**Pathways to Well-Being**

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

**SUMMARY**

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| **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:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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:  0  10000 |

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| 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:  10000  0 |

**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.**

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| Print name | Relationshipto family/youth | Signature | Phone/Email |
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**\*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:**      \_\_\_\_\_\_\_