

Client:	Case #:	Program:		
Date of Service:	Unit:	SubUnit:		
Server ID:	Service Time:	Travel Time:	Documentation Time:	
Person Contacted:	Place:	Outside Facility:	Contact Type:	Appointment Type:
Focus of session Diagnosis ICD-10 Code(s):		Service:		

CHILD AND FAMILY TEAM MEETING/CFT MEETING NOTE

Traveled To/From (when applicable):

Participants (List all participants and role; if all team members were not present, explain reason):

Focus of Meeting and Interventions Provided: (Natural supports/new team members identified, client/family goals and strengths identified including CANS centerpiece and well-developed strengths, permanency/stabilization of client in home, progress towards goals, presenting problem(s), resources available, actions taken since last meeting, needs of client/family. Include writer's unique role and contribution in meeting and how it addressed the meeting focus.):

Client Response to Intervention/Observed Behavior(s) During Meeting

Next Steps (Includes, but is not limited to planned action steps by team members and/or beneficiary, progress or barriers to progress toward meeting client plan goals, and any needed changes to client plan or problem list):

If Wraparound CFT Meeting, Phase of Wraparound (Engagement, Planning, Implementation, Transition):

Overall Risk (Based on current service, including mitigating factors, evaluate and determine if the client is at an elevated risk for):

Danger to Self:

Danger to Others:

If CFT Meeting Facilitation Program was not utilized: CFT Summary and Action Plan Offered to Youth, Caregiver, PSW and/or Probation Officer (as applicable), and other team members on:

Signature/Credential

Date

Printed Name/Credential/Server ID#

Signature/Credential

Date

Printed Name/Credential/Server ID#

County of San Diego
Health and Human Services Agency
Mental Health Services

CHILD AND FAMILY TEAM MEETING/CFT MEETING NOTE
HHS:MHS-925 07.07.23

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