THE SCHOOL’S ROLE

- Describe the child’s strengths and areas for growth.
- Provide information on the child’s behavior in the classroom and social interaction with peers.
- Describe the child’s coping skills, adaptability, response to behavioral interventions, and level of engagement in the learning process and school setting.
- Share information on the child’s academic performance, attendance and discipline referrals.
- Identify resources to support the child’s academic success.
- Plan for transition to adult living or post secondary education.

12 ARIZONA PRINCIPLES

1. Collaboration with the child and family
2. Functional outcomes
3. Collaboration with others
4. Accessible services
5. Best practices
6. Most appropriate setting
7. Timeliness
8. Services tailored to the child and family
9. Stability
10. Respect for the child and family’s unique cultural heritage
11. Independence
12. Connection to natural supports

CFT PRACTICE PROTOCOL

PLACE AGENCY INFORMATION HERE

The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child’s life and who are identified and invited to participate by the child and family.
THE 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.”

FORMING THE CFT

- Engaging personnel from behavioral health, child welfare, education, developmental disabilities, and juvenile justice who have a working relationship with the child/family.
- Implementing the essential activities of CFT practice is the responsibility of the behavioral health provider.
- Any team member may facilitate CFT meetings, when appropriate.
- Participation of a CFT member varies based on service plan objectives, family's ability to meet child's needs, and level of multi-system involvement.

DEVELOPMENT AND IMPLEMENTATION OF THE SERVICE PLAN

- The behavioral health service plan describes the child’s/family’s vision and identifies objectives.
- CFT members brainstorm creative and nontraditional approaches that include the use of formal services and natural supports.
- Plans are written taking the family’s culture, preferences, values, and language into account.
- Service plans, IEPs and other agency plans may have common goals yet each will have their own set of requirements, meeting schedules, and documentation.
- Tasks/activities between meetings can include school personnel observing and documenting a child’s behavior or implementing strategies to reinforce a particular behavior in the school setting.
- The behavioral health provider oversees and monitors activities that include reviewing outcomes, addressing safety concerns, planning for crises, and managing challenges and barriers.
- CFTs play an integral role in supporting children/families during times of transition.

BENEFITS OF SCHOOL INVOLVEMENT

- Decrease in behavioral concerns and discipline referrals at school.
- Consistent response by all persons to the child’s behaviors.
- Improved school attendance and academic performance.
- Potential decrease in the need for special education services.
- Opportunity for sharing resources.
- Reconnecting school and family where needed.
- Combining school meetings with a CFT meeting ensures centralized planning, avoids duplication, and increases accountability across all systems while determining the least restrictive environment.
- Opportunity for parents/caregivers, children, and teachers to discuss how interventions are addressing behaviors in the school and/or home settings.

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