



ARIZONA DEPARTMENT of CHILD SAFETY

October 6, 2022

Tips:

- A DCS representative needs to be involved in the CFT process and either a DCS representative or the caregiver can approve the service plan for routine services.
- Parents/Guardian should be involved in the CFT process when the permanency goal is reunification, whenever safe and appropriate.
- The child's needs, as well as the family's needs, should be considered within the context of the family system.
- CFT's are not legal meetings. Attorneys may participate in CFTs, but legal issues should not be discussed, particularly if the AAG is not present.
- Invite your System of Care Coordinator to support you whenever assistance is needed to obtain appropriate health care services for the child.
- Always inquire why services previously requested were not implemented.

Child and Family Team

Introduction

The Child and Family Team (CFT) is the process of the child, family, behavioral health provider, the Department and others invested in a child's behavioral health engaging in planning and implementing strategies, resources, and services for enhancing the success and well-being of a child and their family(ies).

CFT Overview and Purpose

Arizona Vision

In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's and family's cultural heritage.

The Twelve Principles for Children's Service Delivery (12 Principles) serve as the foundation when working with all children and their families through the use of CFT practice.

The child and family's complexity of needs drive the development, integration, and individualization of service delivery. Each child and family's level of complexity is determined individually.

Variables that affect complexity of needs and an increase in service coordination required are:

The number of system partners and other child-serving agencies involved. (e.g., probation, Division of Developmental Disabilities, and education)

A child's and family's overall health. (e.g., a chronic physical condition or serious emotional disturbance)

Environmental stressors and risk factors. (e.g., changes in primary care giver, inadequate social support of the family, housing, mental health, and substance use concerns)

Another method for determining complexity of needs and intensity of services is through the application of the CALOCUS for children age six to 18. This assessment measures several areas to determine the level of intensity of services based on a child or youth's needs. The CALOCUS does not identify specific services. It will be completed by a High Needs Case Manager (HNCM).

CFT Application

The application of CFT process will vary depending on the child's and family's individualized level of need and complexity. The nature, frequency, and location of CFT meetings, the intensity of activity between meetings, and the level of involvement by all supports will vary depending on many factors.

CFT Practice

CFT practice consists of nine activities that are addressed in the order, frequency, and duration depending on the child's and family's individualized needs. They are:

- Engagement of the child and family
- Immediate crisis stabilization
- Strengths, needs and culture discovery (SNCD)
- CFT formation/coordination of CFT practice
- Service plan development
- Ongoing crisis planning
- Service plan implementation
- Tracking and adapting
- Transition

These activities are not the goal of the CFT but are rather the process to move toward the goal of identifying and meeting the needs of the child and family.

CFT Participants & Responsibilities

It is best when a CFT meeting includes the child and family's natural supports which can be teachers, family friends, family support partners, etc. Utilizing a family integrated approach can ensure that the child and family are receiving the best care and supportive services to ensure overall success. A qualified behavioral health professional (QBHP) must participate in the CFT process.

The DCS Specialist (or their supervisor) shall

- Attend the CFT meeting in person, by telephone, or electronically, and must be knowledgeable about the child at the time of the CFT meeting
- Review and ensure that the Individual Service Plan (ISP) reflects the services discussed and requested at the CFT before signing
- Notify the HNCM of placement changes and names of individuals which you or the youth recommend attend the CFT

- Provide relevant information to the CFT participants including the child's behavioral health and medical history, which may include:
 - ▶ behavioral health assessments and any screening instruments or assessments used;
 - ▶ the parent and/or guardian history and assessment;
 - ▶ recent crisis assessment, recent or historical psychiatric evaluation, and medication list;
 - ▶ Individual Education Plan (IEP), 504 Plan and/or school records;
 - ▶ Individualized Family Service Plan (IFSP);
 - ▶ DCS case plan;
 - ▶ juvenile probation or parole plan;
 - ▶ medical plan from the primary care physician;
 - ▶ DES/Division of Developmental Disabilities' individual service plan;
 - ▶ historical assessments, evaluations, services, outcome of services; and
 - ▶ any other plans of care designed to meet the needs of the child or young adult.

The CFT Facilitator is a behavioral health provider with specialized training and skills. They effectively implement the activities of the CFT practice model and must be present at the meeting to lead the CFT.

The CFT Facilitator shall:

- Schedule and notify participants of the CFT
- The agenda for the meeting
- Document the details of the meeting in the ISP
- Provide a copy of the ISP to participants

The CFT will consider input from the QBHP to develop a behavioral health service plan that identifies the least restrictive setting where the child's behavioral health needs can be met appropriately. This includes behavioral health services and supports most likely to enable the child to thrive in the least restrictive setting.

If the behavioral health services previously recommended by the CFT were not provided, the CFT shall determine why not, document efforts that were made to provide the services, and determine what corrective actions are necessary to ensure the service is delivered.