hours after the crisis has passed. This can keep a team from overreacting to an event.

Features of Effective Crisis Response Plans

- Effective crisis response plans anticipate crises based on past knowledge. The best predictor of future behavior is past behavior.
- Great crisis response plans assume the “worst case” scenario and plan accordingly.
- As you build a crisis response plan, always research past crises for antecedent, precipitant, and consequent behaviors.
- Effective crisis response plans incorporate individual and family outcomes as benchmarks or measures of when the crisis is over.
- Good crisis response plans acknowledge and build on the fact that crisis is a process with a beginning, middle, and an end rather than just a simple event.

- Crisis response plans change over time, based on what is known to be effective.
- Clearly negotiated crisis response plans, with clear behavioral benchmarks, help teams function in difficult times.
- Behavioral benchmarks should change over time to reflect progress, changing capacities and expectations.

Sample Questions to ask in Developing Crisis Response Plans

Antecedent/Crisis

- What are the behaviors your child might exhibit before a crisis occurs?
- What might be the cause (precipitant) of a crisis?
- What behaviors might we expect when your child is experiencing a crisis? (Talk about behavioral benchmarks)

De-escalator

- What works to soothe your child when he/she is in crisis?
- Who are the best people to intervene at home? School? Community?
- In what order should they be called?
- How would you like to be involved?

Respite / Hospital Plan

- Where can your child stay for the evening if you cannot take him home (assuming he/she is safe)? Where do you think is a safe place for your child in school? In the community?
- Does your child have a treating psychiatrist? Is your child currently taking medications? Medications/dose/when taken?

Other Information

- Is there any other information you would like in the crisis plan?
- Up to this point, what have been successful strategies that have worked with this child and family?

Tools:

- Team Meeting Note Template
- Example – Team Meeting Notes
- Interagency Release of Information
- Team Overview Handout
- Rights and Responsibilities of Family – Service Provider Partnerships
- Example – Completed Plan of Care page
- Team Process Review Summary
- Sample Crisis Response Plan
- Plan of Care Form (includes Crisis Response Plan form)