

## Comprehensive Child and Family Treatment (CCFT)

**Service/Program Definition**

*Comprehensive Child and Family Treatment* services are high-intensity, time-limited, goal-specific services designed to provide stabilization and deter the ‘imminent’ risk of State custody for the child/youth. CCFT services concentrate on child/family/guardian behaviors and interactions with the goal of reaching an appropriate point of stabilization so the individual can be transitioned to a less intensive outpatient service. CCFT services can be provided in home, community, or office-based settings using a frequency appropriate for the intensity and imminent risk presented by the clinical situation.

CCFT services can include therapeutic and/or skills training interventions that support improved functioning of the child/youth and the family unit so the imminent crises are averted. Services are designed to utilize and foster individual and family strengths and utilization of community supports.

<b>Criteria</b>	
<b>Admission Criteria</b>	<p><i>All of the following criteria is necessary for admission to this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual demonstrates symptoms consistent with a covered DSM-IV diagnosis.</li> <li>2. The individual’s clinical status is serious enough to jeopardize the community placement but is not severe enough to require a more intensive level of care.</li> <li>3. The individual and family voluntarily consent to treatment with these services.</li> <li>4. Traditional outpatient services do not sufficiently meet the family's needs.</li> </ol>
<b>Psychosocial, Occupational, Cultural and Linguistic Factors</b>	<p>These factors may change the risk assessment and should be considered when making level of care decisions.</p>
<b>Exclusion Criteria</b>	<p><i>Any of the following criteria is sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual manifests behavioral and/or psychiatric symptoms that require a more intensive level of care.</li> <li>2. The individual can be safely maintained and effectively treated with less intensive services.</li> <li>3. The symptoms of the individual are the result of a non-covered condition.</li> <li>4. The individual and/or parent/guardian/custodian do not voluntarily consent to treatment and there is no court order requiring such treatment.</li> </ol>

<p><b>Continued Stay Criteria</b></p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The severity of the behavioral and emotional symptoms continues to require this level of intervention.</li> <li>2. The mode, intensity, and frequency of the interventions are consistent with the intended treatment plan outcomes.</li> <li>3. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored.</li> <li>4. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice.</li> <li>5. The individual and the parent/custodian/guardian (when appropriate) participate in treatment to the extent all parties are able.</li> <li>6. There is documented evidence of active, individualized discharge planning.</li> <li>7. There is a documented active attempt at coordination of care with relevant providers when appropriate.</li> <li>8. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.</li> <li>9. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.</li> <li>10. Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes as described in the discharge plan.</li> </ol>
<p><b>Discharge Criteria</b></p>	<p><i>Any of the following criteria is sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual's treatment plan goals and objectives for this level of care have been met <b>and</b> a discharge plan with follow-up appointments is in place.</li> <li>2. The individual and/or the parent/guardian/custodian withdraw consent for treatment and there is no court order requiring such treatment.</li> <li>3. The individual's physical condition necessitates transfer to a more intensive level of care.</li> <li>4. The individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.</li> </ol>