Note: Child and Adolescent Level of Care Utilization System (CALOCUS) is an optional resource for Fee-For-Service (FFS) programs and is not required for FFS providers.

Child and Family Team (CFT) practices will vary depending on the unique and diverse needs of the child/adolescent and their family. CFT practice will include the nine essential CFT activities and reflect the Arizona Vision - 12 Principles (Refer to AMPM Policy 580).

The tables below describe how the CFT practice may be implemented for children and families with varying needs and service intensity levels. While the CALOCUS suggests a level of service intensity, the CFT identifies the specific services and supports that will best meet the identified needs. Service planning should always be individualized, family driven, culturally competent and flexible. Children are resilient and families are adaptable and strong, and therefore, as their needs vary over time, service intensity will adjust to correspond with these changes.

This matrix of intensity is a guide for a differential response and not intended to be prescriptive, all inclusive, or determinant.

CALOCUS LEVELS OF INTENSITY	IMPLEMENTATION POLICIES FOR CHILD AND FAMILY TEAM PRACTICE NINE ESSENTIAL ACTIVITIES OF EFFECTIVE CFT PRACTICE
STANDARD NEEDS **LEVEL 0, LEVEL 1, LEVEL 2, AND LEVEL 3**	1. Engagement of the Child and Family - Focus on acknowledging the demonstrated strengths of the family to exercise independence and judgment. An understanding of the family dynamics, strengths, needs and culture is necessary to help the family achieve its goals, prevent an escalation of needs and involves additional persons critical for understanding the child and family's current situation who may then become part of an integrated support system.
	2. Immediate Crisis Stabilization - The need for immediate crisis stabilization is usually not present or the presenting situation, once resolved, leads to relative stability. The child/family has adequate community resources/informal support which addresses their needs before they become a crisis.
	3. Strengths, Needs, & Culture Discovery (SNCD) - Maintained and updated as needed during the course of services. Current and potential informal and community support are explored and identified. This support may be currently utilized or may not be needed. The child and family's vision for the future is identified.

CALOCUS LEVELS OF INTENSITY	IMPLEMENTATION POLICIES FOR CHILD AND FAMILY TEAM PRACTICE NINE ESSENTIAL ACTIVITIES OF EFFECTIVE CFT PRACTICE
STANDARD NEEDS LEVEL 0, LEVEL 1, LEVEL 2, AND LEVEL 3	4. CFT Formation/Coordination of CFT Practice - The behavioral health service provider (e.g., clinician or medical behavioral health professional) explores CFT formation with the child and family by asking them who they would like or would find helpful participating with their CFT. The family may have an established and available network of natural support and may not want anyone else on the team, but the CFT formation process should be addressed and documented. The size of the team may be much smaller than one with more complex needs. However, the CFT should still function in accordance with the 12 Arizona Principles.
	5. Behavioral Health Service Plan Development - The services needed may be more easily identified, described, and may or may not include natural supports. Objectives are often set with shorter timelines so progress can be checked frequently, and timely changes implemented when needed. Will likely reflect fewer overall needs with objectives focused on maintaining stability in the behavioral health domain, although there may be some involvement with other agencies (e.g., DCS, Probation).
	6. Crisis Planning - At this level of intensity, crisis plans may not be needed, but would assist with identifying what could go wrong and hinder a successful implementation of the Service Plan. The CFT should develop a specific plan to address these identified issues. The plan should include specific interventions and response strategies to support the child/family during a crisis situation. In addition, the plan should identify steps to prevent crisis situations from occurring or establish safety criteria.
	7. Behavioral Health Service Planning Implementation – Implementation will focus on coordination of service delivery with natural supports that are being utilized by the child and family within their community to ensure ongoing stability.
	8. Tracking & Adapting - Regular review of a child's status is expected. Tracking should be incorporated into regular meetings. Because only one service provider may be involved with the child/family (e.g., clinician or medical behavioral health professional) monitoring should be less time consuming and may require less coordination.
	9. Transition Planning - Children having a low complexity of needs are more likely to maintain stability or have greater ability to handle transitions. Appropriate transition activities may focus more on typical transition to adulthood (e.g., educational, and vocational guidance, employment, adult relationships) rather than transition to the adult behavioral health system.

CALOCUS LEVELS OF INTENSITY	IMPLEMENTATION POLICIES FOR CHILD AND FAMILY TEAM PRACTICE NINE ESSENTIAL ACTIVITIES OF EFFECTIVE CFT PRACTICE
COMPLEX NEEDS LEVEL 4, LEVEL 5, AND LEVEL 6	1. Engagement of the Child and Family - Focus on acknowledging the demonstrated strengths of the family to exercise independence and judgment. Engagement may be more successful when time is provided to understand the family dynamics, identify informal and community supports, and to reconnect or rebuild supports that may have been helpful in the past. The behavioral health service provider should also ensure that additional participants of the CFT, identified by the family, are engaged in this process. This may include family members, friends, and other participating partner agencies such as Department of Child Safety (DCS), Division of Developmental Disabilities (DDD), Department of Juvenile Corrections/Administrative Office of the Courts (ADJC/AOC) and Arizona Department of Education (ADE).
	2. Immediate Crisis Stabilization - The child and family may present at intake with immediate safety concerns requiring a crisis stabilization plan and implementation of crisis intervention services.
	3. SNCD- Focus is needed to obtain a clear understanding of the family's story. Current, potential, informal and community supports are explored and more thoroughly identified. The SNCD should clearly identify child and family strengths, specific needs, cultural influences/preferences, and the family's Vision for the Future. This document is shared with CFT members. Frequent updating of the SNCD may be necessary as CFT interactions increase and lead to the identification of additional needs and/or developing strengths.
	4. CFT Formation/Coordination of CFT Practice - Children/adolescents identified at these levels of intensity should have a designated case manager to coordinate services and activities of the Child and Family Team practice. The behavioral health service provider shall assist the child and family with identifying CFT participants, explain the activities of the CFT practice and engage~~s~~ participants' involvement. Clinical consultation and specialized behavioral expertise may be necessary to provide clinical suggestions the CFT. Representatives from multiple systems (e.g., DCS, ADJC/AOC, DDD, ADE) are often involved and require additional coordination for input and discussion. Direct Service staff are typically involved in providing support and rehabilitation services and should be included on the CFT. Family support resources (e.g., family support partner or peer to peer support) may be of assistance by helping the child/family to have a voice in the CFT practice.
	5. Behavioral Health Service Plan Development - The service plan will typically be more involved and inclusive of other stakeholder priorities. The service plan may include more clinical consultation, involvement and support and rehabilitation providers. There will be a greater focus on developing natural/informal supports. Service planning should include things that get the child/adolescent involved with activities in the community based on the individual's interests and personal preferences.

CALOCUS LEVELS OF INTENSITY	IMPLEMENTATION POLICIES FOR CHILD AND FAMILY TEAM PRACTICE NINE ESSENTIAL ACTIVITIES OF EFFECTIVE CFT PRACTICE
COMPLEX NEEDS LEVEL 4, LEVEL 5, AND LEVEL 6	6. Crisis Planning - Crisis planning is required for these children/adolescents. It is critical to identify crisis or safety issues that could affect the child or family's stability. The plan should include a thorough functional assessment, specific interventions, and response strategies that support the child/family during a crisis situation. The crisis plan should also communicate how to prevent crisis situations from occurring, identifying potential triggers, and establish safety criteria. Crisis planning should include other involved agency representatives. The CFT should review the plan frequently to ensure it sufficiently meets the needs of the child and family, especially following a crisis situation. The plan may require daily 24-hour responsiveness. Based on the identified needs of the child/adolescent, a safety plan may be necessary.
	7. Behavioral Health Service Planning Implementation - More time is spent ensuring services are well-coordinated and implemented in a timely manner in response to the service plan. Service plans may include the provision of support and rehabilitation services and involve coordination with other stakeholders.
	8. Tracking and Adapting - Regular review of a child's status is expected. Frequent CFT meetings may be needed to closely monitor progress and determine whether strategies are working. Increased coordination may be needed because there are likely to be many tasks to monitor and more people involved in implementing the plan. The CFT should evaluate the effectiveness of the plan's interventions and strategies, making changes whenever the service plan is not working.
	9. Transition Planning - For adolescents, the transition into the adult behavioral health system will likely be necessary. The adolescent may also have more difficulty handling transitions in general. These transitions may include changes in caretakers, schools, service providers/ support workers, and/or living environments. The adolescent may not be well prepared to transition into adulthood and may need considerable assistance with learning needed skills. Successful transition into the adult behavioral health system will be addressed in the service plan and a Serious Mental Illness (SMI) eligibility evaluation completed if necessary. (Refer to BHPT 467).

RESERVED[1]

~~Since children and families present with diverse needs, Child and Family Team (CFT) practices will vary depending on the unique needs of the child/adolescent and their family. Despite these differences, CFT practice must still include the nine essential CFT activities and reflect the Arizona vision - 12 Principles (Refer to the Child and Family Team Practice Tool).~~

~~The tables below describe how the CFT practice may be implemented for children and families with varying needs and service intensity levels. While the CALOCUS suggests a level of service intensity, the CFT identifies the specific services and supports that will best meet the identified needs. Service planning should always be individualized, family driven, culturally competent and flexible. Children are resilient and families are adaptable and strong, and therefore, as their needs vary over time, service intensity will adjust to correspond with these changes.~~

~~This matrix of intensity is a guide for a differential response and not intended to be prescriptive, all inclusive, or determinant.~~

~~CALOCUS LEVELS OF INTENSITY~~	~~IMPLEMENTATION GUIDELINES FOR CHILD AND FAMILY TEAM PRACTICE NINE ESSENTIAL ACTIVITIES OF EFFECTIVE CFT PRACTICE~~
~~Level 0 Level 1;~~	~~10. Engagement of the Child and Family - Focus on acknowledging the demonstrated strengths of the family to exercise independence and judgment. An understanding of the family dynamics, strengths, needs and culture is necessary to help the family achieve its goals, prevent an escalation of needs and involves additional persons critical for understanding the child and family's current situation who may then become part of an integrated support system.~~
~~Level 2 and Level 3;~~	~~11. Immediate Crisis Stabilization - The need for immediate crisis stabilization is usually not present or the presenting situation, once resolved, leads to relative stability. The child/family has adequate community resources/informal supports which address their needs before they become a crisis.~~
~~Standard Needs~~	~~12. Strengths, Needs, & Culture Discovery – Maintained and updated as needed during the course of services. Current and potential informal and community supports are explored and identified. These supports may be currently utilized or may not be needed. The child and family's vision for the future is identified.~~

[1] AMPM Behavioral Health Practice Tool 220 – Attachment B is reserved as pertinent information is incorporated in new AMPM Policy 580-Attachment B.

CALOCUS LEVELS OF INTENSITY	IMPLEMENTATION GUIDELINES FOR CHILD AND FAMILY TEAM PRACTICE NINE ESSENTIAL ACTIVITIES OF EFFECTIVE CFT PRACTICE
Level 0 Level 1; Level 2 and Level 3; Standard Needs	13. CFT Formation/Coordination of CFT Practice – The behavioral health service provider (e.g. clinician or medical behavioral health professional) explores CFT formation with the child and family by asking them who they would like or would find helpful participating on their CFT. The family may have an established and available network of natural supports and may not want anyone else on the team, but the CFT formation process should be addressed and documented. The size of the team may be much smaller than one with more complex needs. However, the CFT should still function in accordance with The 12 Arizona Principles.
	14. Behavioral Health Service Plan Development – The services needed may be more easily identified and described, and may or may not include natural supports. Objectives are often set with shorter timelines so progress can be checked frequently and timely changes implemented when needed. Will likely reflect fewer overall needs with objectives focused on maintaining stability in the behavioral health domain, although there may be some involvement with other agencies (e.g. DCS, Probation).
	15. Crisis Planning – At this level of intensity, crisis plans may not be needed, but would assist with identifying what could go wrong and hinder a successful implementation of the Service Plan. The CFT should develop a specific plan to address these identified issues. The plan should include specific interventions and response strategies to support the child/family during a crisis situation. In addition the plan should identify steps to prevent crisis situations from occurring or establish safety criteria.
	16. Behavioral Health Service Planning Implementation – Implementation will focus on coordination of service delivery with natural supports that are being utilized by the child and family within his/her community to ensure ongoing stability.
	17. Tracking & Adapting – Regular review of a child's status is expected. Tracking should be incorporated into regular meetings. Because only one service provider may be involved with the child/family (e.g. clinician or medical behavioral health professional) monitoring should be less time consuming and may require less coordination.

~~CALOCUS Levels of Intensity~~	~~Implementation Guidelines for Child and Family Team Practice Nine Essential Activities of Effective CFT Practice~~
~~Level 0 Level 1; Level 2 and Level 3; Standard Needs~~	~~18. Transition Planning – Children having a low complexity of needs are more likely maintain stability or have greater ability to handle transitions. Appropriate transition activities may focus more on typical transition to adulthood (e.g. educational and vocational guidance, employment, adult relationships) rather than transition to the adult behavioral health system.~~

~~CALOCUS Levels of Intensity~~	~~Implementation Guidelines for Child and Family Team Practice Nine Essential Activities of Effective CFT Practice~~
~~Complex Needs Level 4, Level 5, and Level 6~~	~~10. Engagement of the Child and Family – Focus on acknowledging the demonstrated strengths of the family to exercise independence and judgment. Engagement may be more successful when time is provided to understand the family dynamics, identify potential informal and community supports, and to reconnect or rebuild supports that may have been helpful in the past. The behavioral health service provider should also ensure that additional participants of the CFT, identified by the family, are engaged in this process. This may include family members, friends and other participating partner agencies such as Department of Child Safety (DCS), Division of Developmental Disabilities (DDD), juvenile justice (ADJC/AOC) and education (ADE).~~
	~~11. Immediate Crisis Stabilization – The child and family may present at intake with immediate safety concerns requiring a crisis stabilization plan and implementation of crisis intervention services.~~
	~~12. Strengths, Needs, & Culture Discovery (SNCD)- Focus is needed to obtain a clear understanding of the family's story. Current, potential, informal and community supports are explored and more thoroughly identified. The SNCD should clearly identify child and family strengths, specific needs, cultural influences/preferences, and the family's Vision for the Future. This document is shared with CFT members. Frequent updating of the SNCD may be necessary as CFT interactions increase and lead to the identification of additional needs and/or developing strengths.~~

CALOCUS Levels of Intensity	Implementation Guidelines for Child and Family Team Practice Nine Essential Activities of Effective CFT Practice
Complex Needs Level 4, Level 5, and Level 6	13. CFT Formation/Coordination of CFT Practice- Children/adolescents identified at these levels of intensity should have a designated case manager to coordinate services and activities of the Child and Family Team practice. The behavioral health service provider assists the child and family with identifying CFT participants, explains the activities of CFT practice and engages participants' involvement. Clinical consultation and specialized behavioral expertise may be necessary to advise the CFT. Representatives from multiple systems (e.g. DCS, ADJC/AOC, DDD, ADE) are often involved and require additional coordination for input and discussion. Direct Service staff are typically involved in providing support and rehabilitation services and should be included on the CFT. Family support resources (e.g. family support partner or peer to peer support) may be of assistance by helping the child/family to have a voice in the CFT practice.
	14. Behavioral Health Service Plan Development – The Service Plan will typically be more involved and inclusive of other stakeholder priorities. The Service Plan may include more clinical consultation/involvement and support and rehabilitation providers. There will be a greater focus on developing natural/informal supports. Service planning should include things that get the child/adolescent involved with activities in the community.
	15. Crisis Planning Crisis planning is required for these children Children/adolescents. It is critical to identify crisis or safety issues that could affect the child or family's stability. The plan should include a thorough functional assessment, specific interventions, and response strategies that support the child/family during a crisis situation, prevent crisis situations from occurring, or establish safety criteria. Crisis Planning should include other involved agency representatives. The CFT should review the Plan frequently to ensure it sufficiently meets the needs of the child and family, especially following a crisis situation. The Plan may require daily 24 hour responsiveness. Based on the identified needs of the child/adolescent, a safety plan may be necessary.
	16. Behavioral Health Service Planning Implementation – More time is spent ensuring services are well-coordinated and implemented in a timely manner in response to the Service Plan. Service Plans may include the provision of support and rehabilitation services and involve coordination with other stakeholders.

~~CALOCUS Levels of Intensity~~	~~Implementation Guidelines for Child and Family Team Practice Nine Essential Activities of Effective CFT Practice~~
~~Complex Needs Level 4, Level 5, and Level 6~~	~~17. Tracking and Adapting - Regular review of a child's status is expected. Frequent CFT meetings may need to closely monitor progress and determine whether strategies are working. Increased coordination may be needed because there are likely to be many tasks to monitor and more people involved in implementing the plan. The CFT should evaluate the effectiveness of the plan's interventions and strategies and make changes whenever the Service Plan is not working.~~
	~~18. Transition Planning - For adolescents, the transition into the adult behavioral health system will likely be necessary. The adolescent may also have more difficulty handling transitions in general. These transitions may include changes in caretakers, schools, service providers/ support workers, and living environments. The adolescent may not be well prepared to transition into adulthood and may need considerable assistance with learning needed skills. Successful transition into the adult behavioral health system should be addressed in the Service Plan and an SMI eligibility evaluation completed if necessary. (Refer to AMPM Behavioral Health Practice Tool 280)~~