


Policy Subject:	Family Teaming
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Approved By:	Michelle L. Farr, LCSW-C, LICSW  Executive Director Social Services Administration
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Programs Affected:	Placement & Permanency and Child Protective Services/Family Preservation Services

Legal Information & Purpose

The purpose of this policy directive is to provide guidance to the Local Departments of Social Services (LDSS) on the expectation of teaming as a core practice of Maryland's practice model and for family teaming interventions throughout Maryland's child welfare service delivery system. This guidance emphasizes the family voice as an integral part of child welfare service delivery. The Maryland Department of Human Services/Social Services Administration (DHS/SSA) is committed to ensuring the safety, permanency, and well-being of children, youth, and families. While LDSSs are responsible for making safety and risk decisions, collaboration with families and their teams ensure that all possibilities are explored for the least restrictive and most trauma-responsive options. Family teaming is an important practice that ensures a family's individual support system and community resources are identified and utilized to support positive outcomes and sustain needed change.

Portions of this policy are specifically driven by provisions of Title IV-E of the Social Security Act, as amended by the Family First Prevention Services Act. See, e.g., Social Security Act §§ 475, 475A.

Policy

By enacting this policy, DHS/SSA seeks to set practice expectations for the use of family teaming throughout all interventions with children, youth, and families. Family teaming involves the collaborative identification of family and community support in an effort to mobilize strengths and resources as well as maximize protective factors for the safety, permanence, and well-being of children, youth, and families. The development of a family team should begin upon contact with a family and continue throughout child welfare system involvement. Family teaming begins with a collaborative assessment between the child welfare worker and a family to identify strengths, resources, supports, and needs. Other individuals who may be a part of the team could include extended family, close friends of the family, other community resources, resource parents, as well as meeting facilitators, attorneys, court-appointed special advocates, kinship navigators, etc. All participants will be asked to sign a statement regarding confidentiality and consent to participate before each facilitated team meeting. Participation of youth 12 years old and younger will be determined by the youth, the youth's caseworker, and family, based on what is clinically appropriate for the child.

The team drives the process of assessing, planning, intervening, monitoring, adapting, and transitioning the family through service delivery. This policy outlines the continuum of teaming practices that should be integrated into the services LDSSs provide to meet the needs of families, children, and youth in Maryland's child welfare system.

Confidentiality:

Facilitated meetings and family meetings are intended to be confidential to the extent permitted under Maryland law. Confidentiality means that families have an expectation that private and sensitive information discussed in the family meeting or facilitated meeting will be shared only with informed consent, as necessary for the provision of services to ensure the safety,

permanency, and well-being of children, and to the extent required by law.

When a worker prepares a family or youth to participate in a family meeting, the worker should explain the purpose of the meeting and obtain verbal consent from the parent or guardian to allow third parties to be present during the meeting.

When a worker prepares a family or youth to participate in a facilitated meeting, the worker should present and explain a written consent form that the parent or guardian will sign before the meeting if other participants are included in the meeting. All participants in facilitated meetings shall sign a written confidentiality agreement, prior to sharing information, with the understanding of the following terms and limitations on confidentiality:

- The plan developed in a facilitated meeting may be shared with the court, but the details of the conversations during the facilitated meeting will not be revealed outside of the meeting unless necessary to protect the safety of the child, youth, or family member, or except as may be required under law.
- The LDSS is mandated to report any allegations of abuse or neglect and to disclose other information shared in a meeting when it is necessary to prevent serious, foreseeable, and imminent harm to a child, youth, or family member.
- Facilitated meeting attendees have access to information shared at the meeting only for the purpose of carrying out their roles as part of the family or youth's team.

Please refer to Attachments A (Facilitated Meeting Consent Form) and B (Facilitated Meeting Confidentiality Agreement).

Definitions

- **Caregiver** – An individual who has permanent or temporary care, custody or responsibility for supervision of a child or youth.
- **Family** – Identified by the child/youth, caregivers, birth parents, adoptive parents and/or legal guardians as those who may provide support, resources, supervision, and/or guidance. Family members need not be relatives.
- **Family Team** – The family and any individuals that a child welfare worker and/or family or youth identify who can support the family/youth.
- **Teaming** – The collaborative practice of identifying, assessing, building, and utilizing a family team to support the goals of a family, youth, or child. Teaming can occur at any point during child welfare involvement with a child/youth or family.
- **Family Meeting** – Family team members coming together to collaboratively address safety, risk to, or needs of a family/youth. This meeting is used to brainstorm solutions, and support case planning. The family meeting is led by the child welfare worker and may be held with any composition of the family team at any point during a family's

involvement with the child welfare system. A family meeting need not be a facilitated meeting and may consist of a worker meeting with a child, youth, or parent/caregiver or may include additional family members or supports.

- **Facilitated Meeting** – A formal meeting that requires a neutral facilitator (trained facilitator or trained supervisor who is not directly involved with the family). Facilitated meetings may be arranged when it is necessary to make a significant decision impacting the child, youth, or family for the purpose of considering all possible options and solutions, utilizing the strengths of the family team to make the best possible decision. The following are types of facilitated meetings which may be held:
 - **Family Team Decision Meeting (FTDM)** (formerly known as a Family Involvement Meeting) – A meeting with family members, including chosen supports, to make key child welfare decisions including the decision to place a child outside the home, a placement change, and establishing or changing a permanency plan.
 - **Youth Transition Planning Meeting** – A meeting that may include the youth, family, and family team members to collaboratively assess, plan, develop, review, and revise the youth transition plan (YTP) while a youth age 14 or older is in the care of the LDSS.
 - **Qualified Residential Treatment Program (QRTP) Planning Meeting** – A planning meeting that is convened as part of the assessment process required by a Qualified Individual (QI) who is selected by the LDSS and trained to determine the appropriateness and eligibility of a youth's placement into a QRTP. Refer to the latest policy regarding QRTP.
 - **Facilitated Family Meeting** – A meeting that does not meet criteria for other facilitated meetings (e.g., an FTDM or YTP Meeting) that is used when a collaborative decision must be made in the course of assessing, planning, intervening, monitoring, or transitioning with a family and the support of a neutral facilitator would be useful to reach a satisfactory consensus.
- **Facilitator** – In a facilitated meeting, the facilitator is the designated, impartial, and trained individual who assists and encourages the team members to share pertinent information and work toward a plan that maximizes protective factors and resources to support the safety, permanence, and well-being of the child/youth.
- **Qualified Individual** – An individual designated and approved by SSA after being identified by an LDSS, or local region of LDSSs, and who meets specific qualifications, to make decisions concerning the placement of a child in a Qualified Residential Treatment Program (QRTP). Refer to the latest QRTP policy.

Procedural Guidance

From initial involvement of a family with the child welfare system to transitioning the family out of any child welfare service, all staff who provide services to a family/youth should collaboratively identify, assess, build, and utilize family teams to support families in achieving goals, prevent further system involvement, and plan for post-system involvement. Teaming is a core practice of Maryland's child welfare system and **family meetings and facilitated meetings** are expected to be convened as outlined in this policy. Every family served by Maryland's child welfare system should have an identified family team that serves to support the family, bolster protective factors of the family, and play a specific role or function to improve child safety, permanence, and well-being.

Local Directors shall designate at least one individual to be trained to serve as a neutral facilitator to lead **facilitated meetings**. If a designated facilitator is not available, a staff member trained to facilitate meetings may facilitate the meeting. The staff member should not be directly and/or currently involved with the family/youth participating in the family meeting and should not have a potential conflict of interest.

Requests for any facilitated meeting should be made to a trained facilitator by a worker with supervisory approval.

QRTP Planning Meetings should be led by Qualified Individuals who meet certain qualifications and are selected by LDSS Directors and approved by SSA. Refer to the latest QRTP policy for more information about the requirements for Qualified Individuals.

Facilitated family meetings may be requested with supervisory approval but are not required. They may be useful when collaboratively assessing, planning, intervening, transitioning and adapting service or transition plans for families, children, or youth and consensus cannot be reached in family meetings.

A **Family Team Decision Meeting (FTDM)** will be held when the need to explore the following decision points becomes apparent:

I. Separation or Considered Separation of a Child(ren) from the Home:

- A. When LDSSs are considering court action based on safety and risk assessments, but the child is not in imminent danger, caseworkers (with supervisory approval) shall request an FTDM of a designated and/or trained facilitator to explore the options to divert the need for removal.
- B. If the risk to a child's safety is too great for the child to remain in the home and the child is in imminent danger, a shelter care authorization shall be initiated immediately. FTDMs are strongly encouraged prior to any child removals. However, if it is not possible for the FTDM to be held prior to the shelter care hearing, a meeting must be held as soon as possible prior to the adjudicatory hearing or within 30 days.
- C. For all children diverted from out-of-home placement after an FTDM, a Service case must be considered or referral(s) for specified services within the community must be

made. This includes services for children remaining in the care of the parents or placed with relative resources. The level of service recommended for a family is based on the result of collaborative assessment and planning. At a minimum, cases involving families with an active Safety Plan must remain open in In-Home Services until an LDSS determination that the child is “safe.” Please refer to the most recent policy “Maryland’s Safety Assessment for Every Child and Safety Plan.”

- D. The LDSS shall comply with court orders regardless of agreements reached during the FTDM. However, engaging the family in the decision making process will support a finding of reasonable efforts to prevent removal and for making a decision in the child’s best interest.

II. Placement Stability:

When a child is separated from their known home and placed in out-of-home care, the LDSS’s goal is to provide a safe, stable living environment. If issues arise concerning a child’s placement, it is the expectation that the worker, supervisor, and the child’s family team communicate expediently to address the child’s safety, well-being, and placement stability. An FTDM shall be held when other forms of teaming are not sufficient to support placement stability. The following steps should be taken in the process of attaining placement stability:

- A. Convening a family meeting should occur first, if possible, to address placement stability concerns to avoid a placement change.
- B. If there is imminent risk of danger to a child or an emergency occurs that cannot be resolved, a change of placement may occur immediately. In these instances, an FTDM shall occur within 7 days of placement change.
- C. If resolution cannot be reached through other team meetings, an FTDM shall be convened prior to any potential placement change, including kinship care, foster home, or group home.
- D. For QRTPs, a QI designated by the LDSS director must assess eligibility for such a placement in accordance with the latest QRTP Policy.
- E. If an FTDM cannot be convened prior to placement change, as previously stated, it is the expectation that an FTDM occurs within 7 calendar days of any placement change. As long as the timing of this meeting fits within these time constraints, the QRTP assessment by a QI may be conducted during this meeting.
- F. Please refer to the most recent policy concerning referral for placement services for specific documentation requirements and necessary referral procedures for placement services that accompany a request for a placement stability FTDM. Parts I and II of the Referral for Placement Services Form must be completed and submitted with a request for a placement stability FTDM. Please refer to the most current Referral for Placement Services Policy.

III. Permanency Planning:

Permanency planning is a practice expectation when any family, child, or youth is involved with the child welfare system. Use of teaming to address and support permanency should occur regardless of the child welfare services being provided. It is the expectation that barriers to permanency shall be addressed and problems solved as they arise, and that all forms of family

teaming are available to address permanency issues.

An FTDM is required in the following situations:

- A. Prior to an initial permanency review court hearing, an FTDM will be held to evaluate progress toward reunification or permanency, maximize use of the family team to support the permanency plan for the child(ren), and resolve any barriers to reunification and permanency.
- B. For subsequent permanency review court hearings, whenever the local department plans to recommend a permanency plan change to the court, an FTDM shall be convened 3 months prior to the scheduled permanency review hearing.

IV. Voluntary Placement Agreement:

Teaming is required to ensure all possible options for a child are explored prior to determining that a voluntary placement is the best option for the child and family. However, conducting an FTDM prior to signing a Voluntary Placement Agreement is optional as long as an assessment meeting and Local Care Team (LCT) meeting have occurred. An FTDM should be scheduled with a family when the terms of the agreement are modified, placement stability or level of care may require changes, and prior to a court review hearing. If the court orders a voluntary placement, the LDSS is required to schedule an FTDM. Please refer to the most recent SSA Policy concerning Children with Disabilities – Voluntary Placement Agreement.

Other Required Facilitated Meetings

I. Youth Transition Planning Meeting:

It is the expectation that each youth and the caseworker will partner to plan for a youth's transition out of foster care. The use of facilitated youth transition planning meetings are an expectation of this process. The following steps are required:

- A. Every youth in care who is 14 years old or older shall have a youth transition plan that is developed collaboratively with youth-driven goals and youth-selected team members supporting the plan.
- B. Preparation for the initial Youth Transition Plan shall begin 120 days prior to the youth's 14th birthday or when a youth enters care if he or she is age 13 $\frac{3}{4}$ or older. This process should be focused on the youth selecting and planning goals, priorities, and team participants.
- C. While work toward youth-identified goals in the plan should be an on-going collaborative effort between the youth and worker, a youth transition planning meeting shall be held every six months beginning on or within a week of the youth's 14th birthday and at least every 6 months thereafter in accordance with Ready by 21 policy guidelines.
- D. The plan focuses on the six core areas of service: education, employment, safe and stable housing, financial empowerment, permanent and supportive connections, well-being, and civic engagement. Youth transition planning meetings are convened every 6 months for the team to review, assess, and revise (if needed) the plan. Please refer

to the latest policy on youth transitional planning for further details.

II. Qualified Residential Treatment Program (QRTP) Planning Meeting:

Qualified Residential Treatment Program Planning Meetings are required as part of the assessment process to determine whether a youth meets the criteria for placement in a QRTP. Refer to the latest QRTP policy for more information about the QRTP assessment process. At the QRTP Planning Meeting, the QI continues the assessment by ensuring that the team addresses the QRTP Assessment Form (Attachment B to the QRTP Policy) questions that require discussion and documentation of the following:

- A. Reason for Placement/Change in Placement and Child/Family Perceptions/Feelings/Attitudes toward placement
- B. Current Mental Health Services/Narrative
- C. Placement Recommendations, including goals and service needs
- D. Justification of Least Restrictive Placement when a non-family based setting is being recommended

The QI may serve as the facilitator for this meeting if trained and/or designated to lead facilitated meetings or as a member of the placement decision-making team. Please reference the latest policies on QRTP and Referral for Placement Services for further instructions and documentation requirements.

General Guidance

Structure and Preparation for the Facilitated Meeting:

The building of a family team should occur prior to the family participating in any form of facilitated meeting. The building of the family team is an important part of engaging the family in solutions and collaboratively assessing all of the resources a family may have available to them. The worker should ensure that the decision as to who will participate in the facilitated meeting is collaborative and made prior to the meeting. Preparation for the facilitated meeting includes making clear to the family why the meeting is being convened, and mobilizing family supports and resources that have been discussed prior to the convening. The family may decline to participate in the facilitated meeting. In addition, parents, legal guardians, and/or youth have the right to request that attendees, other than the worker and their immediate supervisor, not participate in the meeting. However, it is critical that families understand that the facilitated meeting provides an opportunity to explore possible supports, diversion of placement from their home, or choice of a least restrictive placement. Any possible measures that could be taken to accommodate the comfort level and scheduling needs of family members that could yield the best outcome for the child(ren) should be arranged and efforts to assess and accommodate should be documented in the case plan.

There may be emergent circumstances that prevent this from occurring at the time of the immediate need, but it is expected that the process of teaming is on-going and that collaborative selection of meeting participants other than the worker, his or her supervisor, and the immediate family member(s) is always the goal.

Elements of the Facilitated Meeting:

All facilitated meetings contain the following structural elements that build on teaming and collaborative groundwork laid prior to the meeting and promote safety and an atmosphere of collaboration to reach key decisions by exploring all possible options identified by the family team.

- The LDSS needs to identify a family or family team's needs in order to hold a successful meeting (location, child care, team member scheduling needs, etc.) and make arrangements to meet them.
- After introductions, the facilitator shall review "ground rules" to help all team members feel comfortable and safe contributing to the discussion. These "ground rules" shall include the rules regarding confidentiality, using non-judgmental language, and other group rules designed by the members of the team to create a supportive and safe environment.
- The facilitator shall begin the discussion by identifying the situation that made it necessary to convene the facilitated meeting by allowing each team member to express his or her perspective and ask questions. The discussion shall include the most current collaborative assessment of functional needs and strengths, imminent safety concerns, safety risks, contributing factors, shared vision, and outcomes.
- The facilitator charts the family team's strengths, concerns, ideas, or recommendations for addressing concerns and a list of tasks with assigned team members responsible for completing the tasks within specified time frames, all of which results in a meeting summary and plan.
- The facilitator addresses any outstanding questions or concerns.
- LDSSs shall comply with Interstate Compact for the Placement of Children (ICPC) and the Indian Child Welfare Act (ICWA) requirements if there are out-of-state relative resources or Native American children involved in the case. (Refer to ICPC & ICWA Sections in OHPS Manual).
- The facilitator shall ensure that the child (if age 14 or older), the child's attorney, and any parent or legal guardian and their attorneys, are given a copy of the meeting summary and plan prior to leaving the meeting. The original copy of the meeting summary and plan shall be included in the electronic case file. The worker or facilitator as designated by the local department shall complete the appropriate case notes to ensure that the activity is documented in the electronic case record.
- The LDSS is mandated to report any allegations of abuse or neglect and to disclose information shared when it is necessary to prevent serious, foreseeable, and imminent harm to a child, youth or family member.
- Access to information disclosed during a facilitated meeting is only to be used as necessary to carry out participants' roles as part of the family team.

Required Documentation for the Service Plan and/or Case Plan

- All reasonable and good faith efforts to include all of the individuals on the child's family team.
- All contact information for members of the family team, as well as contact information for other family members and fictive kin who are not part of the family team.
- Evidence that meetings of the family team are held at a time and place convenient for the family.
- For children in an Out-of-Home placement where reunification is the goal, evidence demonstrating that the parent/legal guardian from whom the child was removed provided input as a member of the family team.
- All policies regarding documentation and timeliness of entering contact notes into the electronic case record should be followed, and include any other information indicated in related policies listed below.

Composition of the Family Team and Participation in the Facilitated Meetings

Role of Family Members:

Family members are considered experts on their own families. Major decisions that are made in the course of service delivery should be family driven. In accordance with the Family First Prevention Services Act, the family and/or youth should drive the composition of any family team. This may include all appropriate biological family members, relatives, and fictive kin of the child, as well as, as appropriate, informal and formal supports, professionals who are a resource to the family and of the child, such as teachers, medical or mental health providers who have treated the child, or clergy. Parents, legal guardians, children, and youth are primary members of any team outlined in this policy and should select any supportive persons or community resources that they view as having a valuable contribution to support the family. Family team members for any team outlined in this policy may include but are not limited to: extended family members, supportive school staff, child care providers, friends, resource families, other child welfare agencies, other providers involved with the family, attorneys, cultural or community resources, and specialist partners (e.g., domestic violence shelter staff, therapists, addictions counselors, AA or NA sponsors, public health, etc.).

In the case of a child who is 14 years old or older, the family and permanency team shall include the members of the permanency planning team for the child that the child selects with the following directions. The child may choose up to two additional members of the permanency planning team. However, the LDSS may reject an individual selected by a child to be a member of the permanency planning team if the LDSS has good cause to believe that the individual would not act in the best interests of the child. See 42 U.S.C. § 675(5)(C)(iv) and 42 U.S.C. § 675a(c)(1)(B)(ii). Any specified decision that is being considered by the LDSS should be driven by the family as much as possible. Based on the collaborative input of the worker, supervisor, family, and child or youth, the child or youth may participate during an FTDM or facilitated meeting if it would not be contrary to the child/youth's social or emotional needs. Whenever possible, accommodations may be made to include the child's input (verbally, by use of a visual

tool, through a written statement, etc.).

Role of a Facilitator:

During a facilitated meeting, the facilitator's role is to include family team members to assess the strengths, concerns, and needs of the family and of the child or youth. At the conclusion of the meeting, the facilitator shall summarize the service recommendations developed by the family team and tasks with completion deadlines assigned to the worker, parents, legal guardians, children/youth, and other family team members in order to support the service recommendations.

The facilitator shall manage time during the meeting. The meetings may last between 1 to 2 hours. The assigned worker and supervisor shall attend the facilitated meeting. The meeting locations and times shall be conducive to the participation of the parent or legal guardian and as many other team members as possible. If key team members are unable to attend the meeting, the facilitator or worker shall solicit input from those team members and present absent team members' comments at the meeting.

Emphasis should be placed on outreach to the parent or legal guardian and relatives to encourage attendance at the facilitated meeting. Once the meeting time is arranged, the facilitator or worker shall confirm with all of the team members. The facilitator is responsible for any special needs or accommodations required during the meeting.

Role of Attorneys:

Parents may invite their attorneys to attend the facilitated meeting, but their attendance is not mandatory. Facilitated meetings should be scheduled based on the availability of the parent or legal guardian and not for the convenience of the attorneys. The parents have the right to invite their attorneys. Attorneys for the child shall be notified about the facilitated meeting for events other than an FTDM to consider separation from the home.

Role of LDSS Staff and Internal Services:

The role of LDSS staff is to collaborate and guide families to make informed choices about supports and services available to them both inside and outside of the agency. Decisions about participants in facilitated meetings should be collaborative and rest ultimately with the family. Internal services and supports may include but not be limited to family preservation services, kinship navigation services, resource parents, family investment, and child support services. It is the goal of facilitated meetings to include all appropriate natural supports for families and may include staff members beyond the current worker and supervisor involved in the case.

Role of Community Members:

The family establishing collaborative relationships with community partners and service providers is one of the primary tenets of Family Centered Practice and being community focused is a driving principle of Maryland's practice model. Community members and service providers who are able to support the family and protect the safety, well-being, and permanency needs of the child may be invited to attend the facilitated meeting by the family or youth. Community

partners and service providers may include representatives from public or private organizations, such as housing, education, medical, mental health and substance abuse agencies. The goal is to strategize during the facilitated meeting to take advantage of community resources and service providers to develop supportive services and networks to meet the immediate needs of the family and the child, and to further assist the family with long term planning and skill building to support independence.

Safety Considerations:

The LDSS should make provisions for the safety of all participants in family team meetings. Local agencies are responsible for including safety measures in local safety protocols and standards of practice needed for safely conducting family meetings. Such provisions should include the assigned facilitator of an FTDM assessing whether any safety precautions need to be specifically arranged on a case by case basis. The facilitator, in collaboration with the worker and supervisor, shall have an emergency plan in the event that unforeseen threats to safety arise during the meeting.

Special considerations must be given to minimize potential risk for further trauma to trauma survivors (e.g., sexual abuse, domestic violence, etc.). Workers should determine the existence of court orders restricting contact between participants prior to the facilitated meeting. When court orders restrict contact between members of the team, the worker should ensure that the facilitator has an opportunity to review and comply with these orders in advance of the meeting. The worker should note such court orders when requesting the facilitated meeting. Accommodations will be made in accordance with any restrictions.

Considerations for Follow Up:

The worker requesting the facilitated meeting or family team decision meeting and his or her supervisor have the primary responsibility for follow-up after the meeting. This follow-up may include referring families to community agencies or for on-going services; maintaining, creating or changing safety plans, service plans, or case plans; establishing a service agreement based on service recommendations made in the meeting; and scheduling follow-up team meetings of any sort.

Each LDSS shall have one single person designated to enter FTDM or facilitated meeting information into the electronic case record. Non-facilitated family meeting information shall be documented by the assigned worker. Monthly reports to track outcomes and review trends will be generated based on facilitated meetings only.

Local departments shall work in conjunction with DHS/SSA to gather feedback from facilitated meeting participants twice a year in a formal feedback gathering process. However, it is recommended that at the end of each FTDM, the opportunity for all participants to share feedback should be encouraged so there is an opportunity to continually improve the relationship and meet the needs of the team.

Alignment with Practice Model and Desired Outcomes

This policy aligns with the Integrated Practice Model as it provides service through the values of empowerment, advocacy, respect, and collaboration. The policy provides for a family-centered, strengths-based, individualized, trauma-responsive, community focused, culturally and linguistically responsive resource for children, youth, emerging adults and families. It also specifically guides the core practices of engaging, teaming, assessing, planning, intervening, monitoring, adapting, and transitioning.

Teaming is one of the eight core practices of Maryland's practice model. This policy guides the practice of teaming as it should occur throughout any child welfare system involvement. Facilitated meetings and family meetings are designed to empower and advocate for children, youth, and family needs; provides an opportunity to use the family or youth's supports and resources to address needs, problem-solve and collaboratively make critical and difficult decisions that impact safety, permanency, and well-being needs. The structure of facilitated meetings is designed to promote respect and collaboration while customizing the process to meet every unique family's needs. All core practices are built into the structure of facilitated meetings. These practices make it possible to operationalize the practice principles.

Related Policies and Information

SSA 11-16 Maryland Youth Transition Plan

SSA 13-02 Case Planning Concurrent Planning Policy

SSA/CW #15-21 Maryland's Safety Assessment for Every Child and Safety Plan

SSA/CW #20-06 Qualified Residential Treatment Placement and Other IV-E Reimbursable Non-Family Based Placement Settings

SSA/CW #20-03 Children with Disabilities - Voluntary Placement Agreements

Integrated Practice Model Practice Profiles - Engage and Team

Integrated Practice Model Training Curriculum - Modules 1 and 2

Attachment A

Facilitated Meeting Consent Form

Parent or Guardian Agreement

I, _____ (please print), consent to the release of confidential information about me and my family during the course of this Facilitated Meeting held on _____.

I understand that the Facilitated Meeting is a gathering of Department of Social Services staff, family members, and my identified supports. My worker and I have decided who will participate in the team meeting. Together, we will make important decisions to ensure my child or children's safety and the well-being of my family. I am participating voluntarily. I understand that my child or children may participate in the meeting as appropriate.

I understand that the information shared in this meeting will be used to help the Department of Social Services plan and provide services to my family and that the information shared may become part of the agency's record. I also understand that no plan to which the participants agree at the meeting is legally binding without a court order. However, I understand that if I sign a written plan made as a result of the meeting, my signature will mean that I understand and agree to the plan.

I have been informed that information disclosed in the meeting is confidential and that all the participants will sign an agreement not to share this information unless I agree otherwise or to the extent required by law. Some examples of exceptions are as follows: allegations of child abuse and neglect will be reported to the Child Protective Services Screening Unit of the Department of Social Services and any statements about my intent to harm myself or others or information regarding serious, foreseeable, and imminent harm to a child, youth, or family member will be disclosed to get me help or to protect other people.

This consent has been explained to me and I agree to its contents. I understand that I may refuse or withdraw my consent at any time, in writing, and that refusal to sign will mean I cannot participate in the facilitated meeting.

I have agreed to include the following people in the meeting.

Name	Relationship to Child	Email or Mailing Address

Parent or guardian:

Printed Name: _____

Signature: _____

Date: _____

Witness to this consent:

Printed Name: _____

Signature: _____

Date: _____

Attachment B

Facilitated Meeting Confidentiality Agreement

Names of Parent or Guardian:

Name of child or children:

Caseworker:

Team Facilitator:

Supervisor:

Date of Meeting:

I understand that I am participating in a facilitated meeting regarding

_____ (Family Name/Parent/Guardian)

_____ (Family Name/Parent/Guardian)

_____ (Child or Children).

The purpose of the facilitated meeting is to invite family, family members, their identified supports and Department of Social Services staff to work together to protect the child or children and promote the family's well-being.

I also understand that the facilitated meeting is a meeting with local Department of Social Services staff, the parents or guardian of the child or children, the child or children, family members, and other people chosen by family members to support the family in carrying out a plan made by this team at the facilitated meeting.

By my signature below, I acknowledge that I will have access to information that is personal and confidential. I understand that I may use this information only as necessary to carry out my role as part of this family team, and agree that I will not share this information with anyone who is not a member of this team unless otherwise required under Maryland law.

I understand that I can refuse to sign this confidentiality agreement, but in doing so I will no longer be allowed to participate in the facilitated meeting.

Name of Participant (Please Print)	Relationship to Family	Date and Signature for Agreement on Confidentiality

