



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

[Name of Youth/Family Member]

c/o: [Agency]

Attn: [Name of IL Coordinator/Agency contact]

[Address]

[Address]

Dear [Contact Person]:

Thank you for your assistance in obtaining panel members for the *Childhood Mental Health Issues: Application to the Casework Process* panel on [Date] at [Location]. Please thank [youth/family member] for their participation and ask [them] to arrive no later than 12:30 p.m. We would appreciate your sharing the information below with your [youth/family member].

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 and emphasizes an understanding of service coordination between Children and Youth and other community service organizations. The participants will be given the opportunity to present case studies for the panel. The focus is on forming effective partnerships and coordinating services with children/families and community-based agencies to meet concrete, supportive and therapeutic needs of children, parents/caretakers and their families.

The youth/family member will be part of a 3 - 5 member panel which will include professionals who provide childhood mental health-specific services to families as well as children, youth, or family members 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, and #3. After hearing the case study presentations, panelists will be asked to respond to the participants' questions, including the following, as they pertain to you and your family:

1. What is your personal role regarding childhood mental health issues (you or your family member received evaluation, counseling and/or medication therapy)?
2. What services did you/your family receive?
3. What was your experience with accessing services?
4. Were the services provided appropriate?
5. Why or why not?
6. In what ways could services be improved?
7. What obstacles might a child/family encounter when trying to access mental health services?
8. How are/were confidentiality issues addressed? How does/did Children & Youth and Mental Health agencies work together?
9. How are/were your services paid for?
10. What red flags (risk/safety factors; child or parent behaviors) should caseworkers look for that would require immediate or ongoing MH intervention?
11. What factors or behaviors would help keep the youth/family with mental health issues safe?

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)