**2a. Family-Driven Practices with Family**

This section asks for your opinions about practices which involve the family in the treatment, services and supports offered to the family and the youth via the residential intervention.

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| **Important Definitions:**  **Child and Family Team:**A team of people that includes at least the child or*youth*and his/her*family*, a social worker ortherapist, and any other important people who are identified and invited by the child/youth and family to participate in planning. If a youth is American Indian, then the appropriate tribal representatives should also be included. The team develops a service plan for the child/youth and coordinates care. Sometimes called a “Treatment Team.”  **Culturally Appropriate and Responsive:** Services and supports that are attuned and responsive to the unique cultural strengths and needs of the child and family in the context of the distinct family culture, as defined by the child and family.  **Family*:*** Family is broadly defined as any member of the youth’s family - biological, adoptive/customary adoptive, or any other person who plays an important role in the youth’s life which would include relatives (such as siblings, grandparents, extended, and Tribal members) and non-related kin (often referred to as fictive kin) and who is identified by the youth as “family”. **Note:** Temporary foster families and guardians-ad-litem do not meet this definition of family.  **Family-Driven**means*families*have a primary decision-making role in the care of their own children and the policies andprocedures governing care for all youth in their community, state, tribe, territory and nation.  **Parent Peer Partner:** A parent with lived experience raising or who has raised a child receiving services from any child-serving system.  **Supports (Informal and Formal):** Assistance, activities, and services provided to a youth and family that helps them address the challenges in their life, feel connected and or hopeful, experience competence and well-being. They includeformal support services (typically provided by professionals) and informal supports (received through family, friends, religious organizations, community groups, casual community relationships, relationships with pets, etc.).  **Trauma informed and Responsive:** Supports and services grounded in and directed by a thoroughunderstanding of the neurological, biological, psychological and social effects of overwhelming stress, trauma and violence on humans.  **Treatment Plan:** A written plan that describes all the culturally appropriate and responsive and trauma informed and responsive services and supports a youth and family will receive, also referred to as a“Treatment and Support Plan.” |

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|  |  | | **1** | **2** | **3** | **4** | **5** | **6** |
|  |  | | Never/  Almost Never | Rarely | Sometimes | Often | Always/  Almost Always | Don’t Know/ Doesn’t Apply |
| **1** |  | **To help *family* members take the lead in treatment and support planning, they are provided with:** |  |  |  |  |  |  |
|  | A | Written materials on the family role in services in their own language or a translator or adaptations that meet the unique needs (e.g. blind; deaf/hard-of-hearing) of the family | **** | **** | **** | **** | **** | **** |
|  | B | Culturally appropriate and responsive, and trauma informed and responsive, education, training, skill building AND coaching to help them support their child | **** | **** | **** | **** | **** | **** |
|  | C | Parent Peer Partners | **** | **** | **** | **** | **** | **** |
| **2** |  | **The *Child and Family Team* members:** |  |  |  |  |  |  |
|  | A | Listen to the family’s recommendations | **** | **** | **** | **** | **** | **** |
|  | B | Make decisions only based on consensus of the Child and Family Team | **** | **** | **** | **** | **** | **** |
| **3** |  | **The *youth*’s *Treatment Plan* is based on family members’ and youths’ goals** | **** | **** | **** | **** | **** | **** |
| **4** |  | **Family members demonstrate full understanding of treatment and support plans** | **** | **** | **** | **** | **** | **** |
| **5** |  | **Staff** f**acilitate outreach to the family members of the child, including siblings, document how the outreach is made, and maintain contact information for any known biological family and non-related kin (aka fictive kin) of the child** | **** | **** | **** | **** | **** | **** |
| **6** |  | **Family members of current or former residents are:** |  |  |  |  |  |  |
|  | A | Employed as staff (parent/youth peer partners) | **** | **** | **** | **** | **** | **** |
|  | B | Employed in management | **** | **** | **** | **** | **** | **** |
|  | C | Represented on the Board and all program committees and workgroups | **** | **** | **** | **** | **** | **** |
|  | D | Volunteers, helping in activities and/or events | **** | **** | **** | **** | **** | **** |
| **7** |  | **Family members have a choice about:** |  |  |  |  |  |  |
|  | A | Members of their *Child and Family Team* | **** | **** | **** | **** | **** | **** |
|  | B | Providers and services when options are available | **** | **** | **** | **** | **** | **** |
|  | C | Where and when Child & Family Team meetings and services and supports for families are provided | **** | **** | **** | **** | **** | **** |
| **8** |  | **Staff are trained in culturally appropriate and responsive, and trauma informed and responsive, practices for engaging and involving families and family-driven practices** | **** | **** | **** | **** | **** | **** |
| **Comments:** | | | | | | | | |