

## ICC/IHBS Child and Family Team (CFT) Client Care Plan

### Instructions and Form

#### Instructions

Please use this form for children and youth who are receiving Intensive Care Coordination (ICC) and/or Intensive Home-Based Services (IHBS) from Alameda County Behavioral Health (ACBH). This form shall be completed by the ICC coordinator during the client's Child and Family Team (CFT) meeting. This document will serve as the CFT meeting minutes and shall also serve as the Client Care Plan as required under CalAIM. The ICC/IHBS Child and Family Team (CFT) Client Care Plan and Meeting Minutes must be updated during each CFT meeting and a copy of the updated form must be kept in the client's mental health record by each provider participating in the CFT.

The CFT facilitator shall complete this form during the CFT meeting. Once the document is completed this client plan shall then be distributed to CFT members and appropriate service providers on the client's care team. The ICC Coordinator shall generate in the client's medical record, a Medi-Cal progress note documenting the content of the CFT meeting and making note of *Section C* of the determined goals and objectives. Other members of the treatment team may also use this client plan to generate a progress note outlining the content and outcome of the CFT meeting as well as clearly documenting their role and participation in the CFT.

The Client Care Plan shall be filed into the client's chart and the progress note shall identify the date and time of the completed CFT meeting in which the client plan was created. The Medi-Cal progress note shall then serve as documentation of the Client Care Plan in accordance with CFT guidelines.

In the event that a provider is unable to attend a CFT meeting, the provider should review the updated ICC/IHBS Child and Family Team (CFT) Client Care Plan and Meeting Minutes and document that they did so in a corresponding progress note. If the provider has additional feedback regarding the Care Plan, a plan for addressing this should also be documented in the progress note.



## ICC/IHBS Child and Family Team (CFT) Client Care Plan and Meeting Minutes

### Section A

<b>Client Name:</b>		<b>Meeting Date</b>	<b>Next Meeting Date</b>	
<b>Intensive Care Coordinator</b>	<b>CFT Facilitator</b>		<b>Provider Agency</b>	
<b>As of Meeting Date, does Client meet Katie A. Subclass/ICC criteria?</b>			<b>Yes</b>	<input type="checkbox"/>
			<b>No</b>	<input type="checkbox"/>
<b>Team Members Present</b>	<b>Relationship</b>	<b>Phone and/or Email</b>		

*The ICC Coordinator will distribute a copy of the completed Client Care Plan to the participants listed above. Each provider must save an electronic copy of the Client Care Plan in the client's chart.*



Client Name \_\_\_\_\_



**Section B**

<b>HOPE STATEMENT – YOUTH AND FAMILY GOAL/DESIRED OUTCOME</b>
<b>STRENGTHS</b>
<b>CHALLENGES</b>
<b>PREVIOUS TASK REVIEW</b>



**ICC/IHBS CFT Client Care Plan and Meeting Minutes**

**Client Name** \_\_\_\_\_



<b>REFER FOR IHBS:</b>	
<input type="checkbox"/>	Team discussed eligibility to receive IHBS, current needs and timing of adding IHBS
<input type="checkbox"/>	IHBS being provided
<input type="checkbox"/>	Client and family have declined IHBS at this time. Team to reassess, as needed
<input type="checkbox"/>	Referral not needed at this time
<input type="checkbox"/>	Referral to be submitted. <b>List behaviors to be addressed:</b>

<b>SAFETY/RISK:</b> A separate Safety Plan is required if there is a significant risk/concern in past 90 days

<b>DISCUSSION ITEMS:</b> Specific agenda items gathered from team members. This may include brainstorming, decision-making, and key discussion points.

<b>Specify who else client or family would want at NEXT CFT Meeting</b>



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**Client Name** \_\_\_\_\_



**Section C Goals reviewed during CFT Meeting**

<b>Area of Need</b> Social, Education, Vocation, Physical or Mental Health, Independent Living, etc.	<b>Goals/Objectives</b> to address need (must be measurable)	<b>Date                      Added                      to Plan</b>	<b>Task to address need</b> Next steps	<b>Who/When</b>	<b>Progress                      Status</b> Completed, New, or In-Progress



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**Client Name** \_\_\_\_\_



Transition Plan from ICC/IHBS Services (Please be specific)	
Anticipated Discharge Date	

**Section D Indicate if the following are coordinated with this Client Care Plan**

PROBLEM LIST / SERVICE PLAN	Yes	No	N/A	If No, explanation:
Problem List(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Welfare Case Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education (e.g. IEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

