

# Plan of Care Coaching Tool

This tool is intended for the review of Plans and provides feedback for improvement

Name of Youth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Care Coordinator: \_\_\_\_\_

POC Date: \_\_\_\_\_ POC #: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Team represented at this POC:

1. How many members of the team were present at the meeting? \_\_\_\_\_
2. How many are in strategies? \_\_\_\_\_
3. How many formal supports at meeting/ in strategies? \_\_\_\_/ \_\_\_\_
4. How many natural/informal supports? \_\_\_\_/ \_\_\_\_

## Family Narrative/Story:

- |  | Yes                      | Partial                  | No                       |
|--|--------------------------|--------------------------|--------------------------|
| 1. Written in a respectful, strength based manner?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tells who the youth and family are as people (not diagnoses or labels) and is reflective of their family culture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Provides useful information in an organized manner?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

## Strengths:

- |  | Yes                      | Partial                  | No                       |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is the strengths list inclusive of all family and team members, as well as the family's home and community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are they functional?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there attributes?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

## Vision:

- |  | Yes                      | Partial                  | No                       |
|--|--------------------------|--------------------------|--------------------------|
| 1. Does it fit the family's culture, youth's age and developmental level?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does it generate hope and reflect the family's view of a better future? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is it concise (one to two sentences) and in the family's language?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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<b>Needs:</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>
1. Do the needs tie to the vision and represent barriers to the family reaching their vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there underlying needs that reflect the why or root cause of a behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If the needs are met, will the family get closer to reaching their vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

<b>Benchmarks:</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>
1. Are the benchmarks listed descriptive, measurable and observable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they allow the team to determine whether progress has been made towards meeting the needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are they reflective of the youth or family member's description of what process would look like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

<b>Strategies:</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>
1. Are they specific and individualized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are functional strengths incorporated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the team being utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are natural and informal supports reflected in the strategies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there time frames?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are they practical and realistic for the team to accomplish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

<b>Crisis/Safety Planning:</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>
1. Is the Definition of Crisis tied to the reason for referral and plan of care, yet reflective of the family's voice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the risk factors reflective of the needs in the plan of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the specific steps encompass relevant functional strengths and resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are they listed in suggested order of use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

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### Culturally Responsive/Reflective:

Yes      Partial      No

1. Is the plan, as a whole, reflective of the culture of the family?            

2. Is the plan moving towards something the family will be able to carry on after formal system involvement?            

Comments:

Overall Positive Trends:

Suggestions for Improvement:

