Coordinated Services Team Initiative
Handbook for Working with Children & Families

Module 4

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4.1   Plan Implementation and Review

Once the team has completed the Plan of Care, it should be reviewed, approved, and signed by all team members. Once this occurs, the Plan of Care will be implemented. During this phase the team provides on-going support and monitoring; meeting as a team when necessary to review the plan, progress toward goals, and need for plan modification. Teams typically meet every 3 to 6 weeks, depending on individual team's needs (the statutory minimum is at least every 6 months).

Implementation and Review Tasks

Service Coordinator Tasks
- Facilitate regular team meetings
- Review strengths, needs, successes, emerging needs
- Lead team members in Plan of Care implementation and review
  - What was done
  - What worked and what didn't
  - Progress toward team goals
  - Brainstorm options for addressing additional needs
- Produce updated/modified Plans of Care
  - Add, adjust, maintain or stop services, supports or interventions
- Assist team members in carrying out their tasks
- Document and distribute team minutes and updated Plans of Care

Other Team Members and Family Supports
- Continue to ensure balanced participation and accurate communication
- Encourage use informal and natural support options
- Test cultural competency

Implementation and Review Phase Products

- Documented progress toward the family and team's goals
- Updated Plans of Care as team learns what works
- Increase in mutual understanding
- Increase in problem solving/coping skills
- Increase in meta-cognition (learning how to learn together)
- Gradual shift toward use of more natural and informal resources
- Gradual improvement in child and family's natural connections and supports across their social ecologies
- Movement toward family Voice, Access and Ownership

Formal Service Planning: CST vs. Categorical Approaches

Formal Service Planning: CST vs. Categorical Approaches

CST Approach	Categorical Approach
Inclusive intake criteria based on community commitments	Exclusive intake criteria and procedures
Needs and strengths driven service designs	Service driven program designs
Service approaches totally flexible	Service approaches operate on a set model or method
"No reject" intake policies	Imposed conditions on access to service
Provides unconditional care with initial service provider	Have progressive sequence of more restrictive services
Primary team takes on service provision and coordination duties	Require extensive agency hopping and pose coordination difficulties
Builds on strength and acquisition of skills throughout the process	Problem and pathology focused
Family centered	Child/client centered
Parents and families drive decision making and planning	Restrict family access and voice in decisions about service plans
Child and family team is ultimate decision maker	Decisions are made by caregivers and other professionals
Provides flexibility for service creation for individual needs	Limited to existing services and delivery mechanisms
Utilizes flexibility in funding with individual children/families	Based on predetermined funding streams

Expectations and Roles of Team Members: Systems and Providers

Providing orientation to success in the family and community
Child and Family Teams begin working from the values and beliefs and ask that team members work to help the child, family, and program implement them:

Being an active member of the team
The members of the team will actively participate, bringing their resources, skills and knowledge to the table for the benefit of the child and family. Members will make themselves available to meet at least monthly and will be available for consultation and response to crises resulting in placement between team meetings. Members are expected to abide by any ground rules established by the team. They are also expected to follow through on commitments made in team meetings.

Communication and information
The members of the team are a primary source of information on the success (and lack of success) of the elements of the plan. Within the confidentiality of the team, members are expected to share information honestly and openly in order that the plan can be developed and modified when necessary. When members differ in their opinions, it is expected that these differences will be discussed in the team and with the coordinator. It is only through discussing and resolving differences that a workable, successful Plan of Care can be developed.

Child/Family Serving Systems: Historical Frames of Reference

	Child Welfare	Mental Health	Juvenile Justice	Education
Primary Role	Protection of Children	Treatment	Protection of Community	Education of Children
Importance of Family Involvement	Requires family involvement to succeed	Requires family involvement to succeed	Does not require family involvement to succeed	Requires family involvement to succeed
Child/Family Responsibility	Parental responsibility expected, often ordered, sometimes removed	Parental responsibility assumed and sometimes blamed	Parental responsibility expected, but seldom ordered	Parental responsibility assumed but not supported
Attitude towards Change	Expects immediate change, total compliance with requests	Recognizes change as a process and comes in degrees	Expects immediate change, total compliance with requests	Considers change an orderly process, uncomfortable with rapid change
Source of Power and Authority	Comes from outside institution – often the state or county	Individual choice, Training credential	Comes from outside institution – usually the court	School Board; Position in hierarchy
Decision Making Process	Adversarial	Hierarchical, or Adversarial; Parent consent	Adversarial	Hierarchical
View of the World	World is black and white, "you meet the conditions or you don't"	Recognizes shades of gray: Views world from many perspectives	World is black and white, right or wrong	World has developmental perspectives, all children develop according to age and maturity related patterns
Important Language	Safety and responsibility	Diagnosis and treatment	Accountability and consequences	Needs and goals
Key Reason for Out of Home Placement	Child safety	Mental or emotional needs of the child	Community safety	Most appropriate/or school safety educational placement
Focus on Strengths Vs. Needs	Deficit Based	Deficit Based	Deficit Based	Deficit Based
Use of Natural Supports	Valued, not used	Not considered	Not considered	No role

Child/Family Serving Systems: CST Frames of Reference

	Child Welfare	Mental Health	Juvenile Justice	Education
Primary Role	Protection of well being of Children	Treatment	Protection of community, Best interest of the child	Education of Children
Importance of Family Involvement	Core value is to maximize, within limits of investigation mandate	Core Value	Core Value is to maximize, within limit of community protection mandate	Core Value is the realization that it is a key to school success
Child/Family Responsibility	Core Value	Core Value	Core Value; also individual responsibility	Core Value; also individual responsibility
Attitude towards Change	Learning – orientation	Structural and behavioral change is possible	Learning – orientation	Strong belief in learning
Source of Power and Authority	Team-based	Comes from within family system	Team-based with court review	Authority delegated from Board and Administration

Decision Making Process	Consensus-based, adversarial as last resort	Team-based, unless immediate danger to self or others	Team-based unless community danger	Consensus-based, adversarial if school safety cannot be maintained
View of the World	Focus on goal of child growing up in family or extended family	Focus is on long range goals, building in strengths and natural supports	Focus is on long range goals, child who is accountable, competent, and well-supervised	Focus on long-range goal of success through education
Important Language	Family based	Individual, wraparound, strengths	Balanced approach	Individualized education plan
Key Reason for Out of Home Placement	Not able to protect child from harm	Immediate danger to self or others	When community safety risk is clearly present	When school safety is clearly endangered
Focus on Strengths Vs. Needs	Strength-based	Strength-based	Strength-based	Strength-based
Use of Natural Supports	Consulted in decision making – Highly valued, used whenever possible	Brought to team – Highly valued, used whenever possible	Recognized as legitimate sources of care and protection	Highly valued, child and family assisted to use and find supports

CST vs. Categorical Approaches to Mental Health Service Planning

CST Approach	Modified Categorical	Categorical
Time spent with each client determined prescriptively	Therapists have flexibility to serve several people intensively for periods of time	50 minute hour
Each therapist determines location of intervention based on individual needs	Some therapists identified to do neighborhood outreach	Therapy occurs at program site
24 hour on call with personal therapists who get back up from supervisors	One member of each team of therapists on call, rotating on a schedule	No on call, or on call from different workers
Caseloads shift based on current intensity	Case weighting system for at crisis periods, at least	Standardized therapy load
Services available to entire family	Some family members are involved	Training-centered therapy
Staff routinely co-train each other across specialties	Ongoing education to produce cross-trained staff over a 1-2 year period	Each therapist practices the therapy in which he/she was trained
Cross system collaboration expected and supported	Collaboration supported on most intensive cases	Little or no time available for cross system participation
Therapist pursues goals set by individual/family; focus on building skills	Goals negotiated by family and therapist	Therapist assesses and proposes appropriate goals
Emergency assessments and services individualized, drawing on staff	Several slots per week held for emergency assessments	Waiting list is the norm for assessments
Flex dollars available for therapists through teams	Small flex fund can be accessed by therapists in emergencies	Therapists do not control dollars

CST vs. Categorical Approaches to Education Service Planning

CST Approach	Modified Categorical	Categorical Approach
Programming highly individualized; based on assets and needs	More individualization of decisions about when to use each setting	Generally placement options limited to classroom or special ed setting
Individualized plan reviewed regularly and at request of family and/or team	Plan examined more frequently to determine changes	Education plan reviewed annually
Fully integrated plan: school, home, community	School personnel participate in community plan development, but prepare separate school plan	School program and plan separate from community
Flexibility to team (school and community) to meet needs, adjusting loads individually	Adjustment in loads based on perceived demands of students	Standardized classroom load
Child, family and team centered; goals adjusted to include all life domains	Child-centered, goals include social, family and other needs	Child-centered, education goals
Cross system collaboration expected and supported	Collaboration supported on most intensive cases	Little or no time available for cross system participation
An individualized crisis and emergency plan for children, allowing use of all resources	An organized school-based backup system for emergencies, with some access to community crisis center	School handling of emergencies with police backup

CST vs. Categorical Approaches to Juvenile Justice Service Planning

CST Approach	Modified Categorical	Categorical Approach
Family identifies strengths and needs to court workers as routine expectation	System determines family's needs and identifies strengths when possible	System decides child's needs and determines service and placement
Family fully participates in deciding what services and approaches will be helpful as long as this meets court requirements for safety, accountability and competency	Family input into the court report and at court.	No family participation
Services are primarily wraparound services delivered through a case management system	Services are a diverse menu of categorical services, with some individualization possible.	Services are categorical, involving contracted slots in programs with defined service menus
Service are collaborative with other systems, integrated plan across all domains	Services are collaborative with systems directly affect supervision and accountability (e.g. school attendance)	Services are not collaborative; the court orders services from its menu
Services pay attention to families values, attitudes and beliefs	Services show greater attention to race, sex and other characteristics related to needs	Services are based on fixing wrong behaviors of a child
Neighborhood based availability of all needed services and supports	Central offices with some accommodations (e.g. transportation, branches)	Central offices for services
Caseload teaming and variation based on needs	Caseload vary based on need groupings	Standardized Caseloads
Intensive assistance available to teams and courts to maximize community placement	Expanded levels of community placement intensity and availability of monitoring programs	Placement outside the community where containment is not possible in community

CST vs. Categorical Approaches to <u>Child Welfare</u> Service Planning

CST Approach	Modified Categorical	Categorical Approach
Family identifies strengths and needs to Social Worker	System determines family's needs and identifies strengths when possible	System decides family's needs and determines services
Family participates in deciding what services will be helpful	System identifies services with family's input into the choices.	System determines services
Services come through a wraparound approach building on child/family strengths	Services include a combination of categorical services with some sensitivity to family capabilities	Services are categorical, focused on fixing problems
Services are collaborative with other systems	Services are collaborative with some systems but only those that are affected by the child's behavior (i.e. juvenile justice, education)	Services are not collaborative
Services pay attention to families values, attitudes and beliefs	Services pay attention to culture, but service is primarily deficit focused	Services are seldom family value based, but rather system value based and deficit focused

When Teams Need Funding to Meet an Identified Need

Ideal Situation:
- Team in place
- Needs identified in Summary of Strengths and Needs and prioritized for planning
- Need for funding identified – team brainstorms resources to meet the need
  - Go around the table
  - Start with parent – determine how much they can contribute
  - Ask team members of resources they are aware of to make up the difference. Some resources are listed below:

Public/Private Service Funds:	*Other Options:*
Self pay	Donations
Private Insurance	Grants
Medical Assistance	United Way
Social Security Disability	Foundations
Katie Beckett	Community Organizations
Community Support Program	
Managed Care Funds	
Funding from Human Services	
CAP Services/Job Center	

If need is not met, discuss use of CST funds, if available (e.g. block grant funds, revolving loan fund)

CST funds may be available to cover some expenses and other plan-related activities. Whenever possible, full team consensus and reference to the Plan of Care is required. A <u>Request for CST Funding to Meet an Identified Need</u> *(sample in "Tools")* should be completed by the service coordinator with the team and submitted to the project coordinator. Use of block grant funds must meet requirements outlined in the Wisconsin Department of Health Services Allowable Cost Policy Manual. Receipts should be required.

Revolving Loan Fund: Occasionally, funds are needed for more significant expenses such as car repair/purchase, furnace repair, and phone service restoration. In addition to self-pay and commercial or private loans, the system may have access to a limited revolving loan fund. The no interest short-term loan should be a last resort. Whenever possible, full team consensus and reference to the Plan of Care is required. The project coordinator and service coordinator will plan for access to the funds. Receipts are required. An agreed upon monthly repayment plan is established (see sample <u>Revolving Loan Repayment Agreement</u> in *"Tools")*.

Situations that Arise Before the Team is Developed:
- Reframe *"non-emergency"* financial needs in terms of the process (i.e. these needs will be identified in the Summary of Strengths and Needs and resolved by the team) and/or refer to other resources
- For *"emergency"* situations
  - Discuss typical team process for meeting financial needs ("ideal situation" as outlined above)
  - Brainstorm possible resources/options to meet the need
  - Consider CST Funds such as the flex fund or revolving loan fund (if your CST project has them available)
  - Reflect financial strengths & needs in the Strengths and Needs Assessment Summary

4.2   Ongoing Data Collection and Reporting

Once the Plan of Care has been completed and implemented, information regarding the child's educational status; contact with the juvenile justice system; mental health; as well as general functioning at home, school, and in the community are gathered and submitted to the State. CANS-Comprehensive data is also submitted. Using the information gathered in the Assessment Summary of Strengths & Needs as a baseline, this ongoing gathering and submission of information will give a picture over time of where the child is improving and which areas continue to be areas of need.

For more information on collection and submission, please contact your CST Contract Administrator with the Division of Care and Treatment Services.

4.3   Conflict and Conflict Management

Types of Conflict Defined

While there are two major roots to conflict: limited resources and values; there are several types of conflicts that can emerge in wraparound teams. The types described below each are rooted in a different aspect of the dynamics at work in the functioning of the team. Relationship conflicts arise from the ability of the team members to accept and operate with a wide diversity of people and styles. Interest conflicts arise from eh mandates or key stakes in the family's life that team members hold or are responsible to reflect in their actions on the team. Defining the type of conflict that the team faces often provides a clue to the best resolution strategy open to the facilitator of the team.

Relationship Conflicts

These conflicts are marked by strong emotions. They often arise form misperceptions or stereotypes that team members hold of each other. Poor or miscommunication processes make these conflicts more raw and visible. At their worst relationship conflicts are marked by negative, repetitive behavior by one or more team members.

These conflicts can be particularly difficult for family members if the team is truly composed of those they see as close enough to know their needs and help them get toward a better life.

Data Conflicts

Data conflicts often arise form a lack of information, misinformation, or too much information that says different things. Team members that are having data conflicts will hold different views on what is relevant to the team and the decisions it needs to make. Teams in which team members hold differing views will find it very difficult to make decisions and take actions until the conflict is resolved. These teams may also make "bad" decisions based on unresolved or unacknowledged data conflicts.

Value Conflicts

Value conflicts arise from fundamentally different beliefs or philosophies. The conflict occurs when a decision must be made that touches the people who hold these differing values. The conflict may be on a day-to-day level, or they may be terminal, meaning of such significance that they appear irresolvable.

Structural Conflicts

Structural conflicts are caused in teams by issues like unclear role definitions, difficult to mange time constraints, unclear agendas, poor time management of the team meetings, and other features of how the team operates. Unequal control of resources, which frequently occurs when team see resources as being limited to money, is another feature that can give rise to this type of conflict. How a situation is set up, including the exceptions of team members also contributes to this type of conflict.

Interest Conflicts

Conflicts based in interests stem from the mandates that are held by wraparound team members. The most substantive of these get expressed and played out around key issues like shall a family live together and does the plan do the best possible job of assuring safety. These are, most often, major impact conflicts related to concrete, tangible issues effecting the purpose or mission of the team.

Procedural Conflicts

Procedural conflicts are related to the interpretations of law, rules, policy, and procedures. It is often possible for conflict and decision –making to arise from issues related to varying sets of information that team members hold about each other's organizations.

Psychological Conflicts

Psychological conflicts result from unclear or conflicted internal opinions held by team members or team factions. These are often difficult to identify because they may "come out sideways" through another issue that masks the real concern.

Conflict on Child and Family Teams

At times family teams will become deadlocked over a specific issue. This is a difficult time for the team. Sides are taken and hard feelings can be generated, threatening the team's ability to function effectively. It is important to deal with conflict as soon as possible.

When teams are in conflict, it is important to step back from the specific issue and focus on the team's process or way of functioning. The conflict should be acknowledged by the facilitator and a "time out" from specific business is called. The team then reviews its history and the Core Values of CST. Several options are available for a process review:

- Members are asked to state their role on the team and what their goals are for the child. If the Roles, Strengths, and Goals activity was done when the team started, this can be copied and distributed to all members to help with this discussion. In most cases, common ground will be

found among individual team member's goals. Use this "team mission" to re-establish the team's purpose.

- The CST Core Values *(see Module 1)* are reviewed with the team, helping team members reflect on how closely they are being upheld by the team.

- The team reviews its accomplishments and each member talks about what they enjoy about working on the team. This discussion will help identify what has worked for the team in the past. With this reminder, the team may be able to move ahead.

- Strengths and needs from the Strengths & Needs Assessment Summary are reviewed. The Plan of Care is reviewed. The these questions can be asked:
  o Have identified needs been addressed?
  o Have new needs emerged which require attention?
  o Are strengths being utilized?
  o Are new strengths being developed?

- Review the Crisis Response Plan(s). If the conflict is over safety steps that repeatedly aren't working, new goals for ongoing needs for the Plan of Care may be presenting themselves.

- Discuss what consensus means and what it takes for the team to get there.

Throughout the process review, the focus will be on how the team is working, not on how the specific issue of conflict will be resolved. The team is being asked how it will conduct its business. When agreement on that question is reached, the team can address the issue that led to conflict. At this point, use a board or flip chart to clearly define the issue, capturing all ideas and eventually reaching consensus on what this issue is. This can break through the conflict.

It may be useful to invite a neutral party to help a team. Such a helper needs to understand the CST process. The neutral person can come in with no knowledge of the team history or the specifics of the conflict and act more freely in the process review than the service coordinator or other team members.

As a last step, all team members have access to the Conflict Resolution Process.

Common Causes of Conflict on Teams:

Poor meeting attendance by a key team member   Sometimes conflict occurs when a member's poor attendance negates their support of decisions for action steps. The missing team member may be a parent or a service provider. When this occurs, it is important to let the absent member know how important their opinions and support are to the team's success. That message will be stronger if a number of team members can make personal contact. Check to see if new obstacles to attendance have emerged that can be addressed by the team (e.g. time of meeting, location, childcare, transportation…)

Disagreement about an action step Teams can become divided by disagreements over what action to take in a variety of situations. This commonly occurs over placement decisions or demands for specific services which may not be available. The first step is to clearly frame what the need is. One of the roles of a service coordinator is to guide the team in defining *needs* before discussing services. Too often, specific services (e.g. Therapy, Medication Management, formal mentoring) are mistaken for "needs". This mistake leads to severely limiting the resources available – for example a child who "needs" formal mentoring, may be put on a long waiting list for the county's mentoring service. On the other hand, when the need is more carefully defined as "a weekly, fun, supervised activity with a responsible adult" the team can brainstorm creative ways to meet the need – neighbor, youth group leader, extended family member – in addition to a formal service which may or not be available.

Short-term solutions to long-term needs Current behaviors that are dangerous or extremely disruptive can dominate a team's attention and chronically postpone work on developing a comprehensive plan that will more effectively meet needs over time. Team support of the effected/concerned members is crucial at this time, as is a well-managed agenda that balances time for crisis response and long-term planning. It is important to remind the team to look at the big picture and the impact that consensus-supported planning can have on behavior over time. Often indirect effects of team efforts have bigger impacts on behavior than direct.

Factors that Promote Productive Teamwork

While conflict can occur on any team, attention to supporting good team process can prevent it. Be sure to do good foundation work in the first few meetings and establish norms and model respectful, supportive behavior. Here are some effective team characteristics to promote at every meeting:

- Consistently identify common goals and concerns
- Foster and reward clear and accurate information
- Encourage equal participation
- Respect differences
- Get to know each other as people
- Enjoy being together
- Disagreement comes with diversity

Teams flounder when a firm foundation of relationships hasn't been built. Strong teams know why they are together and remember what they have accomplished. That history does more than anything else to help the team build on disagreements and overcome impasse.

Building Agreement; Preventing and Resolving Conflict

- Summarize relevant information and check for understanding/agreement on the facts.
- Clarify interests of everyone involved.
- Review team goals and prior agreements.
- Review relevant ground rules (e.g. willingness to come up with creative solutions to problems or process ground rules about everyone having input).
- Ask for help; involved the "non-combatants".
- Take a break to allow you and other team members time to regroup if needed.
- Where necessary, build working consensus (e.g. Can you live with…? Or what would it take to say "yes"?).
- Where necessary, move conflict to a "future issues" bin and come back to it either later during the meeting or at the next meeting. Seek consultation. Some conflicts need to be resolved at other levels.

Conflict Management and the CST Process

The CST process involves people doing things together. The CST process also reflects a series of clear steps. It is possible for conflict to occur at any of the eight steps generally associated with wraparound. The table below identifies possible points of conflict that may arise in the CST process. The first column describes the CST process steps and the second presents typical/possible points of conflict among team members. The third column presents suggestions for ways to manage each potential point of conflict.

CST Planning Steps/Processes	Possible Points of Conflict	Conflict Management Options
Get started: Meet the family and hear the story	• Stakeholders may have mixed feelings about being part of a team • Different stakeholders probably will have different perspectives on the family's story • Various stakeholders may have a tendency to blame others for the current situation	• Use of "I" statements • Identify ways in which the team can have a direct pay-off for reluctant team members • Use of open-ended questions and answers • Set ground rules of "no blame" early in the process
Start meeting with strengths	• Team members may feel that the process isn't dealing with the "real" issues • Team members may not feel others on the team actually have strengths	• Recognize each person's interest in the situation • Explain the entire process before you get started • Encourage team members to take risks through brainstorming • Assure team members you don't stop with strengths • Use reflective listening and record concerns to be addressed later
Develop a mission statement	• Team members may be used to doing things on their own • Team members may feel that a mission statement doesn't reflect their role, goal and responsibility with the family • Family may be used to simply accepting other's missions and goals and not talk	• Identify whether the conflict is with the person or the system they are coming from • Identify similarities between team members no matter how small • Stop the process for frequent check-ins with the family
Identify needs across life domains	• Differing opinions about what's needed • Team members may only be invested in needs which affect their own role • Services disguised as needs	• Seek to have team identify common underlying interests • Schedule a sessions with those with the most differences outside of the formal team meeting to discuss and highlight similarities • Identify specific team members to sort services which are disguised as needs statements
Prioritize needs	• Team members may have strong opinions about what should be worked on first • People may feel that their priority isn't being addressed • Decision making process may be unclear	• Seek compromise among team members • Clarify the decision making process you are going to use before you use it
Develop actions	• People only want to deal with actions which directly relate to their roles • Existing service options may be easier to access than creating services • Concerns about safety, containment and control can dominate proposed actions • System policies may drive actions: Team members may be told by supervisors or their systems not to go "too far"	• Encourage people who are stuck in their roles to take on small task(s) outside of their roles • Set a ground rule that team members can only brainstorm services which don't exist and then back into what is a good fit • Negotiate safety contingencies between critical stakeholders • Use of open-ended questions to separate the personality from the system issue • Seek accurate information form outside the team • Check with team member in question, outside the meeting, to gain understanding • Refer to the mission statement to assure actions are on target
Assign tasks, solicit commitments	• Seeing the responsibility as belonging to someone else • Committing to an action because "you should" and feeling overwhelmed	• Set team expectation that everyone who comes to the meeting will leave with a task • Ask team members to monitor over commitments by any one party • Set direct expectations that people from across the team can work together around complex actions

CST Planning Steps/Processes	Possible Points of Conflict	Conflict Management Options
Document the plan: Evaluate, refine and monitor progress	• Lack of clear goals may result in different definitions of success • Raising the standard and expectations as the team has accomplished some tasks • Lack of follow-through on proposed actions by individual team members	• Refer to the mission statement at every meeting • Use open-ended questions to assure that all team members are seeing success • Identify points of conflict • Set up special meetings to deal with specific issues • Avoid assigning blame to any one team member for lack of follow-through • Use data/information to demonstrate actions taken and success of those actions

4.4   Evaluating the Child and Family Team Process

Another important role of the Service Coordinator is to regularly evaluate the child and family team process. This can be done informally by asking the family and other team members how they feel things are going. There are also formal tools that can be used to help evaluate where each team is at and determine areas of strength and areas that need attention.

The following tools can be found in the "Tools" section of this Module:
- Family Team Meeting Review
- Youth Evaluation
- Parent/Caregiver Evaluation

Tools

- Sample Team Flex Fund Request Form
- Sample Revolving Loan Fund Repayment Agreement
- Sample Conflict Resolution Review Policy and Form
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