

# CHILD AND FAMILY TEAM MEETING NOTE

2018

- WHEN:** The Child and Family Team (CFT) Note is used when documenting a CFT Meeting.
- ON WHOM:** Client who is the focus of CFT meeting.
- COMPLETED BY:** Staff delivering services within scope of practice. Co-signatures must be completed within timelines.  
**Note:** When more than one staff member attends the CFT meeting, each staff member is required to complete a CFT Meeting Note.
- MODE OF COMPLETION:** Data must be entered into the Electronic Health Record (EHR), Cerner Community Behavioral Health (CCBH). Day programs will document in the paper chart.
- REQUIRED ELEMENTS:** The following elements of the CFT Meeting Note must be addressed, including:
- **Service Indicators:** Complete All Fields
  - **Travel To/From:** Enter applicable location origin and applicable location destination.
  - **Participants:** Identify role of each participant and title if applicable. If all identified team members were not present, document reason.
  - **Meeting Focus:** Address purpose of CFT meeting, could include permanency, stabilization of client in home, mental health concerns, education concerns, transition, etc., *may be more than one*
  - **Meeting Summary:** Outline content of what occurred during meeting; new team members/supports identified, group agreements established, client/family goals and strengths identified, what is working well, what supports are in place, actions taken since last meeting, what are the needs of client/family
  - **Intervention:** Must include identified intervention and may include active listening
  - **Response/Observed Behavior(s):** Client's current high risk behaviors that meet medical necessity; client's response to interventions; client's observed mood/behavior during meeting
  - **Progress:** Include progress or barriers to progress toward meeting client plan goal
  - **Action Plan:** What are the identified action steps agreed to in this meeting, CFT member responsible for completing action step
  - **If Wraparound CFT Meeting, Phase of Wraparound:** Choose Engagement, Planning, Implementation, or Transition
  - **Overall Risk:** Enter information pertaining to client only. If client is deemed to be at elevated risk, must document interventions including safety planning
  - **Additional Information** (when applicable)
  - **CFT Summary and Action Plan Offered** to Youth, Caregiver, Protective Services Worker, and/or Probation Officer (as applicable), and other team members on: (Enter date) All members will receive copy of CFT Summary and Action Plan. Programs utilizing the CFT Meeting Facilitation Program are not responsible for distributing the CFT Summary and Action Plan
- BILLING:**
- After rendering this service, note is to be completed and final approved
  - Multiple members participating in the CFT Meeting may bill for their role in the meeting including active listening
  - Each participating provider may bill for the total minutes during which their client is discussed
  - Select ID 92 under Evidence Based Practice (EBP) button (Homework/CFT) for documenting the Child Family Team Meeting