



March 2016

MiTEAM Fidelity Tool

Demographics		
County/Agency Name:	MiSACWIS Case ID:	
Case Type: <input type="checkbox"/> Prevention/Preservation <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Foster Care <input type="checkbox"/> Licensing <input type="checkbox"/> Adoption <input type="checkbox"/> Other: _____		
Worker Name:	Worker Title:	
Individual Completing MiTEAM Fidelity Tool (Check One): <input type="checkbox"/> Supervisor Name: _____ <input type="checkbox"/> Second Reviewer Name: _____		Period of Review: Date Begun: _____ Date Completed: _____
Observation		
Setting: <input type="checkbox"/> Parenting Time <input type="checkbox"/> Home Visit <input type="checkbox"/> Interview <input type="checkbox"/> Family Team Meeting <input type="checkbox"/> Educational <input type="checkbox"/> Court <input type="checkbox"/> Other _____	Date Completed:	Individual(s) Present: (Check all that apply) <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Child(ren)/Youth(s) <input type="checkbox"/> Service Provider <input type="checkbox"/> Team Member _____ <input type="checkbox"/> Other _____
Documentation Review		
Sources (s) Reviewed: <input type="checkbox"/> MiSACWIS <input type="checkbox"/> Case File <input type="checkbox"/> ISP/USP/Social Work Contacts <input type="checkbox"/> FTM Documents <input type="checkbox"/> Safety/Service/Treatment Plan(s) <input type="checkbox"/> Service Provider Reports <input type="checkbox"/> Other _____	Date Completed:	Case Open Date:
Interview		
Interview Approach: <input type="checkbox"/> Face to Face in Home <input type="checkbox"/> Face to Face in Office <input type="checkbox"/> Phone Call <input type="checkbox"/> Other _____	Date Completed::	Individual Interviewed: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Child(ren)/Youth(s) <input type="checkbox"/> Other _____
Monthly Supervision		
	Date Completed:	

*For further guidance, please See **Trauma Informed Practice Strategies (TIPS)**, List of **Key Caseworker Activities (KCAs)**, and **Key Terms** with definitions on page 14-18.

MiTEAM Fidelity Tool



	<p>MiTEAM Fidelity Tool: General Instructions</p> <p>This tool collects information on one identified case utilizing observation, documentation review, interviews, and supervision to assess fidelity to the MiTEAM case practice model. Cases to be reviewed are selected randomly. All answers will need to be entered electronically, however the paper version can be utilized to keep track of collected information.</p> <p>THE KCA COLUMN: Each fidelity indicator captures elements of the MiTEAM Key Caseworker Activities and Trauma Informed Practice Strategies. Fidelity indicators fall under primary MiTEAM competency categories but often overlap with other competencies.</p> <ul style="list-style-type: none"> • Each number in the KCA column represents Key Caseworker Activities measured by that particular fidelity indicator. • If TIPS appears in the KCA column, the fidelity indicator also measures the use of trauma informed strategies. • <i>Please utilize the KCA column and included resources to identify what is being measured.</i> <p>INCLUDED RESOURCES:</p> <p>Page 13: Comments/Notes Section</p> <p>Page 14: Trauma Informed Practice Strategies</p> <p>Page 15-16: Key Caseworker Activities.</p> <p>Page 17-18 : Key Terms and Definitions</p>
<p>I.</p>	<p>Observation</p>
	<p>Observation Instructions</p> <p>Observed interaction must always involve direct, in person, contact. The interaction may include, but is not limited to interviews, home visits, parenting times, family team meetings, etc. Observers will record whether or not specific behaviors, that indicate fidelity to the MiTEAM practice model, were demonstrated by that worker during that specific interaction.</p> <p>HOW TO ANSWER: The user will check “Yes”, “No”, or “N/A” to a series of behaviorally specific statements as it relates to the primary child welfare worker during this specific interaction..</p> <p>YES – An answer of “Yes” indicates that the worker was observed demonstrating that behavior with EVERY INDIVIDUAL present during that specific interaction (i.e. If behaviors were demonstrated with 2 out of 3 of the individuals present, “Yes” cannot be checked).</p> <p>No – An answer of “No” indicates that the specified behavior was absent, incomplete, or not demonstrated with any one individual present for the interaction. (i.e. If behaviors were not demonstrated 1 out any number of individuals present, “No” MUST be checked).</p> <p>N/A – An answer of “N/A” indicates that the item does not apply during that specific interaction. Please note that the tool is designed to apply in most child welfare interactions. Possible N/A reasons may include:</p> <ol style="list-style-type: none"> Does not apply to case type responsibilities. Does not apply because of child(ren)’s current living arrangement Not appropriate for this visit type. Other

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KCA		Yes	No	NA
1, 29	<p>1. Treats individual(s) with respect; demonstrated by 2 or more of the following:</p> <ul style="list-style-type: none"> ○ Greets individual(s) by name. ○ Demonstrates appropriate body language (including eye contact) ○ Uses appropriate verbal tone ○ Discusses worker and individual(s) roles and responsibilities. ○ Defines purpose of the interaction with individual(s). ○ Plans sufficient time to meet with individual(s), with awareness of individual(s)'s other commitments. 			
1, 28, 29	<p>2. Treats individual(s) with empathy; demonstrated by 2 or more of the following:</p> <ul style="list-style-type: none"> ○ Asks about and communicates understanding of individual(s)'s concerns. ○ Uses clear common language. ○ Asks about and communicates understanding of individual(s)'s trauma history. ○ Acknowledges and addresses an individual(s)'s experience, feelings and/or nonverbal communication. 			
1, 29	<p>3. Uses verbal responses that are consistent with body language.</p>			
1, 7, 10, 29	<p>4. Acknowledges his/her authority and the disproportionate amount of power in the relationship; demonstrated by 2 or more of the following:</p> <ul style="list-style-type: none"> ○ Positions in a non-confrontational posture ○ Empowers individual(s) to share own story ○ Uses statements that lessen power differential ○ Conducts meeting in an environment chosen by individual(s) ○ Empowers individual(s) to take ownership of their role in the case planning process 			
2, 3, 6, 15	<p>5. Helps the individual(s) identify people who are supportive, which may include, but is not limited to:</p> <ul style="list-style-type: none"> • Child(ren)/youth(s) (if appropriate) • Mother or female caregiver • Father or male caregiver • Step-parent • Current caregiver • Maternal relatives • Paternal relatives • Fictive kin (persons in the community identified as important supports to the family and/or child(ren)/youth(s)) • Service providers to the child(ren)/youth(s) • Service providers to the parents • Child(ren)/youth(s)'s teacher (if relevant) • Lawyer Guardians ad Litem 			
2, 3, 15, 29	<p>6. Addresses reasons for reluctance to including specific team members.</p>			

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4, 5, 7, 10, 22, TIPS	<p>7. The worker prepares the family team members (informal and formal) for participation on the team by having a discussion that includes 2 or more of the following:</p> <ul style="list-style-type: none"> ○ Explanation of the purpose for shared decision making ○ Agenda items for meetings or visits ○ Topics to be discussed at meetings or visits ○ Evaluation of family's progress ○ Evaluation of the impact of trauma ○ Adjustments to plan(s) 			
4, 5, 7, 10, 15, 22	<p>8. Facilitates teaming by doing one or more of the following:</p> <ul style="list-style-type: none"> ○ Prepares formal or informal team members for their role in shared decision making ○ Promotes formal or informal team members to talk to one another about upcoming decisions that need to be made ○ Develop clear working agreement among team members ○ Adds formal or informal team members for specific needs ○ Assists formal or informal team members to identify ways to support the family's plan (i.e. <i>provide transportation to meetings or appointments; supervise visits; attend family team meetings/ court hearings with parents; mentor parents in the areas needing improvement such as parent/child attachment/bonding, organizational skills, home maintenance, budgeting, or other life skills.</i>) 			
3, 4, 5, 7, 10	<p>9. Accesses skilled team members (formal and informal) to serve family's goal by one or more of the following:</p> <ul style="list-style-type: none"> ○ Asks the family to select who are best team members to help with this goal ○ Takes steps to assure privacy for family and respective team members ○ Finds team members with the necessary knowledge to address the issue ○ Evaluates team member's ability to execute the tasks identified for them ○ Mindful of cultural and language compatibility 			
4, 5, 7, 10, 15	<p>10. Asks the individual(s) what the team member(s) (informal or formal) have done to provide support.</p>			
6, 7, 11, 28	<p>11. Evaluates strengths indicated by both of the following:</p> <ul style="list-style-type: none"> ● asks individual(s) to identify strengths ● communicates strengths identified by worker or team members 			
6, 7, 11, 27, 28,	<p>12. Evaluates needs indicated by both of the following:</p> <ul style="list-style-type: none"> ● asks individual(s) to identify needs ● communicates needs identified by worker or team members 			

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6, 7, 11, 27, TIPS	13. Asks the individual(s) about events experienced by primary/key family members that are potentially traumatic.			
7, 8, 9, 11, 14, 19, 27	14. Requests individual(s) input regarding the effectiveness of services			
13, 18, 22, 29	15. Asks the individual(s) how s/he can be of assistance to the family.			
10, 21, 22 TIPS	16. Inquires about the individual(s)'s perspective on the child(ren)/youth(s)'s safety (both physical and psychological).			
10, 21, 22, TIPS	17. Inquires about the individual(s)'s perspective on the child(ren)/youth(s)'s well-being (both physical and psychological).			
5, 7, 9, 10,12, 14, 19	18. When developing or adjusting the plan, asks for team member's input. <i>(NOTE: This indicator is connected to teaming; team members should talk to one another about decision making, support, adjusting and implementing plans to strengthen family's progress)</i>			
10,12	19. If a safety plan was created, both proactive and reactive steps were incorporated. <i>(i.e., safety plan for relapse, behavioral concerns, perp in/out of home, visitation, reunification, appropriate discipline, domestic violence, etc.)</i>			
7, 10, 14, 22, 23, TIPS	20. Asks individual(s) their perspective on the parent's (birth, custodial, noncustodial, and adoptive parent) ability to keep the child(ren)/youth(s) safe. <i>(NOTE: This is applicable whether or not the child(ren)/youth are residing with the parent(s) and should include the potential impact of trauma. Children/youth voice should be considered as appropriate. This may be NA if the parent's rights have been terminated or if the parents are deceased. This may be NA if the individual does not have any information regarding the parent's ability to keep the child(ren)/youth safe.)</i>			
7, 10, 14, 21, 22, 23	21. If child(ren)/youth(s) is not residing with custodial parent: Asks individual(s) their perspective on the caregiver's ability to keep the child(ren)/youth(s) safe. <i>(NOTE: This may be NA if child(ren)/youth residing with custodial parent or the individual does not have any information regarding the caregiver's ability to keep the child(ren)/youth safe. Children/youth voice should be considered as appropriate.)</i>			

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7,10, 14, 21, 22, 23 TIPS	22. If child(ren)/youth(s) is not residing with custodial parent: Inquires about the caregiver's perspective on the impact of traumatic events on the child. (NOTE: This may be NA if child(ren)/youth residing with custodial parent or the individual does not have any information regarding the caregiver's perspective. Children/youth voice should be considered as appropriate)			
21, 22, 23	23. Requests individual(s) input regarding living arrangement options for the child(ren)/youth(s).			
22, 24, 25, 26, TIPS	24. Inquires about individual(s)'s perspective regarding how the living arrangement options impact child(ren)/youth(s) connections.			
6, 7, 10, 21, 22, TIPS	25. Inquires about the individual(s)'s perspective on the safety of all family/household members (both physical and psychological). (NOTE: Safety consideration includes awareness of domestic violence issues)			
1, 27, 29	26. Assists the family with navigating agency systems and processes; demonstrated by 2 or more of the following: <ul style="list-style-type: none"> o Clearly explains expectations regarding service referrals o Clearly explains next steps o Describes agency processes o Explains desired outcomes of case disposition 			
1, 27, 29	27. Discusses with the family the success of the child(ren)/youth(s) beyond case closure.			
1, 27, 29, TIPS	28. Provides trauma education to the individual(s).			
1, 28	29. Provides feedback to the individual(s).			
1, 28	30. Asks for feedback from the individual(s).			

II.	Administrative
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	<p>Documentation Review Instructions</p> <p>Review all MiSACWIS and hard copy documentation related to the identified family. Types of documentation reviewed may include but is not limited to: Social Work contacts, ISP/USP, FTM documents, safety/service/treatment plans, service provider reports, etc.</p> <p>HOW TO ANSWER: The user will check "Yes", "No", or "N/A" to whether or not specific items are found in the documentation.</p> <p>YES – An answer of "Yes" indicates that documentation addresses the item in question.</p> <p>NO – An answer of "No" indicates that documentation does not addresses the item in question</p> <p>N/A - An answer of "N/A" indicates that the item in question does not apply to the identified family. Please note that the tool is designed to apply in most child welfare cases and scenarios. Possible N/A reasons may include:</p>
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		A) Does not apply to case type responsibilities. B) Does not apply because of child(ren)'s current living arrangement C) Other		
KCA		Yes	No	NA
2, 3, 7, 10, 22	31. A team that provides support to the child(ren)/youth(s) and family has been formed as documented by 2 or more of the following: <ul style="list-style-type: none"> ○ Informal support persons present during meetings with the family ○ Support persons were present for FTM's ○ Family identified informal supports ○ Informal supports were utilized during the report period ○ Plans specify role of informal support persons 			
4, 5, 7, 10, 22, TIPS	32. The worker prepares the family team members (<i>informal or formal</i>) for participation on the team by having a discussion that includes 2 or more of the following: <ul style="list-style-type: none"> ○ Explanation of the purpose for shared decision making ○ Agenda items for meetings or visits ○ Topics to be discussed for meetings or visits ○ Evaluation of family's progress ○ Evaluation of the impact of trauma ○ Adjustments to plan(s) 			
4, 5, 7, 10	33. The family's suggestions and comments are documented in the case file.			
4, 5, 7, 10, 15	34. The team member's suggestions and comments are documented in the case file.			
4, 5, 7, 10, 22	35. Documentation indicates the worker maintained contact with the family and support persons between in-person meetings.			
5, 7, 10, 20	36. The family's team meets within the required timeframes (FOM 722-6B).			
5, 7, 10, 12, 20	37. There is evidence in the documentation that the team implements specific safety activities to address safety concerns of the child(ren)/youth(s).			
5, 7, 10, 12, 20	38. There is evidence in the documentation that the team addresses specific permanency plans.			
5, 7, 10, 12, 20	39. There is evidence in the documentation that the team addresses specific issues of well-being for the child(ren)/youth(s).			
6, 7, 8, 9, TIPS	40. The history of the family's involvement with DHHS is thoroughly reviewed and outlined in the case file.			
6, 7, 8, 9, TIPS	41. The case file contained documentation of a trauma screening for the child(ren)/youth(s).			

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6,8,9	42. The case file contained documentation of completion of a mental health screening as noted on the child's well child exam form.			
6, 7,8, 9, TIPS	43. The worker documented a thorough assessment of the family's circumstances, that includes all of the following: <ul style="list-style-type: none"> o An assessment of each family member (as appropriate) o The family's input regarding services and supports that have been helpful (or not) in the past o The family information from past or current service providers o The family's formal and informal supports o The impact of trauma on the child(ren)/youth(s) and parents 			
10, 22	44. The parent's ability to keep the child(ren)/youth(s) safe was documented			
10, 22, TIPS	45. The impact of trauma and resiliency on parent's ability to keep child(ren)/youth(s) safe was documented.			
10, 11 TIPS	46. The plan builds resiliency by including 2 or more strategies that: <ul style="list-style-type: none"> o Promote family member(s) ability to develop and build relationships o Promote family member(s) mastery/competency o Improve family member(s) ability to regulate emotion and behavior o Strengthen family member(s) self-esteem o Gives family member(s) voice o Enables family member(s) choice 			
12	47. Plans are written in a behaviorally specific manner.			
10, 12	48. If a safety plan was created, it was written to include both proactive and reactive measures. <i>(i.e., safety plan for relapse, behavioral concerns, perp in/out of home, visitation, reunification, appropriate discipline, domestic violence, etc.)</i> <i>(NOTE: Safety plans are a protective intervention needed in any situation to keep child/youth safe from present, imminent or potential future danger. Safety planning should be considered in every case scenario and during every worker interaction involving key parties including child(ren)/youth voice when appropriate.)</i>			
10, 13, 14, 18, 19	49. The team regularly reviewed the plan, with documentation including 2 or more of the following. <ul style="list-style-type: none"> o Social work contacts summarized plan review o Plans were regularly updated, signed and provided to family members o Plans summarized updates and rationale 			
13, 14,	50. The (re)assessment of progress was written in a behaviorally specific manner.			
11, 15, 16, 20	51. There is evidence in the documentation that service providers were provided with clear and specific service needs for the family.			
17, 20	52. There is evidence in the documentation that services were provided in a timely manner.			

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20, 21, 22, 23	53. There is evidence in the documentation that the child's living arrangement has been fully assessed and determined safe.			
21, 22, 23, 24, 25, 26	54. There is evidence in the documentation that the child(ren)/youth(s) current living arrangement supports the permanency plan.			
21, 22, 23, 24, 25, 26	55. There is evidence in the documentation that the worker noted 2 or more of the following: <ul style="list-style-type: none"> ○ The condition of the home ○ Attitude of the family members ○ Behaviors of family members ○ Relationship patterns between family members 			
<p>Interview Instructions</p> <p>In Person or Telephone Interview with "PRIMARY/KEY" person in the family who was present during the interaction in which the worker was observed. This will likely be child(ren)/youth, parents, caregivers and/or foster parent depending on the family and the worker's job responsibilities. This person should be identified at the end of the observation if possible.</p> <p>HOW TO ANSWER: The user will check "Yes", "No", or "N/A" regarding the identified family's experience with the identified child welfare worker.</p> <p>YES – An answer of "Yes" indicates that the family was able to identify, perceive, or feel that the specified behavior or activity occurred.</p> <p>NO – An answer of "No" indicates that the family was not able to identify, perceive, or feel that the specified behavior or activity occurred.</p> <p>N/A - An answer of "N/A" indicates that the question does not apply to that family's experience with the child welfare system. Please note that the tool is designed to apply in most child welfare cases and scenarios. Possible N/A reasons may include:</p> <ul style="list-style-type: none"> A) Does not apply to case type responsibilities. B) Does not apply because of child(ren)'s current living arrangement C) Other 				
KCA		Yes	No	NA
1, 2, 3, 4, 5, 7, 18, 21, 22, 24, 25, 26, TIPS	56. The individual(s) was able to identify helpful activities of the worker, which may include, but is not limited to: <ul style="list-style-type: none"> • The worker responded promptly to phone calls • The worker offered special accommodations to the family to support engagement, participation and/or partnership. • The worker consulted with the parent, caregiver or child(ren)/youth(s) before decisions were made • The worker actively assisted in addressing obstacles to engagement. • The worker actively assisted in recognizing, honoring and strengthening child(ren)/youth connections. 			
1, 28, 29	57. The individual(s) feels understood by the worker.			

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1, 28, 29	58. The individual(s) feels respected by the worker.			
7, 10, 11, 14, 17, 19, 20	59. The individual(s) reports being satisfied with services offered and/or referred.			
13, 14, 18, TIPS	60. The individual(s) described specific examples of the worker acknowledging his/her success (however large or small).			
1, 2, 3, 6, 7, 28, 29	61. The individual(s) reports the worker acknowledged the unique culture of the family/household.			
4, 5, 7, 10, 14, 19, 21, 22	62. The individual(s) described specific examples where his/her input was utilized in decision making.			
7, 27, 28 29, TIPS	63. The individual(s) reports the worker provided education on how early traumatic experiences may impact parenting.			
22, 27, 28,29, TIPS	64. The individual(s) reports the worker addressed the potential impact of trauma to the child. *			
27, 28, 29	65. The individual(s) reports the worker provided education on child safety.			
4, 5, 10	66. The individual(s) reports the worker includes informal resources as support.			

Monthly Supervision Instructions

The supervisor will discuss the case/situation surrounding the identified individual/family with the worker and check “Yes” as the worker is able to identify the various items. The supervisor should use the identified items to guide conversation and inquiry, during one or more supervision meetings over the quarter. There is a minimum requirement of one supervision meeting monthly.

HOW TO ANSWER: The user will check “Yes”, “No”, or “N/A” based on the information gathered during supervision with the identified child welfare worker.

YES – An answer of “Yes” indicates worker was able to identify the item.

NO – An answer of “No” indicates worker was not able to identify the item.

N/A - An answer of “N/A” indicates worker was not able to identify the item because it is not applicable to their involvement with the individual/family. Please note that the tool is designed to apply in most child welfare cases and scenarios. Possible N/A reasons may include:

- A) Does not apply to case type responsibilities.
- B) Does not apply because of child(ren)’s current living arrangement
- C) Other

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KCA		Yes	No	NA
28, 29	67. The worker participated in monthly supervision meeting(s) with the supervisor.			
During monthly supervision meeting(s), the worker was able to identify:				
1, 7, 8, 10, 22	68. What is most important to the individual/family			
6, 7, 8, 9, TIPS	69. How trauma has potentially impacted each individual			
1, 27, 28, 29 TIPS	70. How they managed their frame of reference which may include: <ul style="list-style-type: none"> i. Pre-Conceived Ideas/Judgments ii. Secondary Traumatic Stress iii. Organizational Stress iv. Conscious/Unconscious Bias 			
7, 10, 11, 12, 15, 16, 17, 21, 22, 23, 24, 25, 26 TIPS	71. How trauma is addressed in the case plan			
27, 29 TIPS	72. How he/she educated parents on the potential impact of trauma			
27, 29 TIPS	73. How he/she educated team members on the potential impact of trauma			
3, 4, 5, 7, 10, 15, 19, 22, 27, 28, 29	74. How the parent participates in the process of change			
13, 14, 18	75. How successes are acknowledged (however large or small)			
2, 3, 7	76. Positive supports for the individual(s)			
21, 22, 23, 24, 25, 26, TIPS	77. If the current living arrangement meets the well-being needs of the child(ren)/youth(s), In the following areas: <ul style="list-style-type: none"> - Educational - Physical (medical and dental) - Emotional 			
21, 22, 23, 24, 25, 26 TIPS	78. How the current living arrangement is helping build resiliency, which may include, but is not limited to:* <ul style="list-style-type: none"> - Promoting the individual(s)'s ability to develop and build relationships - Promoting the individual(s)'s mastery/competency 			

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	<ul style="list-style-type: none"> - Improving the individual(s)'s ability to regulate emotion and behavior - Strengthening the individual(s)'s self-esteem - Giving the individual(s) voice 			
21, 22, 23, 24, 25, 26 TIPS	79. How the child's current living arrangement ensures the child's physical and psychological safety.			
10, 12, 14, 19, 20	80. How case has progressed and what to expect in next 90 days			
4, 5, 7, 10, 29	81. What progress has been made so the family's team is taking ownership of the case planning process and fully participating in the shared decision-making			
4, 5, 7, 10, 22, 27, 29	82. How he/she educates the family about the importance of teaming			
4, 5, 7, 10, 22, 27, 29	83. How committed is the family's team to supporting the family's plan			
1, 27, 29 TIPS	84. The worker identifies own team members that support their professional development			
1, 27, 28, 29	85. The worker exchanges feedback with the supervisor			

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COMMENTS:

(Please use this space to note reasons for questions being answered N/A, comments/concerns regarding the use of this tool, and general notes for your own use)

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MiTEAM Trauma Informed Practice Strategies (TIPS)		
TIPS	Identify Trauma	Continually assess/screen for potentially traumatic/secondary traumatic events and potential trauma as a result of agency involvement.
TIPS	Identify Trauma	Refer for further trauma assessment when necessary as indicated by preliminary assessment/screen.
TIPS	Utilize Trauma Knowledge	Continually consider the impact of trauma on children, youth, parents, team members, workers, supervisors and relationships during agency intervention.
TIPS	Utilize Trauma Knowledge	Consider the impact of potentially traumatic events when making decisions and plans
TIPS	Utilize Trauma Knowledge	Connect behaviors, emotions, school problems, and relational/attachment difficulties to the impact of traumatic events.
TIPS	Utilize Trauma Knowledge	Reframe trauma history as what has happened versus what is wrong with the person.
TIPS	Address Trauma	Build Resiliency in children, families, family team members, and self through building trauma informed case plans that: <ul style="list-style-type: none"> • Promote mastery/competency, • Promote ability to develop and build relationships, • Promote ability to regulate emotion and behavior, • Foster the development of self-esteem.
TIPS	Address Trauma	Refer for evidence based/evidence supported trauma intervention when appropriate.
TIPS	Educate about Trauma	Proactively Transfer trauma knowledge through ongoing conversations that build understanding from the first interaction to the last. May include discussion around: <ul style="list-style-type: none"> • What trauma is • What can be traumatic to a child or adult • How trauma changes the brain • How trauma impacts people differently • The impact and symptoms of trauma • What resiliency is • How resiliency works to treat trauma • How resiliency can be built • How resiliency can impact long term view

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KCA #	MiTEAM Key Caseworker Activities (KCAs) Note: Further Guidance around KCAs Available in the MiTEAM Manual		As Evidenced By:
MiTEAM Competency 1: Engagement			
1	Engagement	Create an environment of empathy, genuineness, respect and empowerment that supports a child and family entering into a helping relationship and actively working toward change.	O, I, S
2	Engagement	Search for and engage parents, family members and other support persons from the child's community in the family team process.	O, D, I, S
MiTEAM Competency 2: Teaming			
3	Teaming	Form a family team.	O, D, I, S
4	Teaming	Prepare members of the family team for participation on the team and for upcoming decisions.	D, I, S
5	Teaming	Ensure members of the team meet and participate in shared decision-making on a regular basis.	D, I, S
MiTEAM Competency 3: Assessment			
6	Assessment	Use formal and informal assessment techniques to collect information.	O, D, I, S
7	Assessment	Collaborate with team members to identify child and family strengths, trauma histories and needs.	O, D, I, S
8	Assessment	Organize and analyze all information that is collected to develop a comprehensive family assessment.	D, S
9	Assessment	Update comprehensive family assessment on a regular basis and prior to case closure.	O, D, S
10	Case Planning	Involve families and other team members in a case planning process with a long-term view toward safety and permanency.	O, D, I, S
11	Case Planning	Link services to individual strengths, potential traumatic stress and specific needs of each relevant family member to the identified permanency goal or goals.	O, D, I, S
12	Case Planning	Develop plans that have behaviorally specific and achievable goals and action steps.	O, D, I
13	Case Planning	Use visits with the child and parents to make progress on goals and action steps.	O, D, I, S
14	Case Planning	Track progress on case plan implementation and adjust as needed.	O, D, I, S
15	Case Plan Implementation	Engage with service providers.	O, D, S
16	Case Plan Implementation	Clarify specific service needs when making referrals.	D, S
17	Case Plan Implementation	Provide services promptly and on an ongoing basis to increase safety, reduce risk, address well-being and promote timely permanency.	D, I, S

*For further guidance, please See **Trauma Informed Practice Strategies (TIPS)**, List of **Key Caseworker Activities (KCAs)**, and **Key Terms** with definitions on page 14-18.



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18	Case Plan Implementation	Use caseworker visits to mobilize services.	O, D, I, S
19	Case Plan Implementation	Evaluate the appropriateness and effectiveness of services.	O, D, I, S
20	Case Plan Implementation	Provide services at the time of discharge and case closure.	D, I, S
21	Placement Planning	Assess whether potential relative or kin caregivers are willing and able to safely care for children and youth.	O, D, I, S
22	Placement Planning	Work closely with members of the family team to make initial placement decisions, support those placements and plan for transitions.	O, D, I, S
23	Placement Planning	Use assessment information to match children and youth to the most suitable placements.	O, D, S
24	Placement Planning	Use visits to preserve connections, strengthen relationships and make progress on identified goals.	O, D, I, S
25	Placement Planning	Facilitate parent involvement with their children.	O, D, I, S
26	Placement Planning	Help children stay connected to their siblings.	O, D, I, S
MiTEAM Competency 4: Mentoring			
27	Mentoring	Promote growth through coaching.	O, I, S
28	Mentoring	Create a learning environment through observation and feedback.	O, I, S
29	Mentoring	Support change through building honest and genuine relationships.	O, I, S

Key: Observation (O), Case File Documentation (D), Interview (I), Supervision (S)

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MiTEAM Fidelity Tool Key Terms	
In alphabetical order with MiTEAM Competencies in Bold:	
Assessment	Process of information gathering, analysis and collaborative decision-making that includes parents, children, extended family members, caregivers and professionals as partners. Assessments drive the case planning process.
Behaviorally Specific	Specific, measurable, and achievable action step that are consistent with the goal it is intended for.
Case Planning	Cooperative effort in which the caseworker, in partnership with the parents, children and other team members, develops a road map for moving a child to permanence promptly (as required) while at the same time addressing the child's safety and well-being needs.
Case Plan Implementation	Case plan implementation details the who, what, where, when and how with regards to specific tasks and/or objectives for each participating case planning partner (birth parents, foster parents, relatives, caseworker and service providers). Case plan implementation is the utilization of services designed to address a family's underlying needs as identified through the assessment and case planning process. Case plan implementation begins at initial plan development and continues throughout case closure.
Culture	Unique identities, values, beliefs, and world views of an individual or a family that shapes their ambitions and life choices.
Engagement	Series of intentional interventions that work together in an integrated way to successfully establish a relationship.
Individual(s)	Person(s) who the worker is/was observed directly interacting with or the person being interviewed.
Living Arrangement	Voluntary or legal arrangement regarding where the child(ren)/youth are currently residing or will potentially reside.
Mentoring	Developmental partnership through which one person shares knowledge, skills, information and perspective to foster and empower the personal and professional growth of another person
Parent(s)	Birth, Custodial, non-custodial, and/or adoptive parents.
Placement	The placement process is a methodology to ensure that children are placed in the most appropriate, least restrictive living arrangement consistent with their needs.
Plan(s)	Any planned proactive or reactive approach, intervention or response. Examples include, but are not limited to: Safety Plan, Services Agreement, Treatment Plan, Behavioral Concerns Plan, Relapse Plan, Training Plan, Visitation Plan, Case Closure Plan, Permanency Plan, etc.
Permanency Plan	A set of goals and behaviorally specific action steps developed to lead the case toward one of the following goals: reunification, adoption, guardianship, or APPLA.

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Primary/Key Person(s)	Person(s) directly involved in the case and impacted by case decisions. This typically will include child(ren)/youth, parents, caregivers, and/or foster parent depending on the family and workers' primary job responsibilities.
Reasonable	Being synonymous with rational; equitable; fair, suitable, moderate
Regularly	Amounts that are reasonable and consistent based on case specifics which may be more than, but no less than, policy minimum of at least every 90 days.
Teaming	A collective effort that necessitates a team approach. Caseworkers will form a team comprised of the important people in the child and family's life that meets, talks and plans together.
Team Members	Those persons identified in collaboration between child welfare staff and family members to formally or informally support the child/family in various ways throughout the case and beyond case closure.
Timely Manner	Immediately, As Soon As Possible, or as Reasonably as possible based the schedules/needs of the family and services providers.
Trauma	Overwhelming event or events that render a person helpless, powerless, creating a threat of harm and/or loss. The internalization of the experience that continue to impact perception self, others, world and development
Safety Plan	Protective interventions that include the child(ren)/youth/family voice needed in any situation to keep child/youth safe from present, imminent or potential future danger. Safety planning should be considered in every case scenario and during every worker interaction involving key parties including child(ren)/youth voice when appropriate.

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