**Pathways to Well-Being**

**Child and Family Team (CFT) Meeting**

**SUMMARY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting Date:** **Facilitator:****Check one:** **[ ]  Initial Meeting** **[ ]  Follow Up Meeting** | **Mother’s Name:** **Father’s Name:****Caregiver Name:**  |  | **Child/Youth’s Name:** **Intensive Care Coordination (check one):** **[ ]  Yes**  **[ ]  No**  **[ ]  Not Yet Determined** |

**Identified Goal for Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Existing Support/Services** | **Continue?** | **Changes/Additions to Support/Services Recommended by team** |
| **[ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Y/NY/NY/NY/N | **[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
| **What needs to happen?** | **Who is going to make it happen?** | **When will it be completed?** | **Our Progress/Follow up** |
|  |  |  | **[ ]  In Process [ ]  Ongoing[ ]  Revised****[ ]  Completed on:\_\_\_\_\_\_\_\_\_** |
|  |  |  | **[ ]  In Process [ ]  Ongoing[ ]  Revised****[ ]  Completed on:\_\_\_\_\_\_\_\_\_** |
|  |  |  | **[ ]  In Process [ ]  Ongoing[ ]  Revised****[ ]  Completed on:\_\_\_\_\_\_\_\_\_** |
|  |  |  | **[ ]  In Process [ ]  Ongoing[ ]  Revised****[ ]  Completed on:\_\_\_\_\_\_\_\_\_** |
|  |  |  | **[ ]  In Process [ ]  Ongoing[ ]  Revised****[ ]  Completed on:\_\_\_\_\_\_\_\_\_** |

**Next Meeting Date (Required within 90 days if youth is receiving Intensive Care Coordination) and/or communication plan:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Scaling Participation (facilitator to ask each team member) |
| On a scale from 0-10 where 0 means I had no input during this meeting and 10 means that my voice was listened to and valued:010000 |

|  |
| --- |
| Scaling the Services/Support/Action Steps (facilitator to ask each team member) |
| On a scale from 0-10 where 0 means the services/support/action steps have no elements that will help and 10 means that everything that needs to happen for the child/youth is happening:100000 |

**SIGN IN / SIGNATURE PAGE / CFT MEETING AGREEMENTS**

We, the undersigned, agree to keep confidential all personal and identifying information and records regarding the family except as otherwise provided for via separate and properly executed Release/Disclosure forms. During this meeting a plan will be developed to address the needs of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and we will each receive a copy of the plan.

**This meeting *must* include the parent(s) and the youth\*, CWS staff, Behavioral Health provider, informal supports identified by the family, substitute caregiver, and other formal support as relevant.**

|  |  |  |  |
| --- | --- | --- | --- |
| Print name | Relationshipto family/youth | Signature | Phone/Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1. 1
 |  |  |  |

**\*If the parent and/or youth were not in attendance document efforts made and/or planned to ensure their participation:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copies of this document were provided to all attendees on:**      \_\_\_\_\_\_\_