CHILD AND FAMILY TEAM DATA COLLECTION AND REPORTING PROTOCOLS

Prepared by the Division of Behavioral Health Quality Management Improvement & Accountability Team

Gayla Smutny / Candace Falsetti

Table of Contents

Introduction 1

Purpose 1

Protocols Sections 1

Child and Family Team Approach 1

CFT Roles 2

DBH CFT Monitoring Inventory 2

Family Experience Survey Quality Key Quality Performance Measures for CFTs 2

YES Quality Review CFT Metrics 3

CoE CFT Metrics 5

CFT Assessment Conducted by WInS CoE 5

CFT Assessment Conducted by PLL CoE 7

IBHP CFT-Related Audit Items 8

References 9

Appendices 10

Appendix A: CFT (Family Survey) Key Quality Performance Measures – 2023 Results 10

Table of Tables

Table 1: YES Family Survey CFT-Focused KQPMs 3

Table 2: YES Quality Review CFT-Focused Elements 4

Table 3: WInS Fidelity Monitoring CFT-Focused Measures 6

Table 4: CFT Items in IBHP Audit Tools 8

Introduction

Purpose

Idaho's Youth Empowerment Services (YES) system of care is a strengths-based and family-centered behavioral health system that incorporates a teaming approach to provide individualized care for youth. This means the youth and their family are the primary decision makers in their care. They, along with their mental health provider and rest of their Child and Family Team (CFT), set goals, develop plans, and determine services and supports (About YES, 2023).

This guide is intended to provide a detailed summary of CFT data collection and reporting protocols with a specific focus on *how* CFTs are monitored and evaluated within the YES system of care.

Protocols Sections

These protocols are organized into three main sections. In the first section, the CFT approach is detailed and the specific roles the CFTs should play in ensuring the youths and families served by the YES program are the principal decision makers in their care are outlined. The second and third sections comprise the bulk of the Protocols and focus on how CFTs are monitored and evaluated. The focus of the second section is the ongoing and multifaceted work being conducted by the DBH to ensure YES services are monitored, reviewed, and improved on a continual basis. This work utilizes a variety of tools and strategies including a YES family experience survey, a formal quality review of YES services, and specific monitoring conducted by two DBH Centers of Excellence (CoEs) – the Wraparound Intensive Services (WInS) CoE and the Parenting with Love and Limits (PLL) Program CoE. The final section addresses the evaluation of CFTs via auditing conducted by the Idaho Behavioral Health Plan (IBHP).

Child and Family Team Approach

The CFT approach is a teaming process that brings together the family and individuals that youth and their families believe can help develop and implement a care plan that will assist them in realizing their treatment goals. These individuals include informal community supports, such as extended family, neighbors, friends, coaches, faith-based connections, and tribal members; and also formal supports, such as providers, youth and family peer support specialists, educational professionals, and representatives from other agencies providing services to the youth and family. The CFT may be small or large. At a minimum, the CFT includes the mental health provider, the youth and their parent or legal guardian. The CFT may include additional participants if the youth and family are involved in other child-serving systems, have complex needs, have an extensive natural or informal support system, or have multiple service providers. The size, scope, and intensity of the involvement of CFT members is driven by the needs and desires of the youth and family. Members of the CFT may be added or removed as the needs and strengths of the youth and family change over time.

CFT Roles

CFT roles include:

- Collaboratively developing an individualized care plan that addresses the strengths and needs of the youth and family and identifies the roles of all the parties involved;
- Identifying, recommending, and arranging for all medically necessary services and supports needed by the youth and family;
- Facilitating coordination of service delivery for youth involved with more than one child-serving system and/or multiple providers;
- Working together to resolve differences regarding service recommendations, with particular attention to the preferences of the youth and family;
- Having a process to resolve disputes and arrive at a mutually agreed upon approach for moving forward with services; and
- Reconvening to monitor and consider the outcomes in relation to the services that have been provided to meet treatment goals and to make needed adaptations over time (Jeff D Settlement Agreement, 2015).

DBH CFT Monitoring Inventory

DBH's Quality Management Improvement and Accountability (QMIA) Team annually conducts two projects to assess how YES principals are being implemented in practice – the YES Family Experience Survey and the YES Quality Review. Both projects specifically monitor and evaluate how CFT's are deployed within the YES system of care and because they employ different research methods their collective results provide valuable insight regarding the current state of teaming as well as how teaming might be improved. Two DBH CoEs, the WInS CoE and the PLL CoE, also evaluate CFTs via formal fidelity monitoring procedures that include both direct and indirect measures of teaming with the YES system of care.

Family Experience Survey Quality Key Quality Performance Measures for CFTs

The YES Family Survey is conducted annually to assess the quality and outcomes of mental health services for youth in Idaho's YES system. The survey is mailed to representative sample of caregivers of youth who participated in mental health services during the prior year (Williams and Beauchemin, 2023). Annual survey findings are available via a detailed report posted on the YES website and survey highlights are presented each year to YES stakeholders in late summer and early fall. Ten items on the 2023 Survey, designated by the YES QMIA Council as YES Key Quality Performance Measures (KQPMs), facilitate ongoing monitoring of CFTs. These measures, along with their associated performance areas/metrics are detailed below. 2023 Family Survey results for these items are detailed in Appendix 1.

Table 1: YES Family Survey CFT-Focused KQPMs

Performance Area	Performance Metric	Measure
Access	Access to care	Meetings occur at times and locations that are convenient
Engagement	Family focused	Goals the provider is working on are the ones family believes are most important
Engagement	Family focused youth centered	Child and family are the main decision makers
Engagement	Youth centered	Youth/child is an active participant in planning services
Engagement	Youth centered	Child/youth has opportunity to share his/her own ideas when decisions are made
Appropriateness	Assessment	The assessment completed by the provider accurately represents my child/youth
Appropriateness	Strengths-based services	Services focus on what the child/youth is good at, not just problems
Appropriateness	Strengths-based services	Provider discusses how to use things we are good at to overcome problems
Appropriateness	Child and Family Teaming	Provider communicates as much as needed with others involved in my child's care
Appropriateness	Child and Family Teaming	Provider ensures everyone on my child's treatment team in working in a coordinated way

YES Quality Review CFT Metrics

The QMIA Team also implements a rigorous annual Quality Review (QR) study for the purpose of objectively assessing and improving clinical practice and program effectiveness throughout the state. The QR process involves several distinct data collection methodologies, two of which, file review and therapist interviews, directly address CFTs. **File review** involves a thorough evaluation of all available clinical documentation including assessments, plans of care, encounter notes, crisis plans, transition plans and any other documentation. **Therapist interviews** are structured interviews with youth's primary clinicians about their decisions during treatment and policies and procedures which may have affected those decisions (Union Point Group, 2022).

Table 2: YES Quality Review CFT-Focused Elements

Data Collection Method	Item Detail
File Review	A vision or mission statement is included in the coordinated care plan and describes the ultimate goals of the CFT, including ultimate transition out of YES.
File Review	If a functional need at home has been identified: Have stakeholders at the youth's home been asked for their input on the Cross System Care Plan?
File Review	If a functional need at school has been identified: Have stakeholders at the youth's school been asked for their input on the Cross System Care Plan?
File Review	If a functional need in the youth's community has been identified: Have stakeholders in the youth's community been asked for their input on the Cross System Care Plan?
File Review	The Cross System Care Plan reflects the family's prioritization of needs and goals and addresses the needs, including those identified in the initial full CANS.
File Review	The Cross System Care Plan goals are written in the words used by the youth and family.
File Review	Documentation that a copy of the Initial Cross System Care Plan and all revisions were given to the family and all team members
File Review	Number of Child and Family Team meetings that were documented as occurring during the (Quality Review) Sampling Period? For each documented CFT meeting: • Duration • List of participants and their roles (e.g., Coach, Substance Use Counselor) • CFT developed (or updated) Cross System Care Plan during meeting • Participants roles discussed and defined • Number of tasks assigned in CFT. For each assigned task: environment most targeted by task; primary person assigned to complete task; secondary person assigned to complete task; task completed (yes/no); and task completed by next CFT
Therapist Interview	Have you participated in CFT / Wraparound meetings (either in person or by phone/internet) for this youth? *If "no"*: What has kept you from being able to participate in these meetings?
Therapist Interview	How effective has the Care Coordinator / Wraparound Coordinator been, in your opinion, as a CFT / Wraparound team facilitator? *If "effective"*: What makes them an effective facilitator? *If "ineffective"*: In your opinion, what has kept them from being an effective facilitator?
Therapist Interview	In your view, how effective has the CFT / Wraparound team been at obtaining the services that the youth and family need? *If "effective"*: What has the team done that makes them effective in getting access to these services? *If "ineffective"*: In your opinion what has kept the team from being effective in getting these services?
Therapist Interview	In your view, how effective has the CFT / Wraparound team been at coordinating care? *If "effective"*: What has the team done that makes them effective in coordinating care? *If "ineffective"* In your opinion what has kept the team from being effective in coordinating care?
Therapist Interview	Has there been a time that you identified a concern or problem with the CFT / Wraparound team process? *If "yes"*: How was that handled? AND Were you able to come to a useful solution?

CoE CFT Metrics

As the Idaho Behavioral Health Authority, DBH supports best practices throughout Idaho's behavioral health system via CoE training, coaching, mentoring, and fidelity monitoring. Two CoE programs, WInS and PLL, include CFT monitoring elements.

CFT Assessment Conducted by WInS CoE

WInS is a structured fidelity- and principals-based care coordination planning process that is part of the YES system of care. WInS puts the child or youth and family at the center of care planning. The young person and their family members work with a WInS facilitator to build a CFT team, which can include informal, natural supports such as the family's friends and people from the wider community, as well as formal, professional supports. With the help of the CFT team, the family and young person take the lead in deciding team vision and goals, and in developing creative and individualized services and supports that will help them achieve the goals and vision. Team members work together to put the plan into action, monitor how well it's working, and change it as needed. The Wraparound process takes an average of 12 to 14 months but may be longer or shorter based on the family's needs.

Fidelity monitoring is one of the tools the WInS CoE uses in its efforts to standardize the delivery and application of WInS. Although CFT assessment is not the exclusive focus of WInS fidelity monitoring, it is embedded in the process, particularly in the CoE's use of the Wraparound Fidelity Index – Short Form Version EZ (WFI-EZ). The WFI-EZ uses self-report measures that assess the degree to which Wraparound care coordination is implemented with adherence to the principals and practices of high-fidelity Wraparound care coordination. There are four versions of the WFI-EZ – one for each of the following respondent types: Caregiver, Youth, Care Coordinator, and Other Team Member[1]. All versions include 25 items, rated on a 5-point scale from "Strongly Disagree" to "Strongly Agree", designed to assess Wraparound fidelity. The items are organized into five core elements of Wraparound: 1) Effective Teamwork; 2) Natural Community Support; 3) Needs-Based; 4) Outcomes Based; and 5) Strength Family Driven. Table 3 below highlights the items most associated with CFT monitoring.

The WFI-EZ may be conducted with a youth and their family following a minimum 6 of months of Wraparound coordination and again after the Wraparound Team has entered Phase 2 of Wraparound. Approximately 35% of the total Wraparound population of youth and families are selected randomly for WFI-EZ participation according to the Idaho WInS sampling protocol. The survey can be provided electronically, conducted over the telephone, administered in person, or mailed depending on the preferred method of the caregiver, youth, care coordinator, or other team member.

[1] Survey items are customized by respondent type but vary only slightly based on intended audience. As such, specific wording for just two respondent types (Caregivers and Youth) are provided to illustrate the tailored yet standardized nature of the questionnaire items.

Table 3: WInS Fidelity Monitoring CFT-Focused Measures

Wraparound Core Element	Caregiver Measure	Youth Measure
Effective Teamwork	There are people providing services to my child who are not involved in my Wraparound Team	There are important people who help my family and me who are not involved in my Wraparound Team.
Effective Teamwork	My Wraparound Team came up with creative ideas for our plan that were different from anything that had been tried before.	Our Wraparound team came up with ideas for my plan that were different than anything we tried before.
Effective Teamwork	I sometimes feel like our team does not include the right people to help my child and family.	I sometimes feel like our team does not include the right people to help me and my family.
Effective Teamwork	At each team meeting, my family and I give feedback on how well the Wraparound process is working for us.	At team meetings, I have a chance to tell everyone how I think Wraparound is going.
Natural Community Support	Our Wraparound team does not include any friends, neighbors, or extended family members.	Our Wraparound team does not have any friends, neighbors, or extended family members involved.
Natural Community Support	Our Wraparound team includes people who are not paid to be there (e.g., friends, family, faith).	Some of the people on our team are people who are not paid to be there, like friends, family, or church members.
Needs Based	With help from our Wraparound Team, my family and I chose a small number of the highest priority needs to focus on.	My family and team chose a few really important things to focus on.
Needs Based	Our Wraparound plan includes strategies that address the needs of other family members, in addition to my child.	Our Wraparound plan tries to help all members of my family, not just me.
Needs Based	At every team meeting, my Wraparound team reviews progress that has been made toward meeting our needs.	At every meeting, our team goes over the progress that has been made on our needs.
Outcomes Based	I am confident that our Wraparound team can find services or strategies to keep my child in the community over the long term.	My Wraparound team helps me get the along with my family, do well in school, and stay out of trouble.
Outcomes Based	With help from our Wraparound team, we have been able to get community support and services that meet our needs.	Wraparound has connected my family to people and services that really help us.
Strength Family Driven	My family and I had a major role in choosing the people on our Wraparound team.	My family and I had a major role in choosing the people on our Wraparound team.
Strength Family Driven	At the beginning of the Wraparound process, my family described our vision of a better future to our team.	At the beginning of the Wraparound, my family and I described our vision of a better future to our team.
Strength Family Driven	I sometimes feel like members of my Wraparound team do not understand me and my family.	Sometimes I feel like people on my Wraparound team don't understand me or my family.

CFT Assessment Conducted by PLL CoE

PLL is an evidence-based program that combines group therapy and family therapy for children and adolescents, ages 10-18, who have severe emotional and behavioral problems, are victims of abuse or neglect, or are involved with the juvenile justice system (e.g., violated probation; committed repeat offenses). The PLL treatment model is comprised of a 6-week parent education and group therapy program and six or more individual "coaching" (family therapy) sessions. Core skills are provided in the group therapy sessions, then parents and adolescents practice their new skills in individual family therapy sessions. After initial work to stabilize the family system, PLL Coaches also address trauma in the family system, as needed (Title IV-E Prevention Services, 2021)

While the PLL CoE does not assess CFTs through a formal monitoring system focused on teaming, it does indirectly monitor CFTs as part of its rigorous work to ensure PLL is implemented to fidelity. One key aspect of PLL fidelity monitoring is the use of video consultation measures (VCMs) that address both PLL content elements and PLL processes. PLL Video Consultation (Beginner and Intermediate) Guides include a wide range of VCMs that are used by consultants when systematically rating videoed therapy sessions and providing feedback and coaching to therapists. Therapists move from the Beginner level to Intermediate level only after receiving an overall score of 80% or higher in on content elements and 70% or higher on process elements.

The Beginner Video Consultation Guide includes the following four content VCMs focused on CFTs. Consultants assign a "yes"/"no" score to each of these VCMs.

- Did the therapist engage the family by gathering information on hobbies and interests?
- Did the therapist inquire about the family's strengths/what they are proud of in each other?
- Did the therapist have each family member vote on the easiest/most important symptom to fix first?
- Did the therapist pursue the need for anyone else to attend future coaching sessions?

In the event a therapist scores poorly on the content VCMs related to CFTs (for example, therapist co-opted the session and told the family what they should fix first rather than letting the family vote on the easiest/most important things to fix first), the PLL Consultant would utilize the following specific procedures to address lack of adherence to PLL content.

> STEP 1: PLL Consultant-led discussion with sample videos, references to coaching materials, role plays around area of weakness, and implementation of a plan for correction.
>
> STEP 2: Reassessment of adherence though VCM analysis.
>
> STEP 3: If needed, mandatory attendance at refresher webinars.
>
> STEP 4: If needed, onsite encounter (Sounder, 2011).

IBHP CFT-Related Audit Items

The IBHP utilizes items on the following three provider audit tools to monitor CFTs: 1) Targeted Care Coordination (TCC) Record Tool; 2) YES Practice Model Review Tool; and 3) Skills Building/Community Based Rehabilitation Services (CBRS) Treatment Record Tool – Youth. These provider audit tools are used during the audit of any agency providing the specific service(s) or level of care in question. The providers who are monitored and the frequency of monitoring are based on the IBHP monitoring strategy in consultation with provider performance. The specific CFT items addressed by each tool are detailed in Table 4 below.

Table 4: CFT Items in IBHP Audit Tools[2]

Provider Review Tool	Item #	Item Detail (Potential response options: yes/no/not applicable)
TCC Record Tool	25	There is evidence the primary master's level clinician, with the youth/family collaborated to create the PCSP that includes a description of member's goals, strengths, needs, and natural supports.
TCC Record Tool	30	There is evidence that the TCC coordinated and facilitated the Child and Family Team (CFT) meeting for development of the Person-Centered Service Plan including documented (signature or email) confirming agreement of the PCSP by all CFT members.
TCC Record Tool	31	There is evidence that the TCC coordinated and facilitated follow-up CFT meetings based on the need of the youth/family, to assess/reassess strengths and needs, and/or to update/modify plan.
TCC Record Tool	32	It is documented that the TCC in conjunction with the CFT facilitated the development of a transition plan with the youth/family to promote long-term stability including natural and community supports.
TCC Record Tool	51	If the client is being seen by another behavioral health clinician, there is documentation that communication/collaboration occurred.
TCC Record Tool	54	There is evidence in the record that, with the youth/family's documented consent, providers and other identified services who are currently involved in the care of the member are contacted to obtain all relevant information in order to coordinate and support success.
TCC Record Tool	55	There is evidence in the record that, with the youth/family's documented consent, TCC has coordinated with other system partners (child welfare, education, juvenile probation, etc.) in order to coordinate and support success.
YES Practice Model Review Tool	5	There is evidence in policies and program descriptions the agency brings families together with professionals and others to create a coordinated care plan (e.g.- wraparound plan, person-centered service plan), appropriate to the services being rendered.
Skills Building/CBRS Treatment Record Tool	28	There is evidence in the record of teaming between the responsible licensed clinician, the paraprofessional, the member, and family to develop the skills building/CBRS treatment plan.

[2] Audit tools may change when new IBHP takes effect.

References

About YES. YES FAQs (What's different about YES). 2023. Available at: https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-overview/?target=1.

Jeff D Settlement Agreement (Appendix B Principals of Care and Practice Model). 2015. Jeff D. v. Brad Little. Hon. B. Lynn Winmill. U.S. District Court, Boise. No. 4:80-CV-04091-BLW.

Sounder, Ellen. 2011 (revised February 2020). Parenting with Love and Limits Model Fidelity Policy and Procedures Manual. www.gopll.com

Title IV-E Prevention Services. 2021. Parenting with Love and Limits® (Program Description). Available at: https://preventionservices.acf.hhs.gov/programs/322/show

Union Point Group. 2022. Final Report of the Youth Empowerment Services (YES) Quality Review (SFY 2022). Available at: https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=8

Williams, Nathaniel J. and James Beauchemin. 2023. Idaho Youth Empowerment Services (YES) Family Survey Results, 2022. Available at: https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=8

Appendices

Appendix A: CFT (Family Survey) Key Quality Performance Measures – 2023 Results

Performance Area	Performance Metric	Measure	Quality Targets for YES Clinical Practice			SFY 2023	
			Emerging	Evolving	Established	Results	Status
Access	Access to care	Meetings occur at times and locations that are convenient	65% - 74%	75% - 84%	85% +	83%	Evolving
Engagement	Family focused	Goals the provider is working on are the ones family believes are most important	65% - 74%	75% - 84%	85% +	89%	Established
Engagement	Family focused youth centered	Child and family are the main decision makers	65% - 74%	75% - 84%	85% +	80%	Evolving
Engagement	Youth centered	Youth/child is an active participant in planning services	65% - 74%	75% - 84%	85% +	67%	Emerging
Engagement	Youth centered	Child/youth has the opportunity to share his/her own ideas when decisions are made	65% - 74%	75% - 84%	85% +	81%	Evolving
Appropriateness	Assessment	The assessment completed by the provider accurately represents my child/youth	65% - 74%	75% - 84%	85% +	81%	Evolving
Appropriateness	Strengths-based services	Services focus on what the child/youth is good at, not just problems	65% - 74%	75% - 84%	85% +	81%	Evolving
Appropriateness	Strengths-based services	Provider discusses how to use things we are good at to overcome problems	65% - 74%	75% - 84%	85% +	74%	Emerging
Appropriateness	Child and Family Teaming	Provider communicates as much as needed with others involved in my child's care	65% - 74%	75% - 84%	85% +	70%	Emerging
Appropriateness	Child and Family Teaming	Provider ensures everyone on my child's treatment team in working in a coordinated way	65% - 74%	75% - 84%	85% +	68%	Emerging