

Appendix B – Documenting a CFT

Child & Family Team Care Plan Template

Specialty Services: **(Indicate which service the client will be/is receiving)**

- | | |
|---|--|
| <input type="checkbox"/> Intensive Care Coordination | <input type="checkbox"/> Therapeutic Behavioral Services |
| <input type="checkbox"/> Intensive Home-Based Service | <input type="checkbox"/> Therapeutic Foster Care |

Date of CFT:

CFT Participants (Name and role on team):

Follow up on action plans from previous CFT meeting:

Family and client strengths:

Family and client driven plan

Identified needs: (include CANS items rated 2/3, describe needs the client and family team would like to focus on, describe changes in needs since last CFT)

Action plan and next steps: (include which person(s) is/are responsible for next steps and each part of the action plan)

Step Down Plan for end stages of IHBS and TBS: (note amount of decrease in service hours)

Next CFT meeting date/time:

Example of a TCM/ICC Progress Note documenting a CFT: