



University of Pittsburgh

School of Social Work
Child Welfare Education and Research Programs
The Pennsylvania Child Welfare Training Program

403 East Winding Hill Road
Mechanicsburg, PA 17055
717-795-9048 Fax 717-795-8013

July 11, 2008

[Agency]
Attn: [Name of panelist]
[Address]
[Address]

Dear [Name]:

Thank you for agreeing to be part of the *Childhood Mental Health Issues: Application to the Casework Process* panel on [Date] at [Location]. Please arrive no later than 12:30 p.m. The *Childhood Mental Health Issues* training is an 18-hour curriculum for child welfare professionals that is delivered over 3 days of classroom training. The *Application to the Casework Process* training day of *Childhood Mental Health Issues* occurs on the final day of training. Participants will be given the opportunity to present case studies they have brought to the panel for the purpose of developing service coordination pathways and forming effective partnerships between Children and Youth and other community service organizations to meet the needs of children, parents/caretakers and their families.

The 3 - 5 person panel will include professionals who provide childhood mental health services as well as children, youth or families who have been involved with both the child welfare system and children's mental health services. Members of the panel will be asked to introduce themselves and their agencies. As part of panel introductions, please provide answers to questions #1, #2, #10, and #13. After hearing the case study presentations, panelists will be asked to respond to the participants' case-specific and general questions, including the following questions, as they pertain to you/your agency:

1. What is your agency's purpose, client population, treatment approach regarding childhood mental health issues?
2. What services are offered by your agency?
3. Is this case appropriate for your services?
4. Why or why not is/was this referral appropriate?
5. Who should be/should have been referred - parents, children?

6. How does a family access your services? What is your referral criteria/process?
7. What obstacles might a CYS worker/child/family encounter when trying to access your services for a client?
8. How are confidentiality issues addressed? How does collaboration between agencies happen?
9. How are your services paid for?
10. Does your agency work closely with Children and Youth in your county? How so?
11. What red flags (risk/safety factors; child or parent behaviors) should caseworkers look for that would require immediate or ongoing MH intervention?
12. What factors or behaviors serve to protect the child in the family environment/current setting?
13. Are you participating in any systems of care initiatives?

Enclosed are directions to the [Location, address] facility in your area. Your part of the training day will begin at 12:30 p.m. and be concluded at 3:30 p.m. The date for the training is:

[Date]: [Region]: [Site] in [City/Town], PA.

Please feel free to bring any brochures or other information that you feel would be useful or beneficial and may be distributed to the participants. Again, thank you for your participation: your role in the training child welfare professionals is crucial. Through collaboration, you can help keep children and families in our community safe.

If you have any questions or need further information, please feel free to contact the Training Program at (717)795-9048.

Thank you for your continued support of the Pennsylvania Child Welfare Training Program.

Sincerely,

Training Delivery Specialist

Enclosure(s)