

PRIMER HANDS ON- CHILD WELFARE

**TRAINING FOR CHILD WELFARE STAKEHOLDERS
IN BUILDING SYSTEMS OF CARE**

TRAINING GUIDE

MODULE 6 **Outreach and Engagement**

**A Skill Building Curriculum
By Sheila A. Pires**

**In Partnership with Katherine J. Lazear, University of South Florida, and
Lisa Conlan, Federation of Families for Children's Mental Health**

**Based on
Building Systems of Care: A Primer
By Sheila A. Pires
Human Service Collaborative
Washington, D.C.**

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MODULE 6

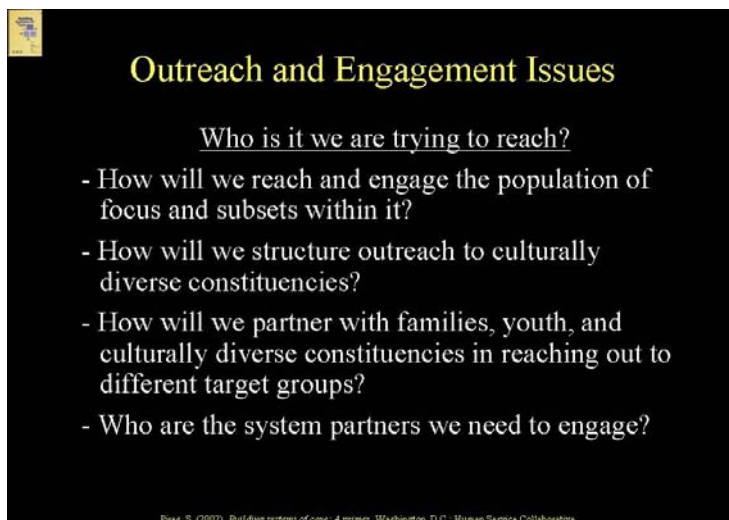
Outreach and Engagement, Organized Pathways to Services/Supports; Screening, Assessment, and Evaluation; Service/Support Planning

This material is drawn primarily from Section I of *Building Systems of Care: A Primer* (pages 48-59) and other resources.

Function: Outreach and Engagement

Outreach and Engagement Issues

SLIDE 2 (112)



Outreach and Engagement Issues

Who is it we are trying to reach?

- How will we reach and engage the population of focus and subsets within it?
- How will we structure outreach to culturally diverse constituencies?
- How will we partner with families, youth, and culturally diverse constituencies in reaching out to different target groups?
- Who are the system partners we need to engage?

Pava, S. (2002). *Building systems of care: A primer*. Washington, D.C.: Human Service Collaborators

System builders need to think strategically about the question, “Who is it we are trying to reach?” This question encompasses a number of outreach and engagement issues, including: How are we going to structure outreach activities to the population(s) of focus? How are we going to reach out to culturally diverse communities and partner with these communities and with parents and youth in outreach efforts? How are we going to engage needed system partners? For example, if a targeted concern is overrepresentation of African American children and families involved or at risk for involvement in child welfare, strategies need to be developed to reach out to and engage the African American community itself, as well as those who make decisions about referring children to child welfare. If the

Trainer's Notes

Goals

Remind participants that the didactic presentation is not intended to teach participants everything there is to know about the topics. Rather, it is intended to get participants thinking about the topics strategically.

How systems of care structure outreach and engagement, organize pathways to services and supports, and structure screening, assessment, evaluation and service planning functions will vary, and there are no “correct” structures, as long as the structures support the principles and goals of systems of care. The challenge for system builders is to think strategically about the pros and cons of various structures and which will best help them achieve their goals.

Method

PowerPoint Presentation; Large group discussion

Training Aids

Microphone if necessary; projector; laptop computer, screen; Slides #1-37 (slides # 112-146 if utilizing the complete curriculum version with no module cover slide); flip chart with markers; Case Scenarios; Questions for Team Work.

Approximate Time

2 hr. 15 min.

Expected Outcomes

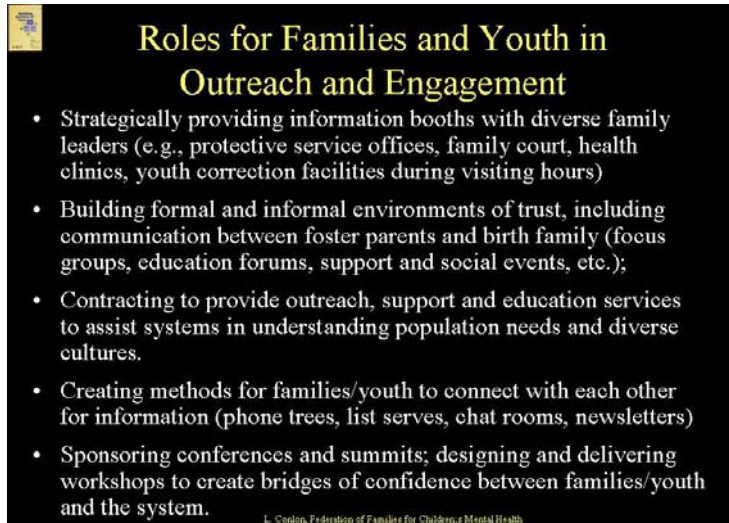
At the end of Module 6, participants should be familiar with:

- 1) Outreach and engagement issues
- 2) Roles for families and youth
- 3) Culturally competent

population of focus is youth in transition, strategies are needed to reach out to and engage the youth themselves, as well as resources in the community, such as community colleges and housing agencies.

Roles for Families and Youth in Outreach and Engagement

SLIDE 3 (113)



Roles for Families and Youth in Outreach and Engagement

- Strategically providing information booths with diverse family leaders (e.g., protective service offices, family court, health clinics, youth correction facilities during visiting hours)
- Building formal and informal environments of trust, including communication between foster parents and birth family (focus groups, education forums, support and social events, etc.);
- Contracting to provide outreach, support and education services to assist systems in understanding population needs and diverse cultures.
- Creating methods for families/youth to connect with each other for information (phone trees, list serves, chat rooms, newsletters)
- Sponsoring conferences and summits; designing and delivering workshops to create bridges of confidence between families/youth and the system.

L. Cordova, Federation of Families for Children's Mental Health

Families and youth are critical partners in helping to develop plans for effective outreach. They are effective spokespersons to share information with other families and youth and advocate for their involvement in system building. Potential roles for families and youth in outreach and engagement activities include: being present and available to families at strategic points in the system, such as child protective services offices, family court, health clinics, etc.; building formal and informal environments of trust, such as focus groups, education forums, social events, and support groups; being contracted with to provide outreach and engagement and to help systems understand population needs and diverse cultures; creating methods for families and youth themselves to share information, such as phone trees, chat rooms, etc.; sponsoring conferences and designing workshops to create bridges of trust between systems and communities.

- 4) community engagement
- 4) Examples of culturally competent outreach and engagement
- 5) Definitions of screening, assessment, evaluation and service planning
- 6) Outreach and engagement roles for caseworkers and importance of home visits
- 7) Characteristics of Comprehensive Family Assessments
- 8) Comprehensive, strength-based principles and child welfare approaches
- 9) Essential elements of wraparound, family group conferencing and related approaches
- 10) Examples of wraparound approaches in child welfare
- 11) An individualized approach to service planning and developing service plans
- 12) Family and youth partnerships and cultural competence in screening, assessment, evaluation and service planning
- 13) Working with families with repeated involvement in child welfare
- 14) Use of common screening and assessment tools
- 15) Importance of accessible information
- 16) Role of supervisors and coaching
- 17) Role of CASA volunteers, guardians ad litem and judges in service delivery decision-making

Culturally Competent Community Engagement

SLIDE 4 (114)



Many families and youth, and especially those from diverse cultures, will not comply with mandated service requirements, initiate service involvement or remain in services if the pathway to services is inaccessible or insensitive to family and cultural issues. Principles of culturally competent community engagement include; working with natural, informal supports and helping networks within culturally diverse communities; the concept of communities determining their own strengths and needs; partnership in decision-making; meaningful benefit from collaboration; and, a reciprocal transfer of knowledge and skills among partners.

Trainer's Notes

Provide additional examples of what agencies or communities have done to address culturally competent outreach and engagement strategies from your own knowledge and experiences.

SLIDE 5 (115)



Example of Community Outreach and Engagement

Everglades Health Center

- Signs in 3 languages: Spanish, English, and Creole Haitian
- Literacy programs
- Audio cassettes in Spanish, English, Creole, Honduran dialect, 3 Mexican dialects, 2 Guatemalan dialects
- Mini soap operas for the radio (with follow-up by health care workers going in homes and community centers)

Everglades Health Center, Community Health Centers of Dade County, Florida. Funded by the Bureau of Primary Health Care, U.S. Department of Health and Human Services.

EXAMPLE 23

An example of culturally competent community outreach and engagement strategies is evident at the Everglades Health Center in **Dade County, Florida** and includes: signs in several languages; literacy programs; audio cassettes in multiple languages; and, use of mini soap operas on the radio on critical community issues, such as substance abuse and domestic violence, with follow-up from health care outreach workers. (www.gucchd.georgetown.edu.nccc).

Participants also often have examples to share of culturally competent engagement strategies.

EXAMPLE

Another example of culturally competent community outreach and engagement strategies is evident at the Hmong Resource Center in **St. Paul, Minnesota**. The Center was established to serve as a community resource offering information about the Hmong people and their culture and provides workshops and educational presentations to the Hmong as well as to the wider community. (www.cssp.org)

The following slide illustrates another example of community outreach and engagement strategies.

SLIDE 6 (116)

EXAMPLE

The Abriendo Puertas Family Center in East Little Havana, **Miami, Florida** has implemented a number of strategies to engage community members and families and children in need of services and supports. Strategies include a Family Council, a governing board with 51% resident membership, family members and natural helpers partnering with formal service providers and child welfare workers, and extensive collaboration among providers, including co-locating various services and supports. (www.abriendopuertas.org)

Caseworkers' Role in Outreach and Engagement: Home Visits


Front line workers' contacts with families, such as caseworker visits, provide an opportunity for outreach and engagement. During these relationship-building times, caseworkers spend time with the family and observe them in their homes and in other settings, also providing a community framework for children – that of protection and support- when families are struggling to care for them. In a report available from the National Conference of State Legislatures (www.ncsl.org/programs/cyf/caseworkervisits.htm), it is reported that a fundamental shift in perspective on the part of child welfare workers – from only looking at the family's performance to include reviewing the caseworker and agency's performance - promotes a continuous quality improvement loop and is more effective at engaging families. These visits may also serve to educate extended family, friends, and neighbors about child welfare.

You should point out that because many families become involved in child welfare involuntarily, it is child protective services workers and caseworkers that are actually involved in outreach and engagement. The NCSL work reinforces the importance of these workers' approaching families from a family-centered practice model perspective.

SLIDE 7 (117)

**Caseworker's Role in Outreach and Engagement:
Shift in Home Visit Focus**

Examining only the performance of the family (e.g., did the parent attend the substance abuse treatment offered?).



Assessing both the performance of the agency and caseworker (e.g., did the agency ensure that the treatment matched the needs, age and gender of the intended recipient and was available at a time and location appropriate to the family's schedule?) and how well the family is functioning relative to the support and services provided by the agency.

National Conference of State Legislatures, (2006) Child Welfare: Core Caseworker Visits with Children and Families. www.ncsl.org/programs/cy/caseworkervisits.htm.

Trainer's Notes

For more information on caseworker visits, go to the National Conference of State Legislature website at (www.ncsl.org/prgrams/cyf/caseworkervisits.htm)

SLIDE 8 (118)

Characteristics of a Caseworker to Successfully Engage a Family

- ✓ Understands and agrees with the principle of appreciating strengths and the culture of children, youth and their families;
- ✓ Understands the concepts of using the child's safety, attachment and other needs to engage a family;
- ✓ Appreciates a family's expertise on their child's needs;
- ✓ Finds common ground;
- ✓ Gives the family the opportunity to tell their story;
- ✓ Is empathetic while being honest and straight forward, while communicating unmet safety and attachment issues;
- ✓ Is confident, persistent, creative, thinking beyond traditional services;
- ✓ Is comfortable taking risks and working with traditional and non-traditional providers to begin providing different services;
- ✓ Has a positive and goal oriented philosophy; Is solution-based rather than seeing problems as barriers that cannot be overcome.

Adapted from the Oregon Manual

For more information about the Oregon system of care, go to: www.oregon.gov/dhs/children/welfare/systemofcare

Oregon's System of Care identified characteristics needed by a caseworker to successfully engage a family. These characteristics include:

- Understands and agrees with the principle of appreciating strengths and the culture of children, youth and their families;
- Understands the concepts of using the child's safety, attachment and other needs to engage a family;
- Appreciates a family's expertise on their child's needs;
- Finds common ground;
- Gives the family the opportunity to tell their story;

- Is empathetic while being honest and straightforward, while communicating unmet safety and attachment issues;
- Is creative and can think beyond traditional services;
- Is comfortable taking risks and working with traditional and non-traditional providers to begin providing different services;
- Is confident and persistent;
- Has a positive and goal oriented philosophy;
- Is solution-based rather than seeing problems as barriers that cannot be overcome.

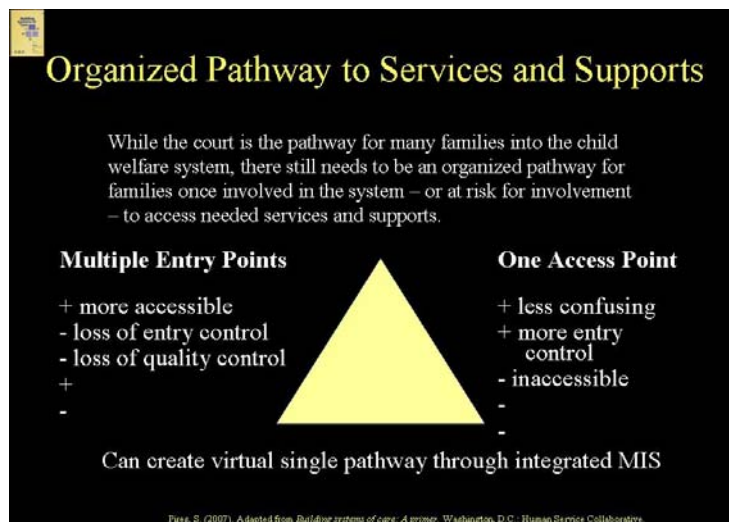
Trainer's Notes

You may have examples you wish to share from your own experience about child welfare systems that have changed family engagement practices among workers.

Function: Organizing a Pathway to Services/Supports

An Organized Pathway to Services/Supports

SLIDE 9 (119)



Point out to participants that, no matter how families become involved in child welfare, i.e. involuntarily through the courts or voluntarily, they need access, in a manageable way, to services and supports. This also is true for foster, adoptive, and kinship families. No matter how families are involved, most are families under enormous stress, with complex issues going on; if the pathway(s) to services and supports is confusing or difficult to manage, it is unlikely families will meet service requirements or get service needs met.

Creating an organized pathway to services and supports for families involved in child welfare and those at risk is an essential component of system building. It is needed to rationalize an otherwise fragmented service system for families. While the court is the pathway for many families into the child welfare system, there still needs to be an organized pathway for families once involved in the system – or at risk for involvement – to access needed services and supports. This is true as well for foster, adoptive, and kinship families. For example, for families involved in the system, an adult family member may be required to obtain substance abuse treatment services, the child should receive both a health and behavioral health screen and linkage to needed services, siblings may need some type of support. How accessible these services are and the

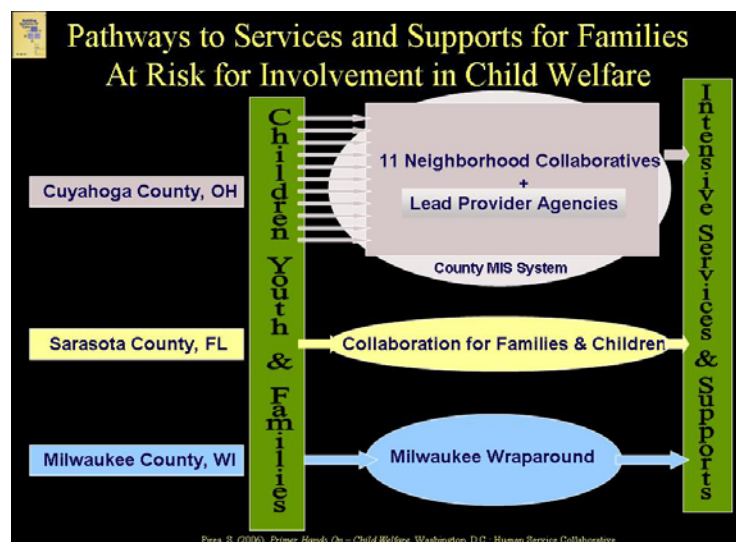
extent to which they are coordinated (so, for example, appointments do not conflict) will have a major bearing on whether families meet and take advantage of service requirements.

Trainer's Notes

An organized pathway to services and supports does not necessarily mean there is only one place to go to access services and supports. System builders must make strategic decisions about whether to create multiple entry points or a single access point, and there are pros and cons to each. One entry point may be less confusing and give the system greater control, but it may be inaccessible for some families. Multiple entry points may be more accessible to more families but give the system less control over quality. In either event, a virtual “single” system needs to be created through integrated information management and communication mechanisms.

Examples of Organized Pathways

SLIDE 10 (120)



These are examples of organized pathways to services and supports for families involved in child welfare, among others. You may have others you wish to share from your own experience.

EXAMPLE

To illustrate this point, in **Cuyahoga County, Ohio** there are 11 Neighborhood Collaboratives, which serve as identifiable pathways to services and supports for families at risk for involvement in child welfare. The County is partnering the Collaboratives with lead provider agencies to extend the pathway to families already involved in the system, indeed in multiple systems, who need intensive services and supports and service management. Through the County's MIS system, system managers will be able to track activity at all entry points, and system managers can ensure that the same family-centered practice model, supported by training and coaching, is utilized at all sites. This is an organized pathway with multiple entry points.

EXAMPLE

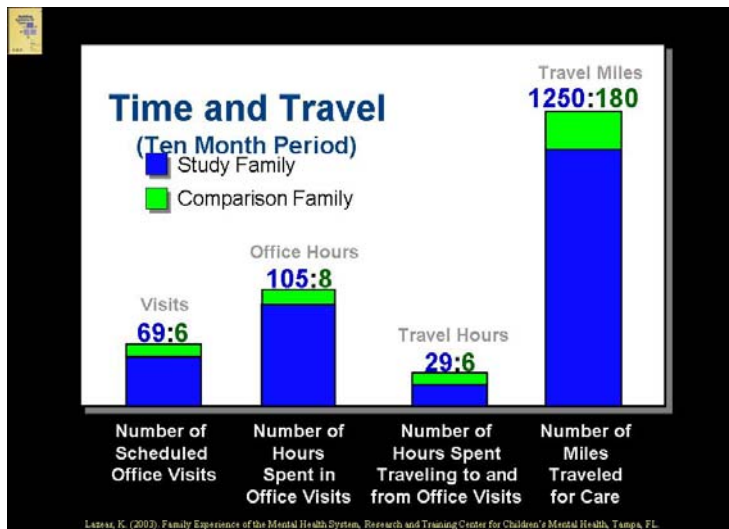
In **Milwaukee County, Wisconsin**, **Wraparound Milwaukee** serves as the single organized pathway to services and supports for all children and families referred by the court for intensive services and supports. (<http://www.milwaukeecounty.org/wraparoundmilwaukee7851.htm>)

EXAMPLE

In **Sarasota County, Florida**, the Collaboration for Families and Children serves as the single organized pathway to services and supports for all children referred by child protective service investigators, including both children and families at risk and in placement. (<http://aspe.hhs.gov/hsp/CW-financing03/ch1.htm>)

Burden on Families

SLIDE 11 (121)



Point out to participants that, for families involved in child welfare, often child welfare workers go to the family, making home visits. However, most families also have to obtain other services and supports – often as a court requirement. This might include substance abuse treatment, anger management classes, parenting classes, family therapy, mental health services for the children, etc. The burden placed on families of having to navigate and get to multiple providers can be exhausting and add to stress levels.

Navigating traditional pathways to services and supports that are disconnected and fragmented is time-consuming and stressful for families who have complex needs to try to obtain services and supports. This illustration shows the results of a study in Florida that examined the amount of time spent by families with a child with serious emotional problems to access services compared to a family without a child with serious behavioral health needs. At the time of this study, the family (the mother, father, and three children) were living together and not involved with child welfare. However, the mother did report that she feared losing her children to “the system” as she was beginning divorce proceedings and was afraid she would be “living out of her car in the not so far off future.” Also, imagine the number of additional hours the family would have spent

with a caseworker if the family were involved with child welfare. Understanding the burden on families of trying to access services and supports when there is no organized pathway, and developing strategies to make the pathway less stressful, is a critical step for system builders.

Family-Centered System Entry

An important part of structuring the pathway to services/supports has to do with how families and youth and culturally diverse constituencies will be received when they enter the system, the types of forms they must complete, whether entry is culturally and linguistically competent, and whether there are partnership roles for families, youth or natural helpers in system access. Some child welfare systems are hiring parent partners to support families when they enter the child welfare system.

EXAMPLE

Maryland is an example of a state that is engaged in a reform initiative spearheaded by the Governor's Office on Children to create "single points of access" in localities for families in need of services and supports that are also embedded in a system of care practice model (i.e., strengths-based, individualized, culturally competent, cross-agency). Many of the Maryland counties are developing structures which connect families to family or system navigators. (www.goc.state.md.us)

An excellent resource for families encountering the child welfare system is *A Family's Guide to the Child Welfare System*, developed by Jan McCarthy, Anita Marshall and others, written in partnership with families, which provides a comprehensive introduction to the various aspects of the child welfare system and concrete information and practical tips for families. It is an example of a written resource that can be shared with families at system entry to help ease their involvement with the system. (www.gucchd.georgetown.edu)

Trainer's Notes

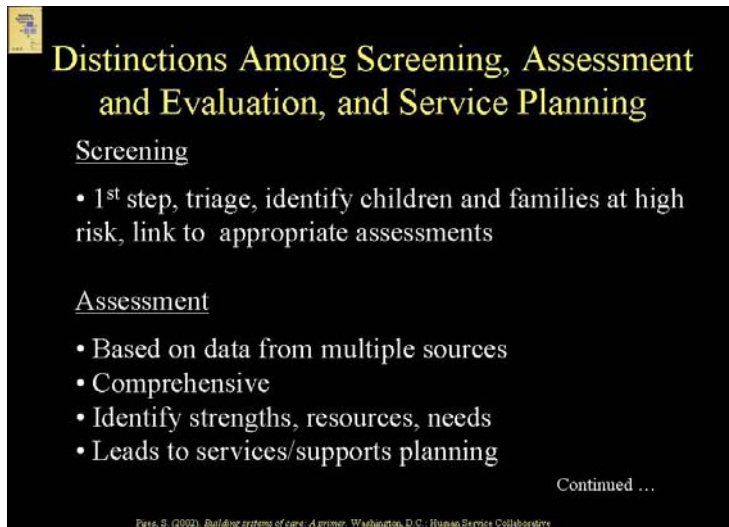
You may want to share examples from your own experience of systems that utilize parent partners, or other strategies, at system entry to support families entering the system.

A Family's Guide to the Child Welfare System is available from Georgetown University Center for Child and Human Development at www.gucchd.georgetown.edu.

Functions: Screening, Assessment, Evaluation and Services/Supports Planning

Definitions of Screening, Assessment, Evaluation and Service Planning - Generic

SLIDE 13 (122)



Distinctions Among Screening, Assessment and Evaluation, and Service Planning

Screening

- 1st step, triage, identify children and families at high risk, link to appropriate assessments

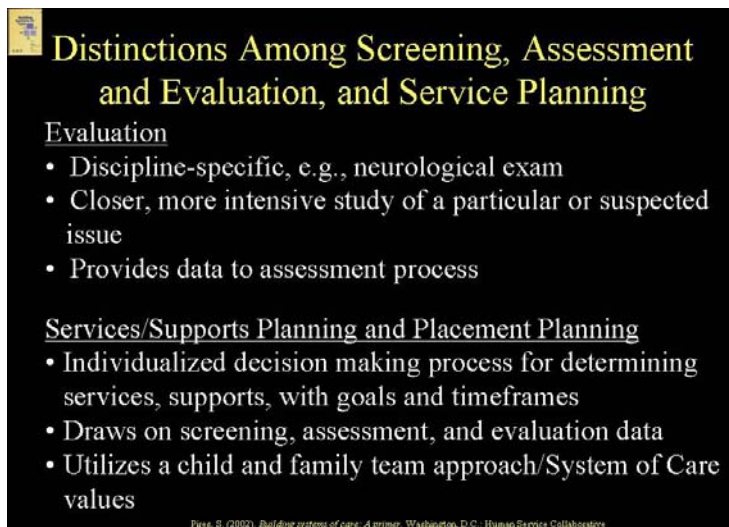
Assessment

- Based on data from multiple sources
- Comprehensive
- Identify strengths, resources, needs
- Leads to services/supports planning

Continued ...

Pava, S. (2002). Building systems of care: A primer. Washington, D.C.: Human Services Collaborators

SLIDE 14 (123)



Distinctions Among Screening, Assessment and Evaluation, and Service Planning

Evaluation

- Discipline-specific, e.g., neurological exam
- Closer, more intensive study of a particular or suspected issue
- Provides data to assessment process

Services/Supports Planning and Placement Planning

- Individualized decision making process for determining services, supports, with goals and timeframes
- Draws on screening, assessment, and evaluation data
- Utilizes a child and family team approach/System of Care values

Pava, S. (2002). Building systems of care: A primer. Washington, D.C.: Human Services Collaborators

Screening, assessment, evaluation, and service planning are distinct functions, which may be carried out by different entities, but they need to be linked in a continuous process and by a common practice model reflecting system of care values. All of them need to embody the characteristics of being individualized, coordinated across child-serving

Trainer's Notes

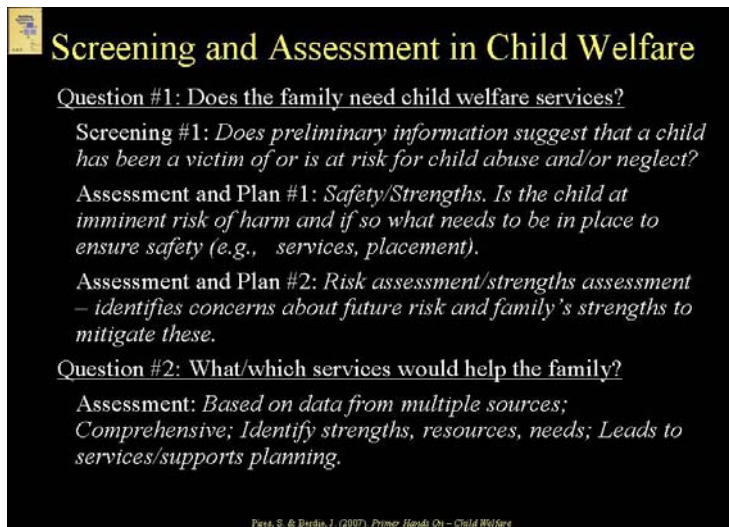
The following two slides, which provide generic definitions, make the point that each of these is a separate function, although they are linked. It often becomes clearer to system builders how to structure each of these functions when they consider them as distinct but inter-connected functions. The slides that follow these definitional ones describe these functions specifically within a child welfare context.

systems, culturally and linguistically competent, strengths-based and carried out in partnership with families and youth, not “done to them”. These functions are defined as follows:

- Screening: first step triage, identifies children and families at high risk and links them to appropriate assessments
- Assessment: is based on data from multiple sources; is comprehensive; identifies strengths, resources and needs; leads to and informs service planning
- Evaluation: is discipline specific, e.g., a neurological exam; is a closer, more intensive study of a particular or suspected issue; provides data to the assessment process
- Service planning: is an individualized, collaborative decision making process for determining services and supports, placements, timeframes and goals, drawing on screening, assessment and evaluation data; utilizes a child and family team approach (e.g., wraparound, family group decision making)

Screening, Assessment, Evaluation and Service Planning in a Child Welfare Context

SLIDE 15 (124)



Screening and Assessment in Child Welfare

Question #1: Does the family need child welfare services?

Screening #1: *Does preliminary information suggest that a child has been a victim of or is at risk for child abuse and/or neglect?*

Assessment and Plan #1: Safety/Strengths. *Is the child at imminent risk of harm and if so what needs to be in place to ensure safety (e.g., services, placement).*

Assessment and Plan #2: Risk assessment/strengths assessment – *identifies concerns about future risk and family's strengths to mitigate these.*

Question #2: What/which services would help the family?

Assessment: *Based on data from multiple sources; Comprehensive; Identify strengths, resources, needs; Leads to services/supports planning.*

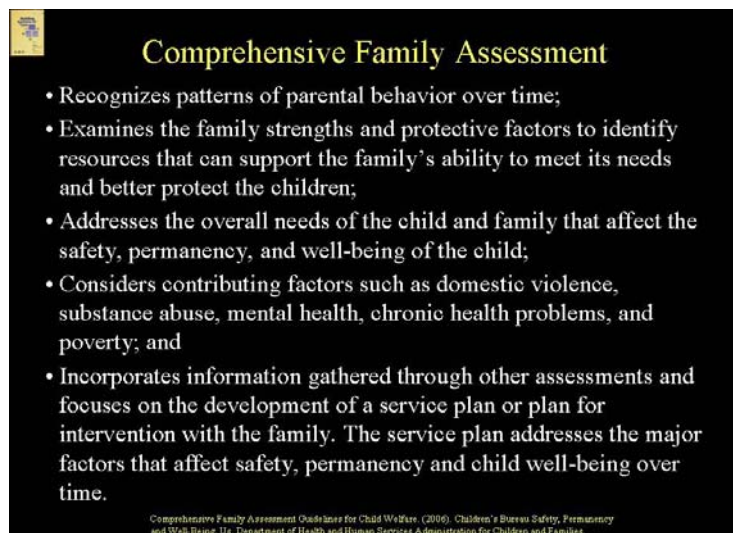
Peters, S. & Brindley, J. (2007). *Primer Hands On - Child Welfare*

Screening and assessment in child welfare typically begins with a safety and risk assessment before it moves to a more comprehensive assessment and service planning process. Timing is often an issue in that assessments may have to be done quickly to ensure a child's safety. In a system of care approach, safety and risk assessments still are informed by family-centered values (strengths-based, culturally competent, etc.) and must lead to comprehensive family assessments.

Trainer's Notes

Point out that while screening, assessment and service planning in child welfare typically begin with a safety and risk assessment, system of care values still need to inform these steps (i.e., family-centered, strengths-based, culturally competent, etc.)

SLIDE 16 (125)



Comprehensive Family Assessment

- Recognizes patterns of parental behavior over time;
- Examines the family strengths and protective factors to identify resources that can support the family's ability to meet its needs and better protect the children;
- Addresses the overall needs of the child and family that affect the safety, permanency, and well-being of the child;
- Considers contributing factors such as domestic violence, substance abuse, mental health, chronic health problems, and poverty; and
- Incorporates information gathered through other assessments and focuses on the development of a service plan or plan for intervention with the family. The service plan addresses the major factors that affect safety, permanency and child well-being over time.

Comprehensive Family Assessment Guidelines for Child Welfare. (2006). Children's Bureau Safety, Permanency and Well-Being. U.S. Department of Health and Human Services Administration for Children and Families

A comprehensive family assessment is usually undertaken when it is determined that the child welfare agency is responsible for serving the family. In the first round of the CFSRs, no State was found that had a successful child welfare comprehensive family assessment. Assessments tended to be superficial, did not successfully identify the underlying causes that were bringing the child and family into the child welfare system and, hence, did not lead to an effective service plan. The Children's Bureau commissioned the development of *Guidelines for Comprehensive Family Assessments*, which was disseminated to all States. The Guidelines can be found at the National Resource Center for Family-Centered Practice and Permanency Planning at www.nrcfcppp.org. The Children's Bureau report stated that a *"comprehensive family assessment...begins with the first contact with a family and continues until the case is closed; must be completed in partnership with families and in collaboration with other community partners; is a process, not the completion of a tool. Simply completing a form will not capture all that is needed for comprehensive assessment."*

It is also important that immediately after entering the system, children be assessed for the existence of trauma-related symptoms and specific interventions that would be most beneficial. A number of systems, such as Maine's child welfare system, are introducing the concept of trauma-informed practice into their systems of care.

Trainer's Notes

For more information on assessments in child welfare, go to the National Resource Center for Family-Centered Practice and Permanency Planning at: www.hunter.cuny.edu/socwork/nrcfcppp

The *Guidelines for Comprehensive Family Assessments* can be found at the National Resource Center for Family-Centered Practice and Permanency Planning at: www.nrcfcppp.org

For a comparison of family assessment instruments in child welfare, see Johnson, Stone, Lou, Vu, Ling, Mizrahi & Austin (2006) *Family Assessment in Child Welfare Services: Instrument Comparison*.

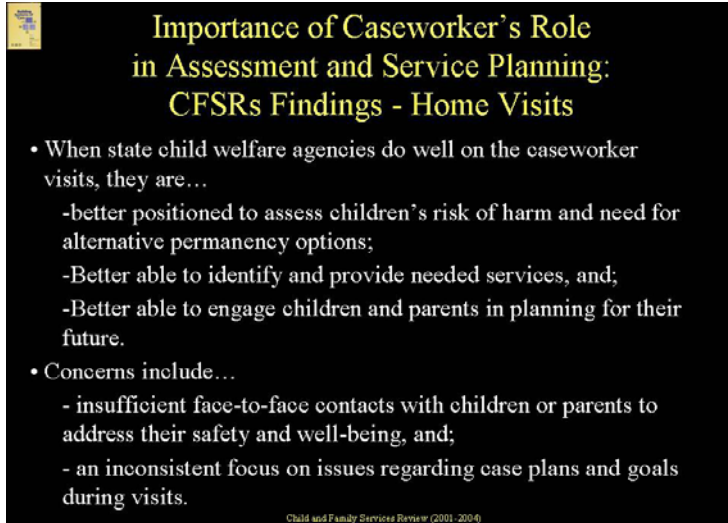
For more information about trauma-informed practice, see: National Child Traumatic Stress Network at: www.nctsnet.org

Child Welfare Case Worker's Role in Assessment and Service Planning

Trainer's Notes

You may want to share an example of a system that changed how caseworkers approach home visits.

SLIDE 17 (126)



Importance of Caseworker's Role in Assessment and Service Planning: CFSRs Findings - Home Visits

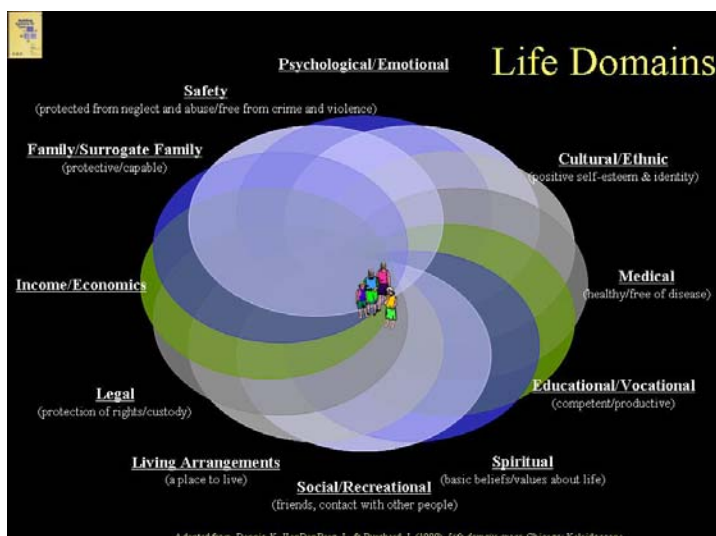
- When state child welfare agencies do well on the caseworker visits, they are...
 - better positioned to assess children's risk of harm and need for alternative permanency options;
 - Better able to identify and provide needed services, and;
 - Better able to engage children and parents in planning for their future.
- Concerns include...
 - insufficient face-to-face contacts with children or parents to address their safety and well-being, and;
 - an inconsistent focus on issues regarding case plans and goals during visits.

Child and Family Services Review (2001-2004)

The Child and Family Services Reviews highlighted the important role that case workers play in assessment and service planning and the impact of their role in influencing whether children are protected, families receive the supports they need, and whether families are engaged to play a role in planning for their futures.

Comprehensive, Strengths-Based Principles

SLIDE 18 (127)

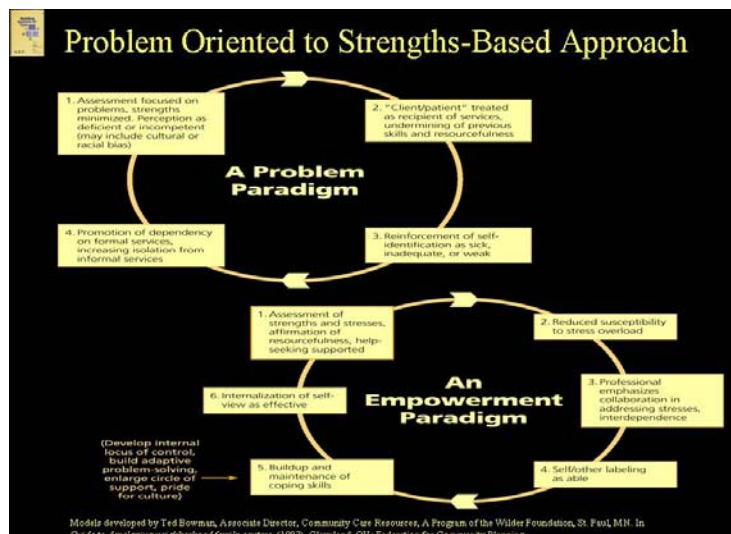


System of care principles require that assessment and service planning be comprehensive and strengths-based, looking across “life domains.” These domains include: psychological/emotional; safety (protected from neglect and abuse; free from crime and violence); family/surrogate family (protective and capable); income/economics; legal (protection of rights; custody); spiritual (basic beliefs and values about life); living arrangements (a place to live); social/recreational (friends; positive contact with other people); medical (healthy and free of disease); educational/vocational (competent/productive); and, cultural/ethnic (positive self-esteem and identity).

Trainer’s Notes

These slides provide graphic depictions of a comprehensive and strengths-based assessment framework.

SLIDE 19 (128)



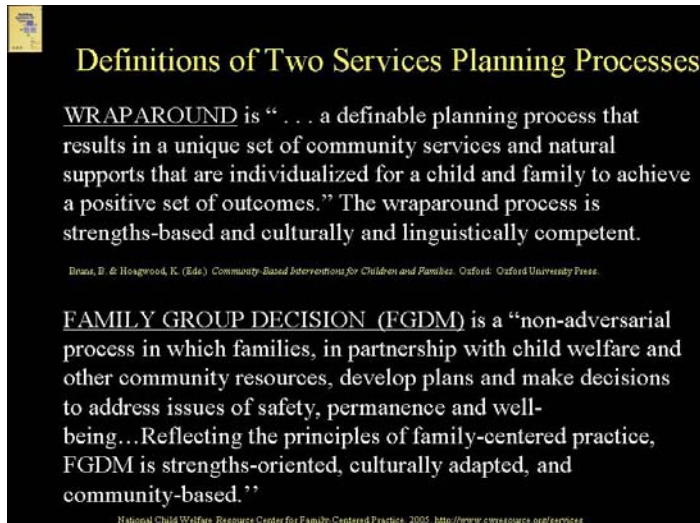
System of care principles also require moving away from a “problem paradigm to an empowerment paradigm” approach in screening, assessment and evaluation processes. The Child and Family Services Reviews also stress the importance of building resiliency in families.

EXAMPLE

Mississippi Division of Children and Family Services provides a Family Centered Strengths and Risk Assessment Guidebook to guide caseworkers in their initial assessment conversation with families, youth and children in ways that focus on family strengths and successes and seek to employ principles of family-centered practice in planning services and supports from the entire system of care that can help parents improve their ability to care for their children. (www.hunter.cuny.edu/socwork/nrcfcpp/info_services/assessment)

Comprehensive, Strengths-Based Approaches in Child Welfare

SLIDE 20 (129)



Definitions of Two Services Planning Processes

WRAPAROUND is “ . . . a definable planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes.” The wraparound process is strengths-based and culturally and linguistically competent.

Burns, B. & Hoagwood, K. (Eds.). Community-Based Interventions for Children and Families. Oxford: Oxford University Press.

FAMILY GROUP DECISION (FGDM) is a “non-adversarial process in which families, in partnership with child welfare and other community resources, develop plans and make decisions to address issues of safety, permanence and well-being...Reflecting the principles of family-centered practice, FGDM is strengths-oriented, culturally adapted, and community-based.”

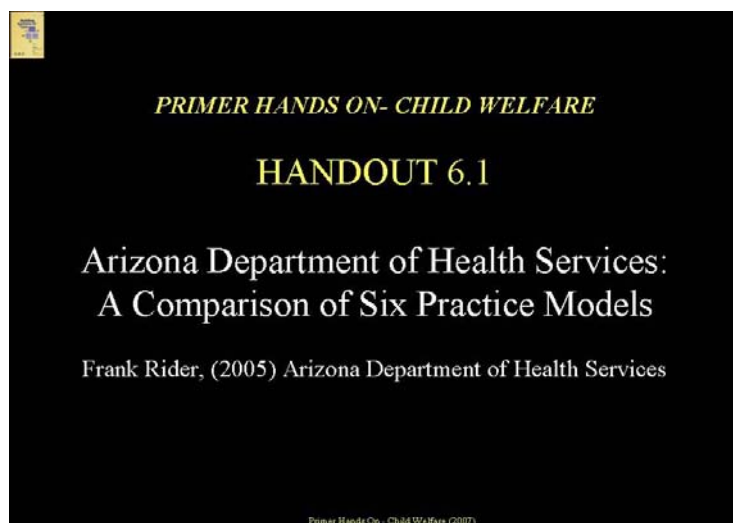
National Child Welfare Resource Center for Family-Centered Practice. 2005. <http://www.nrcwrc.org/services>

Trainer's Notes

The discussion is now turning to various service planning approaches used in systems of care that have similar values and goals.

Both a wraparound approach to service planning and various types of family group conferencing or team-decision making approaches are used in child welfare and other systems serving children, youth and families. From a values standpoint, they are very similar. Burns and Hoagwood describe wraparound as “ . . . a **definable planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes.**” The National Child Welfare Resource Center for Family-Centered Practice describes Family Group Decision Making as “... a **non-adversarial process in which families, in partnership with child welfare and other community resources, develop plans and make decisions to address issues of safety, permanence and well-being...Reflecting the principles of family-centered practice, FGDM is strengths-oriented, culturally adapted, and community-based.**” Individual states and communities may have their own definitions as well. The point is that there is commonality in the values base that informs these practices and, therefore, opportunity to coordinate across systems on a common practice approach.

SLIDE 21 (130)



Trainer's Notes

To illustrate the variety of family-centered practice models being used, refer participants to Handout # 3 - Arizona Department of Health Services : A comparison of Six Practice Models. Point out to participants that the definitions that Arizona used may vary across states and communities. The important point is that there is a great deal of similarity in the values base that is informing these practices and, therefore, common ground to bring systems together on a common practice approach.

More information about the AZ system of care can be found at: www.azdhs.gov/bhs

HANDOUT 6.1

Handout 6.1 is a chart compiled by the **Arizona** Department of Health Services that describes similarities among various individualized, strengths-based, culturally competent service planning approaches, including family group decision making, wraparound, and person-centered planning. As the Arizona exercise concluded, "We're not that different".

Essential Elements of Wraparound, Family Group Conferencing and Related Approaches

SLIDE 22 (131)



This slide allows you to go into more detail about the principles that inform family-centered practice approaches.

The essential elements of wraparound, family group conferencing and related approaches include: family and youth voice and choice; team-

driven (i.e., not single agency or single provider driven); community-based; individualized; strengths-based and focused across life domains; culturally competent; flexible approaches, flexible funding; informal family and community supports; unconditional commitment; interagency, community-based collaboration; and outcome-based.

Trainer's Notes

Examples of Wraparound Approaches in Child Welfare

SLIDE 23 (132)

Examples of Systems of Care That Incorporate A Wraparound Approach for the Child Welfare Population or Subsets

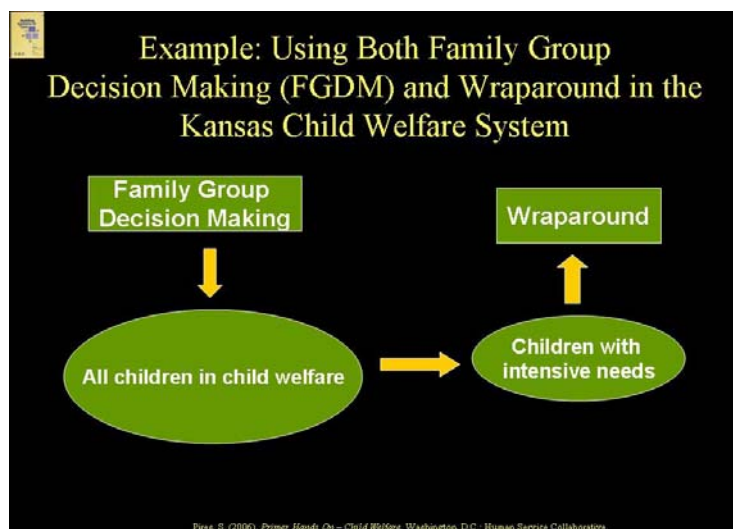
- Milwaukee Wraparound (Milwaukee Co., WI)
- Dawn Project (Marion County, IN)
- Central Nebraska
- Westchester County, New York
- Sacred Child Project, South Dakota
- Cuyahoga County, OH
- States of Alabama, Nevada, North Carolina

Pera, S. 2005. Human Services Collaborators. Washington, D.C.

You may want to share other examples from your own experience of child welfare systems that are using a wraparound approach for some or all populations of children and families involved in child welfare.

A number of states and counties are utilizing a wraparound approach to service planning for children and families involved in or at risk for involvement in child welfare, such as Milwaukee Wraparound, Cuyahoga County, the Dawn Project, the Sacred Child Project in South Dakota and a number of states, such as Alabama, Nevada and North Dakota.

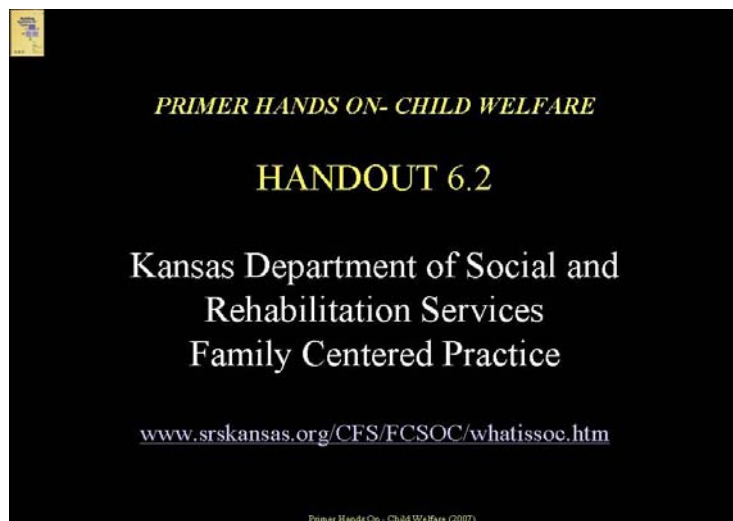
SLIDE 24 (133)



EXAMPLE

Kansas is an example of a state child welfare system that is using both family group decision making and wraparound in its system of care. Wraparound is conceptualized in Kansas as being tied to intensive service management and utilized for children and families with the most intensive service needs, while family meetings are used throughout the child welfare system for all families coming into contact with the system. A family may experience both family group conferencing and wraparound in the Kansas system, depending on the family's strengths and needs. Both come under what Kansas calls "family-centered practice within a family-centered system of care". (www.srskansas.org/CFS/FCSOC/whatissoc.htm)

SLIDE 25 (134)



Trainer's Notes

For an example of one State's family-centered practice guidelines, refer participants to *Handout 6.2 Kansas Department of Social and Rehabilitation Services Family Centered Practice* document.

You may have other tools you want to share, based on your own experience, that support individualized services/supports planning.

HANDOUT 6.2

Kansas Department of Social and Rehabilitation Services Family Centered Practice is one example of child welfare systems that are using a wraparound approach for some or all populations of children and families involved in child welfare

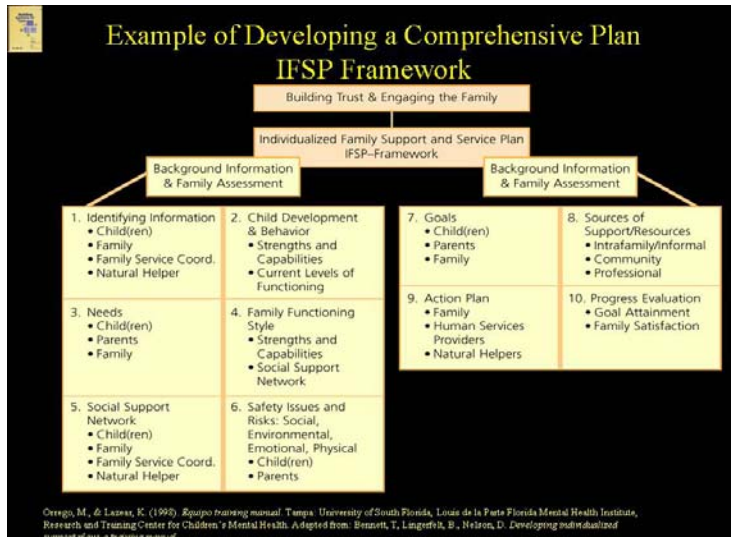
Trainer's Notes

An Individualized Approach to Services/Supports Planning

The following is an illustration of one individualized approach to service/supports planning. This graphic points out the importance of both safety and crisis plans and trust and relationship building within comprehensive service plans.

The following two slides address elements of a strengths-based and well-documented services/supports plan.

SLIDE 26 (135)




EXAMPLE

This example of an Individualized Family Service and Support Plan from the *EQUIPO Training Manual* used at the Abriendo Puertas Family Center in Miami, FL was adapted from: Bennett, Lingerfelt, and Nelson, *Developing individualized support plans-a training manual*.

Characteristics of a Well-Documented Services/Supports Plan

SLIDE 27 (136)

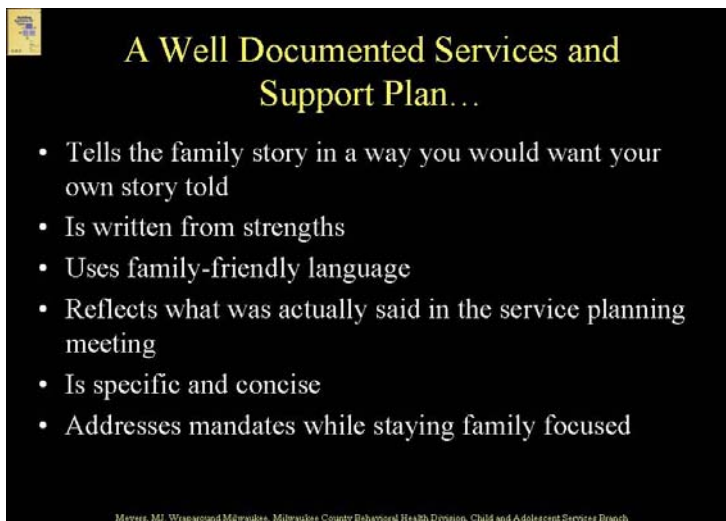


Individualized Service and Support Plan Components

- Strengths/Culture Discovery
- Crisis/Safety Plan
- Vision
- Family Narrative
- Needs Statements
- Strategies (who, what, when, how) based on strengths (including transition out of formal services)

Adapted from Meyers, MJ. Wraparound Milwaukee, Milwaukee County Behavioral Health Division, Child and Adolescent Services Branch

SLIDE 28 (137)



A Well Documented Services and Support Plan...

- Tells the family story in a way you would want your own story told
- Is written from strengths
- Uses family-friendly language
- Reflects what was actually said in the service planning meeting
- Is specific and concise
- Addresses mandates while staying family focused

Meyers, MJ. Wraparound Milwaukee, Milwaukee County Behavioral Health Division, Child and Adolescent Services Branch

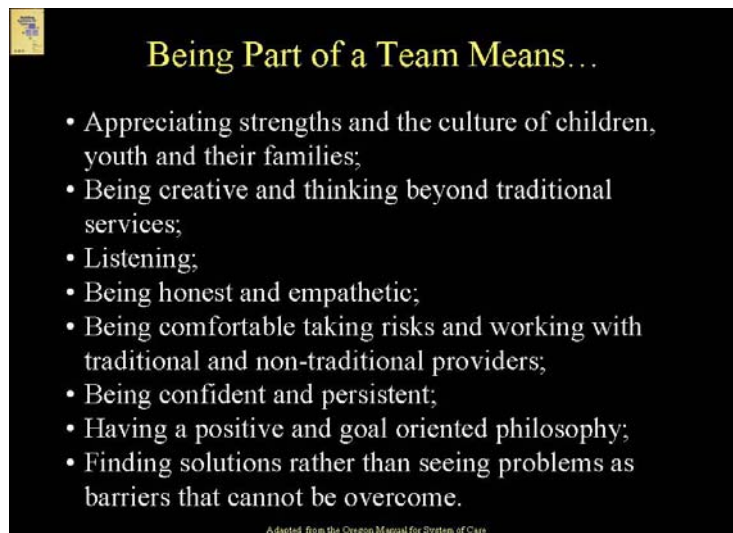
The characteristics of a well-documented services/supports plan include: strengths/culture discovery; crisis plan; vision; family narrative; needs statements; strategies based on strengths identifying who is responsible, how it will be carried out and timelines for accomplishment; tells the family and youth story in a way you would want your own story told; is written from a strengths perspective; uses family- and youth- friendly language; reflects what was actually said in the service planning meeting; is specific and concise; addresses mandates while staying family-focused.

Trainer's Notes

The format of service and support plans may look different from community to community. However, all service and support plans should have the essential components illustrated on this slide.

The Team Approach

SLIDE 29 (138)



Family-centered practice requires a team approach, both with families and other system partners. Being part of a team means: appreciating strengths and cultures of families; being creative and thinking beyond traditional services; listening; being honest and empathetic; being comfortable taking risks and working with traditional and non-traditional providers; being confident and persistent; having a positive and goal-oriented philosophy; finding solutions, rather than seeing problems as barriers that cannot be overcome. It also means working with families to create choice and explore possibilities and not simply tell families what to do. Working in a team requires training, coaching and practice. The diverse perspectives brought to the team by the different formal and informal service and support providers can lead to holistic, comprehensive and family-driven service and support plans. It is important to clearly acknowledge the roles and expectations of each team member, as illustrated in Oregon's Manual for System of Care from which this material is drawn.

Family Partnerships and Cultural Competence in Screening, Assessment, Evaluation and Service Planning

Screening, assessment, evaluation and service planning functions are among the most critical for partnering with families and youth as resources effectively and for cultural proficiency. There are many examples of structures that incorporate family partnerships in screening, assessment and service planning. For example, families may be involved, often on a paid basis, in providing peer support to families involved in service planning processes, and parents and youth may play a role in the screening

Trainer's Notes

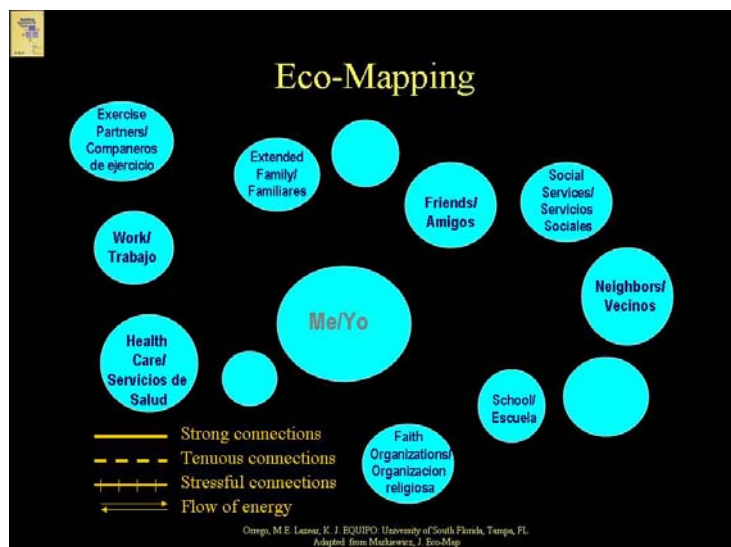
Point out to participants the essential component of working in teams as a characteristic of systems of care (at a frontline practice level and at a system planning and operations level).

Point out that partnering with families and youth and cultural competence at a frontline practice level go hand-in-hand. Partnerships with families involved in child welfare can often be strengthened by the involvement of trained and supported "legacy" families or parent partners – i.e., families who have had experience with the system and can be a resource and support to families newly involved.

process as system “navigators” and to help put families at ease. Some screening and assessment processes link families to family organizations for peer support. Family and youth representatives on screening teams bring a unique perspective. Often, systems of care report higher levels of family engagement and satisfaction when a family peer support worker is available to families through the initial screening, assessment, and service planning processes, and when families can connect through these processes to a larger family organization. Often, family members hired by systems of care, by working inside the system, can help to change the overall culture of the system.

Trainer’s Notes

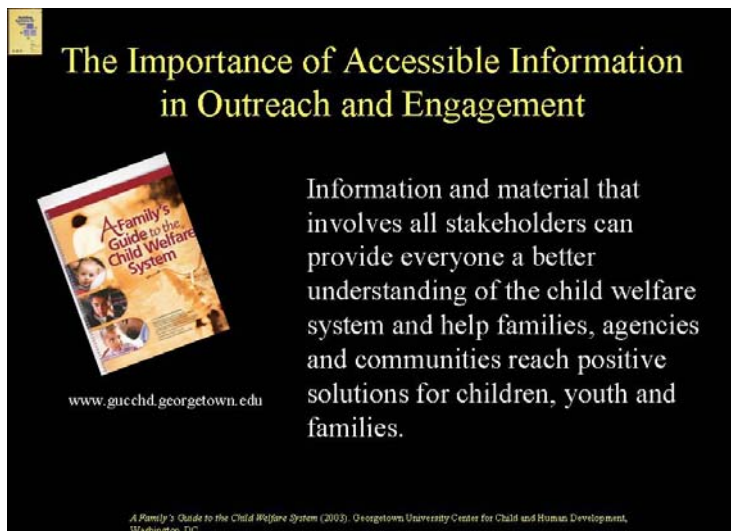
SLIDE 30 (139)



Screening, assessing, evaluating, and individualized service planning require a comprehensive base of information regarding cultural background and history. Those conducting screening, assessment, evaluation, and service planning functions play critical roles in ensuring a culturally sensitive system; they need to be self-reflective and sensitive to their own cultural norms and practices and how these may influence their cultural competence as screeners, assessors, evaluators, and service planners. Service planners may choose to develop an eco-map as a tool to assist the screening, assessment, evaluation and service planning processes. The eco-map supports a systems approach, family centered practice, and development of a culturally appropriate and reflective service plan.

Accurate and Accessible Information

SLIDE 31 (140)



The Importance of Accessible Information in Outreach and Engagement

Information and material that involves all stakeholders can provide everyone a better understanding of the child welfare system and help families, agencies and communities reach positive solutions for children, youth and families.

www.gucchd.georgetown.edu

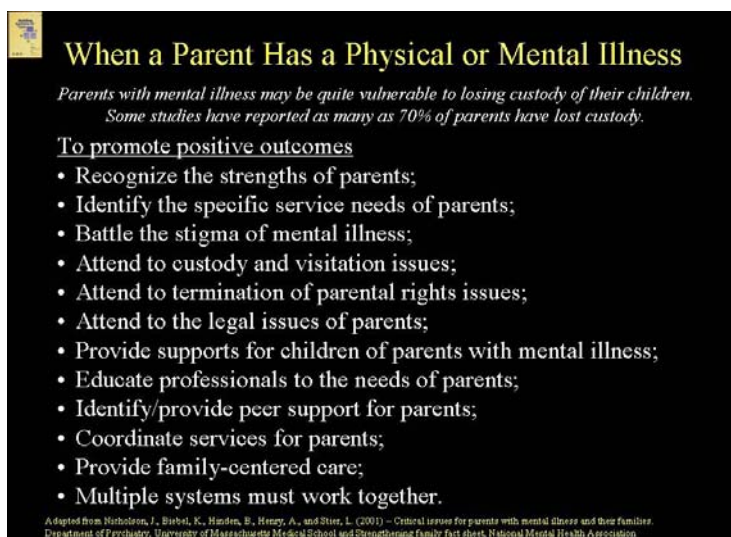
A Family's Guide to the Child Welfare System (2003). Georgetown University Center for Child and Human Development, Washington, DC

A Family's Guide to the Child Welfare System is an example of accurate and accessible information focused on the issues families care about most. The *Guide* was developed through a representative workgroup, which included: birth, foster, and adoptive parents; child welfare administrators and direct service workers; providers; lawyers; national organizations; mental health workers; national child welfare clearinghouses; federal agencies; researchers; and advocates from across the country. The *Guide*, designed to follow a family's path through the child welfare system from first contact, can be a valuable resource for outreach and engagement activities with the community and other stakeholders and system partners.

Trainer's Notes

A Family's Guide to the Child Welfare System is available from Georgetown University Center for Child and Human Development at www.gucchd.georgetown.edu

The following two slides allow for discussion of certain critical family issues in child welfare, such as parents who have a serious mental illness and families in which there is repeat maltreatment. You might want to refer back to the Heartland case scenario, which is dealing with families in which methamphetamine abuse is an issue.



When a Parent Has a Physical or Mental Illness

Parents with mental illness may be quite vulnerable to losing custody of their children. Some studies have reported as many as 70% of parents have lost custody.

To promote positive outcomes

- Recognize the strengths of parents;
- Identify the specific service needs of parents;
- Battle the stigma of mental illness;
- Attend to custody and visitation issues;
- Attend to termination of parental rights issues;
- Attend to the legal issues of parents;
- Provide supports for children of parents with mental illness;
- Educate professionals to the needs of parents;
- Identify/provide peer support for parents;
- Coordinate services for parents;
- Provide family-centered care;
- Multiple systems must work together.

Adapted from Nicholson, J., Biebel, K., Hansen, B., Henry, A., and Stier, L. (2001) – Critical issues for parents with mental illness and their families. Department of Psychiatry, University of Massachusetts Medical School and Strengthening family fact sheet, National Mental Health Association.

You may wish to share examples from your own experience of systems of care that collaborate with adult systems to ensure appropriate supports for parents struggling with mental illness or substance abuse.

Providing family-centered care is essential when addressing the needs of families in which a parent has a serious mental illness. This is a population that is particularly vulnerable to losing custody of their children. As a result of possible loss of custody and issues relate to stigma, some parents may not seek needed services and supports, thus diminishing their ability to parent effectively. (For more information on this issue, see: **www.nmha.org**; also, “Caregiver Depression, Mental Health Service Use and Child Outcomes”, Burns, B., Mustillo, S., Farmer, E., McCrae, J., Kolko, D., Libby, A., Webb, M.B. 2007.)

The Center for Mental Health Services Research at the University of Massachusetts Medical School, in partnership with consumers, published a report identifying critical issues for parents with serious mental illness. These issues include:

- Recognize the strengths of parents;
- Identify the specific service needs of parents;
- Battle the stigma of mental illness;
- Attend to custody and visitation issues;
- Attend to termination of parental rights issues;
- Attend to the legal issues of parents;
- Provide supports for children of parents with mental illness;
- Educate professionals to the needs of parents;
- Identify/provide peer support for parents;
- Coordinate services for parents;
- Provide family-centered care;
- Multiple systems must work together.

Families with Repeat Involvement with Child Welfare Systems

SLIDE 33 (142)



Steps to Responding: Families with Repeat Involvement with Child Welfare

- Develop a better understanding of the phenomenon;
- Make needed change in management, staffing, and training in the child welfare agency and in the court;
- Assess and enhance the services and supports needed to address families holistically, recognizing and responding to the multiplicity and complexity of family needs;
- Listen to the voices of families and youth;
- Heighten attention to the impact of trauma on children and youth to meet children's physical, cognitive, emotional, social, and behavioral needs;
- Build stronger community responses;
- Use local, county, and state resources more cohesively and effectively.

Families with Repeat Involvement with Child Welfare Systems: The Current Knowledge Base and Needed Next Steps (2006) The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy

Some families may have repeat involvement with child welfare agencies, cycling in and out. There may be many reasons for these “recurrences.” It may have to do with family structure such as unemployment; child characteristics (e.g., Drake, Johnson-Reid, Way & Chung (2003) suggest that younger children, children with a disability or serious behavior problems, and European American children (as compared to African American children) are more likely to experience repeat reports of maltreatment); or social and economic context (e.g., pronounced and persistent poverty). Families who frequently encounter the child welfare system are also likely to have problems with substance abuse, domestic violence, and mental illness. The Center for Community Partnerships in Child Welfare of the Center for The Study of Social Policy has identified steps to respond more effectively to the issue of repeated involvement. These steps include:

- Develop a better understanding of the phenomenon;
- Make needed change in management, staffing, and training in the child welfare agency and in the court;
- Assess and enhance the services and supports needed to address families holistically, recognizing and responding to the multiplicity and complexity of family needs;
- Listen to the voices of families and youth;
- Heighten attention to the impact of trauma on children and youth to meet children's physical, cognitive, emotional, social, and behavioral needs;
- Build stronger community responses;
- Use local, county, and state resources more cohesively and effectively.

Trainer's Notes

For more information on repeat involvement in child welfare, read *Families with repeat Involvement with Child Welfare Agencies*, published by and available from The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy (www.cssp.org)

You may wish to share other examples from your own experience of systems that have developed innovative approaches to working with frequently encountered families.

EXAMPLE

Pennsylvania's Allegheny County Department of Human Services is an example of a system that redesigned its human services as a cross-systems approach to meet families' needs holistically, particularly families with repeat involvement. Recognizing that at any given time, nearly 70% of individuals served by the Department receive services from more than one program office, teams were created to look comprehensively at the whole family and emphasize prevention and in-home, community-based services. (www.county.allegheny.pa.us/dhs.CSyst/index.htm)

Trainer's Notes

These are just two examples of statewide efforts to utilize common screening and assessment tools. You may want to share other examples as well. The main point is that the types of standardized tools used need to embody the principles of systems of care, including individualized services and supports and strengths-based and culturally competent.

Use of Common Screening and Assessment Tools

SLIDE 34 (143)

Examples:
**Use of Common Screening and Assessment Tools
Across Systems to Guide Decisions**

Child and Adolescent Needs and Strengths (CANS) tools
(www.buddinpraed.org/cans)
✓ New Jersey (www.njkidsoc.org)
✓ Philadelphia

Child and Adolescent Functional Assessment Scale
(Hodges, K., Wong, M.M., & Latessa, M. (1998). Use of the Child and Adolescent Functional Assessment Scale (CAFAS) as an outcome measure in clinical settings. *Journal of Behavioral Health Services and Research*, 25 (3), 325-336.)
✓ Michigan

Perez, S. (2006). *Primer: Hands On - Child Welfare*. Washington, D.C.: Human Service Collaborative.

Some systems of care utilize common screening and assessment tools, or service decision-making tools, to support a common practice approach. For example, New Jersey is training workers, providers and family members across systems in the use of the Child and Adolescent Needs and Strengths (CANS) tools for use by those engaged in screening and triage, such as their mobile response and stabilization teams, and service planning, such as their care management organizations. If the tools used are strengths-based and support communication and decision-making across stakeholder groups, as the CANS does, they can be helpful in supporting a consistent practice approach, such as wraparound, document service planning decisions for judges and others, and allow a state or county to collect state or county wide service outcome data. However, if the tools are deficit-based or used rigidly by service planners, they can frustrate an individualized approach to care.

Role of CASA Volunteers, Guardians Ad Litem and Judges in Service Decision Making

SLIDE 35 (144)



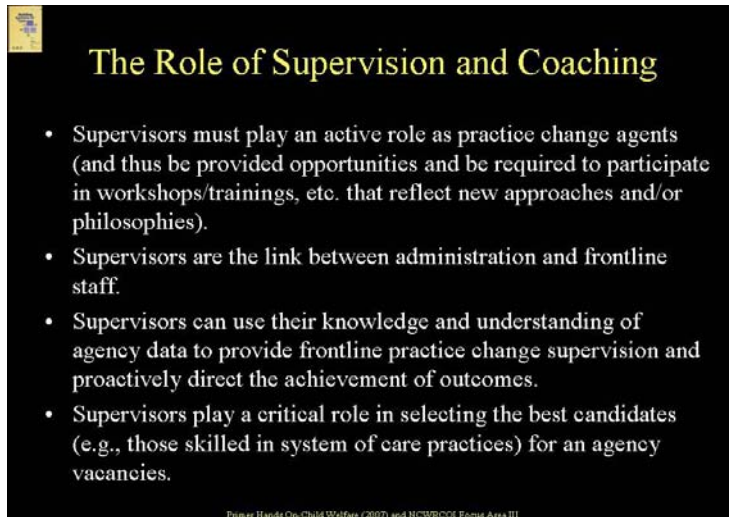
Trainer's Notes

For further information about these studies, contact:
www.gwbweb.wustl.edu/cmhsr
and Caliber/ICF.

One of the problems for child welfare systems is that assessment and service planning often “takes on a life of its own”, driven by court decisions, often informed by child advocates, such as guardians ad litem and court appointed special advocates, who, while well-intentioned, may not be intimately involved in understanding or promoting a reformed practice model. Judges also often make their decisions based on assessments conducted by independent clinical consultants, who also may not be trained in or committed to a reformed practice model. Recent research conducted by Washington University in St. Louis on how child welfare consumers reach mental health services, for example, found that the system is driven by judges, guardians ad litem, court appointed special advocates (CASAs), and assessments performed by outside clinical consultants. They found that what is not driving the system are: child welfare professionals, families’ needs, and evidence of what works in child welfare. They also found, as a result, that “treatment for child welfare consumers lacks individualized plans or services.” Interestingly, another recent study, conducted by Caliber Associates, found that investigations by CASA volunteers were associated with higher rates of removal from parents, less kinship care and less reunification with parents. These findings point to the critical importance of system builders’ involving CASA volunteers, guardians ad litem, and independent clinical consultants in change processes.

Role of Supervision and Coaching

SLIDE 36 (145)



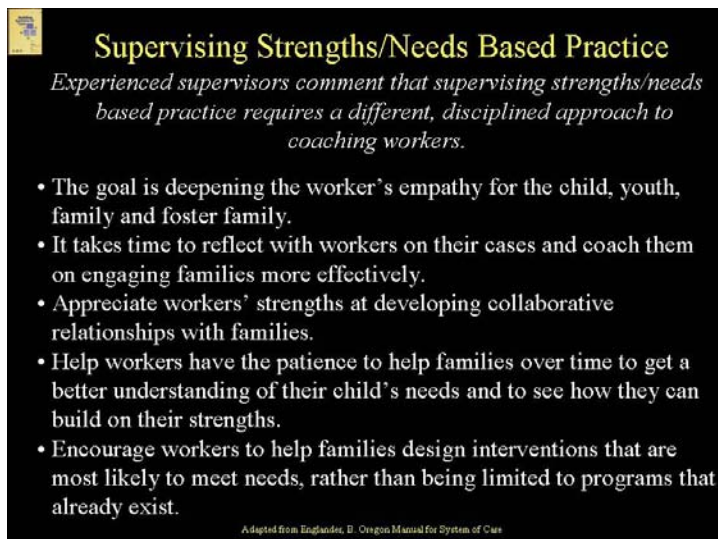
The Role of Supervision and Coaching

- Supervisors must play an active role as practice change agents (and thus be provided opportunities and be required to participate in workshops/trainings, etc. that reflect new approaches and/or philosophies).
- Supervisors are the link between administration and frontline staff.
- Supervisors can use their knowledge and understanding of agency data to provide frontline practice change supervision and proactively direct the achievement of outcomes.
- Supervisors play a critical role in selecting the best candidates (e.g., those skilled in system of care practices) for an agency vacancies.

Primer Hands On-Child Welfare (2007) and NCWRCOI Focus Area III

Supervisors play an active role as practice change agents, and thus must be provided opportunities and be required to participate in workshops/trainings, etc. that reflect new approaches and/or philosophies. Supervisors are the link between administration and frontline staff. They can use their knowledge and understanding of agency data to provide frontline practice change supervision and proactively direct the achievement of outcomes. Supervisors also play a critical role in selecting the best candidates – e.g., those skilled in system of care practices - for agency vacancies.

SLIDE 37 (146)



Supervising Strengths/Needs Based Practice

Experienced supervisors comment that supervising strengths/needs based practice requires a different, disciplined approach to coaching workers.

- The goal is deepening the worker's empathy for the child, youth, family and foster family.
- It takes time to reflect with workers on their cases and coach them on engaging families more effectively.
- Appreciate workers' strengths at developing collaborative relationships with families.
- Help workers have the patience to help families over time to get a better understanding of their child's needs and to see how they can build on their strengths.
- Encourage workers to help families design interventions that are most likely to meet needs, rather than being limited to programs that already exist.

Adapted from Englander, B. Oregon Manual for System of Care

Trainer's Notes

For more information, read: *Strengthening Child Welfare Supervision as a Key Practice Change Strategy – Focus Area III*. Available from the National Child Welfare Resource Center for Organizational Improvement (www.nrcoi.org).

How systems of care structure screening, assessment, evaluation and service planning functions will vary, and there are no “correct” structures, as long as the structures support the principles and goals of systems of care. The challenge for system builders is to think strategically about the pros and cons of various structures and which will best help them achieve their goals.

Trainer’s Notes

TEAM WORK (Team Meeting #2)

You will now have an opportunity to work within your respective teams to address a number of questions with respect to your case scenarios, which represent your system of care sites. The team meeting is an opportunity for you to apply didactic material from *Primer Hands On-Child Welfare*, as well as your own knowledge and experience, to a strategic analysis of system of care issues and challenges. In the course of your team meeting, you need to designate a recorder and lead “reporter” to report back to the large group after the team meeting. Your team is free to add details and particulars to your case scenarios, as long as all team members agree on them, and they are within the realm of possibility. In some cases, your “system of care” may not yet have a given structure in place, in which case your strategies will be geared toward developing, rather than improving, that structure. Teams need to be creative and strategic as they wrestle with the following questions:

1. How have we structured outreach and engagement and an organized pathway to services and supports? What are the strengths and shortcomings in our current structures for these functions? How do our structures for outreach and the pathway to services/supports incorporate partnership with families and youth, and what makes the structures culturally competent? What strategies can we implement to improve our outreach and pathways to services and supports? What are the pros and cons of these strategies?
2. How have we structured screening, assessment, and service planning functions? What are the strengths and shortcomings of our current structures? How do our structures for screening, assessment, evaluation, and service planning incorporate partnership with families and youth, and what makes the structures culturally competent? What strategies can we implement to strengthen the screening, assessment, evaluation, and service planning structure(s)? What are the pros and cons of these strategies?

Team Meeting and Report Back Session

Method

Team work and Large Group Discussion

Training Aids

Flip charts with markers (one chart for each table); Case Scenarios U, S, A

Approximate Time

1 hr. 45 min. (for both team work and group discussion)

Goals

Participants will work within their respective teams to address a number of questions with respect to their case scenarios, which represent their system of care sites. The team meeting is an opportunity for participants to apply didactic material from *Primer Hands On-Child Welfare*, as well as their own knowledge and experience, to a strategic analysis of system of care issues and challenges. Each team needs to designate a recorder and a reporter, as team deliberations will be reported back when the large group reconvenes. Each team also might want to choose a facilitator from among their ranks for their team process.

Remind participants that, in some cases, a team’s “system of care site” may not have structured a particular function. Encourage team members to develop appropriate structures in these cases. Also, advise them that they

Report Back and Large Group Discussion

The designated reporter from each team reports back to the large group, providing a concise summary of the team's deliberations, how the team answered the questions posed, and the team's observations on its own group process. Each team has 10 minutes for this report. After each team reports, the large group has the opportunity to weigh in with observations that can add to understanding about both the process and the strategic work undertaken by the team. The team meetings and large group discussion provide an opportunity for peer learning and exchange, taking advantage of the collective "best thinking" of participants.

are free to add details to their case scenarios as long as all members of the team agree to them, and they are within the realm of possibility.

Report Back and Large Group Discussion -

Explain that the designated reporter from each team will report back to the large group, providing a concise summary of the team's deliberations, how the team answered the questions posed, and observations on the team's group process.

Each team will have 8-10 minutes for this report. After each team reports, the large group should be asked to weigh in with observations that can add to understanding about both the process and the strategic work undertaken by the team. The trainer(s) facilitate this discussion, offering their own observations as well. The team meetings and large group discussion provide an opportunity for peer learning and exchange, taking advantage of the collective "best thinking" of participants.

The teams themselves typically focus in on key issues and generate excellent strategies. Some examples of points you might want to make sure get addressed include:

Metro: Reaching out to the business community more strategically to identify job opportunities; implementing some of the recommendations made by the African American and Latino communities; instituting Family Finding; developing a specific strategy to engage the schools and improve coordination between child welfare and the schools;

De-Brief Day One and “Heads Up” for Day Two

Please take this opportunity to provide feedback on Day One and ask any questions you may have regarding Day Two. During Day Two, more time will be devoted to teamwork, exploring a number of additional functions in system of care that pose structural challenges for system builders.

and, adapting FGDM to a youth population.

Fairview: the need for training and capacity-building across systems in a common family-centered practice model, perhaps supported by use of a strengths-based, standardized assessment tool, such as the CANS; outreach to non traditional providers and leaders in the newly arrived immigrant populations; a strategic focus on the growing out-of-home population.

Heartland: better training for child welfare workers and supervisors on the initiative so they begin to refer more families and appropriate families; support for workers with a screening tool; use of the data that has been collected to outreach to the judges and guardians ad litem; and strategies to partner with the families themselves.

Method: Large group discussion

Training *Aids:*
Microphone if necessary

Approximate Time
15 min.

If training the full, two-day curriculum, briefly summarize the content reviewed and key observations made during Day One. Ask participants for their feedback on Day One. Give participants a “heads up” regarding Day Two, that more time will be devoted to teamwork, exploring a number of additional functions that pose structural challenges for system builders.