



CLOSING/TRANSFERRING RECORDING

Team: _____

Worker: _____

Family/Youth Name: _____

Date File Transferred/Closed: _____

Current Care Team: _____

1. Of the *10 Steps of Accountability of the Michif Practice Model*, up to what step was completed?

2. If not all 10 Steps completed, explain which steps need further work for the ongoing team or for future work with the family.

3. On the following scale, what number would you select and why? _____

0 _____ **10**

0 Means there is little evidence of a child/youth or family's views or perspectives on the file, the child/youth or family's la paraantii remains uninvolved and there is no plan that has been made to address the reasons that brought the child/youth or family into LMO's attention.

10 Means the child/youth and family's voice is reflected in this file, there are at minimum two dedicated individuals who form part of the child/youth or family's la paraantii and a plan that has been demonstrated to be working is in place. The child/youth is safe and not at risk of harm.

- 3.1 What would the family say about the above scale and why?

3.2 Upon review with the Michif Elder-In-Residence, what is their number and why? _____

3.3 How is the family engaging with CYMH? (counsellor name and direct or indirect support)

4. Is this file now being diverted to another team? No _____ Yes _____

4.1 If yes, what team? _____

4.2 If yes, what would the family/youth say they most want help with moving forward?

1. _____

2. _____

3. _____

ORIGINAL ASSESSMENT & CURRENT MICHIF FAMILY PLAN MUST BE ATTACHED TO THIS RECORDING.

4.3 If no, complete Steps 9 & 10 of the Michif Practice Model.

Worker's Signature

Date

Team Leader's Signature

Date

Accepting Dept. Team Leader's Signature

Date

☐ Copy to New Department

☐ Copy to Child/ Family Service File (if applicable)