

# Washington State WISe (Wraparound with Intensive Services) Quality Improvement Review Tool Manual for Data Collection and Rating Protocol

[v1.6]

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QIRT  
MANUAL

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# OVERVIEW

## THE WISE QIRT

This review protocol is designed to assess the quality of the interaction between helping professionals and children, youth and families in setting goals for and achieving health and wellness. The items in this review reflect the assessment of a series of decisions and processes expected per the scientific literature on collaborative and evidence-based care to lead towards the achievement of these goals.

This review is not specifically focused on a chart's technical quality for billing purposes, nor its reflection of disease models of assessment and treatment.

The Quality Improvement Review Tool (QIRT) is specifically designed to help identify practices associated with high-quality, effective care coordination and behavioral health treatment. The QIRT has two primary data sources which it uses to identify effective practices:

- CANS-based ratings of treatment outcomes
- File review data on day-to-day treatment and care coordination practices

CANS data are captured electronically in the Behavioral Health Analysis Solution (BHAS) electronic record system. Protocols for attaching these data are included in this manual. File review data are obtained by careful rating of individual encounter notes in a child or youth's file. Protocols for file review and encounter coding sheets are provided in this manual. When using the QIRT we recommend you sample at least three months of notes provided by the treating mental health practitioner, care coordinator and the parent and youth peer support partner. The use of the three-month time frame for review is based on the observation that ninety-days is the first review and re-assessment period to detect treatment effects in Wraparound with Intensive Services (WISe).

The data generated from QIRT reviews are processed to generate reports of the effective practices in place, and the supports which do or can maintain them. The reports identify practices and their supports for each key decision point in the treatment-related process of personal transformation: access to care, engagement in services, appropriate service selection, effective service deployment, and linkage and transition planning. The QIRT is designed to identify the extent to which processes at these decision points can be both quickly and reliably assessed, and the extent to which generalizable collaborative practices can be identified which relate to better outcomes for children and youth.

## FORMAT / WORKFLOW

The file review portion of the Quality Improvement Review Tool (QIRT) is organized by practitioner type. There are separate sections dedicated to understanding the practices of care coordinators, therapists, and parent and youth peer support providers. This allows us to better understand how persons fulfilling each role are carrying out practices designed to ensure coordinated, appropriate, and effective care.

The content and sequence of the items in the QIRT reflects the sequence of care coordination and treatment tasks expected to occur in a typical case. This organization parallels the Transformational

Collaborative Outcomes Management (TCOM) approach to Quality Management adopted by the state of Washington for WISE service recipients, which focuses on understanding performance at key sequential decision points in care. This organization allows us to identify potential inflection points in service practices leading to negative, neutral, or positive treatment trajectories.

Because ratings are role-specific, we suggest that when the rater obtains a case file, that they should separate out the case notes by role. Then the rater can rate the practices of each practitioner in sequence.

## OUTPUT

Information obtained via the QIRT rating system is inputted into Research Electronic Data Capture (REDCap) and downloaded into R (a language and environment for statistical computing and graphics) which then generates a series of reports on performance. The information obtained in the QIRT informs our understanding of the practices used by different practitioners at each critical decision point in care, and how those practices impact child, youth and family outcomes. Summary indices can be generated representing practices used with a particular child, at an agency, or across a system. These indices can be reviewed and used to generate training, supervision, and policy recommendations by role (care coordinator, therapist, psychiatrist), as well as by each decision point and process in care (access, engagement, service appropriateness, service effectiveness, linkages).

## REVIEWER TRAINING REQUIREMENTS

In order to establish inter-rater reliability all reviewers using the QIRT must be approved reviewers. Approved reviewers must be CANS certified and successfully complete the WISE QIRT Reviewer training. Reviewers will be trained on how to rate each QIRT item reliably through asynchronous and synchronous online learning. For more information about QIRT training please contact: [wisesupport@hca.wa.gov](mailto:wisesupport@hca.wa.gov).

## GENERAL RATING PROTOCOL

The WISE QIRT is designed to identify whether a process occurred and the extent to which it is a collaborative, responsive process. A general rating framework for questions intended to evaluate collaboration is included below. Some QIRT questions ask for interaction information such as date, duration, focus of contact, etc. These questions do not necessarily correspond to the general rating protocol outlined below. All questions and ratings or answer options are outlined in this manual.

### Basic Design for Rating Collaboration-Focused QIRT Questions

Rating	Level of Need
0	Content and response of client described
1	Content of the process clearly described
2	Some mention of content in note
3	No mention of content / process in note

# QIRT BASIC STRUCTURE

The Quality Improvement Review Tool items are noted below.

## **ID Sheet:**

01. Record ID
02. Site Code
03. P1\_ID
04. BHAS ID
05. Patient Initials
06. Group Name
07. Supervisor First Name
08. Supervisor Last Name
09. Clinician First Name
10. Clinician Last Name
11. Reviewer Type
12. Agency Affiliation
13. Agency Reviewing
14. QIRT Date Completed
15. Rater Notes

## **Sampled Dates and Rater Information**

01. Sampling Begin Date
02. Sampling End Date
03. First Name
04. Last Name
05. Email
06. Role(s) Being Reviewed in this Case Review
07. Current Time

## **Care Coordination**

### **Initial Engagement [A]**

01. Timely Screening
02. WISE Understood
03. Barriers Evoked
04. Barriers Addressed
05. Enrollment Date
  - 05.01 Enrollment Date Definition
06. Contact Intensity
  - 06.01 Contact Date
  - 06.02 Contact Type
  - 06.03 Contact Duration

### **Collaborative Assessment [B]**

01. Timely Assessment
02. Needs Reviewed
03. Strengths Evoked

### **Initial Care Planning [C]**

01. Vision and Mission
02. Appropriate Supports
03. Coordinated Care Planning
04. Integration and Prioritization
05. Manageable (Number of) Goals
06. Strengths Based
07. SMART Goals
08. Family and Youth Voice
09. Timely Agreement
10. Copy to Everyone

### **Meeting by Meeting CFT [D]**

01. Pre-CFT Contact Form
02. CFT Meeting: Date, Type, Duration
  - 02.01 CFT Date
  - 02.02 Contact Type
  - 02.03 Contact Duration
03. Attendees Documented
04. Contact Information Provided
05. CSCP Updated

### **Meeting by Meeting CFT [D] (cont.)**

- 05.01. Developed CSCP
- 05.02. CFT Role Discussed and Defined
- 05.03. CSCP Updated
- 05.04. CANS Integrated
- 05.05. CANS used to Update CSCP
06. CFT Tasks
  - 06.01 Tasks Assigned in CFT
  - 06.02 Persons Supporting Task Completion
  - 06.03 Task Completed by Next CFT
  - 06.04 Environment Most Targeted by Task
07. CFT Attendees
08. Care Coordination, Between CFTs Contact Form
  - 08.01 Contact Date
  - 08.02 Contact Duration
  - 08.03 Contact Type
  - 08.04 Attendee Contacted
  - 08.05 Primary Content of Communication

### **Transition Planning [E]**

01. Phase of Care
02. Formal Transition Planning
03. Collaborative Transition Planning

### **Crisis Prevention and Response [F]**

01. Availability of a WISE Crisis Plan
02. Risks Addressed
  - 02.01 Risk Behavior Items
  - 02.02 Language Indicating Risk
  - 02.03 Risk on Initial CANS
  - 02.04 Risk on CSCP
  - 02.04 Risk on Crisis Plan
03. Current Collaborative Crisis Plan
04. [Crisis] Prevention Planning
05. Roles in Crisis
06. Tiered Actions
07. Post Crisis Plan
08. Crisis Occurrence
  - 08.01. Post-Crisis Stabilization
  - 08.02. Crisis Follow-Up

### **Treatment Characteristics**

01. Number of Document Treatment Sessions
02. Encounter Date
03. Youth Present
04. Caregiver Present
05. Face-to-Face Duration
06. Practice Continuity
  - 06.01 Same Focus Last Session
  - 06.02 Progress Reviewed/Noted
  - 06.03 Success Clearly Celebrated
07. Treatment Content
  - 07.01 Psychoeducation
  - 07.02 Skill Development
  - 07.03 Skill Generalization
  - 07.04 Homework Assigned
  - 07.05 Enlisting Treatment Supporters
  - 07.06 Evidence-Based Practice Components
  - 07.07 Transition/Maintenance Planning
08. Contextual Treatment Support Enlisted

### **Parent Peer**

01. Parent Peer Role
    - 01.01 Peer Offered
    - 01.02 Offer Date
    - 01.03 Offer Documented
    - 01.04 Offer Declined
    - 01.05 Declined Reason
  02. Number of CFTs
  03. Parent Peer CFT Attendance
  04. Number of Documented Contacts
- #### **Parent Peer Documented Contacts**
01. Date of Contact
  02. Contact Type
  03. Person Contacted
  04. Duration of Contact
  05. Primary Content of Communication

### **Youth Peer**

01. Youth Peer Role
    - 01.01 Peer Offered
    - 01.02 Offer Date
    - 01.03 Offer Documenter
    - 01.04 Offer Declined
    - 01.05 Declined Reason
  02. Number of CFTs
  03. Youth Peer CFT Attendance
  04. Number of Documented Contacts
- #### **Youth Peer Documented Contacts**
01. Date of Contact
  02. Contact Type
  03. Person Contacted
  04. Duration of Contact
  05. Primary Content of Communication

### **Additional Active Intervention**

01. Number of Document Treatment
02. Encounter Date
03. Youth Present
04. Caregiver Present
05. Face-to-Face Duration
06. Practice Continuity
  - 06.01 Same Focus Last Session
  - 06.02 Progress Reviewed/Noted
  - 06.03 Success Clearly Celebrated
07. Treatment Content
  - 07.01 Psychoeducation
  - 07.02 Skill Development
  - 07.03 Skill Generalization
  - 07.04 Homework Assigned
  - 07.05 Enlisting Treatment Supporters
  - 07.06 Evidence-Based Practice
  - 07.07 Transition/Maintenance
08. Contextual Treatment Support Enlisted

# ID SHEET

This section collects information on the client being reviewed in addition to reviewer/rater information.

<b>01. RECORD ID</b>
The record ID will be automatically assigned by REDCap
<b>02. SITE CODE</b>
Provide the Site Code for the youth you are reviewing
Additional Information: The site code will either be assigned (for external reviews) or will be designated by the reviewer (for internal reviews)
<b>03. P1_ID</b>
Provide the Provider ID for the youth you are reviewing
<b>04. BHAS ID</b>
Provide the BHAS ID for the youth you are reviewing
<b>05. PATIENT INITIALS</b>
Provide the patient initials for the youth you are reviewing
<b>06. GROUP NAME</b>
Create/Use the same group name for clients you would like to report together
Additional Information: The group name will be assigned (for external reviews) or will be designated by the reviewer (for internal reviews)
<b>07. SUPERVISOR FIRST NAME</b>
Write in the supervisor first name
<b>08. SUPERVISOR LAST NAME</b>
Write in the supervisor last name
<b>09. CLINICIAN FIRST NAME</b>
Write in the clinician (therapist) first name
<b>10. CLINICIAN LAST NAME</b>
Write in the clinician (therapist) last name
<b>11. REVIEWER TYPE</b>
Answer Options: <input type="checkbox"/> External reviewer <input type="checkbox"/> Peer reviewer <input type="checkbox"/> Internal reviewer <input type="checkbox"/> Not a reviewer-
<b>12. AGENCY AFFILIATION:</b>
Indicate agency affiliation: • Select your agency from the drop-down list • If your agency is not included, select "Other" and type in your agency
<b>13. AGENCY REVIEWING:</b>
Indicate the agency you are reviewing: • Select the agency that you are reviewing from the drop-down list (if it is an internal review you will be selecting your own agency) • If the agency you are reviewing is not included, select "Other" and type in the name of the agency
<b>14. QIRT DATE COMPLETED:</b>
Provide the date that QIRT was completed
<b>15. RATER NOTES</b>
Write in any notes you may have on the file before you begin the review

# SAMPLING DATES & RATER INFORMATION

## SAMPLING DATES

The sampling dates are intended to provide the reviewer with clarity on the portion of the case file they are reviewing. The sampling dates are set by the reviewer. During the 2019 and 2020 WISE QIRT external reviews, reviewers used a sampling period of 3 months for each case file they reviewed. The client's enrollment date was assigned as the "Sampling Begin Date." The "Sampling End Date" was determined as the date exactly 90 days following the client's enrollment date. This sampling period was chosen as it captures the initial engagement period as well as potentially up to four Child and Family Team (CFT) meetings. However, a reviewer may choose any length of time for the sampling dates. The sampling dates may also vary for each case file review (e.g. a reviewer may choose to review from enrollment date to the fifth CFT).

### SAMPLING BEGIN DATE

The sampling dates are set by the reviewer

Enter a date in the format: **MM-DD-YYYY**

### SAMPLING END DATE

The sampling dates are set by the reviewer

Enter a date in the format: **MM-DD-YYYY**

## RATER INFORMATION

### FIRST NAME

Write in your first name

### LAST NAME

Write in your last name

### EMAIL

Write in your email address

### ROLE(S) BEING REVIEWED IN THIS CASE REVIEW

#### Additional Information:

- To complete a full QIRT review, the reviewer should choose: Care Coordination (all submodules), Therapist, Parent Peer, Youth Peer, and Additional Active Intervention
- When completing a full review, check both the Parent Peer and Youth Peer boxes, even if only one of those is part of the Child and Family Team; you will be asked questions about if the peer was offered
- You may choose to only review a certain role; check the relevant boxes accordingly

#### Answer Options:

- |   |   |
|---|---|
| <input type="checkbox"/> Care Coordination (all submodules)                   | <input type="checkbox"/> Care Coordination (C. Initial Care Planning only)                |
| <input type="checkbox"/> Therapist  | <input type="checkbox"/> Care Coordination (D. Child and Family Team Process Review only) |
| <input type="checkbox"/> Parent Peer  | <input type="checkbox"/> Care Coordination (E. Transition Planning only)                  |
| <input type="checkbox"/> Youth Peer   | <input type="checkbox"/> Care Coordination (F. Crisis Prevention and Response only)       |
| <input type="checkbox"/> Care Coordination (A. Initial Engagement only)       | <input type="checkbox"/> Additional Active Intervention                                   |
| <input type="checkbox"/> Care Coordination (B. Collaborative Assessment only) |   |

### CURRENT TIME

Write in the current time.

# CARE COORDINATION

The care coordination module consists of six submodules: [A] Initial Engagement, [B] Collaborative Assessment, [C] Initial Care Planning, [D] Child and Family Team Process Review, [E] Transition Planning, [F] Crisis Prevention and Response. This module is intended to identify care coordination practices during each of the phases of care distinguished by the submodules. Unlike other QIRT modules, care coordination is focused primarily on the activity of “Care Coordination” rather than the role of the Care Coordinator. The WISE model allows for any member of the Child and Family Team function in a “care coordinator” role, and the QIRT is designed to capture that work. For example, a parent peer may be responsible for much of the initial engagement functions that may be performed by a care coordinator at a different agency. Unless a question specifies that you are evaluating only the Care Coordinator’s role in an interaction, any team member may be responsible for the interactions listed in this module. As you evaluate this module pay close attention to time specifications (e.g. “within the first two contacts” or “within 14 calendar days”).

## SUBMODULE: [A] INITIAL ENGAGEMENT

### 01. TIMELY SCREENING

There is a CANS screen completed (by someone with an active CANS Certification) within 14 calendar days of the referral.

#### Additional Information:

- The reviewer will be asked the date of the CANS screener and the date of the referral; REDCap will calculate and display the number of days

#### Ratings and Descriptions

- |     |  |
|-----|--|
| Yes | There is a CANS screen within 14 calendar days of the referral.            |
| No  | There is <b>NOT</b> a CANS screen within 14 calendar days of the referral. |

### 02. WISE UNDERSTOOD

Psychoeducation on Service Process Provided (Timelines, Expected Duration, Team Approach, Caregiver and Youth Direction of Treatment). Within the first two meetings, clear evidence that caregiver(s) and youth have been engaged in a meaningful discussion of the content of WISE services.

Note: It is possible for these two meetings to be held in person (best practice) or over the phone (or video conferencing). Do not include contacts that are exclusively for the purpose of scheduling within the first two meetings.

#### Additional Information:

- This item is designed to capture the outcome of efforts made to create a genuine understanding of WISE services, their content, duration and intended outcomes, and the roles of key persons involved in WISE

#### Ratings and Descriptions

- |   |  |
|---|--|
| 0 | Clear indication that WISE services were described, literature provided, and questions evoked. Upon qualification for WISE services, participants have made an informed choice about proceeding with the service.                        |
| 1 | Indication that a discussion of the content of WISE services has taken place, but limited or no evidence of client response.   |
| 2 | Indication that limited discussion has taken place (minimal information about the service process provided, or an important person left out of the discussion), or that either caregiver or youth still has questions about the service. |
| 3 | No indication that discussion of the content of WISE services has occurred, or indication of coordinator reluctance to provide important details about WISE services.  |

### 03. BARRIERS EVOKED

Within the first two meetings, clear evidence of a collaborative process with youth and/or family to identify barriers to WISE participation

Note: It is possible for these two meetings to be held in person (best practice) or over the phone (or video conferencing). Do not include contacts that are exclusively for the purpose of scheduling within the first two meetings.

<p>Additional Information:</p> <ul style="list-style-type: none"> <li>This item is about how the Care Coordinator is able to evoke any barriers to participation. These could include attitudinal (belief that the program would not work; mistrust of service providers, etc.) or material barriers (lack of time, transportation, childcare, etc.)</li> </ul>	<p>Ratings and Descriptions</p> <p>Yes There is clear evidence of a collaborative process to identify barriers.</p> <hr/> <p>No There is no evidence of a collaborative process to identify barriers. This may mean there were no barriers identified, or the process to identify barriers was not documented as a collaborative process.</p>
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### 04. BARRIERS ADDRESSED

Clear evidence of multiple efforts to lower barriers to entry, including: providing choice of time and place convenient to family / youth, childcare. In the case of barriers related to transportation, efforts to help youth/family identify ways to address these issues.

<p>Additional Information:</p> <ul style="list-style-type: none"> <li>This item may be rated 'NA' if a barrier had been identified but family has already addressed the barrier without the support of the WISE team</li> </ul>	<p>Ratings and Descriptions</p> <p>0 Supports offered and accepted</p> <hr/> <p>1 Supports offered but not accepted</p> <hr/> <p>2 Supports not offered</p> <hr/> <p>3 No evidence of process to address barriers</p> <hr/> <p>NA Process to identify barriers completed, no barriers identified or supports already in place</p>
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### 05. ENROLLMENT DATE

<p>Additional Information:</p> <ul style="list-style-type: none"> <li>The enrollment date as defined by the agency</li> <li>Examples of how enrollment date may be defined by an agency: WISE consent forms signed, screener completed, etc.</li> </ul>	<p>Enter a date in the format: <b>MM-DD-YYYY</b></p> <p>*Note: If the date is missing, enter: 01-01-1900</p>
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#### 05.01 ENROLLMENT DATE DEFINITION

Describe how the enrollment date was defined by the agency. Typically, this is the date of the first encounter with a U8 modifier.

### 06. CONTACT INTENSITY

How many face-to-face contacts (in-person or telehealth video) were there (between the youth and/or caregiver(s) and any Child and Family Team member) during the first 30 days post-enrollment? (This set of questions repeats for each contact.)

<p>Additional Information:</p> <ul style="list-style-type: none"> <li>Include the enrollment date contact if it is face-to-face (in-person or telehealth video)</li> <li><b>For each contact</b>, the reviewer will be asked the date, contact type, and duration</li> </ul>	<p>Indicate the number of contacts.</p>
--	---

**06.01 CONTACT DATE**

Date of contact recorded on the encounter note.

Enter a date in the format: **MM-DD-YYYY**

\*Note: If the date is missing, enter: 01-01-1900

**06.02 CONTACT TYPE**

Indicate the type of contact by choosing ONE answer option.

<p>Additional Information:</p> <ul style="list-style-type: none"> <li>To include a contact for the question "Contact Intensity," the contact must be Face-to-Face</li> </ul>	<p>Answer Options</p> <p><input type="checkbox"/> Face-to-Face – In Person</p> <p><input type="checkbox"/> Face-to-Face – Telehealth Video</p> <p><input type="checkbox"/> Telehealth, Audio Only</p>
--	---

**06.03 CONTACT DURATION**

Additional Information:

- If the contact was recorded as zero minutes, enter zero here

Enter the duration of the contact in minutes.

SUBMODULE: [B] COLLABORATIVE ASSESSMENT

**01. TIMELY ASSESSMENT**

There is an initial full CANS assessment completed (by someone with an active CANS Certification) within 30 days of enrollment.

<p>Additional Information:</p> <ul style="list-style-type: none"> <li>The reviewer will be asked the date of the CANS assessment; REDCap will calculate and display the number of days between the assessment and the enrollment date</li> </ul>	<p>Ratings and Descriptions</p> <p>Yes There is an initial full CANS assessment completed (by someone certified in performing CANS) within 30 days of enrollment.</p> <p>No There is <b>NOT</b> an initial full CANS assessment completed (by someone certified in performing CANS) within 30 days of enrollment.</p>
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## 02. NEEDS REVIEWED

Before the sign-off of the initial CANS, there is evidence (from the progress notes or clear notes on the CANS assessment) that the initial full CANS was reviewed by caregiver and youth, their feedback solicited, and changes incorporated into the final written version.

### Additional Information:

- This item is about how the assessment becomes a document which reflects a joint understanding of the child / youth and family's needs and strengths, and in which everyone can see their part in creating. Differences in perspective, particularly when serious, are noted in the assessment using respectful language

### Ratings and Descriptions

- 0 Evidence that the initial full CANS process was collaborative and that there was ongoing feedback throughout. Consensus was reached with family and youth on the CANS.
- 1 Evidence of some review and feedback integrated into the initial full CANS.
- 2 Evidence that a review occurred, but incorporation of changes suggested was incomplete or did not happen.
- 3 No documented evidence that the initial full CANS was ever formally reviewed with the caregiver / youth.

## 03. STRENGTHS EVOKED

Before the sign-off of the initial CANS, there is evidence of (from the progress notes or clear notes on the CANS assessment) meaningful discussion(s) of strengths and culture across family members, and integration of said discussion(s) into the formulation of the child / youth's needs and strengths.

### Additional Information:

- If meaningful discussion takes place **after** the sign-off of the initial CANS, do not include that evidence in your rating of this item

### Ratings and Descriptions

- 0 All family members' (including youth's) strengths and culture discussed, and integrated in the formulation of the youth's needs and strengths
- 1 The youth and at least one primary caregiver's strengths and culture discussed, and integrated in the formulation of the child's needs and strengths.
- 2 Only the youth's strengths and culture discussed and integrated into assessment OR only the caregiver's strengths and culture discussed and integrated into assessment
- 3 No documented discussion or integration of strengths and culture in the assessment.

## SUBMODULE: [C] INITIAL CARE PLANNING

## 01. VISION AND MISSION

A vision and/or mission statement is included in the Cross-System Care Plan (CSCP) and describes the goals of the CFT, including ultimate transition out of WISE.

### Additional Information:

- There does not need to be both a vision and mission statement to rate this item a '0,' but whatever statement(s) are included must have both components (goals of the CFT and ultimate transition out of WISE) to be rated a 0

### Ratings and Descriptions

- 0 There is a vision and/or mission statement that describes both the goals of the CFT and transition out of WISE.
- 1 There is a vision and/or mission statement that describes either the goals of the CFT or transition out of WISE.
- 2 There is a vision and/or mission statement included, but it does not describe the goals of the CFT or include a description of transition out of WISE.
- 3 There is **NOT** a vision and/or mission statement.

## 02. APPROPRIATE SUPPORTS

This set of questions is designed to assess if psychiatric consultation occurred if psychotropic medication is a first-line treatment for a client's identified behavioral/emotional need.

### 02.01 IS EITHER THE PSYCHOSIS ITEM OR THE ATTENTION/IMPULSE ITEM RATED A '2' OR '3' ON THE INITIAL FULL CANS?

Additional Information:

- These items are located in the Youth Behavioral / Emotional Needs domain

Ratings and Descriptions

Yes One or both of the items is rated a 2 or 3.

No Neither item is rated a 2 or 3.

### 02.02 IS EITHER THE MOOD DISTURBANCE ITEM OR THE ANXIETY ITEM RATED A '3' ON THE INITIAL FULL CANS?

Additional Information:

- These items are located in the Youth Behavioral / Emotional Needs domain

Ratings and Descriptions

Yes One or both of the items is rated a 3.

No Neither item is rated a 3.

#### IF 2.01 OR 2.02 IS 'YES'

### 02.03 IS THE CHILD/YOUTH ALREADY RECEIVING PSYCHIATRIC MEDICATION FOR THESE CONDITIONS?

Additional Information:

- Psychotropic medication should be recorded in the first section of the CANS screen or full.

Ratings and Descriptions

Yes Psychiatric medication is documented in the notes.

No There is no evidence the youth is receiving psychiatric medication.

#### IF 2.01 OR 2.02 IS 'YES':

### 02.04 HAS THERE BEEN A PSYCHIATRIC CONSULTATION FOR THE CHILD/YOUTH SINCE ENROLLING IN WISE?

Additional Information:

- This information should be included in the CSCP or ISP notes

Ratings and Descriptions

Yes Psychiatric consultation is documented in the notes.

No There is no evidence the youth has received psychiatric consultation.

#### IF 2.01 OR 2.02 IS 'YES', AND 2.03 IS 'NO', AND 02.04 IS 'YES':

### 02.05 PROVIDE DATE OF PSYCHIATRIC CONSULTATION SINCE ENROLLING IN WISE

Enter a date in the format: MM-DD-YYYY

\*Note: If the date is missing, enter: 01-01-1900

### 03. COORDINATED CARE PLANNING

This set of question is intended to assess whether stakeholders in all contexts where child/youth functional needs were identified were contacted and asked for input on the Cross-System Care Plan (CSCP).

#### 03.01 NEED AT HOME?

Are the Family, Living Situation, and/or Sleep items on the Initial CANS rated a '2' or a '3'?

Additional Information:

- These three items have been identified as the Life Functioning Domain items most closely related to the home environment

Ratings and Descriptions

- Yes At least one of the items (Family, Living Situation, or Sleep) is rated a 2 or 3.
- No None of the items (Family, Living Situation, or Sleep) are rated a 2 or a 3.

#### 03.01.1 NEED AT HOME – INPUT SOLICITED?

Was someone from the home environment (e.g., parent, sibling, caregiver) contacted and asked for input on the Cross-System Care Plan?

Additional Information:

- Evidence of input may come directly from the CSCP or from contact notes

Ratings and Descriptions

- Yes At least one representative from the home environment gave input.
- No No input was given from a representative from the home environment.

#### 03.02 NEED AT SCHOOL?

Are the School Achievement, School Behavior, School Attendance, or Intellectual/Developmental items on the Initial CANS rated a '2' or a '3'?

Additional Information:

- These four items have been identified as the Life Functioning Domain items most closely related to the school environment

Ratings and Descriptions

- Yes At least one of the items (School Achievement, School Behavior, School Attendance, or Intellectual/Developmental) is rated a 2 or 3.
- No None of the items (School Achievement, School Behavior, School Attendance, or Intellectual/Developmental) are rated a 2 or a 3.

#### 03.02.1 NEED AT SCHOOL – INPUT SOLICITED?

Was someone from the school environment (e.g., teacher, administrator, school counselor) contacted and asked for input on the Cross-System Care Plan?

Additional Information:

- Even if there is not a need from a specific environment, you will still be asked if input from a representative from that environment was solicited

Ratings and Descriptions

- Yes At least one representative from the school environment gave input.
- No No input was given from a representative from the school environment.

**03.03 COMMUNITY NEED?**

Are the Interpersonal, Crime/Delinquency, or Sexual Development items on the Initial CANS rated a '2' or a '3'?

Additional Information: <ul style="list-style-type: none"> <li>These three items have been identified as the Life Functioning Domain items most closely related to the community environment</li> </ul>	Ratings and Descriptions	
	Yes	At least one of the items (Interpersonal, Crime/Delinquency, or Sexual Development) is rated a 2 or 3.
	No	None of the items (Interpersonal, Crime/Delinquency, or Sexual Development) are rated a 2 or a 3.

**03.04 COMMUNITY NEED – INPUT SOLICITED?**

Was someone from the community (e.g., coach, faith leader) contacted and asked for input on the Cross-System Care Plan?

Additional Information: <ul style="list-style-type: none"> <li>Evidence of input may come directly from the CSCP or from contact notes</li> </ul>	Ratings and Descriptions	
	Yes	At least one representative from the community gave input.
	No	No input was given from a representative from the community.

**04. INTEGRATION AND PRIORITIZATION**

The Cross-System Care Plan (CSCP) reflects the family's prioritization of needs and goals and addresses their needs, including those identified in the initial full CANS.

Additional Information: <ul style="list-style-type: none"> <li>A youth may have too many immediate needs to act on at once; however, to rate this QIRT item a '0' all items must still be addressed on the CSCP, even if they are not currently being targeted by a goal</li> </ul>	Ratings and Descriptions	
	0	All immediate needs identified by the initial full CANS are addressed in the CSCP (this should include decisions to defer addressing low priority needs). The prioritization of needs and goals by the family and youth was discussed and integrated in the development of the CSCP.
	1	Prioritization of needs and goals by the youth and family guided the development of the CSCP; not all immediate needs identified by the initial full CANS explicitly addressed by the CSCP.
	2	Some evidence that the CSCP was informed by youth and family prioritization of needs and goals. Only some of the immediate needs identified by the initial full CANS are explicitly addressed in the CSCP.
	3	No evidence that prioritization of needs and goals in CSCP correspond to youth and family priorities. Few of the immediate needs identified by the initial full CANS are addressed in the CSCP.

**05. MANAGEABLE (NUMBER OF) GOALS**

Indicate the number of goals included on the initial Cross-System Care Plan (CSCP).

Additional Information: <ul style="list-style-type: none"> <li>Differentiate between goals and tasks; reviewers are asked separate questions about tasks assigned at CFTs</li> </ul>	Indicate the number of goals.
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**06. STRENGTHS BASED**

Initial CSCP includes at least 1 goal based on a strength(s) item from the CANS.

<p>Additional Information:</p> <ul style="list-style-type: none"> <li>This item assesses whether or not at least one goal in the CSCP involves strength development and/or the use of a centerpiece strength</li> </ul>	<p>Ratings and Descriptions</p> <p>Yes At least one goal is strengths-based.</p> <hr/> <p>No No goals are strengths-based.</p>
---	--

**07. SMART GOALS**

All goals in the CSCP defined in SMART Terms (Specific, Measurable, Achievable, Relevant, Time-bound)

<p>Additional Information:</p> <ul style="list-style-type: none"> <li>If there are two goals, and one is SMART and one is not SMART, please rate this a 1.</li> </ul>	<p>Ratings and Descriptions</p> <p>0 All goals are SMART.</p> <hr/> <p>1 One goal is not SMART.</p> <hr/> <p>2 More than one goal is not SMART.</p> <hr/> <p>3 No goals are SMART.</p>
---	--

**08. FAMILY AND YOUTH VOICE**

The CSCP goals are written in the words used by the youth and family.

<p>Additional Information:</p> <ul style="list-style-type: none"> <li>This item reflects the extent to which goals have been developed and internalized by the child / youth and caregiver, and then recorded using plain, youth- and family-based language (to facilitate ownership of the goals)</li> </ul>	<p>Ratings and Descriptions</p> <p>0 All goals are written in plain language and described in terms offered by the family.</p> <hr/> <p>1 One goal reflects technical / professional language.</p> <hr/> <p>2 Two or more goals have language which is technical or unfamiliar to a lay audience.</p> <hr/> <p>3 Goals appear to be written entirely from the perspective of / for professionals.</p>
---	---

**09. TIMELY AGREEMENT**

The initial Cross-System Care Plan was completed within 30 calendar days of the initial Child and Family Team (CFT) meeting, and agreed to by all CFT members.

<p>Additional Information:</p> <ul style="list-style-type: none"> <li>This item gauges the extent to which the CSCP is completed in a timely fashion, and is acceptable to the caregiver and youth</li> <li>Acceptability is indicated by the presence of a signature on the CSCP (youth signature presence may be dependent on developmental appropriateness). It facilitates buy-in on goals and actions to achieve goals</li> </ul>	<p>Ratings and Descriptions</p> <p>Yes The CSCP is completed and signed within 30 days of the initial CFT meeting.</p> <hr/> <p>No The CSCP is NOT completed and signed within 30 days of the initial CFT meeting.</p>
--	--

### 10. COPY TO EVERYONE

Evidence that a copy of the CSCP and all revisions were given to the family and all team members within 7 days of the CFT at which it was developed.

Additional Information: <ul style="list-style-type: none"><li>If there is clear evidence that every team member received an electronic copy, this item can be rated 'Yes'</li></ul>	Ratings and Descriptions	
	Yes	Evidence that a copy of the CSCP and all revisions were given to the family and all team members within 7 days of the CFT at which it was developed.
	No	No evidence that a copy of the CSCP and all revisions were given to the family and all team members within 7 days of the CFT at which it was developed.

## SUBMODULE: [D] MEETING-BY-MEETING CFT

### 01. PRE-CFT CONTACT FORM

Indicate the number of Care Coordinator contacts before the first CFT.

Include contacts from enrollment to the first CFT.

Include contacts between the Care Coordinator and all CFT members except the youth or parent peer.

Additional Information:

- If there is not a CFT in the sampling period, record all Care Coordinator contacts (except those with the youth or parent peer) in the sampling period (face-to-face -- in person, face-to-face -- telehealth/video, phone, messages left, text)

Indicate the number of contacts.

### THIS SET OF QUESTIONS REPEATS FOR EACH PRE-CFT CONTACT

#### 01.01 DATE OF CONTACT

Date of contact recorded on the encounter note.

Enter a date in the format: **MM-DD-YYYY**

\*Note: If the date is missing, enter: 01-01-1900

#### 01.02 CONTACT DURATION

Additional Information:

- If the contact was recorded as zero minutes, enter zero here

Enter the duration of the contact in minutes.

#### 01.03 CONTACT TYPE

Indicate one contact type

Additional Information:

- Message left refers to any contact in which there was no response from the client (e.g., a text with no response, a voicemail)

Answer Options

- Telephone Conversation
- Text Conversation
- Message Left
- Face-to-Face – In Person
- Face-to-Face – Telehealth, Video

**01.04 ATTENDEE CONTACTED**

Check all persons directly contacted in this instance

Additional Information:

- If you choose "Other" you will be asked to describe
- An attendee can be marked present if they are present for any portion of the contact
- An attendee can be marked present if they call in to a Face-to-Face contact

Answer Options

- Youth
- Parent/Caregiver
- Extended Family
- Coach
- Child Welfare Worker
- Educator
- Employer
- Faith Community Representative
- Physician / Psychiatrist
- Substance Use Counselor
- Other

**01.05 PRIMARY CONTENT OF COMMUNICATION**

Additional Information:

- Categorize the central gist of the communication
- If the content cannot be accurately captured using an existing category, briefly describe the core content in the 'Other' category
- If necessary, use more than one category to describe extended or complex interactions

Answer Options

- Follow up on CFT Meeting Task
- New Task
- Crisis
- Scheduling
- Other

**02. NUMBER OF DOCUMENTED CFTs**

During the sampling dates, how many CFTs were there?

Additional Information:

- The reviewer will answer a set of questions for each CFT that occurred during your sampling dates

Enter the number of Child and Family Team Meetings.

## REPEATING FORM: SUBMODULE [D] MEETING-BY-MEETING CFT

This submodule is designed to give us a clear sense of the content and outcomes of Child and Family Team (CFT) meetings. The core of the questions focuses on the processes of goal identification, identifying support for completing the tasks associated with goal completion, and the extent to which task completion actually occurs. This submodule repeats for each CFT meeting in the sampling period.

### 03. CFT MEETING: DATE, TYPE, DURATION

#### 03.01 CFT DATE

Date of contact recorded on the encounter note.

Enter a date in the format: **MM-DD-YYYY**

\*Note: If the date is missing, enter: 01-01-1900

#### 03.02 CONTACT TYPE (INDICATE ONE):

Additional Information:

- Child and Family Team Meetings must take place Face-to-Face

Answer Options

- Face-to-Face – In Person
- Face-to-Face – Telehealth, Video
- Telehealth, Audio Only

#### 03.03 CONTACT DURATION

Additional Information:

- If the CFT is split into multiple parts, record the CFT as one CFT – combine the durations, record the latest date, and review the most updated CSCP

Enter the duration of the contact in minutes.

### 04. ATTENDEES DOCUMENTED

There is a complete list of participants.

Additional Information:

- If there is evidence the list of participants is incomplete or incorrect, this item should be rated 'No'

Ratings and Descriptions

- Yes There is a complete list of attendees.
- No There is no list of attendees or the list included is clearly incomplete.

### 05. CONTACT INFORMATION PROVIDED

Participants' contact information provided to all participants within seven days of the CFT.

Additional Information:

- To rate this item 'Yes' there must be clear evidence every participant received the contact information for all participants

Ratings and Descriptions

- Yes The participants' contact information was provided to all participants within seven days of the CFT.
- No No evidence that contact information was provided.

**06. CSCP DEVELOPED OR UPDATED**

Was this the first CFT?

## Additional Information:

- Do not include previous CFTs if they are from a previous WISE episode

## Ratings and Descriptions

Yes This was the first CFT for this client.

No There were previous CFTs for this client.

**If 'Yes' to question "06." – [CFT 01]****06.01 DEVELOP CSCP**

Did the team develop the initial Cross-System Care Plan during the meeting?

## Additional Information:

- Evidence of CSCP development may be found in the CFT note or by the presence of a CSCP

## Ratings and Descriptions

Yes The CSCP was developed.

No The CSCP was not developed. It is not present or is incomplete.

**If 'Yes' to question "06." – [CFT 01]****06.02 CFT ROLE DISCUSSED AND DEFINED**

Did the team discuss and define CFT roles?

## Additional Information:

- This question is used to identify whether each person's role on the CFT has been defined. Role definition needs to be clarified for each person attending the first meeting who is providing (or offering) a support

## Ratings and Descriptions

Yes All CFT roles were defined and discussed.

No Not all CFT roles were defined and discussed.

**If 'No' to question "06." – [CFT 02+]****06.03 CSCP UPDATED**

Was the Cross-System Care Plan reviewed and updated during the meeting?

## Additional Information:

- If there is evidence a review took place and the team agreed no updates were needed, this item can be rated 'Yes'

## Ratings and Descriptions

Yes The CSCP was reviewed and updated.

No The CSCP was not reviewed and updated.

**If 'No' to question "06." – [CFT 02+]**

**06.04 CANS INTEGRATED**

Was a CANS Update done since the last CFT?

Additional Information:

- To rate this item a 'Yes' a full CANS reassessment must have been completed

Ratings and Descriptions

Yes A full CANS reassessment was completed since the last CFT.

No A full CANS reassessment was not completed since the last CFT

**If 'Yes' to question "06" – [CFT 02+]**

**06.05 CANS USED TO UPDATE THE CSCP**

Additional Information:

- Evidence of CSCP updates may be found in the CFT note or by the presence of a CSCP

Ratings and Descriptions

Yes The CANS was used to update the CSCP.

No The CANS was not used to update the CSCP and/or the CSCP was not updated.

**07. CFT TASKS**

In this CFT, how many tasks are assigned?

Additional Information:

- If tasks are left on the CSCP from a previous CFT please include those tasks in this count

Indicate the number of tasks assigned at this CFT.

**THIS SET OF QUESTIONS REPEATS FOR EACH TASK ASSIGNED IN THE CFT**

**07.01 TASK ASSIGNED IN CFT**

Additional Information:

- Provide a brief description of the task assigned in that CFT

Paraphrase the task.

**07.02 PERSONS SUPPORTING TASK COMPLETION**

Additional Information:

- If multiple people are assigned to support the task the reviewer will be able to enter up to three supporters

Write in who is responsible for supporting the task.

**07.03 TASK COMPLETED BY NEXT CFT**

Additional Information:

- If the reviewer answers 'Yes' they will be asked the date of completion
- The primary sources of information are the notes between CFTs and the next CFT meeting note

Ratings and Descriptions

Yes The task was completed by the next CFT.

No There is no evidence the task was completed by the next CFT.

**07.04 ENVIRONMENT MOST TARGETED BY TASK**

Additional Information:

- Provide the primary environment in which the task is being completed (options: Home, School, or Community)
- If necessary, a reviewer may choose more than one environment

Answer Options

- Home
- School
- Community

**08. CFT ATTENDEES**

This is a listing of persons attending the Child and Family Team meeting.

Additional Information:

- If you choose "Other Support" you will be asked to describe; the "Other Support" item can include descriptions of multiple persons, if necessary
- An attendee can be marked present if they are present for any portion of the contact
- An attendee can be marked present if they call in to a Face-to-Face contact
- If there is any evidence of attendance, an attendee can be marked as present (e.g. mark as present if the attendee is mentioned as participating in the CFT note, but isn't on the sign-in sheet, or vice versa)

Answer Options

- |   |   |
|---|---|
| <input type="checkbox"/> Caregiver(s)         | <input type="checkbox"/> Youth/Child                    |
| <input type="checkbox"/> Care Coordinator     | <input type="checkbox"/> Parent Partner                 |
| <input type="checkbox"/> Therapist            | <input type="checkbox"/> Peer Partner                   |
| <input type="checkbox"/> Child Welfare Worker | <input type="checkbox"/> Physician/Psychiatrist         |
| <input type="checkbox"/> Coach                | <input type="checkbox"/> Substance Use Counselor        |
| <input type="checkbox"/> Educator             | <input type="checkbox"/> Probation Officer              |
| <input type="checkbox"/> Employer             | <input type="checkbox"/> Faith Community Representative |
| <input type="checkbox"/> Other Support        |   |

\*Note: If you choose "Other" you will be asked to describe

REPEATING FORM: CARE COORDINATION, BETWEEN CFTS

**09. CARE COORDINATION, BETWEEN CFTs CONTACT FORM**

Indicate the number contacts between CFTs.

Include all contacts between Care Coordinator and any person that took place between CFTs (face-to-face -- in person, face-to-face -- telehealth video, phone, messages left, text).

Additional Information:

- If reviewing the last CFT in your sampling dates, INDICATE the number of contacts between the CFT and the end of the sampling period

Indicate the number of contacts.

**THIS SET OF QUESTIONS REPEATS FOR EACH BETWEEN CFT CONTACT**

**09.01 CONTACT DATE**

Date of contact recorded on the encounter note.

Enter a date in the format: **MM-DD-YYYY**

\*Note: If the date is missing, enter: 01-01-1900

**09.02 CONTACT DURATION**

Additional Information:

- Round to the nearest minute

Enter the duration of the contact in minutes.

**09.03 CONTACT TYPE**

Indicate one contact type.

Additional Information:

- Message left refers to any contact in which there was no response from the client (e.g., a text with no response, a voicemail)
- Every type except for 'message left' requires both an indication of communication by the Care Coordinator and a response by the person being contacted

Answer Options

- Telephone Conversation
- Text Conversation
- Message Left
- Face-to-Face – In Person
- Face-to-Face – Telehealth, Video
- Telehealth, Audio Only

**09.04 ATTENDEE CONTACTED**

Check all persons directly contacted in this instance.

Additional Information:

- If you choose "Other" you will be asked to describe
- An attendee can be marked present if they are present for any portion of the contact
- An attendee can be marked present if they call in to a Face-to-Face contact

Answer Options

- Youth
- Parent/Caregiver
- Extended Family
- Physician / Psychiatrist
- Substance Use Counselor
- Child Welfare Worker
- Coach
- Educator
- Employer
- Faith Community Representative
- Other

\*Note: If you choose "Other" you will be asked to describe

**09.05 PRIMARY CONTENT OF COMMUNICATION**

Categorize the central gist of the communication.

Additional Information:

- If the content cannot be accurately captured using an existing category, briefly describe the core content in the 'Other' category
- If necessary, use more than one category to describe extended or complex interactions

Answer Options

- Follow up on CFT Meeting Task
- New Task
- Crisis
- Scheduling
- Other

## SUBMODULE: [E] TRANSITION PLANNING

### 01. PHASE OF CARE

Is this team currently planning for the child / youth's transition from WISE services?

**Additional Information:**

- This question reflects the individualized and team-specific practices regarding transition planning. Though some WISE teams demonstrate evidence of transition planning as an immediate and integrated part of their provision of supports, others do not

**Ratings and Descriptions**

- Yes The team is planning for the child/youth's transition from WISE services.
- 
- No The team is not planning for transition.

### 02. FORMAL TRANSITION PLAN

Has a formal Transition Plan been developed?

**Additional Information:**

- This item refers to the existence of either a specific, standalone document or specific steps in a CSCP which identifies the steps which will be taken, and supports available, to be able to successfully transition from WISE supports

**Ratings and Descriptions**

- Yes There is a formal transition planning document present in the file.
- 
- No There is NOT a formal transition planning document present in the file.

### 03. COLLABORATIVE TRANSITION PLANNING

There is documentation of transition planning within the CFT meetings to address successful transition away from formal supports, as informal supports are in place and providing needed support.

**Additional Information:**

- Evidence of planning is found in CFT meeting notes, CSCP, Crisis plan, and specific transition plan
- Formal service providers are WISE professionals and possibly others from child-serving systems

**Ratings and Descriptions**

- 0 Plan completed and reflects input from formal service providers, natural supports, family and youth.
- 
- 1 Plan completed with input from family and youth or formal service providers, but not both.
- 
- 2 Plan present but does not appear to be individualized to the family's current supports and needs.
- 
- 3 No evidence of planning present in file.

## SUBMODULE: [F] CRISIS PREVENTION AND RESPONSE

### 01. AVAILABILITY OF A WISE CRISIS PLAN

A Crisis Prevention and Response Plan is completed and available to all CFT members and crisis-specific supports.

Additional Information:

- Choose the option that best fits the crisis plan availability

Answer Options

- Crisis plan completed as part of WISE and documented as distributed to the family and CFT treatment members.

---

- Crisis plan completed as part of WISE but not distributed to the family and CFT treatment members.

---

- Crisis plan completed outside of WISE, but present in file and shared with CFT.

---

- Documentation of family and youth having a current crisis plan, but youth and family want it separate from WISE.

---

- Crisis planning declined by youth and family.

---

- No documented evidence of formal crisis planning.

### 02. RISKS ADDRESSED

This set of questions assesses whether all youth risk behaviors are adequately addressed on the Crisis Plan and Cross-System Care Plan.

#### 02.01 RISK BEHAVIOR ITEMS

Are there any risk behavior items on the initial cans rated a '3'?

Additional Information:

- Refer to the initial CANS assessment

Ratings and Descriptions

- Yes There are one or more Risk Behavior items rated a '3.'

---

- No There are no Risk Behavior items rated a '3.'

#### 02.02 LANGUAGE INDICATING RISK

Is there any language in the assessment narrative indicating that the youth is a current danger to self or others?

Additional Information:

- If 'Yes,' reviewer will be asked to describe the language

Ratings and Descriptions

- Yes There is language indicating risk.

---

- No There is no language indicating risk.

**IF 2.01 IS 'YES' THIS SET OF QUESTIONS REPEATS FOR EACH RISK ITEM**

#### 02.03 RISK ON INITIAL CANS

Risk behavior item rated a '3' on the youth's initial CANS.

Additional Information:

- Write in any risk behavior item rated a '3'; order of items does not matter

Write in item name.

**02.04 RISK ON CSCP**

Is the risk behavior item on the cross-system care plan?

## Additional Information:

- If 'Yes' the reviewer will be asked to identify what goal # the item is addressed under.

## Ratings and Descriptions

- Yes The item is addressed on the Cross-System Care Plan.
- No The item is NOT addressed on the Cross-System Care Plan.

**02.05 RISK ON CRISIS PLAN**

Is the risk behavior item on the crisis plan?

## Additional Information:

- If 'Yes' the review will be asked where on the crisis plan the item is addressed

## Ratings and Descriptions

- Yes The item is addressed on the Crisis Plan.
- No The item is NOT addressed on the Crisis Plan.

**03. CURRENT COLLABORATIVE CRISIS PLAN**

The Crisis Plan is reflective of current youth and family needs, priorities, and concerns.

## Additional Information:

- The Crisis Plan is required to be updated in preparation for transition out of WISE services. This item assesses whether that process happens and how collaborative and comprehensive that process is when it does happen

## Ratings and Descriptions

- 0 Plan completed and reflects input from formal service providers, natural supports, family and youth.
- 1 Plan completed with input from family and youth or formal service providers, but not both.
- 2 Plan present but does not appear to be individualized to the family's current supports or does not reflect child / youth's current triggers for dangerous behaviors.
- 3 No plan present.

**04. [CRISIS] PREVENTION PLANNING**

Crisis plan actively addresses prevention and early identification.

## Additional Information:

- Item assess the extent to which the Crisis Plan is proactive and preventive, rather than simply listing Crisis Providers and Crisis Resources
- Evidence may include identifying ways to avoid crisis-generating situations, specific responses and persons to prevent escalation of maladaptive coping responses, and strength-building interventions to increase capacity to generate positive responses from others and address one's own distress

## Ratings and Descriptions

- Yes The plan addresses prevention and early identification.
- No The plan does not address prevention and/or early identification.

**05. ROLES IN CRISIS**

Crisis plan describes the role and responsibilities of each CFT member in preventing and identifying crises.

## Additional Information:

- Every team member should be included on the crisis plan so they know their role in a crisis (even if a member has a minimal role in crisis response)

## Ratings and Descriptions

- Yes EVERY CFT member's role is described.
- No Roles and responsibilities of each CFT member are not described.

**06. TIERED ACTIONS**

Crisis plan provides action steps that are tied to crisis severity.

Additional Information: <ul style="list-style-type: none"> <li>There should be multiple steps to rate this item as a 'Yes'</li> </ul>	Ratings and Descriptions	
	Yes	The plan provides action steps tied to crisis severity.
	No	The plan does NOT provide action steps tied to crisis severity.

**07. POST CRISIS PLAN**

Crisis plan provides specific steps to take in post-crisis response and planning.

Additional Information: <ul style="list-style-type: none"> <li>There should be multiple steps to rate this item as a 'Yes'; one or two steps does not constitute a 'plan'</li> </ul>	Ratings and Descriptions	
	Yes	The plan provides post-crisis response steps.
	No	The plan does not provide steps to take post-crisis.

**08. CRISIS OCCURRENCE**

Has a Crisis occurred in the past 90 days?

Additional Information: <ul style="list-style-type: none"> <li>In this instance, a Crisis refers to a destabilizing event that requires a Crisis Response, including the enactment of strategies to prevent the use of a formal Crisis team, prevent hospitalization, or prevent loss of placement</li> </ul>	Ratings and Descriptions	
	Yes	A crisis has occurred.
	No	A crisis has NOT occurred.

**IF 09. IS 'YES'****08.01 POST-CRISIS STABILIZATION**

Post-crisis, community-based stabilization services were planned and provided.

Additional Information: <ul style="list-style-type: none"> <li>This item refers to the documented use of post-crisis stabilization services. These services are designed to facilitate transition back to the community if the child / youth is placed out of home. If the child returns home, services may be used to reduce potential safety risks and ensure supports are sufficient to maintain placement in the community.</li> </ul>	Ratings and Descriptions	
	Yes	Post-crisis stabilization services were provided.
	No	Post-crisis stabilization services were NOT provided.

**IF 09. IS 'YES'****08.02 CRISIS FOLLOW-UP**

Within 14 days of crisis resolution, a CFT team meeting determines the impact of the crisis response.

Additional Information: <ul style="list-style-type: none"> <li>The meeting must be a full Child and Family Team meeting to rate this question 'Yes' as opposed to a check-in with the youth and/or family and a single member of the team</li> </ul>	Ratings and Descriptions	
	Yes	The CFT met to discuss the impact of the crisis response within 14 days of the crisis resolution.
	No	The CFT did NOT meet to discuss the impact of the crisis response within 14 days of the crisis resolution.

# CARE COORDINATION FINAL QUESTIONS

This subsection allows the reviewer to provide some narrative around their review of the CSCP.

**A. What Care Coordinator-provided supports appear to be especially powerful in supporting this child / youth's success? Describe any such practices:**

Write in your answer.

**B. What important, measurable aspect of this child / youth's experience of care have we missed in this section? Be as concrete as possible in describing what else needs to be considered for inclusion:**

Write in your answer.

**C. Is there anything else which we should note about your ratings for this child/youth?**

Write in your answer.

# TREATMENT CHARACTERISTICS

This module consists of one repeating form with questions designed to identify treatment practices used at each session during the sampling dates.

## TREATMENT CHARACTERISTICS NUMBER OF SESSIONS

### 01. NUMBER OF DOCUMENTED TREATMENT SESSIONS

During the sampling dates, how many treatment sessions were there?

Additional Information:

- Include only contacts between the client and/or caregiver(s) that indicate treatment content. Do not include contacts that are exclusively scheduling or contacts that do not include either the client and/or caregiver(s).

Enter the number of sampled treatment sessions (non-CFT contacts) during the sampling dates.

## REPEATING FORM: TREATMENT CHARACTERISTICS

### 02. ENCOUNTER DATE

Enter a date in the format: **MM-DD-YYYY**

\*Note: If the date is missing, enter: 01-01-1900

### 03. YOUTH PRESENT

Additional Information:

- If the youth is present in any capacity, mark them as present

Ratings and Descriptions

Yes The youth was present at the treatment session.

No The youth was NOT present at the treatment session.

### 04. CAREGIVER PRESENT

Additional Information:

- If the caregiver(s) is present in any capacity, mark them as present

Ratings and Descriptions

Yes The caregiver(s) was present at the treatment session.

No The caregiver(s) was NOT present at the treatment session.

### 05. FACE-TO-FACE DURATION

Total minutes of face-to-face contact (in-person or telehealth video) with the youth or caregiver

Additional Information:

- If the contact is not Face-to-Face, record zero minutes for this field

Enter the duration of the Face-to-Face minutes.

**06. PRACTICE CONTINUITY**

Did you review notes from a previous session?

## Additional Information:

- If notes were NOT reviewed from a previous session, the reviewer will not be asked further practice continuity questions

## Ratings and Descriptions

- Yes Notes were reviewed from a previous session.
- 
- No Notes were NOT reviewed from a previous session.

**IF 05. IS 'YES'****06.01 SAME FOCUS LAST SESSION**

Is the session a natural continuation of the topic(s) which were the focus of the previous session?

## Additional Information:

- The focus may shift to a different aspect of functioning, but if it is a natural continuation this may still be rated 'Yes'

## Ratings and Descriptions

- Yes This session was a natural continuation of the previous session.
- 
- No Majority of the session is spent on another topic (new crisis, different aspect of functioning).

**IF 05. IS 'YES'****06.02 PROGRESS REVIEWED/NOTED**

Refers to the process of checking in on progress towards goal(s).

## Additional Information:

- Must be specific to a goal/behavior

## Ratings and Descriptions

- Yes Checked in on progress.
- 
- No Did NOT check in on progress OR progress check-in was not specific to a goal/behavior.

**IF 05. IS 'YES'****06.03 SUCCESS CLEARLY CELEBRATED**

## Additional Information:

- Refers to a celebration of progress during the session for achieving a goal or utilizing a new skill

## Ratings and Descriptions

- Yes Success was celebrated.
- 
- No No evidence success was celebrated.

**07. TREATMENT CONTENT**For the **TREATMENT CONTENT QUESTIONS**, use the following categories:

- 0 Description of technique's use and youth or caregiver's response.
- 1 One-way description of the technique used.
- 2 Naming, or reference to, the technique.
- 3 No reference to the specific content.

---

**07.01 PSYCHOEDUCATION**

Information provision about the:

- symptoms of a psychiatric diagnosis,
- its causes,
- possible treatments available,
- the typical course of treatment,
- possible negative effects / adverse events in treatment and how to handle those effects / events.

“Psychoeducation gives patients and their families a schema for treatment, including information on diagnosis, treatment options, and coping skills.” (Friedberg, 2011). Psychoeducation can also include a description of the roles of different persons in treatment, and the sequence of assessment- and treatment-related activities which typically occur.

To rate this item, use the 0-3 categories as described under “06. TREATMENT CONTENT”

---

**07.02 SKILL DEVELOPMENT**

Includes any of the following:

- Presentation of specific skills to develop, selection of a skill to develop, rehearsal or role-play of the skill.
- Review of how the use of the skill was received, its consequences, and how it can be used or adapted for use in the future.
- Actual or imagined use of the skill in the target environment. Actual use includes controlled / therapist-accompanied exposure to a feared stimulus, or when the therapist guides the individual to use a new skill in a real-life situation. Imagined use refers to clear, guided imagining of the concerning situation, facilitated by the therapist, and the use of a new skill in that situation.

To rate this item, use the 0-3 categories as described under “06. TREATMENT CONTENT”

---

**07.03 SKILL GENERALIZATION**

Requires initial successful use of a new skill. Includes:

- Discussion of the characteristics of new settings in which to use the desired skill (such as persons, triggers, supports).
- Identification of supports and possible barriers to use.
- Identification of instances in which to use the skill.
- Role play or rehearsal of use of skill in new setting.

To rate this item, use the 0-3 categories as described under “06. TREATMENT CONTENT”

---

**07.04 HOMEWORK ASSIGNED**

Clear designation of a therapeutic activity to engage in between sessions. This could involve tracking specific behaviors, monitoring thoughts, engaging in new behaviors, etc. To be rated lower than a ‘3,’ it must be explicitly assigned as a task between sessions. To be rated a ‘2,’ it must be mentioned (“homework assigned,” “Ct given intervention to try out during the week”); to be rated a ‘1’ it must be clearly described, and to be rated a ‘0’ it must be clearly described and the client’s response to the homework must also be documented.

To rate this item, use the 0-3 categories as described under “06. TREATMENT CONTENT”

---

**07.05 ENLISTING TREATMENT SUPPORTERS**

Enlisting of a specific person or persons to help use or monitor the use of a skill or behavior taught in therapy. Usually this person will have a role in the environment in which the skill is to be used (for example, a teacher may be enlisted to reward on-task behavior in the classroom; a caregiver may be enlisted to model and help the youth use “I” statements).

To rate this item, use the 0-3 categories as described under “06. TREATMENT CONTENT”

---

**07.06 EVIDENCE-BASED PRACTICE (EBP) COMPONENTS**

Clear reference to, and activities based on components of an evidence-based practice. Ratings are based on the clarity with which the EBP is identified and the extent to which the youth / caregiver is engaged in the use of the EBP.

2019 Reporting Guide for Research and Evidence-based Practices in Children’s Mental Health:

<https://www.hca.wa.gov/assets/program/ebp-reporting-guides.pdf>

To rate this item, use the 0-3 categories as described under “06. TREATMENT CONTENT”

**07.07 TRANSITION / MAINTENANCE PLANNING**

Includes any of the following, when they are done as part of an intentional plan to maintain gains after the end of therapy with this clinician:

- Review of treatment progress and areas for continuing growth;
- Identification of social supports specifically to maintain use of new skills;
- Identification of ‘triggering’ thoughts, feelings, interactions and situations to manage;
- Warm ‘hand-off’ (introduction / meeting) to new clinician.

To rate this item, use the 0-3 categories as described under “06. TREATMENT CONTENT”

**08. CONTEXTUAL TREATMENT SUPPORT ENLISTED**

Persons with whom the therapist has direct contact to coordinate and support treatment should be indicated here.

Additional Information:

- There may be evidence of direct contact within the treatment session note (e.g. the therapist writes “I called the client’s Coach to help with...” or evidence from a separate interaction note; either is acceptable evidence

Answer Options

- |  |   |
|--|---|
| <input type="checkbox"/> Care Coordinator        | <input type="checkbox"/> Caregiver(s)                                 |
| <input type="checkbox"/> Extended Family         | <input type="checkbox"/> Physician / Psychiatrist                     |
| <input type="checkbox"/> Child Welfare Worker    | <input type="checkbox"/> Parent Peer Partner                          |
| <input type="checkbox"/> Substance Use Counselor | <input type="checkbox"/> Youth Peer Partner                           |
| <input type="checkbox"/> Probation Officer       | <input type="checkbox"/> Faith Community Representative               |
| <input type="checkbox"/> Coach                   | <input type="checkbox"/> Educator                                     |
| <input type="checkbox"/> Employer                | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other Supporter*        | Note: If you choose “Other Supporter” you will be asked to describe * |

# TREATMENT CHARACTERISTICS FINAL QUESTIONS

This subsection allows the reviewer to provide some narrative around their review of treatment characteristics.

**What therapist-provided supports appear to be especially powerful in supporting this child / youth's success? Describe any such practices:**

Write in your answer.

**What important, measurable aspect of this child / youth's experience of care have we missed in this section? Be as concrete as possible in describing what else needs to be considered for inclusion:**

Write in your answer.

**Is there anything else which we should note about your ratings for this child/youth?**

Write in your answer.

# PARENT PEER

The Parent Peer Module is designed to identify practices associated with parent peers. For a full QIRT review, the Parent Peer module should be completed. Even if a parent peer is not included on the Child and Family Team, reviewers will be asked questions about if the support was offered.

## PARENT PEER RATING SHEET

### 01. PARENT PEER ROLE

Is the Parent Peer part of the Child and Family Team (CFT)?

Additional Information:

- If a parent peer attended any CFTs or was part of the Child and Family Team (even briefly), rate this 'Yes'

Ratings and Descriptions

Yes A parent peer is part of the Child and Family Team.

No A parent peer is NOT part of the Child and Family Team.

### IF 01. IS 'NO'

#### 01.01 PEER OFFERED

Was a Parent Peer offered to the caregiver as a potential support?

Additional Information:

- Evidence may be found in care coordination notes

Ratings and Descriptions

Yes A parent peer was offered as a support.

No A parent peer was NOT offered as a support.

### IF 'YES' TO QUESTION "01.01"

#### 01.02 OFFER DATE

If a Parent Peer was offered, on what date was this documented?

Enter a date in the format: **MM-DD-YYYY**

\*Note: If the date is missing, enter: 01-01-1900

### IF 'YES' TO QUESTION "01.01"

#### 01.03 OFFER DOCUMENTED

Who documented this?

Additional Information:

- Record the name and/or role of the person

Record who documented the offer.

IF 'YES' TO QUESTION "01.01"	
01.04 OFFER DECLINED	
Was a reason provided for this support being declined?	
Additional Information: <ul style="list-style-type: none"> <li>Evidence may be found in care coordination notes, CFT notes, or elsewhere in the case file</li> </ul>	Ratings and Descriptions Yes A reason was provided. No A reason was NOT provided.

IF 'YES' TO QUESTION "01.01"	
01.05 DECLINED REASON	
What was the reason?	
Additional Information: <ul style="list-style-type: none"> <li>Paraphrase the reason the support was declined</li> </ul>	Write in the reason.

02. NUMBER OF CFTs	
How many CFTs have occurred during your sampling dates?	
Additional Information: <ul style="list-style-type: none"> <li>If a CFT is split into multiple parts, count that as one CFT</li> </ul>	Indicate the number of CFTs.

03. PARENT PEER CFT ATTENDANCE	
In the past Child and Family Team meeting(s) (up to 6 past Child and Family Team meetings), how often has the Parent Peer been present?	
Additional Information: <ul style="list-style-type: none"> <li>Only review CFTs that have occurred during the sampling dates; if more than 6 CFTs have occurred during the sampling dates do not record more than 6 as part of this question</li> </ul>	For each CFT that occurred, indicate whether or not the Parent Peer was present.

04. NUMBER OF DOCUMENTED CONTACTS	
During the sampling dates, how many Parent Peer non-CFT contacts were there? Include all contacts between Parent Peer and any person (face-to-face - in person, face-to-face - telehealth video, phone, messages left, text).	
Additional Information: <ul style="list-style-type: none"> <li>Include all contacts between the Parent Peer and any person</li> </ul>	Write in the number of contacts.

REPEATING FORM: PARENT PEER DOCUMENTED CONTACTS

01. DATE OF CONTACT
Date of contact recorded on the encounter note.
Enter a date in the format: <b>MM-DD-YYYY</b>
*Note: If the date is missing, enter: 01-01-1900

## 02. CONTACT TYPE

Indicate one contact type

### Additional Information:

- Message left refers to any contact in which there was no response from the client (e.g., a text with no response, a voicemail)
- 'Text' includes both text messages and e-mails

### Answer Options

- Telephone Conversation
- Text Conversation
- Message Left
- Face-to-Face – In Person
- Face-to-Face – Telehealth, Video
- Telehealth, Audio Only

## 03. PERSON CONTACTED

Check all persons directly contacted in this instance

### Additional Information:

- If you choose "Other" you will be asked to describe
- A person can be marked present if they are present for any portion of the contact
- A person can be marked as contacted if they call in to a Face-to-Face contact

### Answer Options

- Youth
- Extended Family
- Child Welfare Worker
- Substance Use Counselor
- Educator
- Other
- Parent/Caregiver
- Coach
- Physician / Psychiatrist
- Faith Community Representative
- Employer

## 04. DURATION OF CONTACT

### Additional Information:

- Round to the nearest minute

Provide the number of minutes of contact recorded in the encounter.

## 05. PRIMARY CONTENT OF COMMUNICATION

### Additional Information:

- Categorize the central gist of the communication
- If the content cannot be accurately captured using an existing category, briefly describe the core content in the 'Other' category
- If necessary, use more than one category to describe extended or complex interactions

### Answer Options

- Follow up on CFT Task
- Follow up on Treatment Session Task
- Crisis
- Scheduling
- Other

## PARENT PEER DOCUMENTED CONTACTS FINAL QUESTIONS

This subsection allows the reviewer to provide some narrative around their review of the Parent Peer Documentation.

**IF THERE ARE MORE THAN 20 CONTACTS --  
Have you noticed any patterns to this high level of Parent Peer contact between CFTs (what seems to be driving it)?**

Write in your answer.

**IF THERE ARE MORE THAN 20 CONTACTS --  
What else should we know about these Parent Peer contacts?**

Write in your answer.

**What Parent Peer-provided supports appear to be especially powerful in supporting this child / youth's success? Describe any such practices:**

Write in your answer.

**What important, measurable aspect of this child / youth's experience of care have we missed in this section? Be as concrete as possible in describing what else needs to be considered for inclusion:**

Write in your answer.

**Is there anything else which we should note about your ratings for this child/youth?**

Write in your answer.

# YOUTH PEER

The Youth Peer Module is designed to identify practices associated with youth peers. For a full QIRT review, the Youth Peer module should be completed. Even if a youth peer is not included on the Child and Family Team, reviewers will be asked questions about if the support was offered.

## YOUTH PEER RATING SHEET

### 01. YOUTH PEER ROLE

Is the Youth Peer part of the Child and Family Team (CFT)?

Additional Information:

- If a Youth Peer attended any CFTs or was part of the Child and Family Team (even briefly), rate this 'Yes'

Ratings and Descriptions

Yes A Youth Peer is part of the Child and Family Team.

No A Youth Peer is NOT part of the Child and Family Team.

#### IF 01. IS 'NO'

##### 01.01 PEER OFFERED

Was a Youth Peer offered to the caregiver and/or youth as a potential support?

Additional Information:

- Evidence may be found in care coordination notes

Ratings and Descriptions

Yes A Youth Peer was offered as a support.

No A Youth Peer was NOT offered as a support.

#### IF 'YES' TO QUESTION "01.01"

##### 01.02 OFFER DATE

If a Youth Peer was offered, on what date was this documented?

Enter a date in the format: **MM-DD-YYYY**

\*Note: If the date is missing, enter: 01-01-1900

#### IF 'YES' TO QUESTION "01.01"

##### 01.03 OFFER DOCUMENTED

Who documented this?

Additional Information:

- Record the name and/or role of the person

Record who documented the offer.

IF 'YES' TO QUESTION "01.01"	
01.04 OFFER DECLINED	
Was a reason provided for this support being declined?	
<p>Additional Information:</p> <ul style="list-style-type: none"> <li>Evidence may be found in care coordination notes, CFT notes, or elsewhere in the case file</li> </ul>	<p>Ratings and Descriptions</p> <p>Yes A reason was provided.</p> <p>No A reason was NOT provided.</p>

IF 'YES' TO QUESTION "01.01"	
01.05 DECLINED REASON	
What was the reason?	
<p>Additional Information:</p> <ul style="list-style-type: none"> <li>Paraphrase the reason the support was declined</li> </ul>	<p>Write in the reason.</p>

02. NUMBER OF CFTs	
How many CFTs have occurred during your sampling dates?	
<p>Additional Information:</p> <ul style="list-style-type: none"> <li>If a CFT is split into multiple parts, count that as one CFT</li> </ul>	<p>Indicate the number of CFTs.</p>

03. YOUTH PEER CFT ATTENDANCE	
In the past Child and Family Team meeting(s) (up to 6 past Child and Family Team meetings), how often has the Youth Peer been present?	
<p>Additional Information:</p> <ul style="list-style-type: none"> <li>Only review CFTs that have occurred during the sampling dates; if more than 6 CFTs have occurred during the sampling dates do not record more than 6 as part of this question</li> </ul>	<p>For each CFT that occurred, indicate whether or not the youth peer was present.</p>

04. NUMBER OF DOCUMENTED CONTACTS	
During the sampling dates, how many Youth Peer non-CFT contacts were there? Include all contacts between Youth Peer and any person (face-to-face - in person, face-to-face - telehealth video, phone, messages left, text).	
<p>Additional Information:</p> <ul style="list-style-type: none"> <li>Include all contacts between the Youth Peer and any person</li> </ul>	<p>Write in the number of contacts.</p>

REPEATING FORM: YOUTH PEER DOCUMENTED CONTACTS

01. DATE OF CONTACT
Date of contact recorded on the encounter note.
Enter a date in the format: <b>MM-DD-YYYY</b>
*Note: If the date is missing, enter: 01-01-1900

## 02. CONTACT TYPE

Indicate one contact type

### Additional Information:

- Message left refers to any contact in which there was no response from the client (e.g., a text with no response, a voicemail)
- 'Text' includes both text messages and e-mails

### Answer Options

- Telephone Conversation
- Text Conversation
- Message Left
- Face-to-Face – In Person
- Face-to-Face – Telehealth, Video
- Telehealth, Audio Only

## 03. PERSON CONTACTED

Check all persons directly contacted in this instance

### Additional Information:

- If you choose "Other" you will be asked to describe
- A person can be marked present if they are present for any portion of the contact
- A person can be marked as contacted if they call in to a Face-to-Face contact

### Answer Options

- Youth
- Extended Family
- Child Welfare Worker
- Substance Use Counselor
- Educator
- Other
- Parent/Caregiver
- Coach
- Physician / Psychiatrist
- Faith Community Representative
- Employer

## 04. DURATION OF CONTACT

### Additional Information:

- Round to the nearest minute

Provide the number of minutes of contact recorded in the encounter.

## 05. PRIMARY CONTENT OF COMMUNICATION

### Additional Information:

- Categorize the central gist of the communication
- If the content cannot be accurately captured using an existing category, briefly describe the core content in the 'Other' category
- If necessary, use more than one category to describe extended or complex interactions

### Answer Options

- Follow up on CFT Task
- Follow up on Treatment Session Task
- Crisis
- Scheduling
- Other

## YOUTH PEER DOCUMENTED CONTACTS FINAL QUESTIONS

This subsection allows the reviewer to provide some narrative around their review of the Youth Peer Documentation.

**IF THERE ARE MORE THAN 20 CONTACTS --**  
**Have you noticed any patterns to this high level of Youth Peer contact between CFTs (what seems to be driving it)?**

Write in your answer.

**IF THERE ARE MORE THAN 20 CONTACTS --**  
**What else should we know about these Youth Peer contacts?**

Write in your answer.

**What Youth Peer-provided supports appear to be especially powerful in supporting this child / youth's success? Describe any such practices:**

Write in your answer.

**What important, measurable aspect of this child/youth's experience of care have we missed in this section? Be as concrete as possible in describing what else needs to be considered for inclusion:**

Write in your answer.

**Is there anything else which we should note about your ratings for this child/youth?**

Write in your answer.

# ADDITIONAL ACTIVE INTERVENTION

The “Additional Active Intervention” questions are identical to the questions in the “Treatment Characteristics” module (substitute “additional active intervention session” everywhere the phrase “treatment session” is used.) Refer to the “Treatment Characteristics” module for guidance on how to complete the “Additional Active Intervention” module.

For example, one role that may be evaluated using this module is a behavioral interventionist.

END OF MANUAL.