| CAlogo.jpeg | End of Intervention SummaryCrisis Family Intervention  |
| --- | --- |
| DATE OF REPORT  | AGENCY PROVIDING SERVICE | PHONE NUMBER (INCLUDE AREA CODE) |
| DATE OF REFERRAL | THERAPIST NAME | CA SOCIAL WORKER      |
| TERMINATION DATE | FAMLINK CASE ID #      | FAMILY NAME      |
| [ ]  PLACEMENT PRESERVATION/PLACEMENT PREVENTION | [ ]  REUNIFICATION |
| **Clients Identified for Service** |
| CLIENT NAME | INITIAL CONTACT DATE | FIRST FACE TO FACE DATE | ENGAGED IN SERVICE |
|  |  |  | [ ]  YES [ ]  NO  |
|  |  |  | [ ]  YES [ ]  NO |
|  |  |  | [ ]  YES [ ]  NO |
|  |  |  | [ ]  YES [ ]  NO |
| **Intervention Report***Outline goals of the Intervention Plan, the action steps, and the family’s success in achieving the goals and completing the action steps.* *If status is “in progress” explain the progress made on Action Steps.* |
| **Intervention Goal:**       |
| Action Steps:1.       | [ ]  Completed [ ]  Not Completed [ ]  In progress |
| 2.       | [ ]  Completed [ ]  Not Completed [ ]  In progress |
| 3.       | [ ]  Completed [ ]  Not Completed [ ]  In progress |
| **Intervention Goal :**       |
| Action Steps:1.       | [ ]  Completed [ ]  Not Completed [ ]  In progress |
| 2.       | [ ]  Completed [ ]  Not Completed [ ]  In progress |
| 3.       | [ ]  Completed [ ]  Not Completed [ ]  In progress |
| **Intervention Goal :**       |
| Action Steps:1.       | [ ]  Completed [ ]  Not Completed [ ]  In progress |
| 2.       | [ ]  Completed [ ]  Not Completed [ ]  In progress |
| 3.       | [ ]  Completed [ ]  Not Completed [ ]  In progress |
| **CANS-F Results –** List of Family, Caregiver, and Child Useful Strengths and Needs identified at the end of the FFT intervention using the CANS-F.  |
| **Strengths related to family goals** | **Needs** |
| **Unmet Needs –** needs not offset by strengths |
| Describe the caregiver(s) level insight about the chain of events that led to CPS involvement and how this insight has grown or evolved during the intervention:      Describe the ways (concrete and observable) the family has improved their home environment to increase sustainable child safety :1.      2.      3.      For any treatment target areas that were identified through the CANS-F that were not addressed during this intervention, please identify natural *(church, family, school, friends, etc.)* and community *(mental health, CSO, YWCA, etc.)* resources that the family has been connected with to help address the child safety issues and describe the family’s progress in utilizing/accessing these services: 1.      2.      3.      Document the family’s perspective on how their parenting has changed during this intervention:1.      2.      3.      Document the therapist assessment of change during this intervention:1.      2.      3.      *(FOR FSS ONLY)* Describe items, goods, or services paid for through concrete funds and how they addressed safety:1.      2.      3.      Has the family resolved the immediate crisis that necessitated intervention? [ ]  YES [ ]  NODetail additional services or supports that may increase safety, functioning, and stability of the family:1.      2.      3.       |

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| **CANS – F Assessment**The Child and Adolescent Needs and Strengths-Family Assessment (CANS-F) is a multi-purpose tool designed to create communication and consensus around service planning. The CANS-F is a tool to help identify and prioritize the family’s treatment target needs to support the goal of increased child safety in the home. |
| **Scoring Scale** |
| **0 = No Evidence of Need** - no reason to believe/assume this is a need. This area may also be a strength of the family.**1 = Watchful Waiting / Prevention** - need to keep an eye on this area or consider putting in preventative measures to make sure things don’t get worse. There may be a history, suspicion or disagreement about the presence or absence of the target area. | **2 = Action Needed** - something must be done, the need is sufficiently problematic and is interfering with child safety in a notable way.**3 = Immediate / Intensive Action Needed** - requires immediate or intensive effort to address. Dangerous or disabling levels of needs.**S = Strength** – indicates a strength that is important to the person and can be used for strength-based planning process. |
| **Family Functioning** |
| Treatment Target Area | Score | Comments: Provide detailed information about any score that is a 2 or 3, or that is relevant to case planning including strengths. |
| 0 | 1 | 2 | 3 | S |
| Parent / Caregiver Collaboration | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Family Conflict | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Safety | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Family Role Appropriateness | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Social Resources | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Financial Resources | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relations Among Siblings | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Extended Family Relations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Family Communication | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Residential Stability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Caregiver Functioning** |
| Treatment Target Area | Score | Comments: Provide detailed information about any score that is a 2 or 3, or that is relevant to case planning including strengths. |
| 0 | 1 | 2 | 3 | S |
| Involvement with Services | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Distress Tolerance | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Supervision | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Discipline | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Mental Health  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Partner Relations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Substance Abuse  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Physical Health  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Organization | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Parental Attribution | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Emotional Responsiveness  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Caregiver Posttraumatic Reactions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Family Stress | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Boundaries | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Caregiver Advocacy** |
| Treatment Target Area | Score | Comments: Provide detailed information about any score that is a 2 or 3, or that is relevant to case planning including strengths. |
| 0 | 1 | 2 | 3 | S |
| Knowledge of Family / Child Needs | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Knowledge of Service Options  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Knowledge of Rights And Responsibilities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Ability to Listen  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Ability to Communicate  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Natural Supports  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Satisfaction With Child’s Living Arrangement  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Satisfaction With Educational Arrangement  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Child Functioning Name:** |
| Treatment Target Area | Score | Comments: Provide detailed information about any score that is a 2 or 3, or that is relevant to case planning including strengths. |
| 0 | 1 | 2 | 3 | S |
| Mental Health Needs | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Adjustment to Trauma | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Recreation / Play | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Attachment – Birth to 5 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Biological Mother  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Biological Father  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Primary Caregiver  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Other Family Adults | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Siblings  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Medical / Physical  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Sleeping | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Cognitive Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Social Functioning  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Educational Status | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk Behaviors  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Child Functioning Name:** |
| Treatment Target Area | Score | Comments: Provide detailed information about any score that is a 2 or 3, or that is relevant to case planning including strengths. |
| 0 | 1 | 2 | 3 | S |
| Mental Health Needs | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Adjustment to Trauma | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Recreation / Play | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Attachment – Birth to 5 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Biological Mother  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Biological Father  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Primary Caregiver  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Other Family Adults | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Siblings  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Medical / Physical  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Sleeping | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Cognitive Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Social Functioning  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Educational Status | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk Behaviors  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Child Functioning Name:** |
| Treatment Target Area | Score | Comments: Provide detailed information about any score that is a 2 or 3, or that is relevant to case planning including strengths. |
| 0 | 1 | 2 | 3 | S |
| Mental Health Needs | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Adjustment to Trauma | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Recreation / Play | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Attachment – Birth to 5 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Biological Mother  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Biological Father  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Primary Caregiver  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Other Family Adults | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Relationship with Siblings  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Medical / Physical  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Sleeping | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Cognitive Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Social Functioning  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Educational Status | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk Behaviors  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |