

# **Sample Individual Family Services Plan (IFSP) Instructions**

Although there is no required template for the IFSP, this document serves as a model for local CPMTs to use in the development of policy. An IFSP is central to service planning and documents the Family Assessment and Planning Team (FAPT) process. This record incorporates the results of the mandatory uniform assessment (CANS), input of youth and family, evaluation results, diagnostic/medication information, goals/objectives, services, and the treatment-focused discussion of the FAPT. There is also an addendum which can be used to document the utilization review (UR) process if it should occur during the course of the FAPT meeting.

In keeping with the intent of CSA and system of care principles, the IFSP for the child and family should strive to include creative, non-traditional services and natural supports, as well as more formal types of services. The System of Care principles of the CSA emphasize least restrictive treatment and services which meet identified needs and are designed based on the unique strengths and needs of that child and family. Strength-based, as opposed to needs-based, planning is optimal.

**As with any form, this model IFSP is only as useful as the information contained within it; therefore, it is recommended that each section is completed in its entirety.**

## **General Instructions:**

Field information can be entered by clicking in the area enclosed in parentheses which will yield a text, calendar, or drop-down field.

**\*\*Please note: this document was created as a Microsoft Word form template which allows for specific field settings. Although editing parameters exist, fields, which appear in parentheses, can be edited to include child-specific information. Additionally, the table layout of the form is unrestricted, allowing for the inclusion of unlimited information. Because of editing parameters, modifying the content and/or layout of the form will require the password "CSA" (no quotes) to be entered while in design mode which can be accessed from the developer tab.**

## **Section Specific Instructions:**

Although most sections of this document are self-explanatory, below is some section-specific guidance which may assist in the form's completion.

### **Demographic Information:**

Be sure to use the Client ID number (ideally the social security number) which was used to complete the CANS assessment.

### **Evaluation/Diagnosis/Medication:**

Include as much information as possible in this section as it will assist the team in service planning. There are no restrictions to which assessments can be reported in this section; however common assessments which could be utilized are: psychological, educational, sociological, VEMAT, YASI, and/or Casey Life Skills. Current diagnostic information should be cited per DSM-5, and include where the diagnosis came from (who gave the child the diagnosis).

### **Family Input:**

Per statute (COV § 2.2-5208), Community Policy and Management Teams (CPMT) are responsible for developing policies and procedures which provide for family participation in all aspects of assessment, planning and implementation of CSA services. This section allows for the inclusion of the family's goals, strengths, needs, and supports as they see them. It is important to use the family's words in this section as it is meant to be a direct representation of their engagement in the FAPT/ service planning process.

## **Strengths/Needs:**

This is the section where the child and family's strengths and needs are captured. Information included in this section should come directly from the Child and Adolescent Needs and Strengths Assessment (CANS). Although it is possible for a child/family to have several needs and strengths, it is not necessary to list each and every one. Instead, focus on the key strengths and target needs which will be addressed during service planning. Remember, there are some needs that are "background needs", such as adjustment to trauma, which direct the course of treatment. These are exactly the type of need which should be included in this section as they will tie directly to service provision and the child/family's overall goal.

## **Goals/Objectives:**

This section is one of the most important in the IFSP. The goals and objectives should be informed by the identified strengths and needs, and guide the direction and choice of services. You will notice that there is only a place for one goal. This was purposely done to keep the focus on the primary goal, or the overreaching outcome that the child, family, and team desires to attain. Objectives, on the other hand, are the specific measurable steps which are necessary to achieve the overall goal. Although the goal is likely not change with every FAPT meeting, objectives should be based on the child and family's progress over the past reporting period. Teams are encouraged to strive for goals and objectives that are **SMART** (specific, measurable, attainable, relevant, and time-bound) and cross-cut across a variety of needs. When documenting progress, be specific in documenting progress toward the objective. The purpose of this section is to ensure that services are adequately meeting the child and family's needs and moving the case toward the overall goal.

## **Discharge Plan/Progress toward discharge:**

Regardless of service type, discharge planning is a necessary part of service provision which must begin on the first day of admission. Discharge plans should consider the unique needs of each child and family and clearly identify the step-down level of care. This section of the IFSP documents the existence and consideration of the discharge planning process so that discharge needs can be addressed on an ongoing basis.

## **Consideration of UR Findings:**

Utilization review (UR) is a component of a comprehensive Utilization Management approach and is the process of reviewing individual cases to determine if the appropriate treatment plan and services are in place based upon the client's current level of need. Utilization Review can be conducted through chart review, onsite visits to treatment programs, and state sponsored UR. It is also allowable for UR to be conducted in the course of the FAPT process. For localities who wish to do this, there is a UR addendum to the IFSP which can be used to document the UR process. Regardless of how UR happens, the results of case review should be considered as a part of the FAPT process. This documents FAPT's consideration of UR results in service planning.

## **Services:**

CSA services are always child and family specific and specifically designed to meet the needs of an individual child and family. With limited exceptions, all services to be funded through CSA must be included in this section.

## **Signatures:**

If the youth or parent/guardians disagree with the proposed plan for any reason, they are welcome to submit rationale for their dissenting opinion in the space provided. Additionally, they, or any other FAPT member can attach documentation explaining why they do not agree with the proposed plan and any other rationale they deem appropriate.