

2000

*manual for*

# Cross Systems Workshops

*to support*

# Family Services Coordination



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*Sponsored by*

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S e p t e m b e r 2 0 0 0

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Table of Contents

**Introduction**

**Step 1:** Goals and Assumptions . . . . . Page 7

**Step 2:** Roles and Responsibilities . . . . . Page 15

**Step 3:** Topic Area Planning . . . . . Page 25

**Step 4:** The Workshop Format . . . . . Page 36

**Step 5:** Engaging Presentations . . . . . Page 45

**Step 6:** Managing the Day . . . . . Page 60

**Appendix A:** Communication and Staffing Materials . . . Page 66

**Appendix B:** Support Materials . . . . . Page 67



Introduction

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## the purpose of the manual

This manual introduces the Cross Systems Workshop Model. The model assumes that the trainer is involved with a coalition or network of agencies that are working to build new relationships across systems of services. This manual provides materials, discussion and recommendations for the development of a workshop series that supports this network.

Some trainers may be working with a network of agencies that is just beginning to explore new relationships across systems. Others may be working with a network of agencies that has already developed these new relationships. The manual includes brief discussions of the leadership role for the network, as it relates to cross systems workshops, which will be helpful in both situations.

The Cross Systems Workshop Model was developed as part of the Milwaukee Family Services Coordination Project. The workshop series developed for that project will be used as the example throughout this manual. While some networks may choose to replicate the workshop series and some of its topic areas in a given year, others may choose to develop a new series or introduce new topic areas. Also, it is likely that there will be different training needs from year to year. For this reason, this manual also describes the trainer's role in developing a new workshop series and new topic area workshops.

## why cross systems coordination?

Individuals and family members are often involved with multiple service systems. They may have an open case in the child welfare system, the court system, mental health or substance abuse treatment service systems, systems such as Social Security that offer financial assistance and/or employment assistance systems like those operated under the federal TANF legislation (Wisconsin's W-2 program is one example of these TANF programs).

Each system of services typically has a narrow focus — one issue or area of family life with which they are concerned. Programs may make very specific demands on the family without exploring the family's other commitments. For example, Financial Assistance in Milwaukee requires the case head to appear for a review meeting periodically. The family receives a notice in the mail specifying the day and time they are to appear. Changing this date is very difficult and missing the appointment means at least temporary interruption in food stamps.



There are many ways in which staff of different systems can become aware of and involved in the individual or family member's relationship with another system. Case managers and counselors can partner better with the family, and with each other, if they know what experiences family members can expect in these different systems. Also, they can work together to avoid a family being stranded between systems. The following example illustrates how a family can become stranded without cross systems coordination.

A woman interviewed in 1996 had successfully completed treatment for substance abuse. She had worked 60 hours a week the previous month. She used her earnings to pay for household furnishings and to build up the savings required before the court would return her six children. The court was also requiring that she stay at home to care for the younger children once they were returned. Once the children were returned, there would be a one-month period before an AFDC payment was made to the family (being retroactive payment). The AFDC program, in preparation for the new W-2 program, was requiring that she attend GED classes in order to continue receiving AFDC. So, once her children were returned, she would have one month with no money coming in (presumably living off the money she had earned earlier), and conflicting requirements that she go to school if she wanted money the following month and stay home if she wanted to keep her children.

Individuals who work with families do not set out to make things more difficult. Family members do not want their lives to get more difficult. Managers of different service systems do not intend to get in one another's way. Given their mutual interest in family and client well-being, different service systems have a very strong motivation for cross systems coordination.

### **the milwaukee family services coordination project**

In the Fall of 1999, The Bureau of Substance Abuse Services funded the Milwaukee Family Services Coordination Project. The project was a response to the concern that "Families who are concurrently involved in W-2, Safety Services in the Child Welfare System, Substance Abuse and Substance Abuse/Mental Health Treatment, present a broad spectrum of needs that currently are underserved and lack coordination between multiple systems."<sup>1</sup>

<sup>1</sup> Bureau of Substance Abuse Services, State of Wisconsin. (1999). *Milwaukee Family Services Coordination Project: A Concept For Serving Families in W-2/Child Welfare Safety Services with Substance Abuse and/or Co-occurring Substance Abuse/Mental Health Issues.*



# Introduction

The Milwaukee Family Services Coordination Project identified a clear goal — “an integrated service network that assists dependent and vulnerable families in gaining self-sufficiency by building upon their strengths and supporting them through formal and informal service networks.”<sup>2</sup> Agencies were asked to embrace ten core values that supported this goal and to examine their own practices in the light of these values. The vision, problem statement and core values of the project are provided in the manual section “Goals and Assumptions.”

The project involved:

- A community planning process that identified barriers to cross systems coordination and solutions to overcome these barriers.
- A coordination demonstration process that involved five wraparound facilitators working with 50 families who were concurrently in all three identified systems.
- Training in the wraparound process that embraced ten core values (for all staff of participating agencies).
- Cross Systems Workshops focused on topic areas related to the needs of families concurrently in all three identified systems.
- A comprehensive evaluation of the project.

A Cross Systems Workshop series was designed for the project by the Planning Council for Health and Human Services, Inc. The planning process brought together representatives from multiple systems. Together they developed many different interactive and engaging ways for providers to learn from one another and about one another. This manual is designed to provide a road map for developing and conducting a similar series of community led workshops.

As the project progressed, the Bureau of Substance Abuse Services adopted a long-term commitment to a Family Services Coordination Initiative throughout the State of Wisconsin. More information on the project reports and the ongoing Family Services Coordination Initiative is available through <http://fare-wi.org>

<sup>2</sup> *Ibid.*



### the value of the workshops

The feedback about the workshop series was remarkable. One agency head said that her staff believed these were the best workshops they had ever attended. Some of that staff had ten years of experience both with the agency and with various educational workshop experiences.

The formal evaluations of the workshops asked participants to identify the most important thing they had learned that morning. Most of the feedback referred to specific content and praise for the creative approaches used in the workshops. Some of the more general comments were:

- Building hope for clients is of primary importance. Patience, understanding, building trust are the basis of building a relationship.
- The best part is connecting personally with peers, fellow practitioners.
- How to approach different cultures and be more sensitive to their needs. Also to listen very carefully to what they are telling you in their effort to protect themselves, their children and you as a professional.
- Networking on a systems and personal level is so worthwhile it should be continued because resources change in the community.

Observations and feedback from Workshop participants also suggested that:

- The opportunity to share knowledge and experiences helps build new relationships between staff of different systems and helps develop a greater appreciation of the resilience and strength of families.
- The opportunity to be heard and to participate as peers in a respectful and nonjudgmental environment is valuable and helps individuals rededicate themselves to their work and personal or professional goals.

It appeared that this series of workshops was experienced as unique. The workshops were remarkable in their immediate relevance to the participants' everyday experience with families. They were successful in providing the opportunity for participants to share and to find out from others what they most wanted to know in a given topic area.



## the organization of the manual

The manual is divided into six steps to help you implement the Cross Systems Workshop Model.

1. Goals and Assumptions
2. Roles and Responsibilities
3. Topic Area Planning
4. The Workshop Format
5. Engaging Presentations
6. Managing the Day

Each section begins with a one-page handout that you can use in group settings to focus discussion and decision-making. This is followed by a discussion for you as the trainer, to help you focus your efforts and engage with others to reach your objectives.

Each section also includes an example of how this step was carried out in developing and presenting the Workshop Series “Meeting the Challenge of Cross Systems Coordination for Milwaukee Families.” Samples of materials that were used in the Project can be found in the Appendices.

So for each step, you can expect:

- A one-page handout.
- A discussion of the handout.
- An example from the Milwaukee Family Services Coordination Project.



Step One

Goals

and

Assumptions





## goals and assumptions

The Cross Systems Workshop Model is based on what was learned during the development of a workshop series entitled “Meeting the Challenge of Cross Systems Coordination for Milwaukee Families.”

*The goal is to engage agencies in a workshop series that supports or lays the foundation for working together in a new way.*

The model is based on three assumptions.

1. The most compelling reason for agencies to meet and form new relationships is their relationship to the family or individual client.
  - Mutual interest in family and client well-being is the basis for the relationship between the service provider and the family or individual client.
  - Better understanding of other agencies’ missions and resources is helpful because it improves each agency’s ability to work with families and individuals toward their common goal of improved well-being.
2. The workshop experience will be most relevant and useful when it builds on important resources in the community of agencies and celebrates the strengths of participants.
  - Agency staff’s day-to-day experience with families and individual clients has given them an important perspective on the issues challenging family well-being in the community.
  - In working with families to address these issues, many staff develop useful skills that build on their understanding of these issues.
  - Knowledge of these skills can be found in a variety of “skill experts” who are working with families and individual clients in the community.
3. The opportunity to talk with and network with one another builds a bridge of understanding that will support cross systems coordination.
  - Talking together helps set realistic expectations that support communication.
  - Learning from one another develops respect as well as an understanding of the resources different service systems have to offer.





Goals and Assumptions

## Step One: DISCUSSION

The first step is to adopt a useful goal for the workshop series. This is not necessarily the only goal. It may change as you work with others to develop the workshop series. Direction is important, but any process that engages many people and builds on their contributions is going to grow in more than one direction.

The goal statement provided in the overview handout is intentionally not very specific. This is an opportunity for group discussion and the development of a more specific goal that is representative of the challenges in your community.

*The goal is to engage agencies in a workshop series that supports or lays the foundation for working together in a new way.*

Which goal will the workshop series support? Have agencies begun the process of developing new relationships? Is there dissatisfaction with the current relationship between service systems in your community? Notice that the goal does not assign blame or set up one group of people to “change” another. It also does not assume that you already know or have agreed on exactly what that new relationship will look like.

### **who is adopting this goal?**

You may be working with a group of decision-makers and funders who have already determined who will take a leadership role in developing the cross systems workshops. Or there may be a “core” of agencies that have been invited to provide leadership. A single agency could also take the lead and the initial decisions would probably be made by a group of staff assigned to this endeavor. **You**, the trainer, very likely do **not** have the lead.

### **how realistic are these assumptions?**

The leadership group may already be an intact group with well-established roles and attitudes towards the community. Or it may be a group coming together for the first time. For either situation, discussing assumptions is important. The discussion allows members to examine their concerns and explore their doubts about cross systems collaboration and the likelihood of change.

For example: Do agencies really put their relationship with families first? In many ways this will be true, and in many ways it will not be true. Other questions are: Do agency staff want to see families do “better”? Do agencies build their missions around this value? There likely is some place where you can start, where the group can see that a common interest in family well-being is common ground.



**Step One: discussion**

*Goals and Assumptions*

This is not a debate. It is important to acknowledge the barriers that individuals anticipate. It is not necessary to address them at this time. Some of the barriers may relate to the possibility of a new relationship. Others may relate to the willingness of agencies to send staff to the workshops or the ability of their staff to fully participate. As you go through the workshop development and planning process, return to these barriers and see how they may be addressed. Some solutions will be found. Some anticipated barriers will turn out not to be important. Some challenges will continue throughout the process. In the end, the amount of change in the way agencies relate may be modest, at least in the first year.

Part of the value of discussing goals and assumptions is that it provides an opportunity for agencies to share their hopes and concerns with one another. They will be reassured about their potential future together as they see the remarkable number of similarities in these hopes and concerns. Over time, they may come to understand their differences as well.



Goals and Assumptions

## Step One: EXAMPLE

The Milwaukee Family Services Coordination Project was guided by a concept paper developed by Administrators for:

The Division of Supportive Living and the Division of Children and Family Services in the Department of Health and Family Services of the State of Wisconsin, and the Division of Economic Support in the Department of Workforce Development of the State of Wisconsin.

The vision, problem statement, opportunities and core values outlined in the concept paper follow. The vision and problem statement were at the heart of what brought agencies together to plan and participate in the Milwaukee Family Services Coordination Project workshops. The core values represent the new relationships that the State envisioned for the community.

### **milwaukee family services coordination project** (A Concept For Serving Families in W-2/Child Welfare Safety Services with Substance Abuse and/or Co-occurring Substance Abuse/Mental Health Issues)

#### *I. Vision*

We want to develop an integrated service network that assists dependent and vulnerable families in gaining self-sufficiency by building upon their strengths and supporting them through formal and informal service networks.

#### *II. Problem*

Families who are concurrently involved in W-2, Safety Services in the Child Welfare System, Substance Abuse and Substance Abuse/Mental Health Treatment, present a broad spectrum of needs that currently are underserved and lack coordination between multiple systems. We believe that self-sufficiency and improved family and individual functioning can be addressed and achieved through cross system coordination and collaboration of multiple service plans, wraparound services, and innovative treatment models of services and funding. Because of the unique challenges that this population poses to an array of service systems, there is a need and an opportunity to develop a collaboration of services and program initiatives. This initiative will involve the Department of Workforce Development (DWD), Division of Economic Support (DES), the Department of Health and Family Services (DHFS), Division of Supportive Living (DSL), Division of Children and Family Services (DCFS), Division of Health Care Finance (DHCF), and the Milwaukee community.



Step One: example

Goals and Assumptions

Substance abuse plays a major role in families needing services and assistance and is a factor in the development of W-2 employability, Child Welfare Safety Services, and Substance Abuse and Mental Health treatment plans. The major objective of this initiative is to coordinate and collaborate multiple service planning and delivery, and service development that meets the needs of each family engaged in W-2, Child Welfare Safety Services, and in need of Substance Abuse or Substance Abuse and Mental Health services in Milwaukee County. We expect cross-program service delivery and coordination to be gender and culture sensitive, and family focused.

*III. Opportunities*

- The Administrators of the Divisions of Supportive Living and Children and Family Services in the Department of Health and Family Services, and the Division of Economic Support in the Department of Workforce Development are very interested and committed to working together to solve the problems facing these families and systems.
- Milwaukee County has an active and interested group of agencies and individuals committed to addressing the issues faced by these families.
- The Substance Abuse Block Grant has about \$875,000 of onetime funds that DSL has committed to be used to begin addressing the problem. DCFS and DES have committed to assuring that if new services and resources are developed that better address the needs of the multisystem client, the two divisions will be able to continue funding the services.
- We also plan to maximize resources from Medicaid and Third Party Payers.

*IV. Core Values Defined: Three divisions together agreed on the following core values that should guide the project's operation*

- A. Collaboration across funding: Program/system cooperation and agreement or consensus on values, goals, standards, definitions, and course(s) of action that should be uniform and accepted by all components regardless of discipline, including consumer involvement. The focus is on what is in the best interest of the individuals and families we serve.



Step One: example

Goals and Assumptions

- B. Team approach across agencies: A family team consists of a group of people, in addition to the family, who represent a blend of formal and informal resources (professionals and others) that make up the family support network. This team functions with the family in an interactive process to develop a plan, based on family strengths, values, and preferences that will assist the family to reach favorable outcomes.
- C. Family-centered: Family-centered approach means that families are:
- defined to include extended family members and significant others who function as natural supports in the context of that family;
  - treated with dignity and respect;
  - regarded as a resource in the treatment process;
  - assisted to build on identified strengths to enhance control and independence; and
  - valued as participants in all aspects of planning and evaluating the service delivery process.
- D. Self-sufficiency: Every effort will be made to support individuals and families in achieving self-sufficiency in essential life domains.
- E. Consumer involvement in all aspects of the project: Clients are viewed as equal partners in the planning, design, implementation and evaluation. Practical support is provided to enable consumers to participate in the process, ranging from childcare and transportation to emotional support and encouragement. Consumer involvement in the process is empowering and increases the likelihood of their cooperation, understanding, and success as well as strengthening the collaboration needed between systems and providers. Consumer participation in the decision-making process affecting their life increases their self-esteem, their sense of belonging, their accountability, and responsibility toward self-sufficiency.



Step One: example

Goals and Assumptions

- F. Gender/cultural-specific treatment: Programs for this target population will include specific components that address women's issues and reflect current research indicating effective treatment components for women, i.e., to include, but not be limited to, victimization histories, domestic violence/relationship dynamics, emotional regulation, parenting, self-esteem, and educational needs. These programs will reflect an understanding of the issues specific to women and reflect support and understanding of cultural diversity and lifestyles, which are then incorporated into the programming with a level of acceptance.
- G. Work focus: Dedication to positive, immediate and consistent employment and/or employment-related activities, which result in self-resiliency/self-sufficiency, improved quality of life, and productive contribution for self, family, and the community. Efforts should build on strengths and be integrated on a timely basis with support services as needed to retain employment.
- H. Strengths-based: A belief founded on the idea that all persons possess a set of strengths, hopes and desires on which a service approach can be built. The focus of the person is on their positive attributes and their "grist" for survival and independence. Strengths are identified and valued, and service interventions build on them. Treatment fosters a belief system that is nonjudgmental, nonthreatening, and positive.
- I. Builds on natural and community supports: Celebrates the wealth of resources in our communities. Utilize formal and informal support and treatment systems. When necessary, foster development of additional support and services, and build upon these natural supports or resources that are ongoing. Family, relatives, neighbors, friends, faith community, and co-workers are examples of natural supports. Every attempt should be made to include them. The ultimate goal for the service system is to weave the client so well into the fabric of informal support systems that the role of formal services is very small or not needed at all.
- J. Growth from environments that encourage learning: Belief in growth, learning, recovery, and improvement from a system that instills hope from environments that are dedicated to treating families and individuals with respect and dignity.

Step Two

Roles

and

Responsibilities





## **roles and responsibilities**

The Cross Systems Workshop Model involves many agencies, individuals and service systems. The model includes clear roles for groups around topic planning and workshop presentations. To promote cross systems collaboration, the recommendation is that at least some leadership responsibilities be carried out by a group with representatives of the many agencies and service systems who are willing to explore working together in a new way.

### 1. Leadership responsibilities:

- Maintaining the network of agencies who have agreed to partner in the cross systems workshops so that they can be in new relationships.
- Identifying the workshop series focus.
- Evaluating the implementation of each year's workshop series.

### 2. Management and staffing responsibilities:

- Convening meetings and managing communications.
- Producing educational and other needed materials.
- Managing the workshop activities.

### 3. Topic area planning responsibilities:

- Determining the material to be covered in each topic area.
- Selecting the primary learning experiences to be offered in each workshop.
- Reviewing materials to be distributed at each workshop, including the evaluation forms for each workshop.

### 4. Workshop presenter responsibilities:

- Conducting the performance or presentation on the day of the workshop.
- Identifying and/or reviewing materials to support the learning experience.





Roles and Responsibilities

## Step Two: DISCUSSION

Developing and implementing the workshop series provides an opportunity for agencies to work together and develop relationships that will support the collaboration. For this reason many of the roles and responsibilities will likely be carried out by groups of individuals representing different agencies.

### **what are the leadership responsibilities and who will carry them out?**

One of the first leadership decisions is who will invite agencies to be part of the cross systems network and who will be invited. Where there is funding for the cross systems workshops, the funder may play this leadership role. The first group invited may also be asked to identify other agencies.

One recommendation is to continually expand the network of agencies involved in the cross systems workshops. One goal is to involve agencies impacting on a large number of families in the community. Another goal is to involve agencies from many different service systems. Also, consideration may be given to including agencies that provide the most difficult to access or most acute/critical services. Each year, it may be helpful to review which agencies were missing the previous year, and how the network of agencies might be expanded to include them.

A group of representatives from the different agencies and systems can be asked to establish expectations about what it means to be a member of the cross systems network. This may be the full group of those first convened to lead the network. Another option would be a subcommittee of that group. The first questions are: How does network membership relate to participation in the workshops? Are there any other ways that the network may work together to support collaboration?

One of the early leadership tasks will be to identify what the focus will be for the first year's workshop series. This role may be assigned to the funder, the group of those first convened to lead the network, or a smaller subcommittee. Establishing a focus will help determine what topic areas will be offered.



Step Two: discussion

Roles and Responsibilities

For example, in Milwaukee, the community was experiencing a loss of connection with families. New supportive systems were not viewed as family-friendly or easily accessible. Punitive systems (corrections) and systems of last resort (shelters for the homeless) were faced with much higher demand than they could manage. The challenge was how to reach families and make connections that families could use to maintain themselves in the community. The special challenges were how to connect with families when they were facing issues of substance abuse, mental illness, or intimate family violence. These became three of the topic areas.

The last leadership task is assessing the value of the year's activities. Whatever process is adopted, input and review by the agencies taking a leadership role seems appropriate. How successful was the workshop series? Was participation by agency staff as high as expected? Has the network developed new expectations and would these suggest changes in how the next year's network activities or groups are planned?

**what are the management and staffing responsibilities and who carries them out?**

Developing a cross systems network of agencies requires meetings, developing materials, and providing communications that support connections to the network. Similar activities and communications are needed to support the development and presentation of the workshop series.

These responsibilities may be centralized in a single agency or distributed throughout a number of agencies. Funding considerations may limit the extent to which one agency can fulfill all the management and staffing responsibilities. However, it seems important that there be coordination of these responsibilities.

Coordination of the development and presentation of the workshop series includes:

- Managing the communications with network agencies to support participation in the workshops.
- Staffing the individual topic area planning groups.
- Working with each presenter to assure that materials and resources are available for their presentation.
- On-site management of workshop activities at each workshop.



Step Two: discussion

Roles and Responsibilities

**how can staffing and communication help maintain agency involvement?**

Maintaining agency involvement in the workshops requires considerable communication. Much of the value of the workshops comes from having participants who come from different service systems. This provides the opportunity for them to share their different perspectives and questions. Some ways to encourage and support agency commitment to the workshops are:

- Communicate clear expectations about how many staff will attend from each agency and how agencies will be recognized when they meet these expectations.
- Identify a contact person at each agency who will be responsive to the communications about the workshops.
- Have close communication with each agency so that the next workshop is “on their radar screen” early (to facilitate staff assignments) and then again a week or two prior to each workshop (to prevent reassignments by managers who may forget “exactly when that was”).
- Have direct communication with staff members to motivate and remind them that they have been “assigned” to the workshops.
- Provide recognition of staff member’s attendance that can be used for the individual’s credentialing.
- Build the “buzz” by making each workshop an experience that staff members value and enjoy.



Step Two: discussion

*Roles and Responsibilities*

**what are the topic area planning groups and how are individuals identified for these groups?**

The workshop series focus will probably be determined by one or more of the leadership groups — the funder, the first group of agencies convened and/or a subcommittee of that group. If not, this focus can be determined through discussion with representatives who will later be members of the topic area planning groups. Once the workshop series focus is determined, the topic areas to be covered at each workshop are identified.

Each workshop in the series has its own topic area planning group. The members of the topic area planning group are staff from the community agencies involved in the network. In the Milwaukee Family Services Coordination Project we found that:

- Individuals most wanted to communicate what their own agency had to offer and what they had learned about the issues facing Milwaukee’s families.
- Individuals most wanted to learn what other agencies had to offer and what others had learned about the issues facing Milwaukee’s families.

Experts who do not work in agencies cannot provide this information. Even some experts who work in agencies, but do only training and have little contact with the day-to-day experiences of staff, are not ideal for this group.

It is also important to engage individuals in the topic area planning group who are themselves creative and who know a lot of staff at their agency and other agencies in their service system. One of the tasks of the topic area planning group is to develop creative approaches to engage the participants. This includes identifying staff, some of whom may not be on the topic area planning group, to provide compelling presentations.



**Step Two: discussion**

*Roles and Responsibilities*

**who will do the presentations and what do you look for in presenters?**

As discussed in the previous section, presenters are selected from the staff of agencies in the network. You are looking for staff members that are working with families on a day-to-day basis and who have developed an understanding of the issues challenging family well-being. Part of what they have to share are the skills that they have developed to connect with families and address these issues. They should have some passion around sharing what they have learned. Some of these individuals will already have considerable experience leading training sessions; others will be new to the workshop presenter role. Sometimes those who are new to workshop presentations bring the most delightful new perspectives and are very well received by their peers.

**more to come**

As you use this manual, you will find that some topics are covered in more than one section. Most of the leadership issues have been dealt with in the previous discussion. You will find more about management and staffing responsibilities throughout the rest of the manual. Topic area planning responsibilities have their own section, “Step 3: Topic Area Planning.” Workshop presenter responsibilities are described in “Step 4: The Workshop Format” and “Step 5: Engaging Presentations.”





*Roles and Responsibilities*

## Step Two: EXAMPLE

### Leadership

The Bureau of Substance Abuse Services provided funding for the Milwaukee Family Services Coordination Project. The Administrator of the Division of Supportive Living of the Department of Child and Family Services for the State of Wisconsin identified the four major systems to be involved in the project — W-2, Child Welfare Safety Services, Substance Abuse Treatment and Substance Abuse/Mental Health Treatment. The first two systems had individual contracts with a number of agencies in the community. Substance Abuse Treatment and Substance Abuse/Mental Health Treatment could be conceptualized as systems, but operated as independent programs seeking funding on a client-by-client basis. Agencies participating in the larger Milwaukee Family Services Coordination Project had identified two additional systems as important for families — Community Corrections (largely a function of County Government but with some private agencies also involved with families) and Child Welfare’s ongoing case management for families with one or more children in out-of-home placement.

The Division of Children and Family Services and the Division of Economic Support each notified the agencies in their systems that the workshop series was being developed. They identified participation in the project and the workshops as activities that were expected under each agency’s contract with the State. Substance Abuse Treatment and Substance Abuse Mental Health Treatment Agencies and Community Corrections had been invited to participate in the larger project. Child Welfare’s ongoing case management was not part of the project, but one site was invited to participate in the last workshop in the series.

The Workshop series focus reflected the theme of the Milwaukee Family Services Coordination Project. It was simply “Meeting the Challenge of Cross Systems Coordination for Milwaukee Families.”



Step Two: example

Roles and Responsibilities

The Bureau of Substance Abuse Services specified three topic areas to be included in the workshops — substance abuse, mental health and co-occurring disorders, and intimate family violence. A fourth topic area arose from the input that agencies had to the larger Milwaukee Family Services Coordination Project’s barrier identification process. Since both W-2 and Child Welfare Safety Services were relatively new programs in the Milwaukee area, there was a great deal of misunderstanding and confusion about what services they offered and how they related to families. Part of this confusion revolved around the role that Financial Assistance (a separately administered County program located at the W-2 sites) played for families as well. As a result, the first workshop topic was “Working with W-2, Child Welfare Safety Services, and Financial Assistance to Support Our Families.”

The Milwaukee Family Services Coordination Project contracted with a project evaluator. The evaluator had the responsibility for working with State staff to determine the direction of the overall evaluation. The evaluation design included immediate feedback on each workshop from participants and a follow-up survey with each participant two to four months after they attended a workshop.

**management and staffing**

The Planning Council for Health and Human Services, Inc. staffed and managed the topic area planning groups, set up meetings, managed communications, produced educational materials for each workshop, and managed the workshop activities. This included working with both the project evaluator and the presenters to assure that the workshop evaluation forms were both representative of the goals of each workshop and useful to the larger evaluation.

Considerable attention was given to encouraging and supporting agency commitment to the workshops. Materials were developed to provide clear and consistent communication, set expectations about future communications, and involve as many individuals as was practical.



Step Two: example

Roles and Responsibilities

A first letter of invitation was sent by the State to the CEOs of the agencies in the three systems who had been identified by the State as partners in the project. Agencies were asked to send three or four line staff and one supervisor to each workshop. Also, agencies were asked to support increased cross system collaboration at their agency by having the staff who participated help other staff understand specific systems outside their own. For agencies in the W-2 and Child Welfare Safety Services systems, the letter included a reminder that participation was expected under their contract with the State. A certificate signed by the State acknowledging their participation and partnership was promised for agencies that met these expectations. The importance of the agency to the collaboration was emphasized. The dates of each of the workshops in the series were listed to allow agencies to assign staff time as soon as possible.

Each agency was asked to identify a site manager or contact person to receive communications about the workshop series. This individual received a letter indicating that their agency had agreed to participate in the workshop series. They also received five posters to put up in the agency announcing their agency's commitment to the workshop series.

The agency workshop contact was also asked to fax back the names and phone numbers of the staff members assigned to attend each workshop. This request was made about two weeks prior to each workshop. Each person assigned to attend was called during the week prior to the workshop. They were asked to confirm the spelling of their name for their personal certificate acknowledging their time at the workshop. (These were used by participants for their continuing education requirements for social work and substance abuse credentialing.) They were also asked to confirm their intention to attend. Voice mail was used when staff members were not immediately available by phone.



Step Three

Topic Area Planning





### **the topic area planning groups**

Each workshop in the series has its own topic area planning group. The members of the topic area planning group are staff from the community agencies involved in the network. In the Milwaukee Family Services Coordination Project we found that:

1. Individuals most wanted to communicate what their own agency had to offer and what they had learned about the issues facing Milwaukee's families.
2. Individuals most wanted to learn what other agencies had to offer and what others had learned about the issues facing Milwaukee's families.

The tasks for each topic area planning group include:

- Identifying what workshop participants from different service systems need to know to work with families facing challenges in the topic area.
- Identifying what information workshop participants can use right at their desk when they return to the office.
- Identifying individuals or groups of staff who can provide dynamic and creative experiences that will engage workshop participants.
- Selecting a specific focus for each workshop and a set of presentation topics or role-plays to make the best use of the time.
- Developing or reviewing invitations that set the expectations for what workshop participants will be asked to share.
- Reviewing and approving the evaluation form for the workshop.





## Step Three: DISCUSSION

The workshop series focus and the topic areas to be offered have been identified (see previous manual section “Step Two: Roles and Responsibilities”). You now have the task of deciding on a title and focus for each workshop. For example: “Substance Abuse” might have been identified as a topic area. The topic area planning group will focus on what needs to be offered in this area. From this focus, a “title” for the workshop will emerge.

### **why have one topic area planning group for each workshop?**

It would be possible to have one planning group for all workshops in the series. However, it is important to identify more than one service system that will be represented in the planning for each workshop. Also, it is important that the individuals planning the workshop have a passion and special connection to the topic area. Usually this results in seven to twelve people on a single topic area planning group. This size group is very efficient for the tasks that the topic area planning group will be asked to do. Typically only one or two meetings will be needed. Combining three, four or five topic area planning groups would result in a very large group that would take more than one or two meetings to accomplish its tasks. Alternatively, fewer people with a passion in each topic area could be brought together, but the diversity of perspectives would be lost in each topic area.

### **what do topic area planning groups need to do first?**

The individuals who come to the topic area planning group may have many opinions, concerns and experiences related to the topic and/or to cross systems collaboration. It is helpful to encourage this sharing at the beginning of the planning meeting. This provides an opportunity to get to know one another better. More specifically, it is an opportunity to begin to explore the similarities and differences in perspective related to being in different service systems. This is not a systematic listing or directed discussion. After no more than an hour, the trainer provides a summary of some general issues that have arisen and begins the more focused discussion.



Step Three: discussion

Topic Area Planning

**what does the trainer need to add to the conversation?**

The trainer sets the tone for the group and helps set expectations. For example: “The workshops are about sharing and learning from one another. We assume that our differences are the result of differences in perspectives or experience, not because of differences in our commitment to family well-being. Any professional rivalries are irrelevant and we will avoid referring to them, even in joking ways. Further we want to avoid any ‘we/they’ references or attitudes. We are in this together and the workshops carry forward a sense of that unity of commitment. When we select presenters we want to be sure that they are individuals who will be willing and able to meet these expectations.”

It may be important to remind the topic area planning group of some of the concerns that were identified in the earlier sessions clarifying goals and assumptions. Also, touch on any relevant issues that the topic area planning group did not identify earlier. For example, in the Milwaukee Family Services Coordination Project, one relevant concern was that many workshop participants might be very new to their jobs and in their first job out of college. Since W-2 agencies had been asked to radically change the way they related to families, many had sought new workers who would not need to unlearn old ways of thinking about services. It was important that the topic area planning groups keep this in mind as they discussed what the participants needed to take away from the workshop experience.

**how does the topic area planning group make its decisions?**

The general approach is to discuss a number of questions without making any decisions, then try to sort through the ideas that group members contribute. There are a number of interrelated decisions to be made, and this approach provides a good context for those decisions.



Step Three: discussion

Topic Area Planning

One question is “What do workshop participants need to know about this topic area?” Typically the topic area planning group will explore who they think the participants are, how the workshop participants relate to families, and what they may already know about the topic area. Important themes will emerge. For example, some relatively inexperienced workers may have a very moralistic approach to substance abuse that is easily conveyed to applicants for services. Applicants who use alcohol or drugs are well aware that many people view their behavior as an indication of their lack of will power and moral fiber. They have many reasons to fear revealing their substance abuse history and a great deal of practice concealing it. If participants can understand how substance abuse effects behavior and the ways in which use is triggered in someone addicted to drugs, they will not pull back during the interview or feed into the applicant’s fear of reprisals.

A second questions is “What can workshop participants take back to their desk that will be helpful immediately?” This question helps focus the group on skills and behaviors. Many learning experiences are designed primarily to change attitudes and knowledge. However, the workshop participants are generally very busy and the demands of their jobs are not far from their minds when they come into the workshops. Giving them something they can use in their work is a wonderful way to engage them. It also provides an immediate value both to the individual and to the community. For example, in the Substance Abuse topic area, the planning group recognized that most staff members in most agencies do interviews to obtain simple demographic, family composition, employment related, and problem related information. They also have a lot of information about services to convey during that interview. The individual addicted to substance abuse may display confrontational or evasive behaviors that challenge this interview process. Workshop participants need a way to recognize this behavior and work through it. The workshop will be very valuable if workshop participants leave with some ideas about how to make the interview a successful exchange of information. Ideally, at least some of these ideas will be the result of the workshop participants own questioning and sharing of concerns and strategies.



**Step Three: discussion**

Topic Area Planning

The topic area planning group will be considering the workshop format as they make their decisions. The workshop format may be developed at the first meeting of the first topic area planning group. For this discussion, we are assuming that most of the important questions about the workshop format have been answered prior to the topic area planning group meetings. The issues of workshop format are discussed in the section “Step 4: The Workshop Format.”

At this point, the group will have brought up many different good ideas. The next questions are: “How much time is there for presentations given the workshop format?” “What can be accomplished within that time frame?” and “How this can be accomplished in a way that engages participants and makes use of the ‘talent’ known to be available in the community?” Some members of the topic area planning group will know individuals who can design and/or provide the learning experience the group wants. Some members of the topic area planning group will be more than willing to participate in the creative presentations themselves.

The final task at this meeting is to agree on a workshop title. At this point, it will almost write itself. Rather than ask the group to do this, the trainer will probably be able to suggest a title, using the language and reflecting the nuances that these community experts bring to the conversation. The group can then agree, or suggest alternatives.

**what about workshop invitations and workshop evaluations?**

The workshop invitations are an opportunity to set expectations for workshop participants. The Cross Systems Workshop Model assumes that participants will share their own knowledge, concerns and questions, as well as learn from others. So it is important to ask the invited participants to prepare ahead of time. One strategy is to ask each participant to come prepared to share four or five stories where cross systems challenges were successfully addressed. It is not necessary to spend time during the topic area planning group meeting identifying these challenges. The trainer can take notes and write up the invitation including a description of the stories participants will be asked to share. The topic area planning group can review and approve these quickly with the help of fax machines and e-mail. The invitations are sent to the agencies to give to the staff members assigned to represent them at that particular workshop.



**Step Three: discussion**

Topic Area Planning

The workshop evaluation forms can be developed in a similar way. The trainer uses notes from the discussion at the topic area planning group meeting as the basis for one-sentence descriptions of each of three or four learning goals that emerged during the conversation. These are then listed as positive statements with four possible answers — strongly agree, agree, disagree, and strongly disagree. Two additional questions that work well are:

- What do you think is the most important thing you learned from your participation in this workshop?
- In what ways do you think the workshop could be improved? Please be specific.

Again, the topic area planning group can review and approve the evaluation forms quickly with the help of fax machines and e-mail.

**more to come**

As you use this manual, you will find that some topics are covered in more than one section. Most of the topic area planning issues have been dealt with in the previous discussion. More about the workshop format is provided in the manual section entitled “Step 4: The Workshop Format.” You will find more about what to look for in a presenter and designing engaging learning experiences in “Step 5: Engaging Presentations.”





Topic Area Planning

## Step Three: EXAMPLE

### the origin of the topic area planning groups

The first topic area planning group was conducted at the request of one of the participating substance abuse agencies. We had called asking them to help identify presenters for the workshop on substance abuse<sup>1</sup>. They suggested that their staff would be most helpful in identifying what it was that staff members in other systems needed to know when it came to working with families where one or more member was addicted to drugs or alcohol. It was in this meeting that the topic area planning group approach was developed.

Most in this topic area planning group were not Ph.D.s or trainers. They were enthusiastic about sharing their understanding of the day-to-day challenges facing their families and the interpersonal challenges facing anyone working with their families. They were extremely eager to learn more about what different service systems had to offer their families.

The group members agreed there was a high prevalence of disparaging attitudes about people addicted to drugs or alcohol based on the belief that substance abuse was a character flaw or moral failing. Their solution was to help workshop participants understand the chemical basis of addiction and how it impacts behavior. They knew from their experience how much difficulty their families had with initial interview situations, how families feared answering questions, and how hard it is for applicants to control their fears enough to concentrate on information. From trying to conduct intake interviews themselves, the topic area planning group members understood how frustrating it was for the interviewer as well. Their solution was to engage participants in reflecting on their experiences with the help of a presentation using a role-play of an interview with an applicant.

One of the learning experiences would be a “talk,” specifically a “talk with” not a “talk at,” about chemical dependency and its impact. Several names were suggested for individuals who might be able to be engaging presenters for this “talk.” Also, members of the group offered to participate in a role-play that would both help develop an understanding of the interview process and demonstrate some skills that worked for them. This group met a second time, including a mental health professional who agreed to facilitate a discussion about the role-play. This second meeting explored the creative learning experiences suggested at the first meeting and the workshop format.

<sup>1</sup> Substance Abuse was the second workshop but it happened that the planning for it began first.



Step Three: example

Topic Area Planning

**another example of a topic area planning group**

The second topic area planning group invited representatives from several W-2 and Child Welfare Safety Service agencies. They were reminded that representatives from their systems had been very vocal about their feeling that no one really understood how these new systems worked — what they had to offer families or what families needed to do to access needed services. They were offered the opportunity to tell their story.

After about an hour of discussion about the importance of this opportunity and why people didn't understand, the group narrowed its focus to deciding what to do with the workshop time. They felt that there was a great deal of misinformation in the community, both because the systems were new and because many people assumed that the systems had not changed in some of the ways that they had changed. This would be addressed head-on by presenters who would talk about "myths" and contrast these "myths" with the real state of affairs at their agencies.

The group members also agreed that no one understood what it looked like when a consumer arrived at W-2's front door. The first day for a consumer at W-2 was an arduous one, with many meetings with many different staff members and an emphasis on addressing problems and opportunities very quickly. One of the agencies offered to put together a role-play to illustrate this process. They offered to involve several of their staff and organized this role-play.

A third concern was that consumers who had substance abuse or mental health issues had a very different experience than the more "regular" consumer. One of the Child Welfare Safety Service agencies and one of the W-2 agencies agreed to develop a role-play using two different settings. It began as a Safety Service meeting at the consumer's home. When a substance abuse issue was identified, the role players made a connection by imaginary phone to the second setting, a W-2 agency. This resulted in an appointment at the W-2 agency. The Safety Service Worker moved with the consumer to the W-2 agency setting and they met with the W-2 financial employment planner. Since one of the essential elements in any W-2 visit was the meeting with a financial assistance specialist from Milwaukee County, the topic area planning group suggested the role-play be expanded to include a representative from Milwaukee County Financial Assistance meeting with the consumer at the W-2 site.



Step Three: example

Topic Area Planning

The second meeting of this group was quite crowded with all the staff that would be participating, and resulted in adding Milwaukee County Financial Assistance staff both to the myth busting presentation and to the role-plays. The energy and interest levels were very high and additional “practice” sessions were scheduled for the role players.

**staffing and management**

The initial meeting of each of the topic area planning meetings was arranged by contacting well-known members of the agency community and asking for names of persons who might be willing to participate. Staff members with regular client contact were preferred, although one or two trainers did participate. Enthusiasm, creativity, and experience were the major criteria that contacts were asked to consider as they made their recommendations.

The actual invitations to the topic area planning meetings were often “cold calls,” with the name of the person who recommended a given individual providing some connection. When potential presenters heard that the workshops were designed to share what they had learned with others, no one declined the opportunity to be part of the topic area planning group. Arranging a time when everyone could come was not always possible and people were gracious when they realized we were not going to be able to accommodate everyone’s schedules.

**individual invitations for workshop participants**

Each agency was sent five invitations so they could give one to each of the staff members they were assigning to attend the workshops. This invitation was developed to set expectations for the participants. It was considered important to fully inform the participants about:

- The goals of the workshops:
  - These workshops will help you better understand different systems serving Milwaukee families.
  - Each workshop is designed to give you information you can use right at your desk when you return to your office.



**Step Three: example**

Topic Area Planning

- Their agency commitment:
  - Your agency has agreed to support your helping other staff to understand how Substance Abuse impacts families and how we can work with families experiencing the impact of substance abuse.
- And an additional incentive for their attending:
  - Participating staff will receive Certificates of Attendance. At agency discretion, these workshops may be counted towards the 12 hours of required professional development for W-2 and economic support agency staff. These hours may also be used to meet the requirements for continuing education in Social Work certification.
  - Agencies who send four to five participants to each of the four half-day Cross Systems Workshops will be recognized by the State as “Cross Systems Partners,” and a Certificate of Appreciation will be awarded.

Also, participants were told that they would be asked to participate in an idea exchange as part of the workshop. They were asked to come prepared to share at least one story about a case that illustrated one of the four or five situations listed in the invitation.

The invitation also included the title of the workshop, time, place and sponsorship information.

Step Four

the

Workshop  
Format





## **the workshop format**

The workshop experience is a complex one. The workshop format, the presentations and how the day is managed, all contribute to the extent to which the goals of the workshop series are realized.

1. The goals of the Cross Systems Workshop format are to:

- Reach many individual staff members in many different service systems.
- Encourage the exploration of different perspectives related to different service systems.
- Support sharing and interaction among participants.
- Place the participant, not the presenter, on center stage.

2. In developing a Cross Systems Workshop format, consider:

- The length of time for the workshops.
- The number of learning experiences and the amount of time allotted to each.
- The use of physical space.
- The use of technology and materials.
- Planned activities that will encourage participant interaction with one another.
- Creative approaches that support participants' ability to lead the learning experiences.





The Workshop Format

## Step Four: DISCUSSION

The decisions about workshop format are more important than they may appear. There is some advantage to keeping the same format throughout the series. Participants quickly learn what to expect and, after the first workshop, they can give more of their attention to the learning experiences.

### **how many workshops are there in a series and how long will each workshop last?**

The Cross Systems Workshop series is designed for working staff of agencies. These are not usually new staff who have light loads to accommodate their learning new skills. They are not usually administrative staff who are expected to be away from the office for meetings that deal with coordination and community relations. They are usually staff with full caseloads who have to be available every day to deal with emergencies or provide services to the families on their case loads. An all-day workshop may work for them, but not very often. In developing the workshop format, consider what possibilities will allow you to engage line staff from many different agencies and many different systems.

The workshop series “Meeting The Challenge of Cross Systems Coordination for Milwaukee Families,” was a series of four half-days, approximately four weeks apart. Each workshop was scheduled from eight in the morning until noon. This meant that participants would not miss an entire work day and could plan to be in the office all afternoon. The workshop was early enough that few would be tempted to stop by the office first, but if there was an emergency, they could do so and just miss a small portion of the workshop.

Having a number of short workshops instead of one long workshop has another advantage. Agencies can decide to send the same staff to each workshop and, in our series, one or two agencies did just that. More typically, agencies will select staff according to how their responsibilities relate to the topic area. Also, some staff members who are available one month will be unavailable the next month. The result is that the workshop series reaches more individuals. This brings more individuals into the process of thinking about how they can build new relationships with other systems and provides the opportunity for more individuals to network across systems.



Step Four: discussion

The Workshop Format

**how many learning experiences will there be in one workshop?**

Having fewer discreet learning experiences can make for a more easily managed day. However, it also gives a great deal of focus to only one presenter or group of presenters. Also, attention span for complex material is limited. If we assume that 40 to 50 minutes is about all the “active processing” an individual can efficiently accomplish without a break (the time often recommended for study periods or classes), then longer sessions put the participant at a disadvantage.

Shorter presentation times, such as these, challenge the presenter to pick a few key points as their contribution. Having little time, wise presenters will not develop elaborate sequences to support their key points. Knowing that they are expected to engage and interact with the participants, presenters can relax and allow the interaction to take them forward, confident that they will find openings to make those few points.

Relatively short presentation times have another benefit for the presenter. No single presenter or presenter group needs to feel they are “carrying” the workshop. Each is contributing something of value. They are making this contribution as part of a larger team and together they share responsibility for the workshop. This larger team is a cross systems team. In this way, presenters have the experience of working together and creating a workshop that is the result of a blending of expertise from different systems.

There are other considerations that will limit the number of learning experiences in the workshop. The morning begins with a welcome and introduction of about fifteen minutes during which stragglers join the workshop. Also, approximately fifteen minutes are given at the end of the workshop for thank-you’s and filling out workshop evaluation forms. The agenda will identify fifteen-minute breaks between learning experiences to allow trips to the washroom, refreshment table, and outdoors for a cigarette break. These times are also important opportunities for participants to talk with one another. Taking all of this into account, the number of learning experiences is likely to be three or four in a four-hour workshop.



Step Four: discussion

The Workshop Format

**how can the use of physical space, technology, and materials make a difference?**

It is helpful to consider how the workshop format may distance participants from presenters and each other, or bring people closer together.

Some things that distance people are:

- Large rooms.
- Many individuals in the same room.
- Microphones.
- Podiums.
- Power-point presentations.
- Overhead screens.

Some things that bring people together are:

- Sitting at the same table.
- Small numbers of people sharing the same space.
- Groups of presenters who gather informally at the front or center of the room.
- Printed handouts that are easy to refer to.
- Name tags.

**how can the workshop format support participant engagement with presenters and with each other?**

One of the learning experiences on the agenda can focus on having participants interact with one another. In our example, this was an “idea exchange” during which participants talked together and shared the stories they had been asked to prepare. The stories participants were asked to share can be found in Appendix A.



**Step Four: discussion**

The Workshop Format

Creative use of physical space can also support participants interacting with presenters and with each other. One of the topic area planning groups decided to use three rooms which were not the same size. This meant that presenters could not stay in one room while participants moved from room to room. Rather, the participants stayed in one room and the presenters moved from room to room. As a result, the participants were the hosts and the presenters were the visitors. We chose to take advantage of this shift and gave each room an official host. The hosts were individuals who were also active in one of the service systems and carried a daily caseload with family contact. Their role as host was to help provide continuity throughout the morning. They introduced presenters and welcomed them to the group. Hosts heard issues and concerns raised by the participants during one learning experience and helped remind participants that they might like to raise these same issues with the next presenter as well. They also organized the idea exchange and provided whatever leadership or support they felt was needed for their particular room.

Exercises can also be used to support participant interactions with one another. For example, in our workshop materials, we included an exercise that asked each participant to identify and talk to at least one person from a service system other than their own. Name tags were color coded, with each color representing a different service system. Participants received a contact sheet to keep track of who they talked with and what systems they had “covered.”



## Step Four: EXAMPLE

### the origin of the half-day, participant-led format

The development of the workshop format for the Milwaukee Family Services Coordination Project began with a review of the training offered to W-2 workers by the State. Workers in W-2 were required to attend State training every year, choosing from a menu of one-day or two-day training sessions. Interviews with management of those training sessions revealed that the trainings were not well attended. It seemed to be hard for workers to fit a one-day or two-day training into their schedules. State training management representatives agreed that the half-day format might make it easier for agencies to send workers.

Interviews with representatives of W-2 systems revealed that they were looking for training that was clearly related to the real day-to-day experiences of workers. This need was often unmet, partly because of the nature of the “urban” issues facing Milwaukee families, and partly because trainings so often dealt primarily with managing paperwork and structuring the work activities of staff. Workers wanted to have trainings that focused on understanding families and learning about community resources. The solution appeared to be to:

1. Have learning experiences that were developed by individuals who were themselves working with Milwaukee families on a day-to-day basis.
2. Acknowledge and take advantage of the knowledge of participants who were similarly involved with Milwaukee families.

### taking advantage of opportunities and listening to evaluation feedback

The workshops were held at the United Way of Greater Milwaukee. This provided a central location that made it easy for most staff to attend without a great deal of travel time. The facility offered three rooms (one large, one medium, and one small) that occupied the top floor of the building. The walls could be collapsed to form one room. Washrooms, an area for sign-in and refreshments, and various supports for presenters were also conveniently located.



Step Four: example

The Workshop Format

The first workshop topic area planning group chose to collapse the walls and have one large room. This fit very well with the goal of having many different system representatives available to one another. Also, the role-plays developed by this group involved a very large number of people “on-stage” at the same time. This was easier to accommodate in one large room. There were also disadvantages to using one large room. People appeared to be distanced from the experience. There were relatively few questions and the presenters did not appear to “connect” personally with the members of the large audience. Also, the noise level when smaller groups were organized within the large room was quite overwhelming. Participants found it difficult to talk with one another and the idea exchange groups broke up sooner than intended.

In spite of the drawbacks of the decision to use one large room, the workshop experience was rated as very good or excellent by 76.0% of the 76 persons who handed in evaluation forms. Also, 94.7% agreed or agreed strongly with **all three** of the following statements!

- I have a better appreciation of what other systems are asking of families.
- I can see how working together could produce a better plan for families.
- I can see how I could work with other systems to help families achieve better outcomes.

While we were delighted with the success of the workshop, we also noted that ten people suggested there should be additional time for small group interaction and networking. Also one participant suggested greater interaction with the audience and another very clearly described the difficulty of trying to talk with others given the amount of noise from other groups.

The second topic area planning group had made its plans prior to the first workshop. They had decided to keep the three rooms separate and have the presenters move from room to room. This helped address the noise problem. It also provided a more intimate relationship between presenters and participants and better seating arrangements for the idea exchanges. The remaining two topic area planning groups also used the three-room arrangement.



Step Four: example

The Workshop Format

Each topic area planning group received a summary of the evaluation of the workshops that had been conducted prior to their meeting. They were encouraged by the overall positive responses to these workshops, with the majority of participants (76.0%, 88.3%, 91.0%, and 85.4%) rating each workshop as very good or excellent. These high ratings supported their continuing many of the aspects of the workshop format. The topic area planning groups were also guided by many of the comments made on the workshop evaluation forms. Participants commented favorably on speaker enthusiasm, the application of the skills directly to challenges participants face in their work, and the opportunity to network and share with others.

**the limits of the workshop format**

Most participants valued their learning experiences and overwhelmingly agreed that they had learned what the topic area planning groups had intended. Also, there were a very small number of participants who found the material “too basic,” or who felt that things were “too scripted” or in some other way not up to their idea of how the workshop should have been conducted. One interesting theme emerged from the comments of some participants who seemed to be very pleased with the workshop experience, but wanted more. They wanted the workshop to be longer. They wanted more workshops on the same topic area. They wanted each presenter to speak for longer periods. They wanted more people to be able to attend the workshops. They wanted the workshops in Spanish too so that more people could attend the workshops. They wanted more materials. In one way or another, they just couldn’t get enough.

The contacts at each agency were told that the workshops would be “basic” and were encouraged not to send anyone who would be distressed by this. When the topic was too basic for a given participant, they were encouraged to view the workshop as an opportunity for them to share their knowledge with others. In future workshop series, we will be looking for creative ways to address the different amounts of prior experience that participants bring with them to the workshop. Also, we will be looking for creative ways to provide links to additional educational experiences for those who want more than can be provided in this workshop format.



Step Five

Engaging  
Presentations





## **engaging presentations**

The goal of each presentation is to provide a learning experience where individuals explore what they need to know and develop new ideas about how to address the challenges they face every day as they work with families.

The following are important considerations in the development of engaging presentations:

### 1. Presenter Characteristics

- Depth and breadth of experience.
- Emotionally and intellectually comfortable with the topic area.
- Able to track the stress level of the group and flexibly adapt material to avoid overwhelming participants.
- Able to approach the group as “co-experts.”

### 2. Presenter Guidelines

- Strive to be accessible, fully engaged, and nonjudgmental.
- Model the respectful, active, and empathetic listening that workshop participants can use when working with families.
- Be openly curious about and validate the experiences that participants choose to discuss.

### 3. Presentation Characteristics

- Enough content to provide an opportunity for participants to begin their intellectual exploration of the issues.
- Creative and varied ways to allow participants to “enter into” the experience.
- Opportunities to share and question and explore out loud.
- Minimal scripting for presenters and no expectation that specific amounts of information will be “covered” in any given session.





## Step Five: DISCUSSION

The workshop participant wears many hats. Some participants will be more aware of their responsibility to represent their agency. Wearing this “representative” hat, they will be alert for opportunities to share what their agency has to offer. Some participants will be more aware of their responsibility to help other staff at their office work with the issues raised in the workshop. Wearing this “outreach” hat, they will be most interested in identifying what other agencies have to offer. These hats will be helpful as they network with other participants. On the other hand, the presentations ask the participant to put aside these hats, fully engage in an exploration of the issues, and enter into a very personal learning experience that they can relate to their own experiences working with families.

Many of the keys to engaging participants in the learning experience can be found in the approaches discussed earlier in this manual, including:

- Acknowledging that participants share a mutual interest in family and client well-being and that this is their common ground.
- Acknowledging that all participants bring experience working with families and individual clients in the community, and that many are themselves “skill experts” with respect to many issues.
- Accepting differences in perspective as representing valid reflections of different system roles in the community.
- Asking topic area planning groups to focus on what workshop participants from different service systems need to know, when they are working with families facing challenges in the topic area.
- Adopting learning goals that include skills that participants can use right at their desk when they return to the office.

Taking these approaches to designing learning experiences lays the foundation for a respectful interpersonal environment in which participants can feel they are valued and that their work in the community is appreciated. The participants are then ready to risk a little and to let go a little. Well designed presentations can take advantage of this openness to engage the participants fully and safely. The result is a relevant adult learning experience where individuals explore what they need to know and develop new ideas about how to address the challenges they face every day.



Step Five: discussion

Engaging Presentations

**why is this so personal?**

The issues facing families are very emotional ones. Families are individuals joined together by very strong emotional bonds. Any issue may be “explosive” if that issue happens to threaten those bonds (for example, losing a job may be an overwhelming issue in one family, but only mildly stressful in another). Some issues (for example, substance abuse, intimate family violence, extreme poverty) are challenging because, by their very nature, they undermine positive emotional bonds.

Workshop participants are also members of families. Any issue may be “explosive” or threatening to participants because of their experience with that issue in their own family. Some issues are challenging because it is simply hard to think about any family being profoundly hurt at its core. Workshop participants know and work closely with such families. They will have many examples to bring to mind as they enter the learning experiences.

The learning experiences will ask participants to think about changing or expanding how they work with families. This may produce feelings of uncertainty about how well they have been working with families they care about and have tried to help. The participants work in this field because the well-being of families is more important to them than being well paid or safe from having to deal with the unpleasant things that can happen in our communities.

**how do we find such wonderful presenters?**

It is important not to be too intimidated by the list of characteristics for presenters. Few people would look at the list and see themselves. Even those who really do match the listed characteristics may not see themselves this way, but they are easily recognized by others. It may not be easy to find the wonderful presenters who work in your community. That is why it is important to have individuals in the topic area planning group who know a lot of other people working with families. The topic area planning groups also work well when they include individuals who have depth and breadth of experience, and who are successful with families. These individuals may not immediately see that they have all the listed characteristics, even though they may have all or most of them. Hopefully, as they participate in the topic area planning group, these people will recognize that they could meet the challenge of doing a presentation. Those who are least sure of themselves may do best partnering with others or participating in role-plays.



Step Five: discussion

Engaging Presentations

**what types of presentations work best?**

Some types of presentation have more emphasis on content and others have more emphasis on ways to allow participants to enter into the experience. Having a variety of types of presentations at each workshop accommodates the learning styles of different participants. Whatever presentation types are chosen, be alert for opportunities to modify them to increase participants' interaction with the presenter and to support greater flexibility by the presenter.

The lecture format (one presenter, facing an "audience," imparting information) is one of the most difficult to use successfully in the Cross Systems Workshop Model. We had one lecture format (but only one) at each workshop. One of the most successful lectures was given by a young woman who did "education" with families in the topic area and had never done a formal "presentation" before. She brought a great enthusiasm and embraced her audience. In the lecture format, it is very important to have presenters who welcome questions and reach out to the audience.

Role-plays can be one of the easiest ways to engage the audience. Role-plays can be used to examine how participants may interact with individual clients and families who come to them for services. The value of these role-plays can be increased by developing ways to invite participants to explore what the role-play means to them and how they might use the "interaction lessons" in their own agencies. It is also helpful to use a short handout to help the workshop participants understand what is expected of them. An example of a presentation based on a role-play follows this discussion.

Another type of role-play can be used to demonstrate complex expectations that the individual client or family may face when they appear at an agency's "front door" or enter a particular type of service system. While this is effective in communicating what it feels like to be beginning a relationship with a new service provider, this type of role-play may not be sufficient to communicate a lot of information about "how" a system works. When role-plays are used for this purpose, it may be helpful to provide some "context" information to help participants understand why the consumer is being asked various questions.



Step Five: discussion

Engaging Presentations

A particularly powerful type of presentation is one involving one or more individuals who wish to share their own family challenges and their experiences in a service system. This type of presentation raises many “safety” issues both for the individuals telling their stories and for the workshop participants. Individuals who place their personal lives in the spotlight may be seeking feedback, validation, or assistance that the workshop participants cannot provide. Workshop participants may feel inadequate to address issues that are raised by individuals who are courageously sharing so much. Similarly, the workshop participants may be reluctant to enter into the learning experience because they feel protective of the individual who is sharing intimate experiences with them. When we had individuals who were sharing their stories, they were accompanied by professional counselors who knew them and were “on-stage” with them. It was clear to everyone that these professionals had ongoing relationships with those who were sharing and could be trusted to deal with any new issues that might have arisen during the presentations.

Individuals who share their stories communicate many important things and are often very engaging. It may be helpful to provide additional information about the content area that relates closely to the individual’s story. In our workshops, the professionals accompanying the individuals who were sharing stories provided context information before the story began and helped lead the participants into a discussion of what they had learned from the story.

Perhaps the most personal and transforming learning experiences are exercises designed to bring the issue “up close.” These exercises require the most experienced and sensitive presenters. They are typically used in all-day workshops where the presenters have an opportunity to develop a good relationship with those attending. Only one of these exercises was used in our workshops. An example of a presentation using one of these exercises follows this discussion.



## Step Five: EXAMPLE

The presentations offered in the workshop series “Meeting the Challenge of Cross Systems Coordination for Milwaukee Families” were developed by the presenters with very little actual direction from the topic area planning groups. The topic area planning groups chose the focus, the skills they wanted participants to learn, and what they felt “must” and “could” be communicated in the half-day workshop. While we were generally successful in communicating the general topic area planning group goals, it was easier and probably more effective when the presenters had attended at least one of the topic area planning groups.

Each workshop involved at least one (but only one) lecture type presentation. Most of the remaining presentations involved some type of role-play, consumer presentation, or audience participation exercise. Each role-play had a very brief handout to orient the participants to the purpose of the role-play. Brief descriptions of one role-play and one presentation that used an exercise, follow.

### **example of a role play**

To promote understanding about how to work with families who are impacted by substance abuse, two providers in the field of women’s substance abuse treatment enacted unrehearsed, unscripted role-plays. A licensed psychologist facilitated the participants’ processing and learning around the role-plays. The role-play process built on participants’ knowledge about how to engage in helpful and meaningful relationships with clients. Throughout, the role-play communicated the unique nature of the relationship between provider and client, how substance abuse effects that relationship, and the importance of honoring that relationship.

### **presentation format**

In our workshop series, participants selected one of three rooms as their “home” room for the half-day workshop. Presentations were given three times, once in each room. From the participant’s perspective, there were a series of three or four learning experiences or sessions. In this example, the role-play of an interaction between a client and a service provider took up an entire session.



Step Five: example

Engaging Presentations

In one of the three rooms, the presenters offered a role-play that modeled a “best practices” interaction between a service provider and a client. This role-play allowed participants to experience a relationship that was working well. Participants could then observe how that relationship created a context that enabled the “business” of the provider/client work to be conducted easily and accurately. The best practices role-play also allowed participants to absorb ways in which they may interact with their own clients in the future.

In the other two rooms, the presenters offered role-plays in which the service providers were uninformed, insensitive, and/or inappropriate in their interactions with clients who had substance abuse problems. These role-plays provided a subtle, safe teaching experience, and may have allowed some participants to recognize their own errors in an exaggerated form. The “worst practices” role-plays enabled participants to understand how clients experience these interactions and the ways in which they are counterproductive to the work that needs to be done. As the facilitator processed these role-plays with the group, participants were invited to share what they were doing in similar situations that were working well and were also offered different ways of interacting with clients. Supervisors and managers were asked to consider how they could recognize and support a provider who is not functioning well in his/her relationships with clients. Overall, the “worst practices” role-plays enabled participants to comfortably explore difficult moments in their own work with clients and to experience alternative possibilities.

Prior to each role-play, the facilitator prepared the group to be actively engaged in the session: “As we do the role-plays, let’s talk about them — what you see happening, what is happening in the ‘provider’ and the ‘client’, and what is happening in you.” As the role-play unfolded, the facilitator frequently interrupted to process the interaction. Participants and “actors” were invited to comment on what they were experiencing in the interaction, with the facilitator asking questions such as “What goes on in your head when you hear a client say something like that?”

During each of the role-plays, the presenters raised and facilitated conversation about some of the most difficult and sensitive issues that arise when working with clients. Examples of areas addressed included: race/ethnicity, managing personal questions from clients, sexualized interactions, and provider’s internal reactions to various client styles. These issues were raised naturally and safely, enabling participants to engage with and build upon the interactions presented.



Step Five: example

Engaging Presentations

**presenter characteristics**

The presenters who played the roles of service provider and client were essential to the success of the role-plays. Both of these presenters had extensive experience working with women who have substance abuse problems and one of the presenters was also an individual in recovery from an addiction to drugs. Their knowledge and flexibility enabled them to translate core clinical issues into accessible interactions that offered multiple teaching opportunities.

The role of the facilitator was critical to the ability of the group to move beyond simply observing a case example and move towards having a meaningful learning experience. The facilitator was a licensed psychologist, with extensive supervision experience and many years of experience working with clients with substance abuse and mental health problems. However, the facilitator did not assume an “expert” role in the session, but rather looked to the group as co-experts.

Interpersonally, the facilitator was accessible, fully engaged, and nonjudgmental, using a light, sensitive touch when working with the group. During the interactions with participants, the facilitator modeled a way of being that was similar to the type of positive relationship that the role-play suggested service providers develop with a client. Specifically, the facilitator modeled active, empathetic listening and assumed a gentle, respectful, and curious stance when working with the group.

The facilitator’s open style enabled participants to be actively engaged in the learning experience, with virtually every member of each group contributing something to the session. Participants freely voiced their positive and negative reactions, and a level of frank discussion was quickly created. Participants shared their successes as well as areas of confusion, raised sensitive issues, and discussed the challenges they faced within their systems. As a result, participants learned from one another and had the opportunity to create connections across systems.



Step Five: example

Engaging Presentations

**interesting points raised**

Each of the role-plays raised and facilitated conversation about sensitive issues that occur when working with clients. One issue that generated much discussion in each session was how and when to answer personal questions posed by clients. This was seen as an important decision point in the relationship, with a range of possible responses. Participants were encouraged to carefully consider what each response would mean for the relationship and to be intentional about whatever response they chose. Questions discussed by presenters and participants included: Will disclosing personal information be distracting or will it enhance the relationship? Does providing personal information equalize the hierarchy between provider and client, allowing for commonality and human connection? Will disclosing personal information blur the boundaries of the relationship? Issues specific to disclosing whether or not the interviewer is in recovery were also addressed (e.g., the importance of acknowledging to clients that each recovery process is unique). In general, no “right” answer was espoused. Rather, participants were encouraged to consider each situation carefully and to be clear about what it may mean for the relationship to either disclose or withhold personal information.

Another issue that resonated with each group was how to address the areas of race/ethnicity and culture. This was viewed as an important opportunity for providers and clients to potentially deepen their relationship. In the session, the facilitator encouraged participants to process their feelings and responses to issues of race/ethnicity and culture. Questions discussed by presenters and participants included: What are the barriers that arise when the provider and the client are of different racial/ethnic backgrounds? What are the barriers encountered when the provider and the client are of the same racial/ethnic background? How do socioeconomic class differences get played out? What options are available and what responses are helpful when provider/client differences are uncomfortable? Participants were encouraged to be sensitive to and aware of issues of culture, by recognizing and not inadvertently discounting their client’s culture.



Step Five: example

Engaging Presentations

Throughout the discussion of difficult and sensitive issues, the importance of attending to the provider/client relationship was emphasized. The presenters acknowledged the difficult work and the balancing act that participants face (e.g., balancing the need to establish a relationship with required screening questions). Participants' feelings and client-related dilemmas were validated and heard by the facilitator. Similarly, the presenters modeled the need for participants to acknowledge and hear clients, even when client issues or requests do not fall directly within the scope of the provider's roles or tasks. Overall, participants were encouraged to engage in genuine, intentional, and mindful relationships with clients.

**example of a presentation using an audience participation exercise**

This session brought together two "skill experts" with extensive experience working closely with women and children who have experienced intimate family violence. The goal of the workshop was to facilitate learning and conversation about the impact of domestic violence, physical abuse, sexual abuse, sexual assault, and other forms of intimate family violence. The presenters led the group in an experiential exercise that "told the story of a universal woman named Mary." Following the exercise, the presenters facilitated discussion and group processing of the experience. Each presenter then shared a case example that gave further voice to the perspective of victims and also illustrated ways of working with women and children who have experienced intimate family violence.

**presentation format**

The experiential "Mary" exercise was designed to communicate the ways in which victims of intimate family violence are distanced from the world and the ways in which service providers can assist victims in becoming reconnected. The format engaged the group at a physical, intellectual, and emotional level. This type of engagement was extremely powerful for participants, and allowed for a deep and meaningful learning experience.



Step Five: example

Engaging Presentations

We hope that this paragraph describes enough of the exercise to give you the “feel” of the experience. Please understand that there is not sufficient information here for you to replicate that experience. The exercise involved three sets of cards with sentences that participants were asked to read aloud to a fictional client named Mary. The first participants read aloud sentences that involved them in naming the abuse that Mary had experienced throughout her life and in representing how this abuse had isolated and buried her in her pain. The second set of cards had participants read sentences that further isolated Mary, using unhelpful statements sometimes made by service providers (e.g., “Why don’t you just leave [your abusive partner]?”). The third set of cards had participants read aloud sentences that involved them in the journey of Mary’s healing, using supportive statements that service providers can offer (e.g., “How can I help you and your children be safe?”). During this process, scarves were symbolically draped on a volunteer and then symbolically removed to provide a visual demonstration of the “burial” and “healing” processes.

A critical component of this exercise was ensuring the safety of the participants. Because of the sensitivity of the topic, the likelihood that some participants had personal experience with intimate family violence, and the experiential nature of the exercise, the presenters carefully built in safeguards to protect the emotional well-being of all participants.

To begin to create the context of safety, each participant was asked to introduce themselves and their interest in the topic. This gave the presenters an opportunity to establish the beginning of a connection with everyone in the group and to listen for any early indicators of stress. The presenters clearly described the role that participants would be asked to play and validated that “when we talk about things like [intimate family violence], it gets to be hard to listen to.” The workshop was conducted in an environment in which it was natural and unobtrusive for participants to leave the room if they were uncomfortable. Presenters supported this and other self-care options, giving participants permission to “go to a safe place in your head, stand up and stretch, do whatever you need to do to take care of yourself.”



Step Five: example

Engaging Presentations

To promote learning and self-awareness, the presenters facilitated participants' identification with victims of abuse, with unhelpful service providers, and with service providers who facilitated Mary's healing. Mary was presented as a woman who could be a client, an acquaintance, a family member, or "one of us." The statements made by unhelpful providers were presented as comments that "any one of us could be saying to Mary as she comes to any of our services." The statements made by service providers who facilitated Mary's healing were simple, accessible, and easy for participants to replicate in their offices.

The power of the symbolism, in the context of a safe and de-stigmatizing environment, allowed participants to fully engage in the exercise and in the group discussion. It also left participants open to the possibility of hearing with a new ear the case examples that followed.

In their case examples, the presenters more fully illustrated the impact of intimate family violence, as well as the extent of the long healing process. The presenters modeled the "joining" stance that a provider can take and the collaborative system relationships that can form in working with victims of intimate family violence.

**presenter characteristics**

The personal and professional characteristics of the presenters are fundamental to the success and safety of an experiential exercise related to intimate family violence. The presenters had a depth and breadth of experience working with victims of intimate family violence and with the systems that surround victims and their families. Having two presenters enabled each to provide support for the other and allowed closer monitoring of the well-being of the group.

The presenters themselves were emotionally and intellectually comfortable with the issue of intimate family violence, but were also conscious of the impact that it could have on participants. They demonstrated an ability to track the stress level of the group and flexibly adapt their material to avoid overwhelming participants. The presenters also modeled an awareness and respect for their own boundaries, as well as those of their clients and the participants. Together, these characteristics enabled the presenters to provide a meaningful, powerful, and safe learning experience.



Step Five: example

Engaging Presentations

**interesting points raised**

The workshop attempted to convey to participants what the experience of being a victim of intimate family violence feels like. The helplessness, isolation, and vulnerability that victims experience were emphasized. However, the strength and resilience that victims possess were also acknowledged. The presenters reminded the group that victims typically are not “buried” by any one experience of abuse or any one negative interaction with a service provider. Rather, it is often a combination of multiple incidents of being abused, discounted, and isolated from the world that can defeat them.

In the face of the depth of this pain and isolation, service providers may find themselves feeling as “buried” as the victim. The presentation acknowledged the frustration that providers experience when they feel unable to help (e.g., because the client’s particular need cannot be met by the provider’s agency, because there is a service gap in the community, etc.). Participants were given the message that they do not have to do this work alone. The presenters emphasized the importance of a team of people working with each individual victim as that individual reconnects with the world.

To this end, the presenters spoke to and modeled a way of being in relationship with victims. This was powerfully accomplished through case examples, discussion, and the quality of the relationship the presenters developed with the group, rather than through a lecture format or discussion of theory.

First, participants were encouraged to open the door for clients to make disclosures of abuse and to be in genuine conversation with those who identified themselves as victims. For example, the presenters gave a concerned participant permission to simply let a client know how sorry she was that the client’s children had been abused.

An intentional, conscious stance of not blaming the victim was also communicated. For example, in the course of their work with a battered woman, the presenter’s team confronted the batterer when he returned to live in the family home (as opposed to blaming the victim for “taking him back”).



Step Five: example

Engaging Presentations

Finally, the presenters addressed the importance of attending to issues of power when working with victims of intimate family violence. Participants were encouraged to make themselves available to clients and to be partners in the healing process. They were cautioned against overpowering clients, imposing solutions, or attempting to “take charge.” Service providers were viewed as the safety net standing behind the victim as she moved forward, with the victim always in the foreground. Participants were reminded that clients themselves “are the authorities on their lives. We only come in as part of a process.”



step six

Managing

the

Day





## **managing the day**

The workshop experience is a complex one. The workshop format, the presentations, and how the day is managed all contribute to realizing the goals of the workshop series.

The goals for the management of the workshop experience are:

1. Support that allows an uninterrupted focus on the learning experiences.
  - Presenters and hosts are supported so that they have no responsibilities other than attending to the learning experience they are engaging in with the participants.
  - Participants are supported so that they have no concerns other than attending to the learning experience they are engaging in with the presenters.
2. Assuring that the larger goals of the workshop series and the network of agencies are highlighted.
  - Participants are reminded of their agency's commitment that they will help other staff understand the topic and are provided with materials that allow them to carry out that role.
  - Participants are reminded of the larger goal of building relationships across systems and are informed about progress that the network of agencies is making in this regard.
3. Assuring that the participants and agencies receive recognition and "credit" for their participation.
  - Agencies, participants on the topic area planning groups, and presenters are acknowledged and thanked for their contributions.
  - Participants receive their certificates for attending and their agencies receive credit for their staff's attendance.
  - Participants have the time to fill out the evaluation forms and find it easy to hand them in.





## Step Six: DISCUSSION

The management of the workshop actually covers a much longer time period than one day. It begins four to five weeks prior to the actual event. In the sample materials in Appendix A we have provided a time-line for the major staffing activities for each workshop.

On the day of the workshop the participants are greeted, the materials distributed, and the presenters are given whatever assistance they require. After the event, a summary of the evaluation feedback from participants is prepared and sent with thank-you letters to the presenters.

### **what supports the uninterrupted focus on the learning experience?**

Workshop participants should find that the day just flows around them. Throughout the day there are many cross systems reminders and this begins at the front desk. When participants arrive they sign in and receive name tags at the front desk. The name tags are color coded by service system. With their name tag participants receive a binder. This binder has both the workshop materials (welcome, agenda, description of presentations, reminders of the commitment their agency has made, and the purpose of the cross systems workshops) and materials that will help them answer questions for staff back at their agencies. Agencies from different service systems that have been involved in the presentations or topic area planning group have been invited to provide brochures or other materials they want distributed. These are at the front desk clearly displayed with “take-one” signs.

Workshop participants are invited to find a place for themselves in one of the rooms and to stop at the refreshment table. It is very important to have attractive food. The refreshment table is a place to mingle and network. Participants at the first workshop in the series will let you know if your selection of food works for them. Because our workshops began early in the morning, we provided breakfast foods — donut holes, mini muffins, bagels, breakfast bars, juices, and coffee. The bagels were not appreciated by participants and were not repeated after the first workshop.

Presenters arrive to find a packet that describes where and when they will be presenting and for how long. If there is time, they can be introduced to each of the room “hosts.” They are asked if they need any more handouts run off. (They may not have believed the estimate you gave them for the number that would be attending — the large number in attendance was often a surprise to our presenters.) If they are using flip charts or other presentation supports, reassure them that these will be in place as needed. Staff managing the day takes responsibility for arranging these supports.



**Step Six: discussion**

Managing the Day

Staff is also available to troubleshoot and answer simple questions for participants. Most frequently asked questions are — where is the washroom? (even though this is always announced at the beginning of the workshop), where can I smoke?, and where is there a telephone I can use? Staffing the front desk throughout the workshop will help manage these questions.

With careful planning and close attention to people’s needs, the day will flow quite smoothly for presenters and for the participants. For staff it will be a matter of dealing with one thing after another. It is important to have enough staff to manage all tasks and to prepare them for the hectic day they will have. It may be useful to prepare a “working” agenda for staff that shows where presenters and staff need to be for each session in the workshop.

**how do you assure that credit is given appropriately and evaluations are completed?**

When participants arrive they sign in. This provides the evidence that agencies have met their commitment to send workers to the workshops. When participants leave, they receive their preprinted certificate of attendance as they hand in their evaluation of the workshop. People who leave early or arrive late are still motivated to pick up their certificate of attendance and they are more likely to hand in the evaluation if these are seen as related activities.

It is also very important to have hosts thank each presenter or presenter team when they have completed their presentation. Again, at the end of the day, thanks is given to all the members of the topic area planning group and presenters. Also, highlight and acknowledge the special contribution that the participants have made themselves.

**how do you find the materials to support participants after the workshop?**

The development of comprehensive material related to the topic is very important. Materials can be drawn from more traditional trainings, from web sites, and from presenters themselves. Once collected, these materials can be reviewed by a topic expert for consistency (especially of terminology) and whether they are up to date.



**Step Six: discussion**

Managing the Day

It will probably be necessary to consult a number of traditional sources. For example, in the substance abuse area, we drew heavily on traditional training materials provided by:

- Meta House (a nationally recognized treatment program for women and children).
- the Wisconsin Women’s Empowerment Network, the University of Wisconsin.
- the State of Wisconsin's training programs for W-2 workers.

Also, two one-page fact sheets, one on substance abuse and one on substance abuse treatment, were developed on the basis of the 1999 Report to Congress on Substance Abuse and Child Protection; Blending Perspectives, and Building Common Ground. These are provided in Appendix B.

The material you download from the Internet may have the advantage of being very timely and up to date. For those who have no experience “searching the web,” simple instructions are provided in Appendix B.





## Step Six: EXAMPLE

The staffing and management of the workshops in the series “Meeting the Challenge of Cross Systems Coordination for Milwaukee Families” was the responsibility of the Planning Council for Health and Human Services, Inc. The series of four half-day workshops were offered within a three-month period.

### staffing challenges

With a large number of presenters and approximately 70 to 80 participants attending each workshop, the sheer number of people was a challenge. For each workshop, 100 binders of materials were prepared (averaging 65 pages per binder). Also 80 to 100 name tags and certificates were “updated” in the days just prior to the workshop as agencies reassigned staff to attend the workshops and name spellings were corrected.

The workshop format, with presenters moving from one room to another presented another challenge. Each “room” received presentations in a different order. Each room therefore had its own agenda. Each presenter rotated through the rooms in a different order. Therefore, each presenter or presenter group had its own agenda. Flip charts and other presentation supplies had to be in the right place at the right time.

Providing an introduction to the workshop series was also a challenge. Since the hosts were different for each room and for each workshop it was difficult for them to have a sense of the larger goals of the workshop series. They were asked to welcome the participants and provide an introduction to the morning’s workshop. The larger goals of the workshop series were introduced in a ten to fifteen-minute update on the Milwaukee Family Services Coordination Project. Since this introduction and update was always provided by the same person, each room received the introduction at a different point in their morning. This was probably not as effective as having the introduction given at the beginning of the morning for all three rooms.





## Appendix A

### **communication and staffing materials**

1. Timeline for staffing for cross system coordination workshops
2. Workshop invitations
3. Workshop evaluation forms
4. Evaluation summaries from each workshop



## **TIMELINE FOR STAFFING FOR CROSS SYSTEMS COORDINATION WORKSHOPS**

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### **First Communications:**

1. Identify the current CEO/Executive Director and the Training Coordinator of each agency invited to participate in the network. Collect address, telephone and fax numbers for each training coordinator.
- 

### **Four weeks prior to each Workshop in the Series:**

1. Identify members of the topic area planning group.
  2. Compose, have the topic area planning group review and print the workshop invitations that will be distributed to each agency for the workshop.
  3. Compose, have the topic area planning group review and print the evaluation forms for that workshop.
- 

### **Two weeks prior to each Workshop in the Series:**

1. Send a letter to the Training Coordinators describing the workshop and requesting the names of staff assigned to attend this workshop. With each letter, include a fax-back form and five individual invitations to this workshop for staff members. Include in the letter a request that fax-backs be returned one week prior to workshop.
- 

### **One week prior to each Workshop in the Series:**

1. Use names from fax-backs to print nametags (with color stripe corresponding to their service system) and certificates. In addition, run a minimum of 15 blank certificates to have on hand for unexpected attendees.
  2. Print material for participant binders. Prepare ten more binders than the number of anticipated participants. Materials used include a 1" 3-ring binder with internal pockets and an 8-tab color divider for each participant.
- 

### **Four working days prior to each Workshop in the Series:**

1. Call participants to remind them of the training and to confirm the spelling of their name and use the information to print a sign-in sheet.
- 

### **The day of each Workshop in the Series:**

1. Set "sign-in", "name tags", "take one", and "handouts" signs with corresponding materials at the front desk.
  2. Have snacks and beverages available for participants at the refreshment table.
  3. Staff the front desk.
  4. Assist presenters with presentation supports (flip-charts, etc.)
- 

### **At the end of each Workshop in the Series:**

1. Collect evaluation forms when handing out Certificates to exiting participants.
  2. Give blank Certificates to participants who were not on the sign-in list.
- 

### **In the week following each Workshop in the Series:**

1. Prepare evaluation summaries and send with thank you notes to all presenters.



## The Milwaukee Family Services Coordination Project

This State of Wisconsin Department of Health and Family Services project is a joint effort between:

- the Division of Supportive Living,
- the Division of Economic Support,
- the Division of Children and Family Services, and
- the Division of Health Care Financing.

These Divisions are dedicated to investing new resources in the Milwaukee community in order to change the way services are delivered to multi-system families. The Divisions are also committed to providing resources designed to coordinate services and improve outcomes for the families involved in these multi-systems.

In a number of ways, we are investing in the Milwaukee Community in order to change the way services are delivered to multi-system families. We view the cross systems workshops and Wraparound training as critical as we engage together in the reform of our service delivery system.

### Certificates of Attendance and Appreciation

Participating staff will receive Certificates of Attendance. At agency discretion, these workshops may be counted towards the 12 hours of required professional development for W-2 and economic support agency staff. These hours may also be used to meet the requirements for continuing education in Social Work certification.

Agencies who send 4 to 5 participants to each of the four half-day Cross Systems Workshops will be recognized by the state as "Cross Systems Partners", and a Certificate of Appreciation will be awarded.



MEETING THE CHALLENGE  
OF CROSS SYSTEMS COORDINATION  
FOR MILWAUKEE FAMILIES

## Workshop 1

# **Working with W-2, Child Welfare Safety Services, and Financial Assistance to Support Our Families**

**March 15, 2000**

at

United Way of Greater Milwaukee

255 West Vine Street

8 a.m. to Noon

Sponsored by

The Milwaukee Family Services Coordination Project

Funded by

The Department of Health and Family Services, State of Wisconsin

## Welcome to Our Workshop Series

We are delighted to invite you to the first workshop in a series of four which will be offered this spring.

These workshops will help you better understand different systems serving Milwaukee families.

Each workshop is designed to give you information you can use right at your desk when you return to your office.

Your agency has agreed to support your helping other staff to understand how W-2, Child Welfare Safety Services, and Financial Assistance can support our families.

We know how busy agency staff are, so each workshop stands on its own and is only four hours long.

You will be asked to participate in an idea exchange as part of this workshop. Please look over the next page and think about what you have to share.

If you have any questions, please call Louise Lapine at 224-0404

See you March 15th!

## The Milwaukee Family Services Coordination Project

Identifying Our Strengths  
Working With Families Involved In More Than One System

**Please come prepared to share:**

**1. A success story:**

A family where different systems (W-2, Safety Services, Financial Assistance, Substance Abuse Treatment, the Legal System, MPS, etc.) worked well together and the resulting coordination benefited the consumer.

**2. A best practices example at your agency:**

An agency policy or practice which has been particularly helpful when working with families involved in more than one system.

**3. A best practices example from a treatment agency:  
(Substance Abuse or Substance Abuse/Mental Health)**

A treatment provider's policy or practice which has been particularly helpful when you were working with families involved in more than one system.

**4. Another success story:**

A family who has a member in recovery from addiction, where relapses or relapse prevention was managed well through coordinated efforts by more than one system.

## The Milwaukee Family Services Coordination Project

This State of Wisconsin Department of Health and Family Services project is a joint effort between:

- the Division of Supportive Living,
- the Division of Economic Support,
- the Division of Children and Family Services, and
- the Division of Health Care Financing.

These Divisions are dedicated to investing new resources in the Milwaukee community in order to change the way services are delivered to multi-system families. The Divisions are also committed to providing resources designed to coordinate services and improve outcomes for the families involved in these multi-systems.

In a number of ways, we are investing in the Milwaukee Community in order to change the way services are delivered to multi-system families. We view the cross systems workshops and Wraparound training as critical as we engage together in the reform of our service delivery system.

## Certificates of Attendance and Appreciation

Participating staff will receive Certificates of Attendance. At agency discretion, these workshops may be counted towards the 12 hours of required professional development for W-2 and economic support agency staff. These hours may also be used to meet the requirements for continuing education in Social Work certification.

Agencies who send 4 to 5 participants to each of the four half-day Cross Systems Workshops will be recognized by the state as "Cross Systems Partners", and a Certificate of Appreciation will be awarded.



MEETING THE CHALLENGE  
OF CROSS SYSTEMS COORDINATION  
FOR MILWAUKEE FAMILIES

## Workshop 2

# **Working with Families Experiencing the Impact of Substance Abuse**

**April 7th, 2000**

at

United Way of Greater Milwaukee

225 West Vine Street

8 a.m. to Noon

Sponsored by

The Milwaukee Family Services Coordination Project

Funded by

The Department of Health and Family Services, State of Wisconsin

## Welcome to Our Workshop Series

We are delighted to invite you to the second workshop in a series of four which will be offered this spring.

These workshops will help you better understand different systems serving Milwaukee families.

Each workshop is designed to give you information you can use right at your desk when you return to your office.

Your agency has agreed to support your helping other staff to understand how Substance Abuse impacts families and how we can work with families experiencing the impact of substance abuse.

We know how busy agency staff are, so each workshop stands on its own and is only four hours long.

You will be asked to participate in an idea exchange as part of this workshop. Please look over the next page and think about what you have to share.

If you have any questions, please call Louise Lapine at 224-0404

See you April 7th!

## The Milwaukee Family Services Coordination Project

Identifying Our Strengths:  
Working With Families Experiencing  
the Impact of Substance Abuse

**Please come prepared to share:**

**1. A success story:**

A family experiencing the impact of substance abuse where the family achieved a good outcome and was involved in more than one service system (W-2, Safety Services, Financial Assistance, Substance Abuse Treatment, the Legal System, MPS, etc.).

**2. A policy or practices example at your agency:**

An agency policy or practice which has been particularly helpful when working with families who are experiencing the impact of substance abuse.

**3. A best practices example from a treatment agency:**  
(Substance Abuse or Substance Abuse/Mental Health)

A treatment provider's policy or practice which has been particularly helpful when you were working with families experiencing the impact of substance abuse.

**4. Another success story:**

A family member who is in recovery from addiction, where relapses or relapse prevention was well managed and the family member continued to do well in one or more service systems (W-2, Safety Services, Financial Assistance, the Legal System, MPS, etc.).

## The Milwaukee Family Services Coordination Project

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In a number of ways, we are investing in the Milwaukee Community in order to change the way services are delivered to multi-system families. We view the cross systems workshops and Wraparound training as critical as we engage together in the reform of our service delivery system.

### Certificates of Attendance and Appreciation

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Agencies who send 4 to 5 participants to each of the four half-day Cross Systems Workshops will be recognized by the state as "Cross Systems Partners", and a Certificate of Appreciation will be awarded.



MEETING THE CHALLENGE  
OF CROSS SYSTEMS COORDINATION  
FOR MILWAUKEE FAMILIES

## Workshop 3

### **Working with Families When Their Multiple Needs Include Mental Health Issues**

**May 4th, 2000**

at

United Way of Greater Milwaukee

225 West Vine Street

8 a.m. to Noon

Sponsored by

The Milwaukee Family Services Coordination Project

Funded by

The Department of Health and Family Services, State of Wisconsin

## Welcome to Our Workshop Series

We are delighted to invite you to the third workshop in a series of four which will be offered this spring.

These workshops will help you better understand different systems serving Milwaukee families.

Each workshop is designed to give you information you can use right at your desk when you return to your office.

Your agency has agreed to support your helping other staff to understand how mental health issues relate to substance abuse and how we can work with families when their multiple needs include mental health issues.

We know how busy agency staff are, so each workshop stands on its own and is only four hours long.

You will be asked to participate in an idea exchange as part of this workshop. Please look over the next page and think about what you have to share.

If you have any questions, please call Louise Lapine at 224-0404

See you May 4th!

## The Milwaukee Family Services Coordination Project

Identifying Our Strengths:  
Working With Families When Their Multiple Needs Include  
Mental Health Issues

**Please come prepared to share at least one of the following stories:**

**1. A time when you saw that:**

The path chosen by the family fit their cultural values very well and your service system demonstrated flexibility to reach good outcomes.

**2. A time when you felt that:**

Screening and/or assessment worked well when the head of household had a diagnosed or diagnosable mental health condition (depression, post traumatic stress disorder, borderline personality, suicidal, etc.) and was experiencing the impact of substance abuse.

**3. A time when someone in a treatment agency was helpful:**

(Treatment agency meaning substance abuse or substance abuse/mental health treatment)

When you were working with a family where you had questions about the family member's ability to understand and participate in your program/services (because of suspected developmental status or mental health status issues).

**4. A time when you felt that:**

Even though the head of the family had HIV/AIDS, she was able to participate in services and had her mental and physical health needs met.

## The Milwaukee Family Services Coordination Project

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In a number of ways, we are investing in the Milwaukee Community in order to change the way services are delivered to multi-system families. We view the cross systems workshops and Wraparound training as critical as we engage together in the reform of our service delivery system.

### Certificates of Attendance and Appreciation

Participating staff will receive Certificates of Attendance. At agency discretion, these workshops may be counted towards the 12 hours of required professional development for W-2 and economic support agency staff. These hours may also be used to meet the requirements for continuing education in Social Work certification.

Agencies who send 4 to 5 participants to each of the four half-day Cross Systems Workshops will be recognized by the state as "Cross Systems Partners", and a Certificate of Appreciation will be awarded.



MEETING THE CHALLENGE  
OF CROSS SYSTEMS COORDINATION  
FOR MILWAUKEE FAMILIES

## Workshop 4

### **Realities and Resources: Working with Families Experiencing Intimate Family Violence**

**May 25th, 2000**

at

United Way of Greater Milwaukee

225 West Vine Street

8 a.m. to Noon

Sponsored by

The Milwaukee Family Services Coordination Project

Funded by

The Department of Health and Family Services, State of Wisconsin

## Welcome to Our Workshop Series

We are delighted to invite you to the last workshop in a series of four which have been offered this spring.

These workshops were designed to help you better understand different systems serving Milwaukee families.

Each workshop gives you information you can use right at your desk when you return to your office.

Your agency has agreed to support your helping other staff to understand the reality of family violence and the resources that can help families that experience family violence.

We know how busy agency staff are, so each workshop stands on its own and is only four hours long.

You will be asked to participate in an idea exchange as part of this workshop. Please look over the next page and think about what you have to share.

If you have any questions, please call Louise Lapine at 224-0404

See you May 25th!

## The Milwaukee Family Services Coordination Project

Identifying Our Strengths:  
Realities and Resources: Working with Families  
Experiencing Intimate Family Violence

**Please come prepared to share at least one of the following stories:**

**1. A time when you saw that:**

You entered into a conversation with family members about how their parenting reflects their culture and came to a mutual understanding around parenting challenges.

**2. A time when you felt that:**

A woman who was being battered in her home was able to make use of the legal options open to her so that she could be safe and her children could be safe with her.

**3. A time when someone in a treatment agency was helpful:**

(Treatment agency meaning substance abuse or substance abuse/mental health treatment)

In identifying physical, sexual, or other family abuse as one of the reasons for a child's "difficult" behavior.

**4. A time when you felt that:**

You were supportive of a woman who remained for a time in an abusive family situation and the basic needs of the woman and her children were met while she worked through a thoughtful and safe plan of action.

# Workshop Evaluation

## Working with W-2, Child Welfare Safety Services, and Financial Assistance to Support Our Families

Having attended this workshop, would you say...(circle your answers)

I have a better appreciation of what other systems are asking of families.

1	2	3	4
Strongly agree	Agree	Disagree	Strongly disagree

I can see how working together could produce a better plan for families.

1	2	3	4
Strongly agree	Agree	Disagree	Strongly disagree

I can see how I could work with other systems to help families achieve better outcomes.

1	2	3	4
Strongly agree	Agree	Disagree	Strongly disagree

What is your overall evaluation of the workshop?

1	2	3	4	5
Excellent	Very good	Good	Fair	Poor

What do you think is the most important thing you learned from your participation in this workshop?

In what ways do you think the workshop could be improved? Please be specific.



# Workshop Evaluation

## Working with Families Experiencing the Impact of Substance Abuse

Having attended this workshop, would you say...(circle your answers)

I have a better understanding of the emotional and physical impact of chemical use on families.

1	2	3	4
Strongly agree	Agree	Disagree	Strongly disagree

I can see the importance of modeling behavior that encourages staying clean.

1	2	3	4
Strongly agree	Agree	Disagree	Strongly disagree

I believe I will be more effective when interviewing individuals experiencing the impact of substance abuse.

1	2	3	4
Strongly agree	Agree	Disagree	Strongly disagree

What is your overall evaluation of the workshop?

1	2	3	4	5
Excellent	Very good	Good	Fair	Poor

Which of the following best describes your workplace? (please check one)

W-2 agency _____	Corrections _____
Safety Services provider _____	Financial Assistance _____
AODA Treatment provider _____	Other _____

What do you think is the most important thing you learned from your participation in this workshop?

In what ways do you think the workshop could be improved? Please be specific.



# Workshop Evaluation

## Working with Families Experiencing Mental Health Issues

Having attended this workshop, would you say...(circle your answers)

I have a better understanding of the impact of HIV/AIDs on people's lives.

1                      2                      3                      4  
Strongly agree      Agree                  Disagree              Strongly disagree

I can see the importance of being alert for possible mental health disorders when working with families impacted by substance abuse.

1                      2                      3                      4  
Strongly agree      Agree                  Disagree              Strongly disagree

I can see how I can better identify mental health crisis situations and make appropriate referrals to address the crisis.

1                      2                      3                      4  
Strongly agree      Agree                  Disagree              Strongly disagree

What is your overall evaluation of the workshop?

1                      2                      3                      4                      5  
Excellent          Very good          Good                  Fair                  Poor

Which of the following best describes your workplace? (please check one)

W-2 agency \_\_\_\_\_                      Corrections \_\_\_\_\_  
Safety Services provider \_\_\_\_\_                      Financial Assistance \_\_\_\_\_  
AODA Treatment provider \_\_\_\_\_                      Other \_\_\_\_\_

What do you think is the most important thing you learned from your participation in this workshop?

In what ways do you think the workshop could be improved? Please be specific.



# Workshop Evaluation

## Working with Families Experiencing the Impact of Intimate Family Violence

Having attended this workshop, would you say...(circle your answers)

I have a better understanding of the impact of intimate family violence on people's lives.

1                      2                      3                      4  
Strongly agree      Agree              Disagree          Strongly disagree

I can see how to respond in a way that is helpful to someone disclosing intimate family violence.

1                      2                      3                      4  
Strongly agree      Agree              Disagree          Strongly disagree

I have a better understanding of how culture influences communication about parenting and intimate family violence.

1                      2                      3                      4  
Strongly agree      Agree              Disagree          Strongly disagree

I can see how I can help families identify resources or programs that help them address legal, economic and personal issues related to intimate family violence.

1                      2                      3                      4  
Strongly agree      Agree              Disagree          Strongly disagree

What is your overall evaluation of the workshop?

1                      2                      3                      4                      5  
Excellent          Very good          Good                  Fair                  Poor

Which of the following best describes your workplace? (please check one)

W-2 agency \_\_\_\_\_ Safety Services provider \_\_\_\_\_ AODA Treatment provider \_\_\_\_\_  
Financial Assistance \_\_\_\_\_ Corrections \_\_\_\_\_ Other \_\_\_\_\_

What do you think is the most important thing you learned from your participation in this workshop?

In what ways do you think the workshop could be improved? Please be specific.



## Workshop Evaluation

### **Working with W-2, Child Welfare Safety Services, and Financial Assistance to Support Our Families**

The purpose of the workshop was to provide an opportunity for staff from the three systems to get to appreciate what each has to offer. Of the 76 people who turned in evaluation forms, 94.7% agreed or agreed strongly with all three of the following statements!

1. I have a better appreciation of what other systems are asking of families.
2. I can see how working together could produce a better plan for families.
3. I can see how I could work with other systems to help families achieve better outcomes.

Also 76% rated the workshop as very good or excellent on a 5 point scale.

Some of the ways people chose to tell us what was most important about what they learned.

Families are better served when systems work together.

I believe you have set-up a workable format - lots of information in short period of time.

Seeing how agencies can come together to help one family.

Collaboration on a personal level.

Learning the names and locations of various service providers as well as the services they provide.

How to interact with other agencies.

Deeper understanding of the W-2 system including the complexity.

How child welfare services work. Contact names.

I've learned how other systems are working with families, and how my work can/will tie into these systems.

The networking, of getting to know other people at other agencies and what they do.

Strategies for involvement with other agencies.

Available resources for families.

At the end our group took the time to talk about our agencies.

Importance of asking questions to get myths dispelled.



## Workshop Evaluation Summary

### **Working with Families Experiencing the Impact of Substance Abuse**

We received 60 forms from 67 participants (excluding the 5 presenters and Francine).

The results were

56 (93.3%) agreed or strongly agreed with all of the following.

I have a better understanding of the emotional and physical impact of chemical use on families.

I can see the importance of modeling behavior that encourages staying clean.

I believe I will be more effective when interviewing individuals experiencing the impact of substance abuse.

53 (88.3%) rated the workshop 4 (very good) or 5 (excellent) on a five point scale.

#### **Some of the ways people chose to tell us what was most important about what they learned:**

A better understanding of the emotional and physical impact on AODA individuals. (repeated many times in many ways.)

The presentation by Jeanne Butler, she presented the impact of substance abuse in a scientific, humanistic, spiritual and behavioral approach.

I really enjoyed the importance expressed in caring and listening to other peoples needs. Great instructors and the role playing was excellent because it shows you what you must improve.

To be extremely caring and empathic listener while keeping the person open to discussion of their problem,

Learned about "power struggle" in the interview situation. It was very helpful to identify this.

How my personal feelings impact the client's feelings and ability to share information during an interview.

I was reminded that sometimes the client is more afraid of the unknown and this may cause them to be defensive.

To be helpful, not judgmental to the customer. I will always treat my customer with human respect and not just a case that's in the system.

How to really listen to the person sitting across from you. Don't put them down, talk with them not to them. Show some empathy and concern about what they might be feeling.

That treating people with respect, love and dignity is fundamental in helping them move forward.

Oh yes, and ...

One person said that it was too basic.



## Workshop Evaluation Summary

### **Working with Families When Their Multiple Needs Include Mental Health Issues**

Of the attendance of 63 (not counting the 9 presenters), 54 people handed in evaluations. Of these, 91% agreed or strongly agreed with all three of the following statements:

I have a better understanding of the impact of HIV/AIDs on people's lives.

I can see the importance of being alert for possible mental health disorders when working with families impacted by substance abuse.

I can see how I can better identify mental health crisis situations and make appropriate referrals to address the crisis.

Also, 91% gave the workshop a rating of 4 or 5 (on a 5 point scale) with 4 being very good and 5 being excellent.

### **Some of the ways people chose to tell us what was most important about what they learned:**

The scenarios were the most helpful as they gave some real examples of how to deal with emergency situations.

The group activity and role playing because it really put us in the spot of helping our client.

The most important thing I learned was the mental health issues. Because I work with women and children in Domestic Violence situations this goes hand in hand. So it is really helpful to me to get this information.

Everything that was said today was extremely helpful for me to use as another tool for my job.

HIV/AIDS is real and must be addressed with understanding the virus and the effects of the virus/medications in relation to everyday life/activities.

New ways of dealing with clients.

Determining what a mental health crisis situation actually is, and what can be done when encountered in this situation.

How to deal with people suffering from HIV and how they feel.

How to most effectively deal with this population within the realm or limitations of my agency.

Services are available to help the people we work with.

How to access crisis mental health services through Milwaukee County Mental Health Complex.

Multifaceted considerations to problems related to mental health and AODA issues.

The steps to be taken when faced with a client considering suicide.

This was by far the best workshop yet. I especially appreciated the presentations by Dr. Berlin and Ms Collins and the personal story in the HIV/AIDs section. Thank you!

Building hope for clients is of primary importance. Patience, understanding, building trust are the basis of building a relationship. The best part is connecting personally with peers, fellow practitioners.



## Workshop Evaluation Summary

### Working with Families Experiencing the Impact of Intimate Family Violence

The purpose of this workshop was to help staff understand the reality of family violence and the resources that can help families that experience family violence. Of the 48 people who handed in evaluations,

87.5% agreed or strongly agreed with all four of the following statements:

1. I have a better understanding of the impact of intimate family violence on people's lives.
2. I can see how to respond in a way that is helpful to someone disclosing intimate family violence.
3. I have a better understanding of how culture influences communication about parenting and intimate family violence.
4. I can see how I can help families identify resources or programs that help them address legal, economic and personal issues related to intimate family violence.

85.4% gave the workshop a rating of 4 or 5 (on a 5 point scale) with 4 being very good and 5 being excellent.

#### Some of the ways people chose to tell us what was most important about what they learned:

Getting a clearer picture of the hurdles abused women must overcome before restructuring their lives.

That people come to us with layers which need to be peeled off with caring, patience, and understanding.

Patience and humbleness.

How to approach different cultures and be more sensitive to their needs. Also to listen very carefully to what they are telling you in their effort to protect themselves, children and you as a professional.

Resources within Milwaukee for victims of domestic violence.

Getting in-depth descriptive answers to very controversial questions that are always asked. The role plays were extremely helpful in pointing out the cultural differences.

Never give up on the victim, no matter how many times she goes back.

Hold the domestic violence perpetrator, not the victim responsible for the abusive behavior and for stopping it. Protect children.

To remain sensitive.

Networking on a systems and personal level is so worthwhile it should be continued because resources change in the community. Excellent choice of presenters.

And one person who did **NOT** agree that they had a better understanding of the impact of intimate family violence or of how culture influences communication, wrote:

Unfortunately, I have been to numerous Domestic Violence workshops. However, the presenters were superb. Very excellent presentations.





# A p p e n d i x B

## **support materials**

1. Substance Abuse Fact Sheet
2. Substance Abuse Treatment Fact Sheet
3. Where to find the workshop materials and references



## Substance Abuse Fact Sheet\*

### Definitions:

In the general population the range of substance use includes:

- drug experimentation,
- social use of drugs,
- binge drinking,
- substance abuse, and
- addiction or chemical dependency.

Substance use becomes substance abuse when harm (physical or otherwise) results from drug use.

Abuse becomes addiction when the person is unable to control their use of substances, despite the bad things that happen when they use them.

Note: It is very hard to know exactly when a person crosses the line from substance abuse to addiction.

### What can be done?

Most people addicted to alcohol and/or other drugs cannot simply stop using them, no matter how strong their inner resolve.

Most people who have an addiction need one or more courses of structured substance abuse treatment to reduce or end their dependence on alcohol and/or other drugs.

Addiction, while treatable, is chronic and relapsing.

Nearly one-third of clients achieve abstinence from their first treatment attempt.

Relapse is:

- often a part of the recovery process, and
- always possible and treatable.

Even if a person never achieves perfect abstinence, addiction treatment can:

- reduce the number and duration of relapses,
- minimize related problems such as crime and poor overall health,
- reduce the impact of parental addiction on children, and
- improve the individual's and the family's ability to function in daily life.

Note: Not only are women, especially young women, beginning to close the gap between female and male consumption of alcohol and other drugs, they suffer earlier and more serious consequences. Women become intoxicated and addicted more quickly than men and develop related diseases earlier.

\*Source: Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection. Department of Health and Human Services, November 11, 1999.

## Recovery:

Most treatment for addiction considers abstinence only one part of the larger goal of recovery.

One model of recovery describes six stages:

### **Transition,**

the period of time needed for the addicted individual to come to grips with the realization that safe use of alcohol or other drugs is not possible for them;

### **Stabilization,**

during which a chemically dependent person (not all addicted persons exhibit physical dependence) experiences physical withdrawal and other medical problems. Addicted persons learn how to separate from people, places and things that promote substance abuse;

### **Early recovery,**

when an individual faces the need to establish a chemical-free lifestyle and build relationships that support long-term recovery;

### **Middle recovery,**

seen as time for the development of a balanced lifestyle where repairing past damage is important;

### **Late recovery,**

during which the individual identifies and changes mistaken beliefs about oneself, others, and the world that caused or promoted irrational thinking; and

### **Maintenance,**

the lifelong process of continued growth, development, and managing routine life problems.

## Relapse:

Relapse is not an isolated event, but rather a process whereby an individual becomes dysfunctional or unable to cope with life in sobriety.

This process may lead to:

- renewed substance abuse,
- physical or emotional collapse, or
- suicide.

The relapse process is marked by predictable and identifiable warning signs that begin long before the return to use or collapse occurs.

Note: One particular warning in early recovery occurs when a recovering person begins to seek out situations involving people who use alcohol or other drugs.

## Substance Abuse Treatment Fact Sheet\*

Addiction and its related problems can be treated successfully, but no single treatment works for all substances, nor for all substance abusers.

Substance abuse treatment may be based on one or more traditional approaches:

### **The Medical Model,**

which focuses on the recognition of addiction as a bio/psycho/social disease, the need for life-long abstinence, and the use of an ongoing recovery program to maintain abstinence;

### **The Social Model,**

which focuses more on the need for long-term abstinence and the need for self-help recovery groups to maintain sobriety;

### **The Behavioral Model,**

which focuses more on diagnosis and treatment of other problems or conditions that can interfere with recovery.

Treatment may occur in various settings such as:

- inpatient,
- hospital-based programs,
- short- and long-term residential programs, or
- outpatient programs.

Treatment may be augmented by self-help/12-step and other support groups.

Treatment may extend over the course of weeks, months, or years.

Length of treatment depends on:

the severity of the problems and the level of burden created by clients' multiple disorders (HIV/AIDS, mental illness such as depression, and serious physical illnesses).

The type and intensity of treatment depend on:

- the patient's psychological, physical, and social problems;
- the stage (or severity) and type of addiction, personality traits, and social skills before the onset of addiction.

## **Treatment for Women**

In general, recovery will only be successful to the extent that the other issues which precipitate or relate to substance abuse are also addressed. These issues may include:

- a hostile, abusive environment,
- high levels of stress in raising one or more children alone,
- unsafe housing and insecurity in the employment arena, and
- minimal resources for physical and mental health care and other basic needs.

The relationship between domestic violence and substance abuse is well documented.

- Recent consensus panels held by SAMHSA conclude that “failure to address domestic violence issues interferes with treatment effectiveness and contributes to relapse”.
- A woman’s efforts to separate from an abusive partner during recovery may place her at risk for further violence.

For women, additional problems emerge in early recovery, including issues related to:

- parenting,
- trauma resulting from physical or sexual abuse, and/or
- mental illness

All services must be:

- age-appropriate,
- culturally relevant, and
- gender-specific for the different populations of women and their children.

Note: SAMHSA’s Center for Substance Abuse Treatment has developed a model for women’s substance abuse treatment services which recommends a series of 17 components.

## **Treatment for Women Who Are Parenting:**

Most evaluations of programs serving parenting substance abusers report that it is difficult to:

- identify these women,
- engage them in services, and
- retain them in treatment.

Successful programs provide:

- therapeutic child care,
- skills training and substance abuse education for the children,
- programming to address children’s emotional and behavior problems, and
- parent training parent support services to improve the women’s feelings about being a more effective mother and support her actions to accomplish these goals.

Note: Successful retention in treatment is more likely when programs allow women to come into treatment with their children.

## Where to find the workshop materials and references

The workshop materials for the Milwaukee Family Services Coordination Project have been published by FARE - The Foundation for Addiction Research and Education, Ltd.

You can use this link, <http://www.fare-wi.org/mfsc.htm>, to get to the following web page.

### Milwaukee Family Services Coordination Initiative

#### MFSCI Grant Products

A Temporary Assistance for Needy Families (TANF) grant resulted in the development of a presentation series of four workshop training modules identified as "Meeting the Challenge of Cross Systems Coordination for Milwaukee Families". These modules covered a variety of areas associated with providing treatment services to this unique population. The training modules address strategies for working with a population that is primarily women with children living in near poverty circumstances.

The training modules include four aspects concerned with strategies for overcoming the multiple barriers associated with addiction in this population including management of the multiple agencies involved in these women's lives.

#### Workshops

##### [Workshop 1](#)

Working with W-2, Child Welfare Safety Services, and Financial Assistance to Support Our Families.

WORKSHOP ONE will help you better understand the following systems serving Milwaukee families.

##### [Workshop 2](#)

Working with Families Experiencing the Impact of Substance Abuse.

WORKSHOP TWO will help you better understand systems serving Milwaukee families experiencing the impact of Substance Abuse.

##### [Workshop 3](#)

Working with Families When Their Multiple Needs Include Mental Health Issues.

WORKSHOP THREE will help you better understand how to utilize systems available to Milwaukee families when their multiple needs include mental health issues.

##### [Workshop 4](#)

Working with Families Experiencing Intimate Family Violence.

WORKSHOP FOUR will help you better understand how to utilize systems available to Milwaukee families who are experiencing intimate family violence.