



Human Services 2.0

Actualizing Customer Centric Care



**Children's Board
HILLSBOROUGH COUNTY**

Dreams Worth Growing

Agenda

- **Welcome & Introductions**
- **SOC Background**
- **Introduction to Human Services 2.0 & InterOptimability**
- **Mini-Assessment**
- **Strategic Implications**
- **Next Steps**

Introduction

“Change is often thought of as a well thought out and planned process, but in fact it’s one damn thing after another.”

Introduction: Name, organization, role, and your favorite flavor of ice cream & why.

Stewards Overview

The Business Of Public Benefit

“Advancing Sustainable Improvements That Transform Systems Of Care By Integrating Entrepreneurial Solutions From The Public, Private And Not-for-profit Sectors.”

SOC's Approach

- **Focus On Innovation Over Reform**
- **Scalable, Sustainable Change**
 - Application and transfer of proven business innovations, models and applications
 - Spreading successes
- **Cross Disciplinary**
 - Child Welfare, Business, Courts/Legal, Academic, Policy, And Foundations
- **Multi-sector**
 - Business, Government, Not-for-Profit
- **Measurability**
 - Quantitative, & Qualitative; Analytics, ROI/SROI
- **Collaboration, Co-opetition, Discussion Brokers**

SOC Affiliates

- **Yale School Of Management**
- **University of Pennsylvania School of Social Policy and Practice**
- **Annie E. Casey Foundation**
- **Casey Family Programs**
- **Casey Strategic Consulting Group**
- **Dave Thomas Foundation**
- **Microsoft Corporation**
- **Motorola Corporation**
- **IBM Corporation**
- **ICF International**
- **Child Welfare League of America**
- **Children's Research Center**
- **National Council on Crime and Delinquency**
- **Child Focus Partners**

Los Angeles Times

June 14th, 2009

By the time he was rescued last year, the 5-year-old South Los Angeles boy was so malnourished his kidneys were failing. His hands were so badly burned he could barely open them...

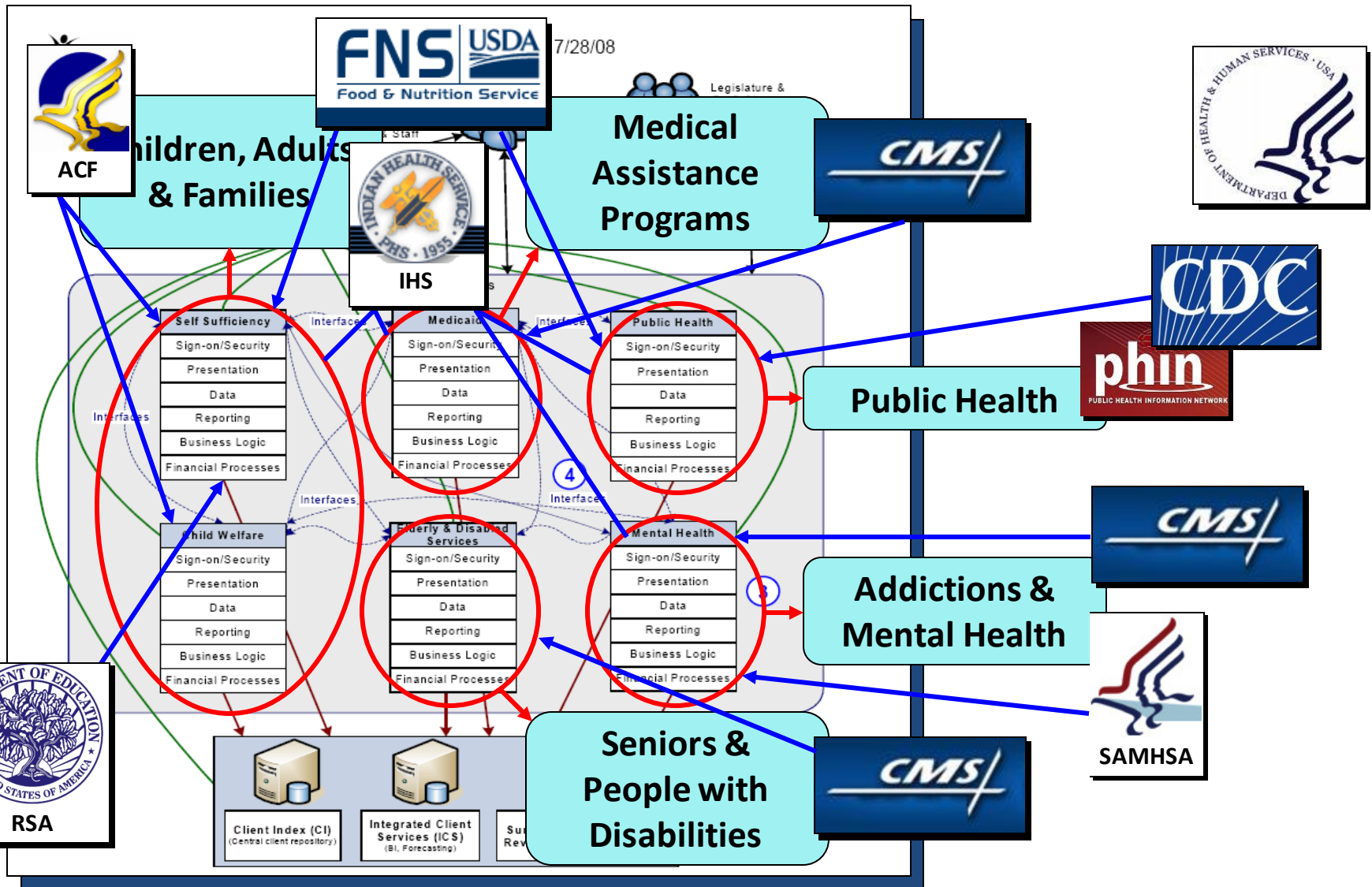
Documents obtained The Times indicated that 8 separate agencies in LA County had pieces of information on the household....one had evidence that the mother and her girlfriend were abused and neglected as children. Others knew both had committed violent crimes... Still others were aware that both women had been ordered into mental health treatment....

Over the years these agencies had come into contact with the boy or his caregivers 108 times.

Other Tragedies Due to Non-interoperable Technology and Systems

- **Los Angeles, CA: Miguel Padilla**
- **Brooklyn, NY: Nixzmary Brown**
- **Washington, DC: Bonnita Jacks**
- **Philadelphia, PA: Danieal Kelly**
- **Houston, TX: Andrea Yates**
- **Trenton, NJ: Faheem Murphy**

Silo'd Architectures With Multiple Silo'd Funders



Can Silos Be Connected?



How Can Interoperability Expedite the Process?

What is Interoperability?

- The ability of two or more systems or components to exchange information and to use the information **to make better decisions**
 - The term is often used in a technical engineering sense and also in a broader sense, taking into account social, political, and organizational factors that impact performance

Human Services 2.0 is About Leveraging Interoperability

- ***We already* live in an interoperable world...think about:**
 - Travelocity
 - Safeway
 - Chase Bank ATM
- **Why not Health and Human Services?**

Scenario One

- Homeless diabetic woman with Schizophrenia
- Three episodes of hospitalization in last 12 months
- Hard for her to regularly take medications
- Hard for her to have nutritious meals

Services offered to address these complex needs

- a. Homeless Program
- b. Mental Health Treatment
- c. Montgomery Cares
- d. Housing Stabilization Services



Scenario Two



- 15 Year old Latino Male
- Referred to Crisis Center after school suspension
- Indicates to counselor his desire to commit suicide
- Mother receiving mental health services
- Father believes the family troubles are a private matter
- Father is strict and bruises on client may indicate abuse

Services Offered for this family

- a. High School Wellness Center
- b. Mental health services for child, mother and family unit
- c. Anger management
- d. Culturally competent service delivery
- e. Meaningful after school time activities



Scenario Three

- 42-year old non-English speaking recent immigrant
- Tests by DHHS indicate she has tuberculosis
- Appears to be some domestic violence at home
- Has two children ages 2 and 6 – and is pregnant again
- 2 year old needs child care, family can not afford it
- 6 year old has special needs and housing is unstable

Services offered to address these complex needs

- a. Public Health TB Clinic**
- b. Child Care Services**
- c. Maternity Services**
- d. Income Support Services**
- e. LEP Services**
- f. Domestic Violence Service via Abused Persons Program**
- g. Adult Mental Health Services**
- h. Housing Stabilization Services**
- i. Education through Public School System**



The Promise Of Interoperability

- The needs of at risk children, families, and communities are met quickly, effectively, and efficiently
- Seamless integration across the service delivery system
- A comprehensive view of the client – with real time, integrated information supporting service delivery and program management
- Processes, systems, and tools aligned to improve outcomes and enhance operational efficiency/lower costs
- Interoperability is reshaping public sector services by connecting the dots
- ARRA/Health Reform investments will accelerate interoperability overall and for human services

"If you want things to stay as they are, things will have to change."

Giuseppe di Lamedosa

SOC Thought Leaders Series

At The Yale School Of Management

- **Thought leadership around critical issues for human services, health and education**
- **Four national conferences since 2005:**
 1. *Entrepreneurial Solutions To Child Welfare Challenges*
 2. *Technological Innovation: Creating The New Child Welfare Business Model*
 3. *InterOptimability: Preparing Human Services for 21st Century Information Technology Revolution*
 4. *Human Services 2.0 - InterOptimability: from Theory to Practice*
 5. *From Field to Fed: Building an Interoperable Continuum of Care (2010)*

SOC Organizing Principle

$$L \geq C$$





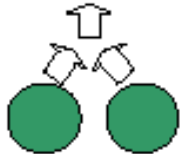

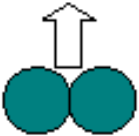

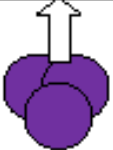

*Learning Must Be Greater Than or Equal To
the Rate of Change Just To Keep Pace
With Your Industry - No Less Drive
Leadership*

SOC IT Environmental Scan

Situational Assessment

- **Useable technology and useful information does not often reach the front line**
- **Prior investments in technology (e.g. SACWIS @ \$2.2-\$4.0 Billion) have not produced intended functionality or outcomes**
- **Isolated silos don't provide a comprehensive view of the client**
- **Increased focus on reporting, accountability and outcomes**
- **Significant IT Illiteracy throughout the field**
- **Business separated from the technology**
 - Disconnect between CIO/CTO and Program Administration
- **Lack of a comprehensive, collaborative, holistic vision for human services**

Stages of Interoperability

| | | | |
|---|----------------------|---|--|
|  | <p>Separate</p> |  | <p><i>"When two or more organizations may be working on similar issues, they do so in isolation."</i></p> |
|  | <p>Coaction</p> |  | <p><i>"When two or more organizations work concurrently to achieve similar goals."</i></p> |
|  | <p>Cooperation</p> |  | <p><i>"When two or more people or organizations work together to achieve something greater than they could achieve independently."</i></p> <p>Conditions that support Cooperation:</p> <ul style="list-style-type: none"> • An overlap in desires. • A chance of future encounters. • A value associated with future outcomes. <p>Cooperative efforts can be coerced, voluntary or unintentional and are usually for defined periods of time.</p> |
|  | <p>Collaboration</p> |  | <p><i>"When two or more people or organizations work together toward an intersection of common goals."</i></p> <p>Conditions that support Collaboration:</p> <ul style="list-style-type: none"> • A common vision. • An interest in long-term relationship. • Common values and objectives. • A willingness to share responsibilities and resources. <p>Structured methods of collaboration encourage introspection of behavior and communication so that each party is contributing to the others growth and evolution.</p> |
|  | <p>Interoperable</p> |  | <p><i>"The bringing together of two or more organizations to create a new efficiency, where resources are integrated."</i></p> <p>Conditions that support Integration:</p> <ul style="list-style-type: none"> • A realization by all parties that the organizations can be stronger and more impactful as ONE. • A willingness to integrate systems, combine resources and redistribute responsibilities. |

Fundamentals IT Concepts

- **Two Sides of “IT”**
 - Information: data sets, data stores, decision analysis and knowledge creation
 - Technology: Hardware, software and ancillary components
- **Both I & T play a role, but knowledge is the ultimate goal**
- **Information technology should be the *enabler* (not the driver) for developing efficient and effective business processes**

Techno Speak: *Another Language*

How to Bridge the Gap Between IT and Programs?

- **Platform**
- **Server**
- **Application**
- **Cloud Computing**
- **Virtualization**
- **SOA**
- **ASP**
- **SACWIS**
- **GUI**
- **SaaS**
- **Enterprise Architecture**
- **Thin Client**
- **Wiki**
- **Open Source**
- **Enterprise Service Bus**
- **XML**
- **MITA**
- **COTS**
- **Interoperability**
- **Data Warehouse**

What is Driving Interoperability?

- **Developments in other sectors**
 - Homeland Security, Banking, Commerce
 - Recent Federal initiatives e.g. MITA, HIE, HIT, HER, FHA
- **Technology Developments**
 - High bandwidth; ubiquitous; mobile internet (Web 2.0)
 - High capacity; low cost memory
 - Extensible Mark up Language (XML)
 - Service Oriented Architecture (SOA)
 - Data stores and warehouses
 - Mobility
- **Interoperability represents the next leap forward for improved productivity, outcomes and cost savings in HHS**

Core Enabling Technologies (XML)

- XML
 - ***Extensible Mark-up Language*** is the universal computer language that allows disparate systems to easily exchange information

```
<note>  
<to>George</to>  
<from>Karl</from>  
<heading>Reminder</heading>  
<body>Don't forget to vote!</body>  
</note>
```

- ***XML really is the “Rosetta Stone” of IT!***

Service Oriented Architecture (SOA)

- **SOA is relatively new way to build systems that share data across organizational and territorial boundaries**
 - Examples: Banking, law enforcement, health care, retail, transportation
- **Service = Shared program/applications across diverse technology platforms**
 - Travel Booking (Travelocity, Hotwire, Priceline)
 - Eligibility system (Demographics, Wages, Prior Services, Children, etc)
- **The benefits include:**
 - Enables sharing and reuse of services common to multiple programs
 - Allows organizations to update, change, or roll out new services and functionality at lower cost, faster and with less disruption
 - Supports integration of legacy systems and accelerates migration to newer technologies
 - Provides access to all relevant information about the family and/or child contained across disparate databases
 - Enables “de-silo-ization”

Microsoft's Connected Health and Human Services Model

- **Core infrastructure:**

- Enterprise communications, collaboration and other services provide stable building blocks

- **Connected HHS Services Hub:**

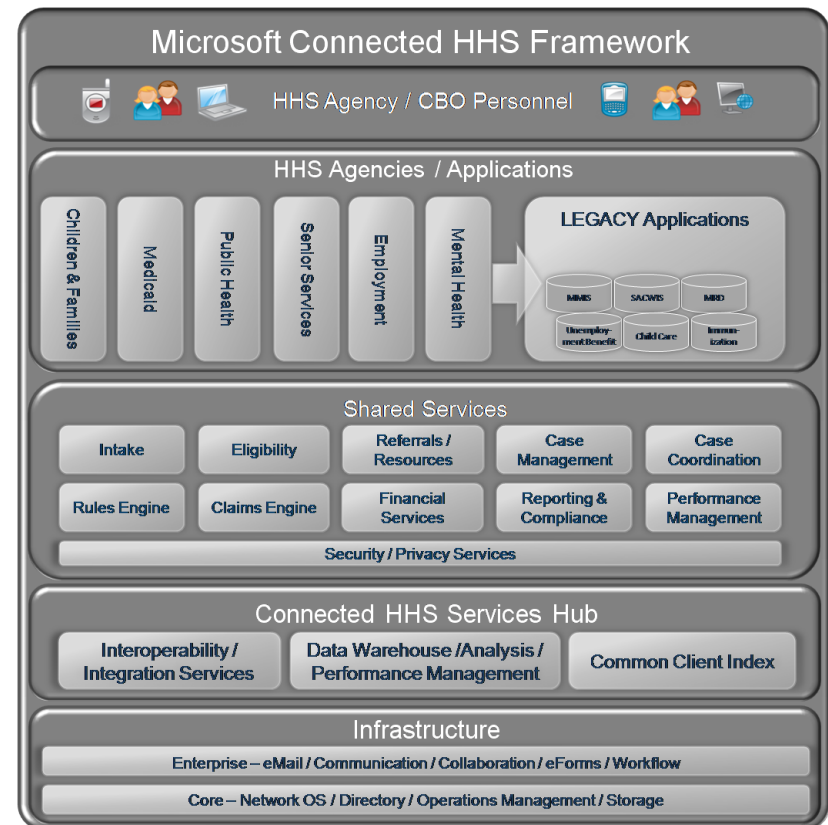
- Interoperability thru deployment of web services
- Data services for business performance management tools
- Unified view of clients and resources

- **Shared Services Layer**

- Extensible applications and loosely coupled web services deployed across agencies
- Target areas such as intake, pre-eligibility, referrals, case coordination, security, privacy
- Enables flexible and rapid mechanism to implement process, program or legislative changes

- **Agency applications layer**

- Info that would have been stored in legacy systems can now be accessed thru connected services hub
- New applications and functionality can be introduced thru shared services layer
- Enhanced analytics add value to legacy systems



Cross System Interoperability

Example: School Enrollment



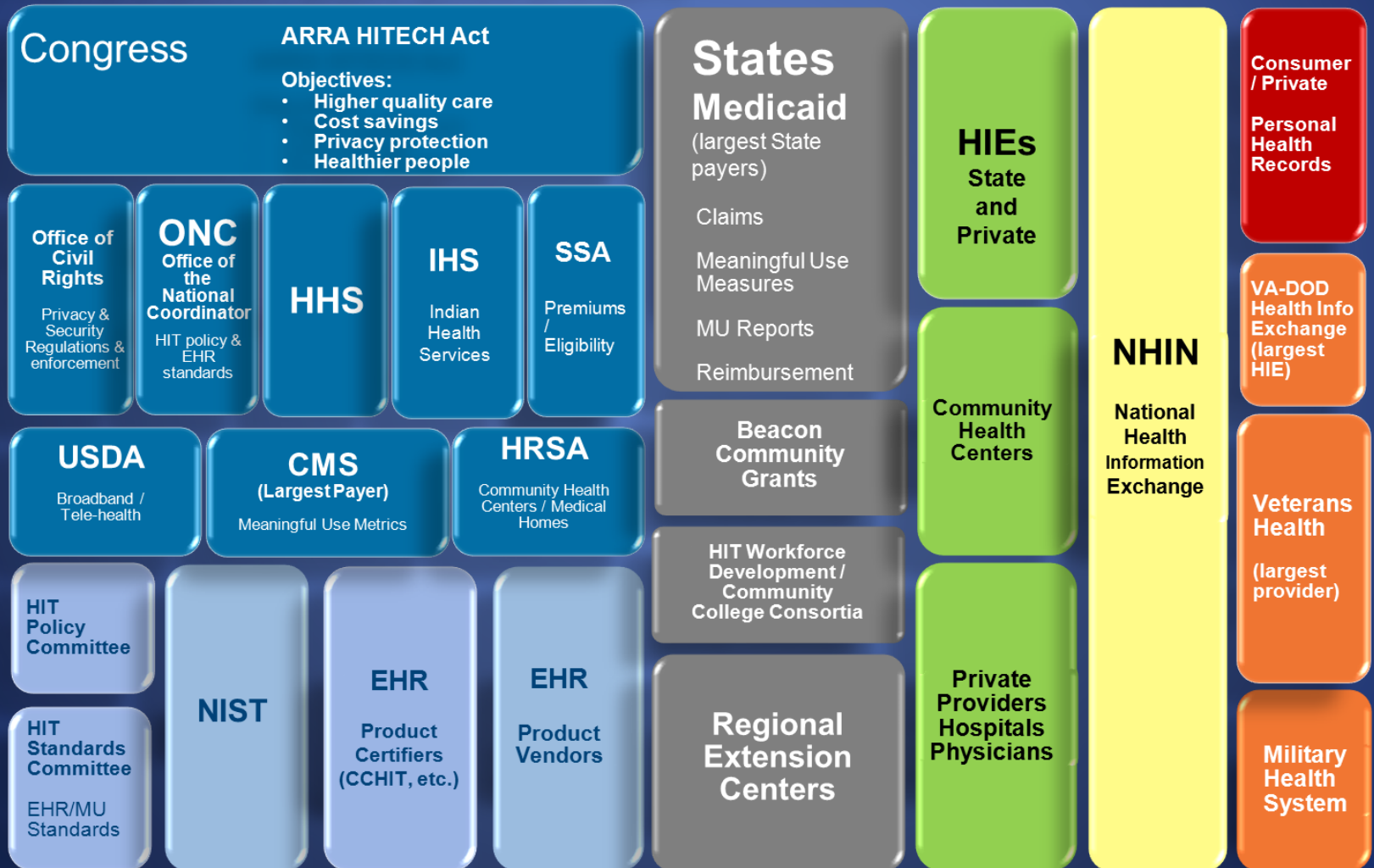
- ***Situation: Foster care child re-enrolled in a new school and participating in school sports***
- **Interoperability Can Help By:**
 - **Providing access to Medicaid claims history**
 - **Identifies the previous primary care provider**
 - **Indicates whether the child's immunizations are up-to-date**
 - **Says whether the child had previous school physical...when, where and with what results**
- **Benefits are “social” to the child, “administrative” to the schools, and financial to the system**

HITECH ACT (\$25+ billion)

| | | | |
|---|--|---|--|
| <p>EHRs: 17billion to Medicaid/Medicare providers for adoption of certified electronic health records</p> | <p>Broadband: 4.3 billion</p> <p>Telehealth: 2.5 billion for distance learning/telehealth grants</p> | <p>Community Health Centers: 1.5 billion for construction renovation and equipment including acquisition of HIT systems</p> | <p>ONC 1.8 billion</p> <p>HIE development: through cooperative agreement program</p> <p>Regional Extension Centers and National Resource Center</p> |
| <p>Planning</p> | | | <p>Beacon Community Program</p> |
| <p>Cooperative Agreement Plan</p> | | <p>State Medicaid HIT Plan</p> | <p>EHR Loan Fund</p> |
| <p>States, or designated entities will develop and implement:</p> <ul style="list-style-type: none"> • HIE data privacy/security requirements • Directories & technical services for interoperability • Coordinate with Medicaid and public health • Ensure an effective HIE governance • Convene stakeholders to build trust in and support a statewide approach. | | <p>Include: ‘Current As Is’ environment; Future “To Be” environment; specific action to implement EHR incentive program; HIT Roadmap</p> <p>Integrate with the State HIT plan</p> | <p>Workforce Training: Community College Consortia to Education HIT Professionals'</p> <p>Research and demo</p> |

The ARRA HITECH Environment

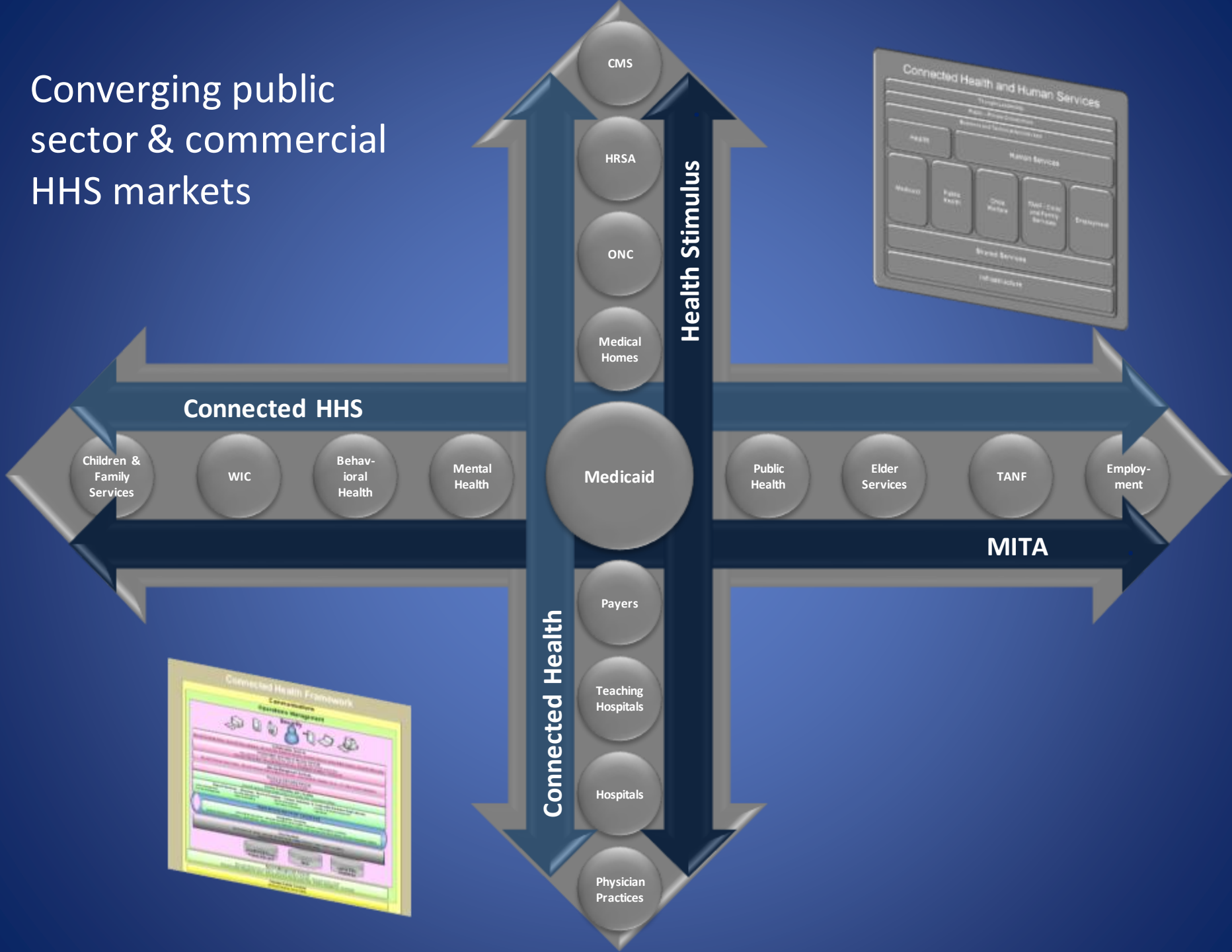
The ARRA HITECH Environment



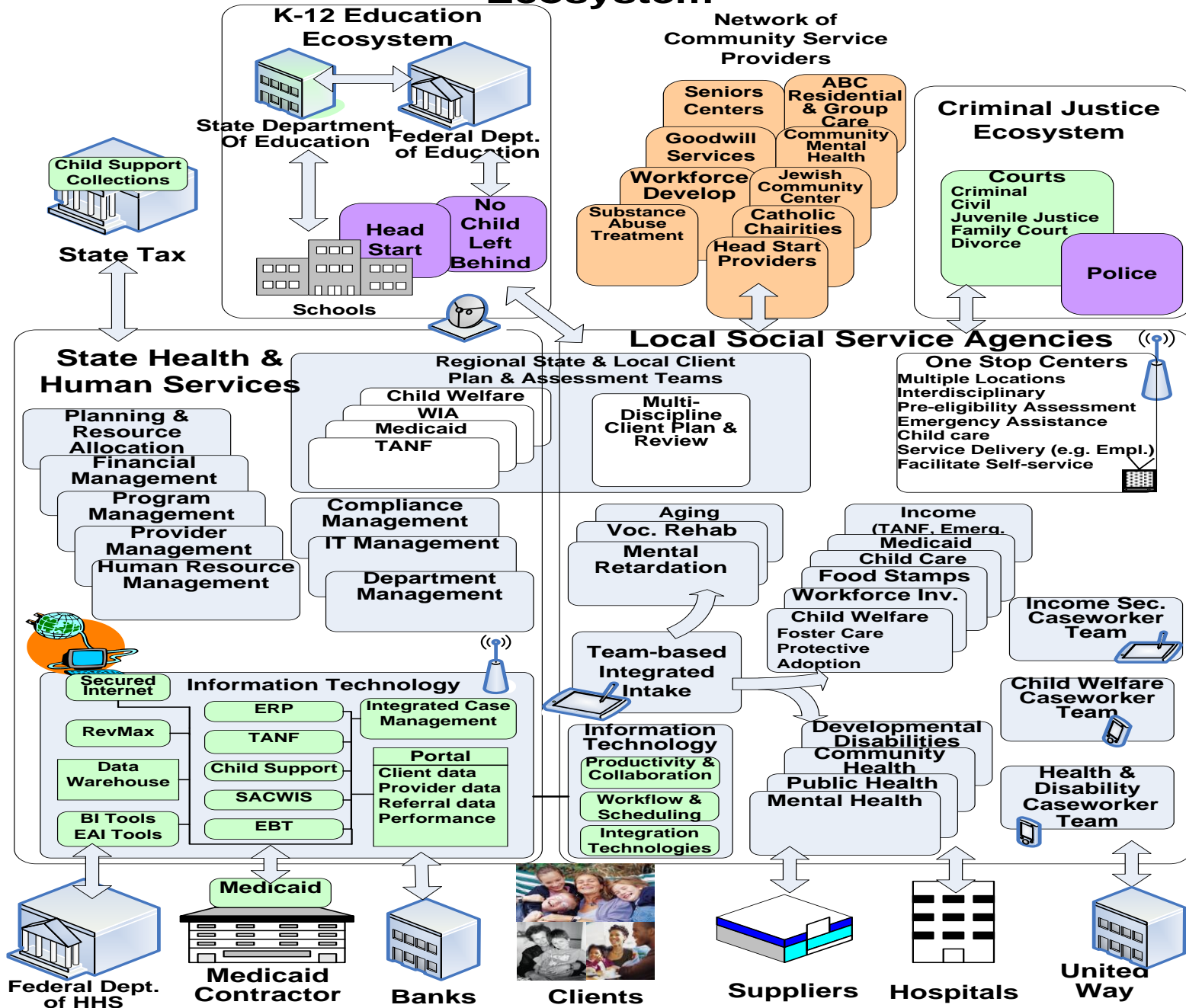
HITECH Impact on State Officials

- Governors: focus on state planning & implementation; financial sustainability; federal policy and financing; economic development, & workforce.
- Finance Directors: focus on state accountability for ARRA spending; financial sustainability; growth in Medicaid spending.
- Health and Medicaid leadership: focus on increase in Medicaid population; accountability for ARRA expenditures; oversight of SMHPs; coordination with HIE plans, RECs and sister agencies.
- Directors of Human Service Agencies: planning with Medicaid and SMHP; connect to community health with children's & other human services.
- Universities: connect to workforce development models, engage RECs, focus on population health research.
- CIO's: participate in SMHP and HIE planning; develop enterprise architecture, roadmap & shared services; serve as trusted advisor to business decision makers.

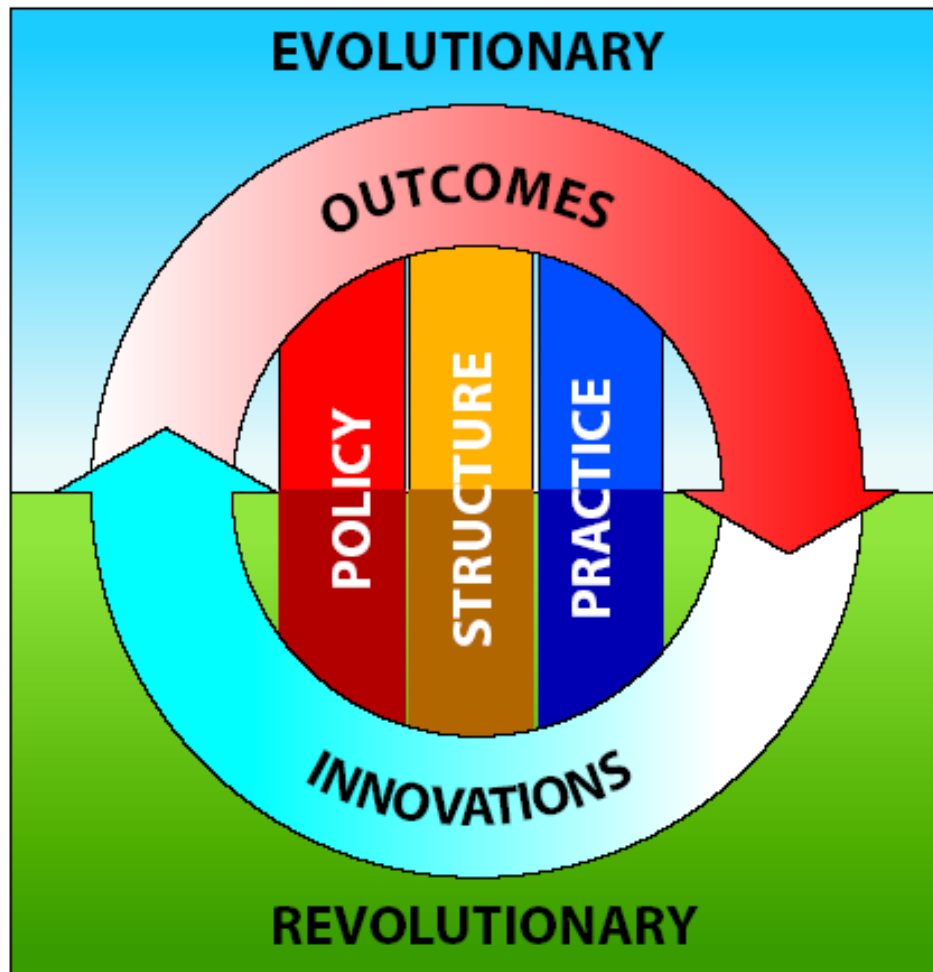
Converging public sector & commercial HHS markets



Complexity of the Health & Human Services Ecosystem



SOC's Theory of Change



Policy - “The manner in which public and private human services organizations define how they will meet market needs to deliver public benefit”

Practice – “The manner in which public and private human services organizations deliver services and care, monitor and report results and achieve outcomes”

Structure – “The manner in which public and private human services systems are organized around policy and practice goals”

What Is Our Approach?

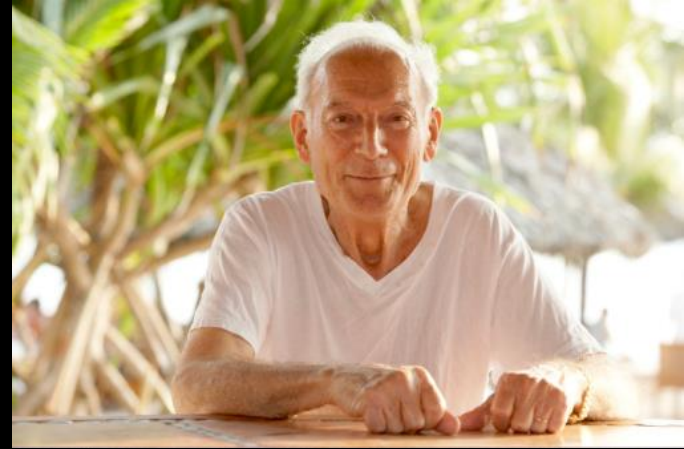


“Human Services 2.0”

- Describes the *To-Be* vision (future state) of a connected and coordinated Human Services, Health and Education System that is customer-centric; family-focused; community-based and technology enabled
- It offers guidance about how to integrate and optimize practice, structure and policies needed to achieve better outcomes and improve operational efficiency

- ***“InterOptimability”***

- Provides a language and a methodology that organizations can use to assess, plan, develop, implement, communicate and measure their interoperability initiatives
- The model is built on a comprehensive review of all organizational factors critical for success. SOC has identified ten InterOptimability Change Drivers
- A process for creating a graphically illustrated vision of the future among the organization’s leaders and stakeholders
- A set of tools, used to assess the organization’s readiness for change

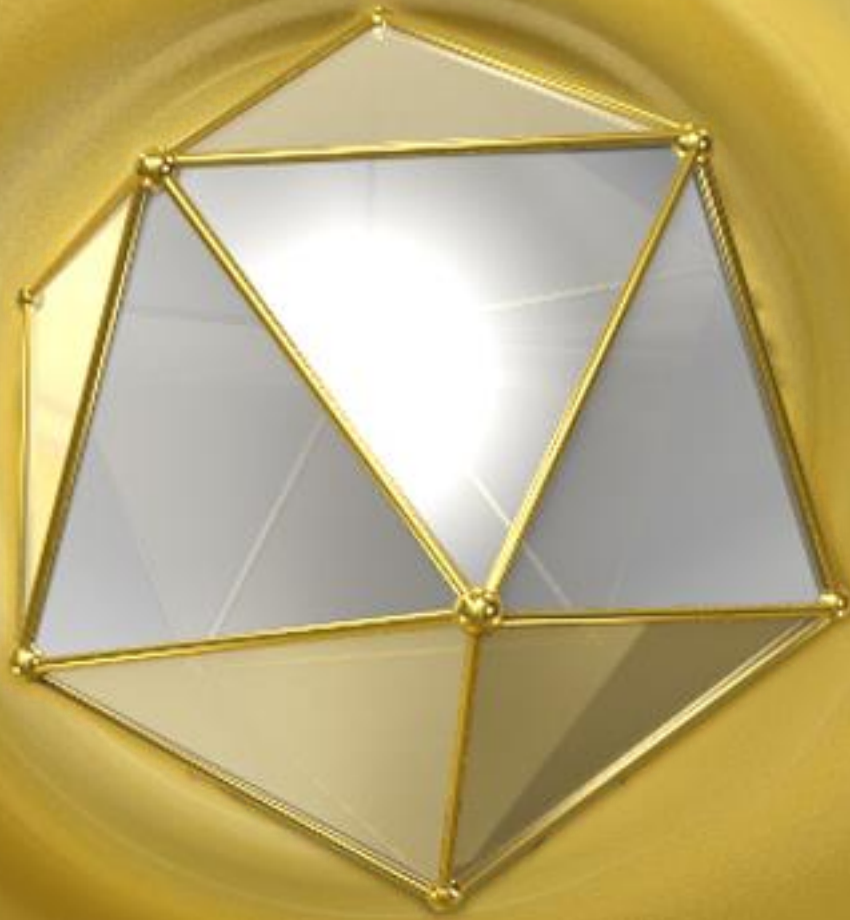


Consumer Centric

Foster Children
Student
Patient
Family
Adult
Senior



Human Services 2.0
A Conceptual Architecture



A 3D wireframe geometric structure, resembling a truncated octahedron or a similar polyhedron, is centered in the image. The structure is composed of a network of golden-yellow lines forming a complex, interconnected shape. The faces of the polyhedron are semi-transparent, allowing the internal structure to be visible. One prominent face in the upper-middle section is white and contains the text "Child Welfare" in a bold, black, sans-serif font. The background is a smooth, golden-yellow gradient with soft, horizontal light streaks, creating a sense of depth and a warm, ethereal atmosphere. The overall composition is balanced and visually striking due to the contrast between the golden wireframe and the white face.

**Child
Welfare**



**Child
Welfare**

**Adult
Protection**



**Child
Welfare**

**Adult
Protection**

**Food
Stamps**



**Child
Welfare**

**Adult
Protection**

**Food
Stamps**

*Juvenile
Justice*





Mental
Health

Child
Welfare

Adult
Protection

Health

Food
Stamps

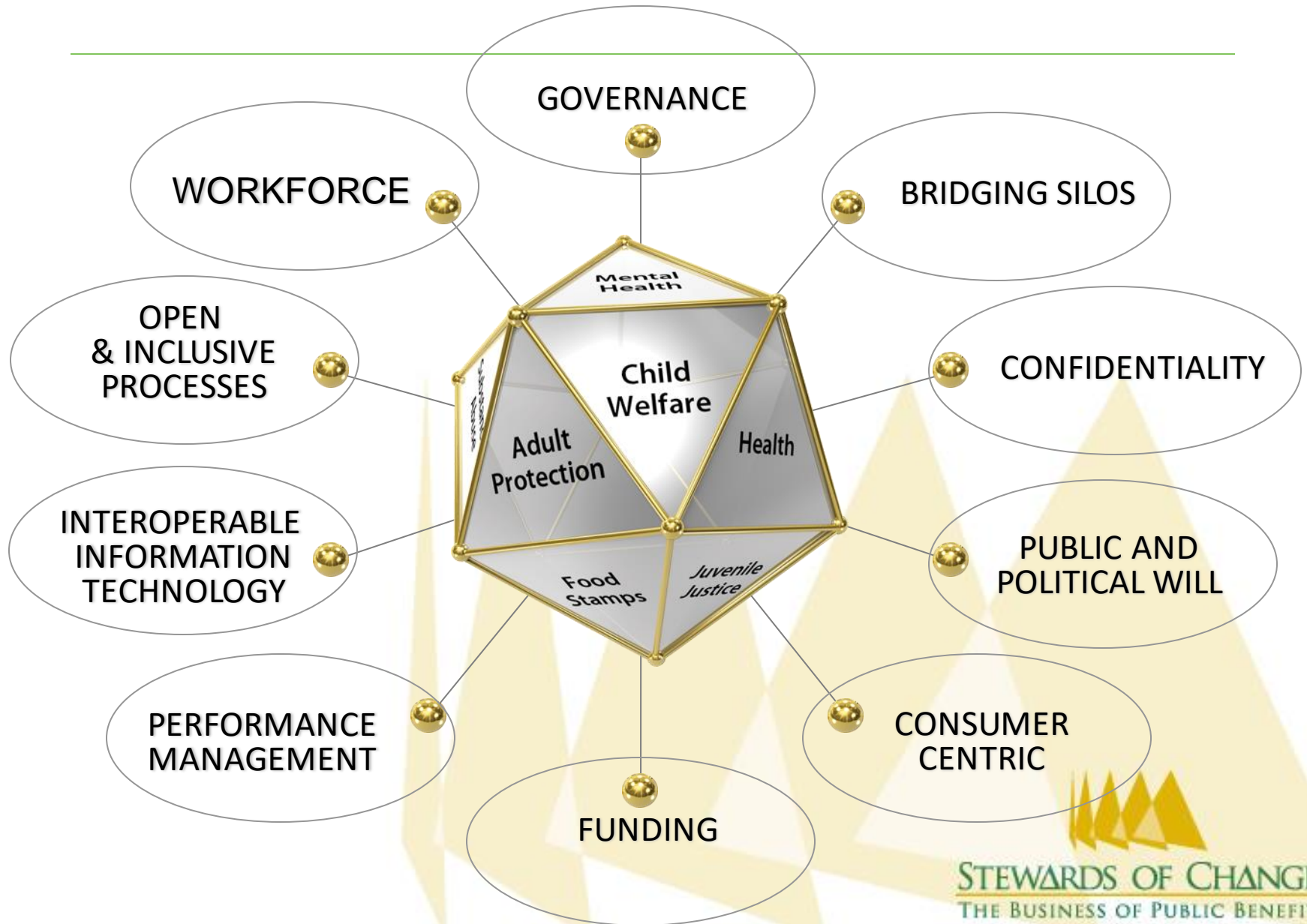
Juvenile
Justice

Human Services 2.0

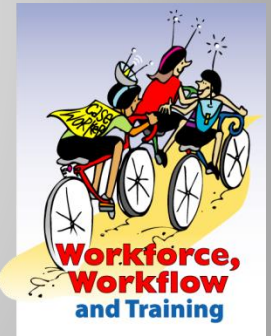
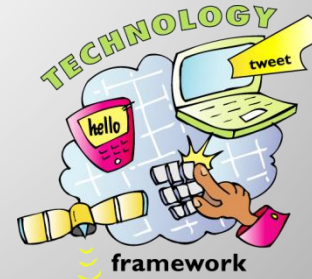
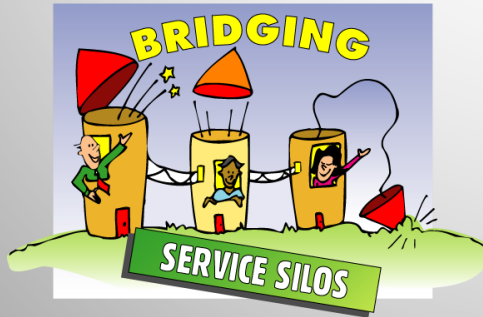
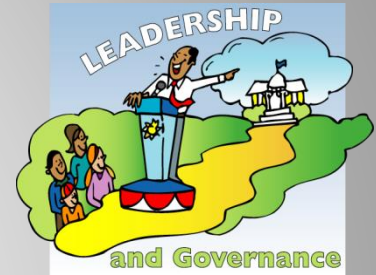
A Conceptual Architecture



InterOptimability Drivers



InterOptimability Driver Icons



- 1. Orientation to HS 2.0 - InterOptimability & Situation Analysis**
- 2. Create 'To-Be' Change Vision Landscape & InterOptimability Roadmap**
- 3. Conduct 'As Is' Business Process Review**
- 4. Assess 'As Is' Information Technology**
- 5. Evaluate Organizational Change Readiness**
- 6. Build 'To-Be' Business Process Framework**
- 7. Develop 'To-Be' Information Technology Solution**
- 8. Perform Gap Analysis**
- 9. Synthesize Learning, Develop Recommendations and Action Plan**



I nterOptimability™

HUMAN SERVICES 2.0™

CONNECTING SYSTEMS OPTIMIZING OUTCOMES



Handbook

*Join us on the journey
to customer-centric,
family-focused health and
human services enabled by
interoperable technology*



Change Visioning

- **The Change Vision is a tool for communicating the long term vision across all levels in an engaging, rapid, and memorable manner**
 - A short-hand language, including core ideas and values, distilled into key phrases and graphic icons that enable staff to literally ‘see’ the vision
 - Useful for spreading the idea of integrated services, new processes, and organizational values to partners, collaborators, grantees, consumers, and the public

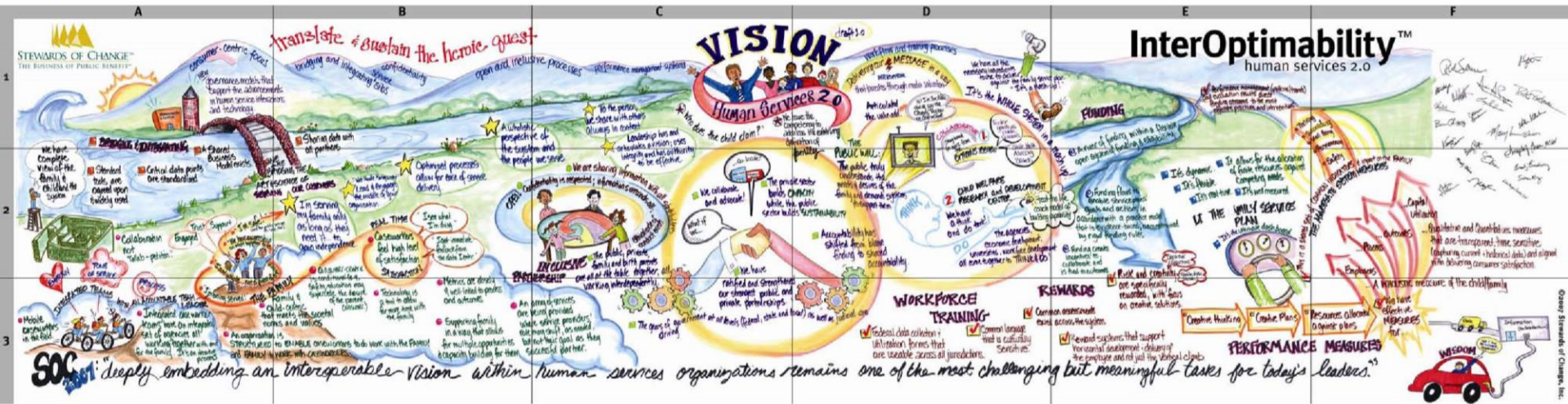
Change Visioning

- **A key outcome is creating more organizational alignment around a mutually agreed upon future or “To Be” state. The “To Be” state is used:**
 - As the standard against which to evaluate business processes and progress
 - For planning changes affecting policy, practice, or structure

Human Services 2.0

A National Change Vision Landscape

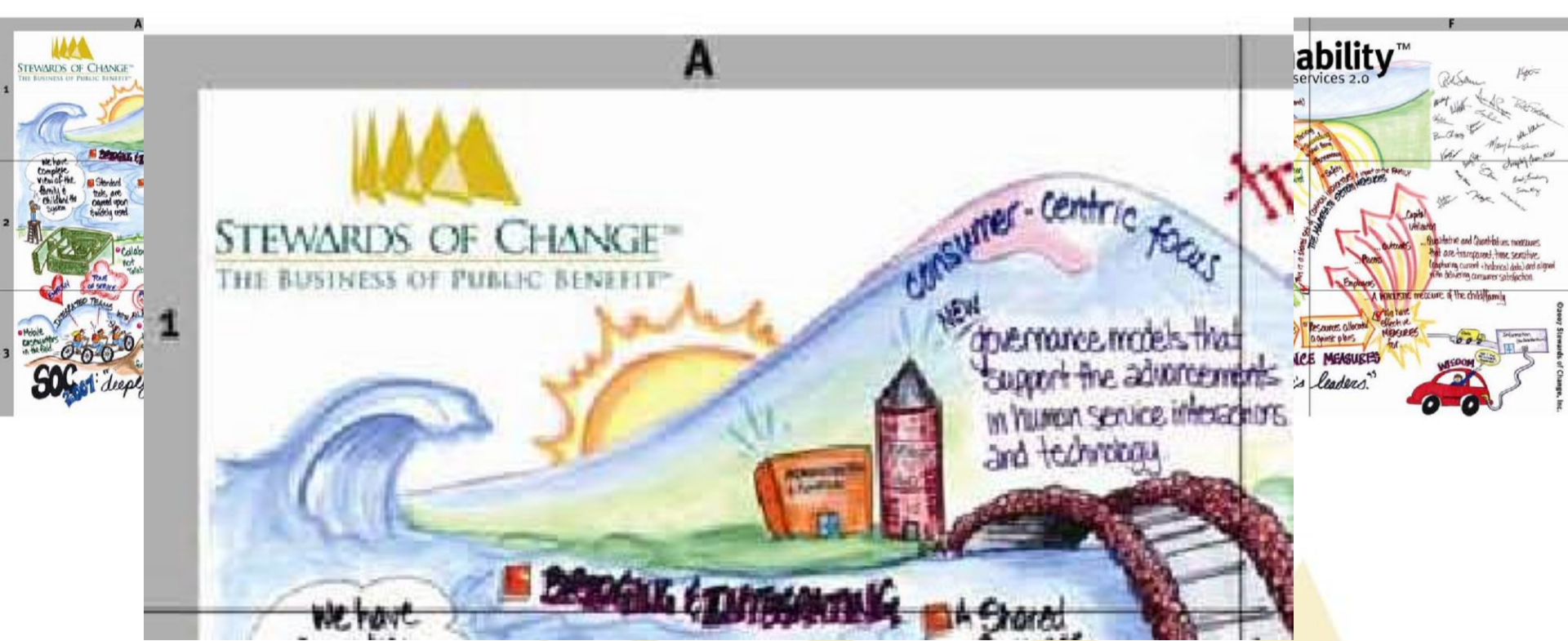
Produced at the 2007 Annual SOC Conference




Segmenting The Vision Map



| Map Section | Description | Drivers | Resources | Video | Blog or Wiki |
|-------------|-------------|---------|-----------|-------|--------------|
|-------------|-------------|---------|-----------|-------|--------------|

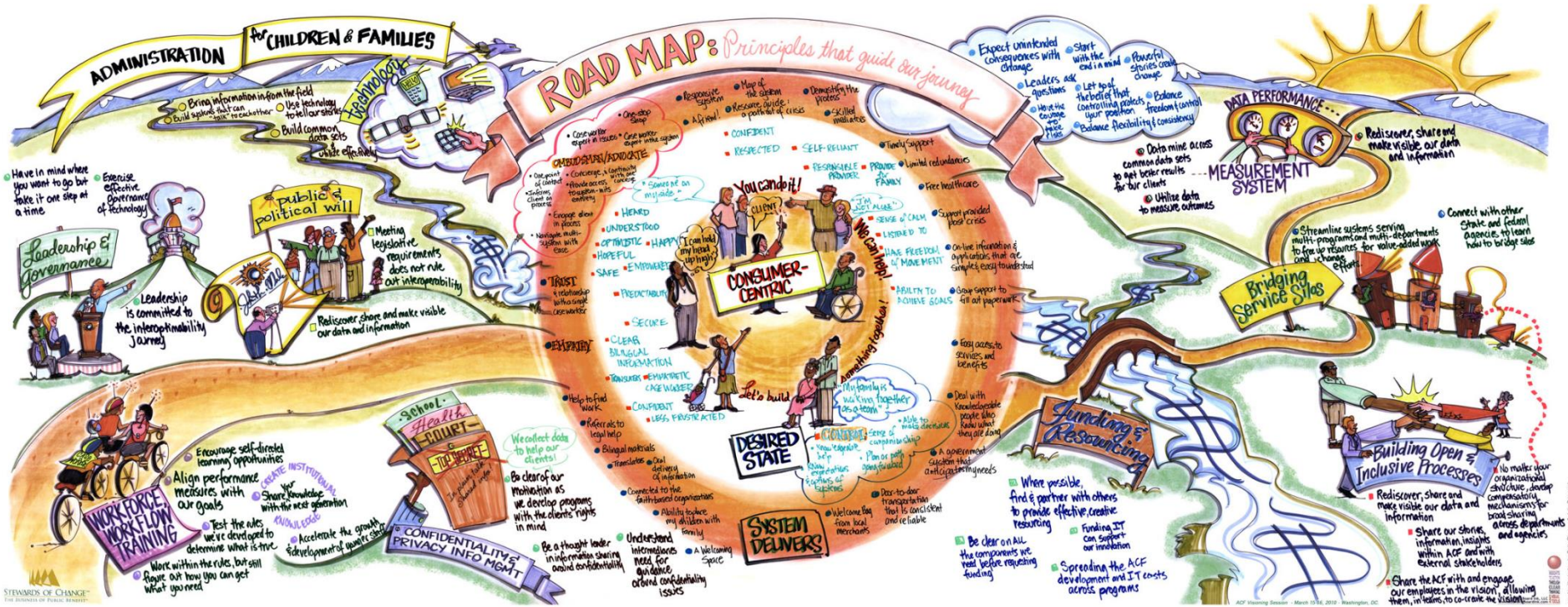


| Map Section | Description | Drivers | Resources | Video | Blog or Wiki |
|-------------|--|---|---------------------------------------|---------------------------------|--|
| A1 | <p>This is the beginning of the InterOptimability journey. Introduces the concept of a New Governance Model. The model bridges funding streams, information technology and administrative services into a single organization that support varied service silos. This creates economies of scale while focusing service silos on quality of delivery and outcomes.</p> | <p>Consumer Centric</p> <p>Bridging Silos</p> | <p>Bridging Silos HBR article</p> | <p>Paul Bracken Lecture</p> |  <p>STEWARDS OF CHANGE™ THE BUSINESS OF PUBLIC BENEFIT™</p> |

ACF Change Vision Landscape



ACF InterOptimability Roadmap



Baseline Analysis

- Organizational Assessment
 - Quantitative Survey
 - Interviews
- Business Process Assessment and Reengineering
- Technology Assessment
- Implementation Plan

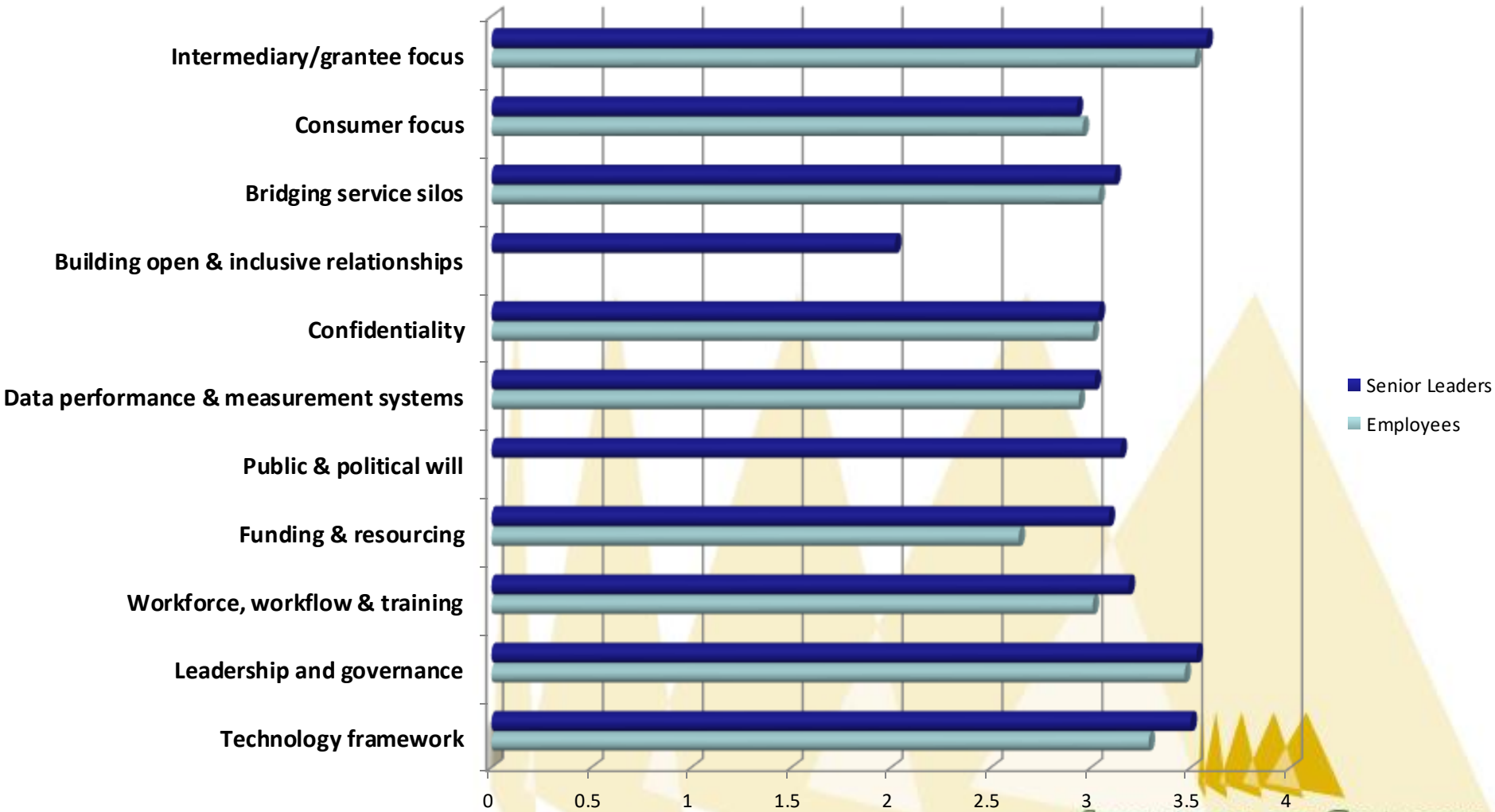
Key Question Subsets: Leadership

| Key Question Subsets: Leadership | Employees | Senior Leaders |
|---|-------------|----------------|
| Mission clarity, alignment and usage | 3.48 | 3.53 |
| Optimism/Cynicism re: leadership | 3.25 | 3.63 |
| Leaders act in ways that show they care about employees (single question) | 3.11 | 3.33 |
| Finding organization x mission and vision statements to be personally motivating (single question) | 3.52 | 3.54 |
| Agreement that they would recommend organization to a friend as a place to work (single question) | 3.65 | 3.85 |

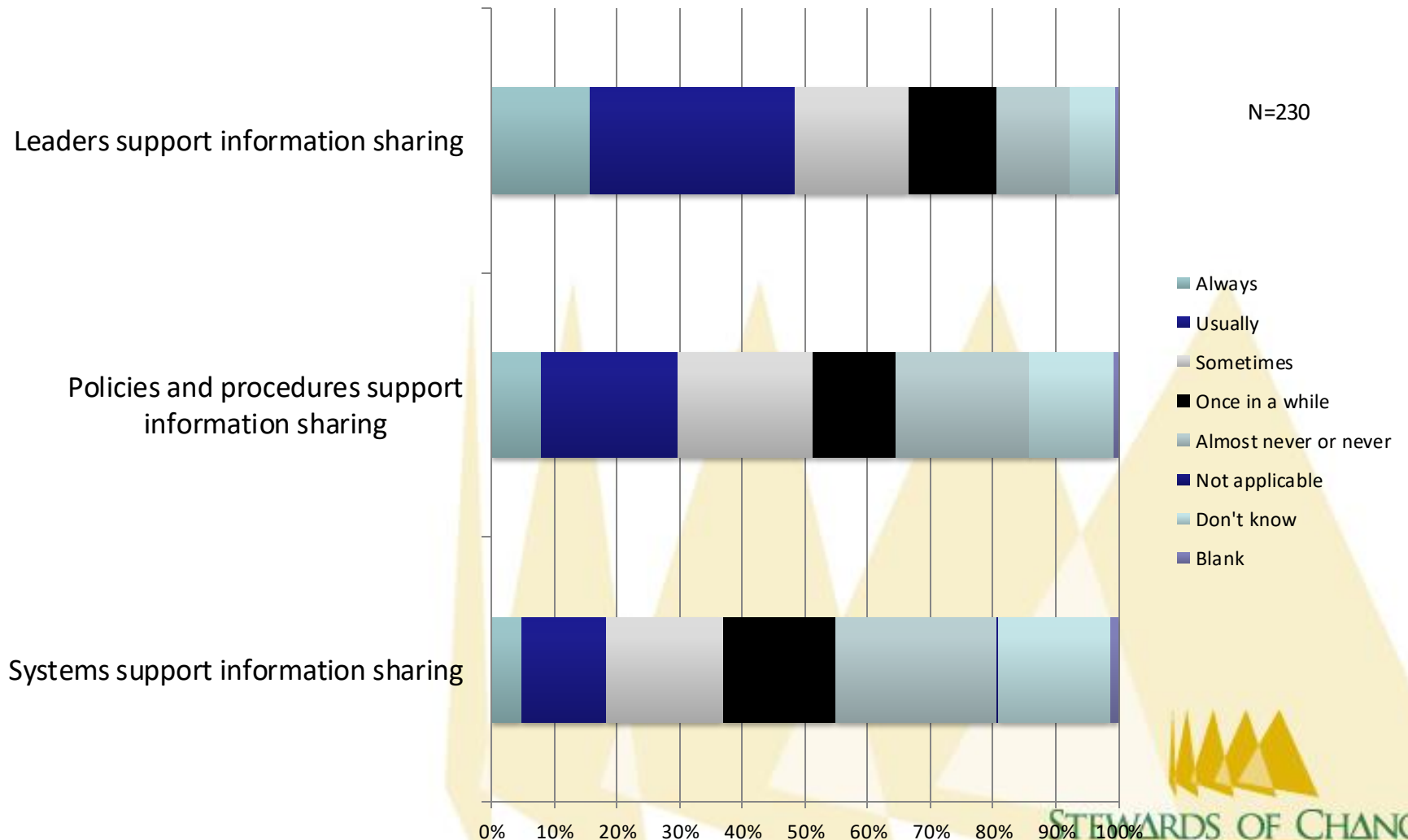
Response summary:

- Both groups indicate a mid-range view of mission clarity, alignment and usage as well as finding ACF's mission personally motivating
- The Optimism/Cynicism regarding ACF leadership is a concern (see next slide)
- The most frequent response to the question "leaders act in ways that show they care about employees" was "Sometimes"
- Recommending ACF as a place to work was identified with greater levels of agreement than many of the questions overall.

Summary of Baseline Survey by Interoperability Driver



Selected Findings: Bridging Service Silos



Promising Examples Within Human Services

- **Montgomery County, Maryland**
 - Preparing to create interoperable systems under county's Human Services Agency umbrella
- **New York City**
 - HHS Connect – linking 8 major human services systems for access and case management
- **State of Alabama**
 - Creating a shared service architecture across state HHS systems with intention (by Governor) to move incrementally towards interoperability
- **Alameda County, CA**
 - Utilizing a data warehouse to gather, store and share case management information, coordinate and analysis
- **Mecklenburg County, North Carolina**
 - Designed, built and deployed interoperable HHS system (2 year payback)

Miami Dade, Florida

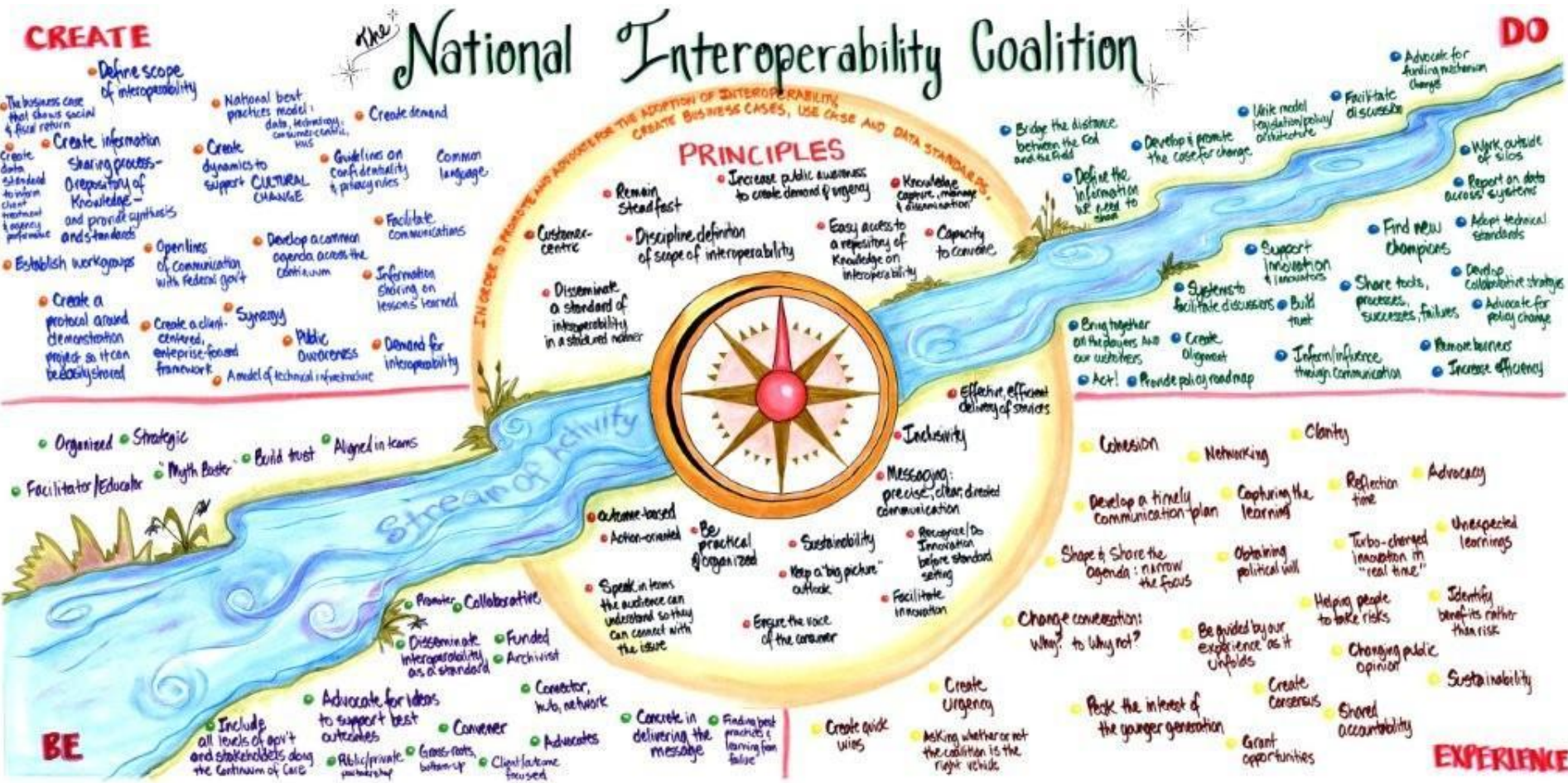
Children's Health and Education Data Exchange

- Goal: revolutionize how children receive services and treatment in South Florida.
- Partnership between The Children's Trust, Health Choice Network, the Early Learning Coalition, Ready Schools Miami, John S. and James L. Knight Foundation, and the Microsoft Corporation,
- Building upon the HIE, the Data Exchange will integrate data among education, social services, and early childhood service providers.
- The web-based technology platform is highly flexible, allowing integration from any other data into the Exchange

The Pennsylvania Information Portability Project

- **Goal: create a comprehensive roadmap using HS2.0 model to develop a connected HHS model with applicability to the state's 67 other counties**
 - Enhance information sharing across human services, health, education, courts and public safety (start with Children and Youth & BH/MH/DA)
 - Special emphasis on researching and applying mobility solutions for field workers
- ***Information Portability Project - Montgomery County, PA Health and Human Services Agency***
 - Project sponsored/funded under a partnership among
 - PA Department of Public Welfare & State CIO
 - Montgomery County HSA
 - Stewards of Change, Inc.
 - University of Pennsylvania/Field Center for Children's Policy, Practice & Research (Social Work, Law & Medicine)
 - Microsoft and Motorola

National Interoperability Community of Practice



Funding

- **Fund for Program Integrity and Innovation**
 - OMB's new \$37 million for testing innovations related to collaborations between federal, state and local organizations
- **HRSA**
 - \$11billion for Regional Health Centers
- **MMIS/HIT Planning and Implementation Dollars**
- **Foundations & Corporate Partners**

Funding

- **Section 1561 of Affordable Care Act**

- On March 23, 2010, President Obama signed into law H.R. 3590, the Patient Protection and Affordable Care Act (the Act). This sweeping health reform legislation requires the U.S. Department of Health & Human Services (HHS) to develop interoperable and secure standards and protocols to facilitate the enrollment of individuals in federal and state health and human services programs, and authorizes grants to state and local governments to promote the implementation of health information technology (HIT) to facilitate enrollment in the programs.

If you want 1 year of prosperity, grow grain.

If you want 10 years of prosperity, grow trees.

If you want 100 years of prosperity, grow people.

old Chinese proverb

Discussion

- **How are you approaching interoperability today?**
 - What are your guiding principles?
 - How are you organized?
 - How are you measuring progress?
- **What else do you need to start/stop doing to accelerate progress?**
- **How well prepared and resourced are you?**

Reflection & Discussion

- Who (else) should be included in this process?
- What is appropriate scope and scale for this initiative?
- What inhibits you from making more progress today?
- What concerns, fears and/or doubts inhibit progress?
- What opportunities exist for making substantive change and building a meaningful legacy?
- What is the priority order for getting started?

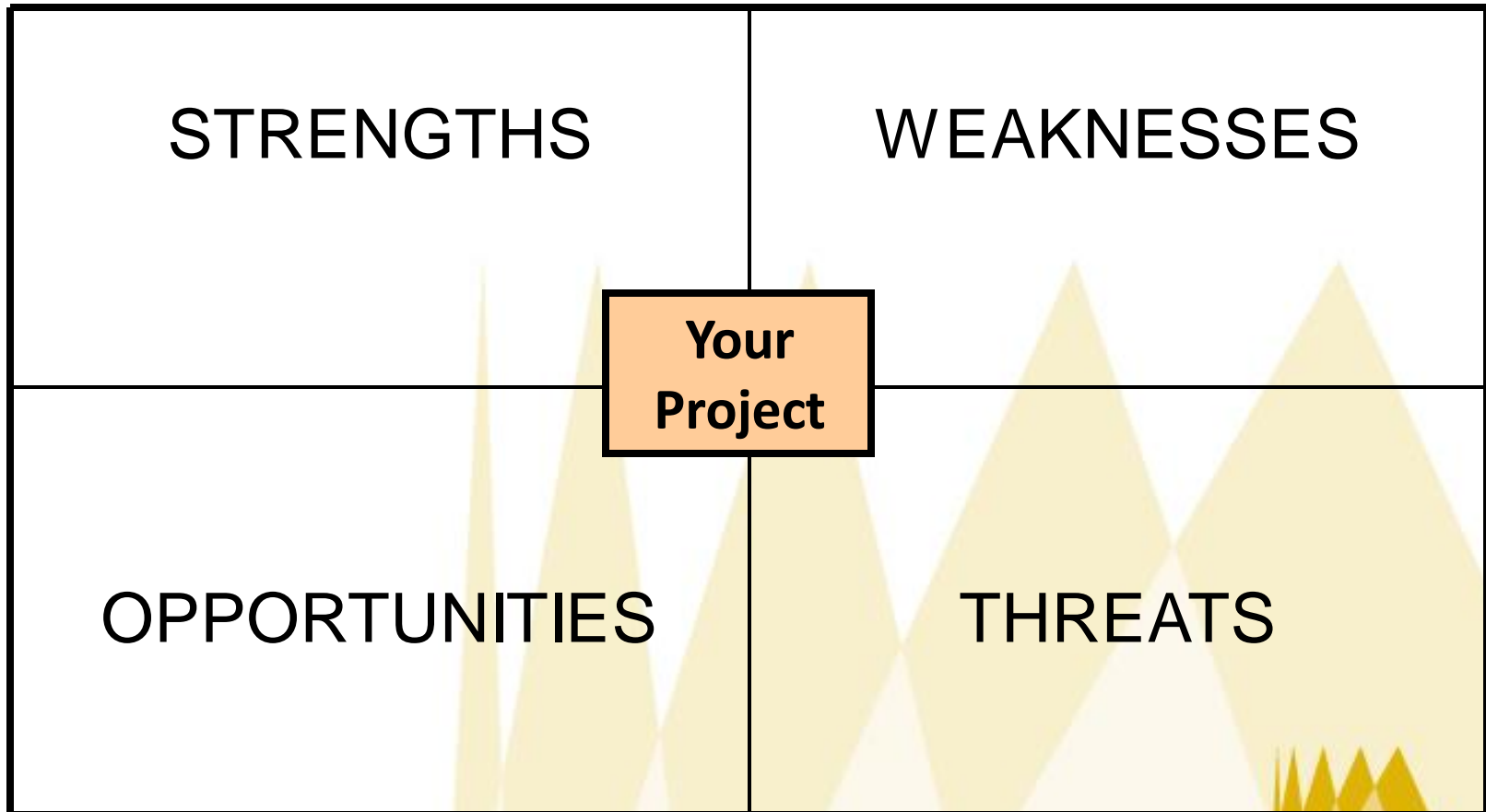
Strategic Change Planning

“Change doesn’t occur by trying harder, it requires a change in the way work gets done.”

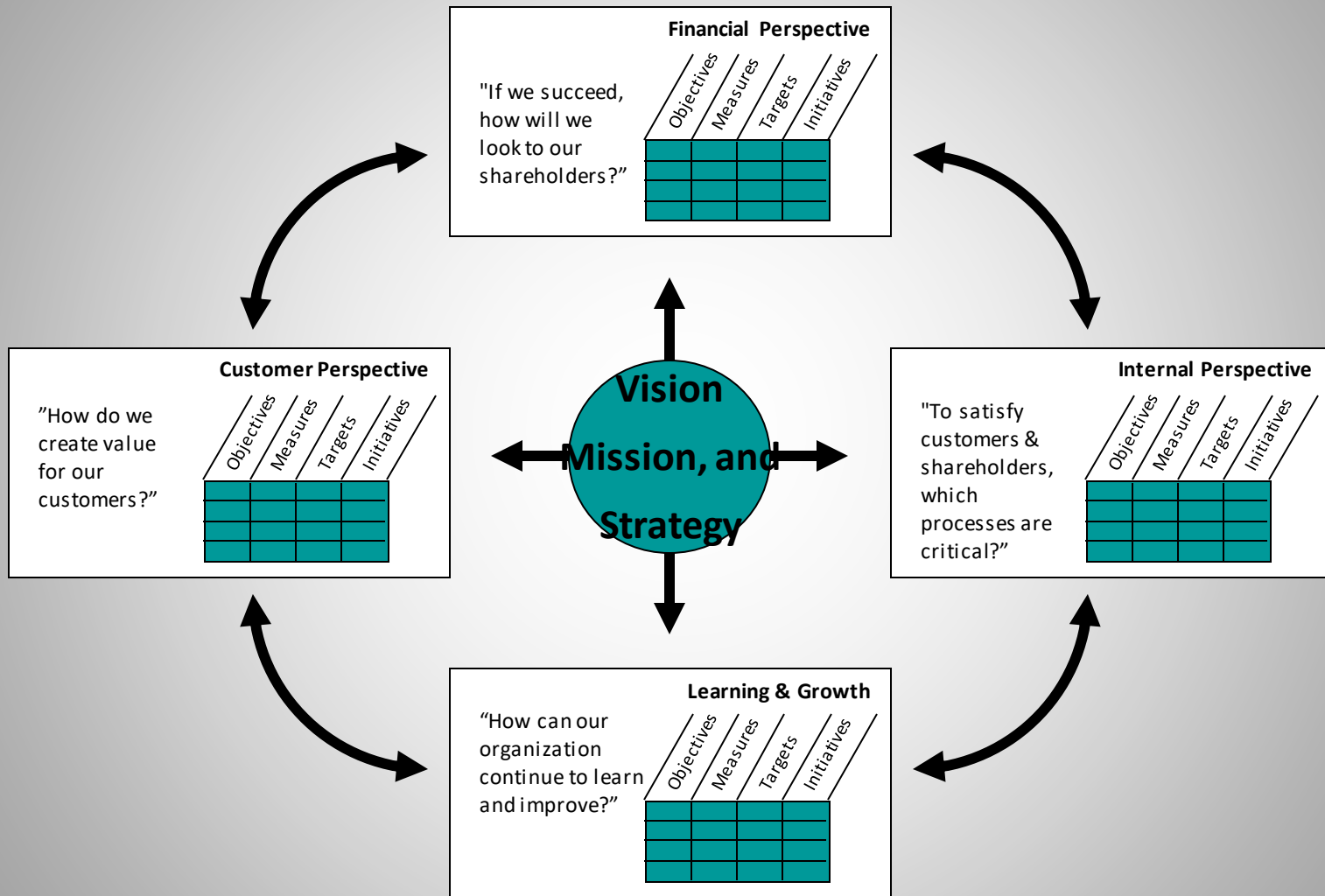
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S.W.O.T. ANALYSIS

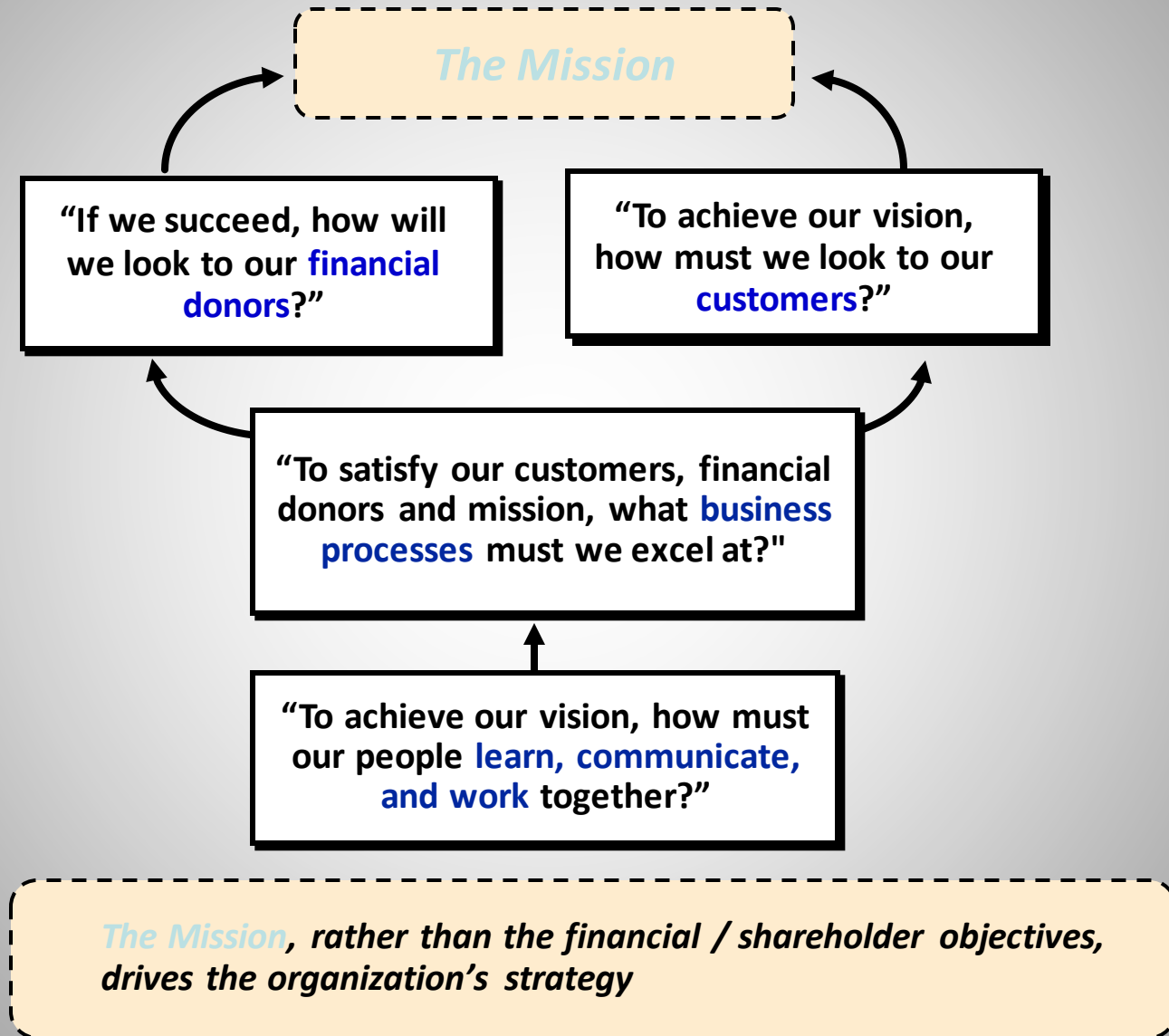
The Basis For Strategic Planning



The Balanced Scorecard: Four Perspectives



The Balanced Scorecard Framework Applications to Non-profit Organizations



Mini-Assessment

Objective

- To quickly evaluate the organizational competency to pursue interoperability among health, education and social service systems

Assessment:

- Preliminary Roadmap
 - Review and discuss InterOptimability Drivers
 - Evaluate capacity & priority of each one:
 - Strength, Satisfactory, Development Need, Weakness
 - Very important, somewhat important, not too important, unimportant
 - Prioritize Drivers relative to the initiatives competency and importance in matrix

Mini Driver Assessment

| Driver | Priority | Capacity/Competency |
|---------------------------------------|----------|---------------------|
| Consumer Centric | | |
| Bridging Service Silos | | |
| Building Open and Inclusive Processes | | |
| Confidentiality & Privacy | | |
| Data & Performance Management | | |
| Public and Political Will | | |
| Funding & Resources | | |
| Workforce, Workflow & Training | | |
| Leadership & Governance | | |
| Technology Framework | | |

Evaluation Criteria

Organizational Capacity/Competency of Driver:

- **Strength (4), Satisfactory (3), Develop Need (2), Weakness (1)**

Priority for Interoperability Journey:

- **Very Important (4), Somewhat Important (3), Not Too Important (2), Unimportant (1)**

InterOptimability Baseline

| | | | | |
|-----------------------------|--------------------|-------------------------------|------------------|-----------------------|
| Strength | | | | |
| Satisfactory | | | | |
| Development Need | | | | |
| Weakness | | | | |
| | Unimportant | Somewhat Important | Important | Very Important |

Next Steps

Contact Information

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SUGGESTIONS FOR WORKING TOGETHER

Avoid bad habits...



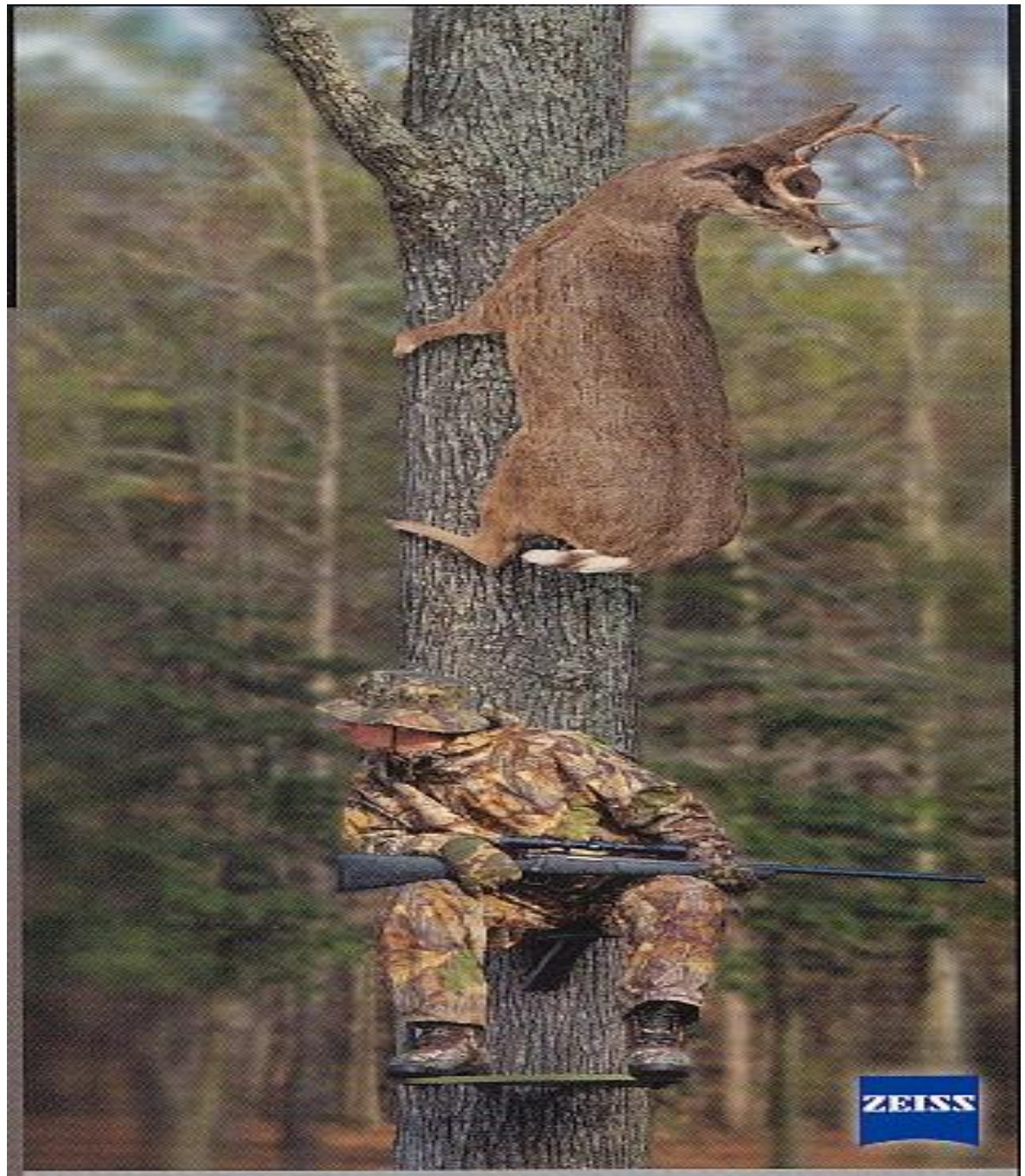
**Always
listen to
good
advice..**



**Always be ready for any
surprises in life...**



Always be alert and then wait. Perhaps what you're looking for, will find you...



Be determined in achieving your goals... don't your lose focus



**Don't let
the
situation
confuse
you...**





don't stop your curiosity,
**Don't stop yourself or others from
learning...**