

# Pathways to Well-Being

## CHILD AND FAMILY TEAM MEETING NOTE

2021

- 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.
- 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). Form-fill versions are available for programs that do not have access to CCBH and are filed in the hybrid 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 the role of each participant and title if applicable. If any identified team member was not present, document the reason. This may also include a plan for including team members to be present at the next meeting.
  - **Functional Impairment:** Describe the current areas of the client's life that are affected because of their mental health diagnosis. This also includes current mental health symptoms and/or behaviors and CANS actionable needs which impact functioning and are the focus of the CFT meeting.
  - **Meeting Summary:** Outline the focus/purpose of the meeting, natural supports, new team members identified, client and/or family goals and strengths identified including CANS centerpiece, and well developed strengths, permanency/stabilization of the client in home, progress towards goals, presenting problem, resources available, actions taken since the last meeting, and the needs of the client and/or family.
  - **Intervention:** Each provider must document their unique role that differs from that of other team members in the meeting. This may include active listening time supported by what information was shared, and how it can or will be used in providing planning or coordinating services to the client and how the intervention will impact the client plan.
  - **Client Response to Intervention/Observed Behavior(s) During Meeting:** Include the client's observed mood and/or behavior during the CFT meeting and the client's response to any intervention utilized during the meeting.
  - **Progress:** Include the client's progress in treatment and/or any barriers to progress toward meeting the client's plan goals and/or objectives. This may also include any plans or interventions implemented for the purpose of mitigating identified barriers.
  - **If Wraparound CFT Meeting:** Indicate Phase of Wraparound: Engagement, Planning, Implementation, or Transition
  - **Overall Risk:** Enter information pertaining to client risks such as suicidal attempt or ideation, self-injurious behavior, homicidal ideation, aggression, or other indicators of elevated risk. If client is deemed to be at elevated risk, the provider must document interventions including safety planning.
  - **Additional Information** (when applicable): If applicable, provide any pertinent information that was not included in other sections of this progress note.

- **CFT Summary and Action Plan Offered:** For programs that have prior COR approval to facilitate their own CFT meetings, the provider will complete and offer the CFT Summary and Action Plan to the Child and Family Team members including the client, caregiver, Protective Services Worker, and/or Probation Officer (as applicable), and include the date form was offered. Programs utilizing the CFT Meeting Facilitation Program are not responsible for distributing the CFT Summary and Action Plan.

**BILLING:**

- Note is to be completed after rendering this service.
- Providers will always utilize ICC Service Code 82 when billing for CFT Meeting participation.
- Programs will use the indicator of T – CFT Meeting located in the billing section under the “Provided To” field.
- Multiple participants from the same BHS program attending the same CFT Meeting may bill for the entire meeting time if each provider documents their unique role and contribution.