Frederick County
Child and Family Team Packet

Child and Family Team Flow Chart

Systems of Care Guiding Principles

Child and Family Team Procedures

1. Overview
2. Identification of Cases to follow Systems of Care Procedures
3. Identification of Case Manager and Team Meeting Facilitator
4. Information Gathering
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6. Meeting with Child and Family prior to Team Meeting
7. Child and Family Team Meeting
8. Written Report
9. Fiscal Procedures
10. Coordination and Monitoring of Services
11. Follow-up Meetings and Service reviews
12. Process Evaluation

Attached Forms and Checklists

A. Authorization to Use and Exchange Information Form
B. Information Gathering Checklist
C. Child and Family Team Participants Checklist
D. Letter of Invitation
E. Child and Family Team Meeting Report Form
F. Family Team Meeting Care Plan
G. CANS / Strengths Discovery Form
H. Naturalistic Supports (Informal Community & Family Support)
I. Budget Sheet
J. CSA Data Set Addendum
K. Team Meeting Observation Form
L. Referral Packet
M. Letter to Provider
N. Service Provider Report
O. Youth and Parent Evaluation
P. Family Group Conference Procedure Checklist
### Systems of Care Model for Frederick County

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**Bring together a short internal meeting to identify case as known to the DSS system**

**Fill out the cover sheet, identify DSS & other agencies workers who need to be involved in the planning process: DSS, CT, school, mental health, GAL & other attorneys for family, private providers, CSA Coordinator (include Benefit Program/VIEW worker if expected to be a resource)**

**Identify Facilitator**

**Meet with youth and family to hear their story, identify their strengths, identify the youth’s interests, identify their natural supports and who should be invited to the Child & Family Team meeting. Explain the purpose of Child & Family Team meeting and who will be there, and how the plan will be used.**

**Complete CANS and Strengths Discovery, if determined appropriate.**

**Complete Vision Statement**

**Case planning meeting building on strengths. Group agrees on goals, evaluations still needed services to reach goals, natural supports, responsibilities, potential road blocks, timeframes, funding sources and specific recommendations to the Court. Also sets date for follow-up and monitoring**

**Completion of written plan signed off by participants**

**Completion of all funding paperwork, Case Actions, Purchase Orders and CSA paperwork.**

**Distribution of plan to family, agencies, court, and attorneys and all service providers.**

**Intensive case management and follow-up. New meeting scheduled when necessary.**
Goals: Safety and Permanency of Children

Follow-up Conference - Revisions of Service Plan Within 3 months

Evaluation & ongoing case monitoring [case progress reports and evaluation of process by youth, family, Service Providers & Agency staff]

Provision of Services Services to be arranged within 3 days

Written Report with CSA & Budget Sheet

Child and Family Conference

Meet with Youth and Caretaker

get information for individuals who cannot attend Conference

within 7 days

within a total of 2 weeks after getting the case

Completion of Services

Follow-up Conference - Revisions of Service Plan Within 3 months

Evaluation & ongoing case monitoring [case progress reports and evaluation of process by youth, family, Service Providers & Agency staff]

Provision of Services Services to be arranged within 3 days

Within 3 days

Get signed release of info

within 7 days

within 24 hours

Assignment of Case Manager and Conference Facilitator

Information Gathering Get signed release of info

within 7 days

Internal Coordination Meeting

within 5 days

Identification of case appropriate for Child & Family Team Process

within 24 hours

Flow Chart for Child and Family Teams
Systems of Care Guiding Principles

- Identifies and builds on strengths of child and family. Family-driven.
- Dependent upon partnership between families and professionals. Highly participatory.
- Emphasis on serving families within their communities.
- Uses Child and Family Teams.
- Requires collaboration between multiple agencies and service sectors.
- Provides individualized supports and services based on strengths and needs in multiple domains. Includes informal, naturalistic supports and a net result of cost-effectiveness.
- Services aligned to meet identified goals for youth and family.
- Includes a commitment to culturally competent care: culturally responsive supports and services.
- Includes system of on-going evaluation and accountability – continuous improvement and revision of services if necessary.
- Outcome-driven process.
- Produces a written document which stakeholders can agree on -- document leads to resource allocation, programming decisions and evaluations.
- May involve outside facilitators who can ask tough questions and keep the process focused.
- May involve new ways of thinking, new mental models and new frameworks.
Ten Principles of the Wraparound Process

1. **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members’ perspective, and the team strives to provide options and choices such that the plan reflects family values and preferences.

2. **Team based.** The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.

3. **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members’ networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.

4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluation a single wraparound plan. The plan reflects a blending of team members’ perspective, mandates, and resources. The plan guides and coordinates each team ember’s work towards meeting the team’s goals.

5. **Community-based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsible, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

6. **Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

7. **Individualized.** To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.

8. **Strengths-based.** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

9. **Persistence.** Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.

10. **Outcome based.** The team ties the goals and strategies of the wraparound plan to observable of measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.
Frederick County Child and Family Team Procedures

1. **Overview**

The Child and Family Team process is Family-Driven, Strength-Based, Inclusive, Collaborative, Consistent, Outcome-Driven, Culturally Competent, Accountable, Individualistic, Flexible and Cost-Effective. The goal of the Child and Family Team process is to avoid the necessity of out-of-home placements whenever possible, and if the child is already in foster care, to safely return the child to his or her home. If return home safely is not possible, the goal is to provide for a permanent placement of the child.

Child Safety is of paramount importance. Nothing in the Child and Family Team Procedures should supersede the development of a specified Safety Plan in all cases, when appropriate.

The Child and Family Team Process is dependent on a high degree of collaboration and clear communication:

- **Within the Department of Social Services**
  - Between CPS and Foster Care
  - Between Services and Eligibility
  - Between one Eligibility Program and another (TANF, VIEW, Medicaid, Day Care, Food Stamps, etc.)

- **Between DSS and the other three core agencies**
  - Schools
  - Juvenile Court
  - Community Services Board (Mental Health)

- **Between the agency and the family**
  - Parents or other caretaker
  - Youth
  - Relatives or other naturally supportive individuals identified by the family

- **Between public agencies and private agencies, including non-profit agencies**

- **Between human service agencies and the legal community**
  - Judges
  - Guardians ad litem
  - Defense attorneys
  - Prosecuting attorneys
  - Legal representatives of parents
Note: The timeframes in this written procedure are included as a guideline. All time expectations on a given case will be determined by the Case Manager and his or her Supervisor taking into account the safety of the child. In some cases, the attorney for the parent may request that the Child and Family Conference occur after the Adjudicatory Hearing.

2. **Identification of Case Needing a Child and Family Team Meeting**

It will be the responsibility of the Foster Care or CPS Supervisor to identify cases needing a Systems of Care or Child and Family Team Process at the time that the Social Work Case Manager is assigned.

The following cases may not be appropriate for the Child and Family Team process:

1. Cases involving significant alcohol/drug abuse
2. Cases involving serious gang connection or drug dealing
3. Cases where the parent refuses to work towards reunification
4. Cases involving significant domestic violence

Severe Child Protective Services abuse and neglect cases where one or both parents/caretakers are being charged by the Commonwealth’s Attorney may follow the Crisis Team Tracking Procedure in lieu of the Child and Family Team procedure.

Unless the Supervisor determines that is a compelling reason not to do so, the following cases will follow the Child and Family Team process:

a) On-going CPS cases
b) Court cases where DSS has been placed “on-notice” that the child may come into foster care
c) Foster Care Prevention Cases (Family Services)
d) Foster Care Cases where the goal is “Return Home”

3. **Assignment of Child and Family Team Meeting Facilitator**

Within 24 hours of the time that it is determined that the case will follow the Systems of Care process, the Foster Care or CPS Supervisor will identify the facilitator for the Child and Family Team Meeting. Whenever possible, the facilitator will not be the Social Work Case Manager.
4. **Information Gathering**

The assigned Social Work Case Manager will be responsible for ensuring that all information known to the four core agencies has been obtained and read.

   a) In order to obtain the information, the Social Worker will be responsible for getting the Authorization to Use and Exchange Information signed by the parent/caretaker (Appendix A). If the youth receives alcohol or substance abuse services, the youth must also sign the Authorization Form.

   b) The Social Worker will work with the Services Aide II to obtain information from the four core agencies, service providers who are working with the family and relevant medical providers as indicated on Appendix B. Core agencies include the Court, schools, mental health and DSS (including current and past CPS, Foster Care, Medicaid, TANF, Food Stamps and other benefit program records). This information should be gathered and shared with the Social Work Case Manager within 5 days of request to the Social Work Aide.

5. **Internal Coordination Meeting**

The Social Work Case Manager and the Child and Family Team Facilitator will set an Internal Coordination Meeting for DSS staff currently or potentially responsible for working with the family. The purpose of the Internal Meeting is to:

   a) Develop the list of the potential participants in the Child and Family Team Meeting (Appendix C);

   b) Share information known to the DSS system;

   c) Set possible date(s) for the Child and Family Team Meeting

   d) Determine responsibility for:

      1) contacting the key meeting participants for availability;
      2) sending out the Invitation to Participate letter and the blank Child and Family Team Meeting Form to all meeting participants;
      3) reserving the meeting room;

   e) Identify any additional information needed prior to the Team Meeting. The Internal Coordination Meeting will be held within 7 days of assignment of the case to the Case Manager and Facilitator.
6. **Prior to the Child and Family Team Meeting**

a) **Strengths Identification Meeting with Child and Caretaker**

The Systems of Care approach is strength-based, family-driven and youth-guided.

The Child and Family Team Meeting can be intimidating to the youth and to the family. In order to engage the youth and family, the worker will meet with them in advance of the full Team Meeting to:

1) let the youth and family know what to expect at the Child and Family Team meeting, who will be there and how the information in the written report will be used;
2) discuss strengths of each of the caretaker(s);
3) discuss the strengths/interests of the youth;
4) identify the family’s natural community supports;
5) identify any additional individuals who should be invited to the Team meeting;
6) complete the CANS and other Strengths Discovery Form, as appropriate;
7) develop the child’s and family’s Vision Statement (“Life will be better when . . .”). The instruments used to gather this information will be the CANS and Strengths Discovery tools.

b) **Gather Information from Other Team Participants**

The Child and Family Team Meeting can be lengthy. In order to maximize the time spent in the meeting, it is useful to have the participants come prepared to speak about the family’s strengths and issues.

The Invitation to Participate and the blank Team Meeting Form should be personalized with identifying information on the cover page and sent out in advance of the meeting. Participants should be asked to bring the form with them or (if they cannot attend) to fax it to the Case Manager in advance of the meeting.

The identifying information includes:

1) Name(s) and date of birth of child(ren)
2) Names and addresses of parents (if paternity has not been established, note it on the form)
3) Current charge (if before the Court) and date of next hearing(s)
4) Past charge(s) and disposition
5) Truancy or behavioral issues at school
6) If known to CPS, nature of complaint and disposition
7) If the child is in foster care, date he or she came into care

7. **Child and Family Team Meeting**

The purpose of the Child and Family Team meeting is to develop a creative plan with the family to identify the solutions necessary to reach the identified goals. Interventions should be community-based and as cost-efficient as possible utilizing a range of free or low-cost resources.

The Team Meeting Facilitator will greet the family and youth and ask all participants to introduce themselves. The Facilitator will review the purpose and process of the meeting, including the written report, how it will be used and to whom it will be sent. The elements in the Child and Family Meeting should be consistent regarding the goals identified, the needs of the family, the services to be provided and accountability sought. Interventions should be flexible and individualized based on the strengths, interests, needs, and culture of the family.

A Recorder will be identified prior to the Team Meeting. The responsibility of the Recorder will be to prepare the Family Team Meeting Care Plan, including needs, ways to meet needs, Plan of Action/Services/Challenges/person responsible. The Care Plan will be signed by Team Meeting participants.

*The Child and Family Team Process is not a one-time event -- it is a process. There will always be changes, problems, roadblocks and adjustments which need to be made. Prior to leaving, a date for a follow-up meeting will be set.*

8. **Written Report**

One of the Guiding Principles of the Systems of Care approach is that it produces a written document which stakeholders can agree on -- a document which leads to resource allocation, programming decisions and evaluations.

The outcome of the Conference is a written plan which becomes the basis for the services to be provided throughout future management of the case. (The Family Team Meeting Care Plan provides a summary of decisions made during the meeting; the written report is more comprehensive.) The services and goals are clearly stated and shared with all parties involved including the family, service providers, social workers, court workers, school personnel and the Court. The written report should be signed and dated by the parent, the Case Manager and other meeting participants.

The written plan becomes the basis of the family service plans developed by providers of services. Progress towards the identified goals will form the basis of future reports to
the Court. The written plan (with an addendum as to specific costs associated with the services) becomes the basis of the request for funding.

At the conclusion of the Child and Family Team Conference, the Facilitator will collect all forms from conference participants. Within one week, the Facilitator will complete the written report addressing the following quality indicators:

- Is it consistent? Is there anything missing related to needs/issues/goals/services?
- Are goals and expectations clear? Who is doing what? By when? At what cost (if known)?
- Have the family’s naturalistic supports been included?
- Is it complete? The Facilitator should add information which becomes known following the conference.
- Are the specific recommendations to the Court clearly articulated?

A copy of the written report should be delivered face-to-face to the youth and to the parent by the Case Manager. (This provides an opportunity to answer questions, review expectations and obtain the signature of the parent.) A copy should be sent to the GAL, all attorneys involved in the case, all providers who will be working directly with the family, the Core Agency representatives who participated in the conference, the CSA Coordinator and the appropriate DSS Supervisor (Foster Care and/or CPS Supervisor).

If the case is before the Juvenile Court (On-notice cases, Foster Care Cases, Protective Order cases, etc.), the written report should be sent to the Clerk of the Juvenile Court with a note as to who has received a copy. The copy to the Clerk should be received at least 72 hours before any scheduled hearing involving the case. The Clerk will deliver copies to all appropriate attorneys and put a copy in the file for the Judge’s review at the hearing.

If the Family Team Meeting is serving as the FAPT or if there will be a request for CSA expenditures, a Budget Request Form (Attachment H) and the CSA Referral Form (Attachment I) will be attached to the written report sent to the CSA Coordinator.

9. Fiscal Procedures

The Fiscal Procedures for cases handled under the Systems of Care process are similar to the procedures for all Child Welfare cases with one exception. As of August 1, 2008, the Frederick County CPMT approved the Child and Family Team to serve as
the FAPT for cases where the total expenditure does not exceed $2,500.00 for evaluations and $3,500.00 per month for services. If the Child and Family Team Meeting is to serve as the FAPT, this will be noted on the written report and the required forms will be attached and sent to the CSA Coordinator (see above).

The Social Work Case Managers will use the Budget Form to provide information to the SW Aide so that she can initiate the Purchase Orders and to set the case up in Thomas Brothers. Typically, the Case Action Forms will be completed by the Worker.

**Case Action:** The Case Action Form will be used to track payments for:

a) on-going Foster Care Maintenance Payments  
b) sporadic and one-time expenditures (drug testing, rent or other CPS Prevention expenses)  
c) items purchased on behalf of clients

**Purchase Order:** The Purchase Order serves as a contract between the agency and the service provider. It identifies the service to be provided, the frequency of services, the cost agreed upon and the duration of services (with beginning and end dates.) It is the primary documentation used to monitor fiscal expenditures for clients and to ensure that what the worker has requested for a client, what has been provided and what has been billed are consistent. It is the primary tool used by the agency auditors to ensure that payments made on behalf of clients are accurate. Purchase Orders are used for counseling and therapy, evaluations, mentoring, day care, in-home services, etc.

The SW Aide will use the information provided to her by the Worker on the Budget Form to create the Purchase Order. PO's must have a beginning and an end date and may not be for a period to exceed 3 months.

*No services will be provided without a signed Purchase Order for the specific services within the timeframe indicated.*

The Purchase Order must be signed by the Worker, Supervisor and Administrative Manager and then sent by the SW Aide to the provider. The flow of the Purchase Order is as follows:

Created by SW Aide → Worker → Supervisor → Administrative Manager → SW Aide

The SW Aide is responsible for ensuring that the signed Purchase Order is received by the provider, signed and returned to the agency.
**Scheduling of Appointments:** It will be the responsibility of the Social Worker to coordinate with the family and the approved provider to schedule the services. The Social Worker will review with the family the policy that missed appointments will become the financial responsibility of the parent or caretaker (or the foster parent if the child is in Permanent Foster Care).

**Renewal of Purchase Orders:** Prior to the renewal of any Purchase Order, progress reports from the provider will be reviewed by the Social Worker to determine the necessity of continued services.

**Invoicing/ Billing:** Providers will submit the invoice directly to the SW Aide by the 5th of each month for services rendered in the previous month. She will compare the invoice with the approved Purchase Order. If a charge appears on the invoice which is disallowed, the Aide will call the provider to explain the disallowed charge, make the correction on the invoice and recalculate the new total due. She will also unencumber any unused funds in Thomas Brothers.

**Payments:** the SW Aide will forward all necessary information to the Administrative Manager who will forward the information to the Office Assistant for processing the payment. The Office Assistant will enter payment information into Thomas Brothers.

Prior to printing the checks, the Office Assistant will forward a copy of the Pre-check Warrant Register to the SW Aide for her review. Once she reviews the Register, she will then present it to the Foster Care and CPS Supervisors for their final approval and return the signed copy to the Office Assistant. The Office Assistant will take the Warrant Register to the Treasurer’s Office for approval and printing the checks. Once signed, she will ensure that the checks are mailed to the providers.

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**10. Case Management and Monitoring of Services**

It is the responsibility of the Social Work Case Manager to coordinate services, to monitor and document progress toward identified goals, to assess the effectiveness of purchased services and to assess the use of natural supports or no-cost/low-cost community-based services for the family. It is the responsibility of the Case Manager to communicate with the family, with all involved attorneys and with the Court regarding the progress towards identified goals. Monthly Progress Reports will be completed, signed and dated by the parent with a copy sent to the parent and the attorneys.

When a family is referred for purchased services, it is the responsibility of the Case Manager to provide the following information:

a) A copy of the Written Family Team Report

b) Any additional evaluations, school reports, court reports, etc. relevant to the provision of services by the provider
c) Clearly written expectations of the provider including:
   • Goals/needs to be addressed
   • Monitoring/reporting requirements
   • Identified outcomes to be obtained related to improved school attendance and performance skills, reduced time in out-of-home placement and detention
   • Expectations as to family engagement, strengths-based service planning and development of natural supports
   • Collaboration/communication requirements including participation in Child and Family Team Meetings
   • Incorporation of a “whatever it takes” and “never give up” attitude in providing help and support

The Case Manager will obtain monthly progress reports from the service providers and will continually evaluate the appropriateness of the service plan and progress towards the identified goals. Failure on the part of the provider to submit monthly progress reports will result in discontinuation of said services.

No Purchase Order will be written for more than three months. Prior to the renewal of any Purchase Order, progress reports will be reviewed to determine the necessity of continued services.

For On-going CPS, Foster Care Prevention and Foster Care cases, it will be the responsibility of the Case Manager to develop and ensure the implementation of a safety plan as needed.

11. Follow-up Team Meetings and Service Reviews

The Case Manager will work with the Conference Team Facilitator to schedule a Follow-Up Team Meeting at least once every three months. If there has been a major change in the case, it may become necessary to hold a follow-up Team Meeting to amend the Service Plan or recommendations to the Court.

At least 48 hours prior to a scheduled follow-up Child and Family Team Meeting, the Case Manager will send progress documentation to all conference participants.

The purpose of the follow-up meeting is to assess progress towards the identified goals and to amend the service plan as needed. The risk assessment and SDM reunification protocol tools will be utilized as deemed appropriate by the Case Manager and his or her Supervisor.

12. Evaluation (Currently being written and tools developed for evaluation of the process by the youth and family and by the service providers and core agency workers.)