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OFA PeerTA Technical Assistance Network
Omaha Tribe of Nebraska Technical Assistance Request #231
Summary Report

Prepared for
The Administration for Children and Families
Office of Family Assistance



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Introduction and Background Information¹

On August 8, 2014, Gwen Porter, Tribal Council Secretary, Omaha Tribe of Nebraska (Omaha) submitted a technical assistance (TA) request to the OFA Peer Technical Assistance (OFA PeerTA) Network for assistance in supporting their new Tribal Temporary Assistance for Needy Families (TANF) program. The Office of Family Assistance (OFA) approved Omaha's TANF program in August 2014. Because it is a new program and the majority of Tribal TANF staff has limited experience delivering this type of support, Omaha was specifically interested in developing their policies/procedures manual and receiving onsite training regarding case management and assessment practices. Omaha's Tribal TANF program employs three caseworkers to serve a maximum of 224 TANF participants.

Regarding the case management and assessment component of the TA request, Omaha originally requested an onsite visit in October since intake of TANF participants was set to begin later that month. As conversations developed, Omaha and the OFA PeerTA Team agreed that a visit in November would allow case management staff time to experience the intake and assessment process and arrive at the training with questions in hand. Ms. Porter reiterated that since the majority of TANF staff lacks case management experience, Omaha would prefer training on the entire case management lifecycle, including intake, self-sufficiency planning, creating and developing referrals, and participant follow-up. Based on this information, the PeerTA Team created a chart of prospective Tribal TANF case management and assessment trainers. After reviewing the information in the chart and preliminary discussions with possible trainers, Omaha selected Jon Grant from the Falmouth Institute to provide the training.

On October 7, 2014, the OFA PeerTA Team held a call with Mr. Grant and Ms. Porter to discuss the content and timing of the onsite training. Mr. Grant laid out an agenda, modeled on Falmouth's Introduction to Case Management class that includes both theory and practice and focuses on how to: do an assessment, develop and implement an effective case management plan moving participants to self-sufficiency and conduct follow-up. He explained that other components supplement the introductory material, such as handling individuals not in compliance with the case plan, motivating participants, and creating referrals to resources. The group decided on a three-day training (November 18 - 20) to cover the needed case management topics.

¹ This information was collected from the Omaha Tribe's TA Request and initial conference call with the TA Requestor.



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Technical Assistance Plan Goal and Objectives

Based on the TA Request and subsequent conversation, the OFA PeerTA Team developed a TA Plan with four objectives:

- Prior to the site visit, assist Omaha in creating updated policies and procedures to inform the operation of the Tribal TANF program. Following the completion of the case management site visit, OFA PeerTA and Omaha staff will revisit the manual and determine the necessity of additional modifications;
- Work with Omaha and the Falmouth Institute to create and deliver case management and assessment training for the Tribe's Tribal TANF staff;
- Upon completion of the onsite training and if still needed, assist Omaha in developing and/or reviewing additional intake and assessment forms and any other needed case management resources (e.g., aftercare tools and resource manuals); and
- Provide logistical support to facilitate technical assistance through a combination of conference calls and up to three days of an initial onsite visit. The tribe may request additional assistance to assist in the development of an interagency strategic plan.

Case Management and Assessment Training – Day One

The Tribal TANF Case Management and Assessment Training was held November 18 - 20, 2014 from 8:30 a.m. to 4:30 p.m. at the Sacred Child Center in Macy, Nebraska. There were eight participants from the Tribe in attendance, representing the Tribal TANF (intake and case management staff), Child Welfare, Tribal Justice, Substance Abuse Prevention, Tribal Council, Tribal Health, and Domestic Violence Prevention departments.

Mr. Grant began his presentation with a TANF overview and an outline of topics he intended to cover over the next three days (see **Appendix A – Training Agenda**). He next discussed some of the key differences between State and Tribal TANF programs, focusing primarily on how tribal programs allow for more administrative and programmatic flexibility (e.g., disregarding the 60-month time limit for families living on reservations with at least 50 percent unemployment).

The training next transitioned into a discussion on the basic principles of case management. Mr. Grant described how “case management provides an organized, structured process for moving participants

Participant Feedback

During the discussion on case management assumptions, caseworkers admitted that assessment processes varied widely among staff. Some elect to focus more on traditional and cultural activities, while others spend more time on participant goal setting and formulating timelines. The caseworkers agreed that, moving forward, they needed to use a standardized assessment form and process.



through the process of change and toward the goal of self-sufficiency.” Looking across the field of case management theory and belief, he outlined five primary and critical assumptions:

1. Case management is a participant-centered rather than a program-centered approach. It starts with the participant and uses the program’s resources to try and help each person achieve his or her goals;
2. Participants are capable of taking more control of their lives – this includes solving problems and setting goals. Case management should not do for people what they can do for themselves;
3. Case management attempts to enable participants to use their strengths and resources to overcome their problems and challenges;
4. The case management process should be a shared partnership between the participant and case manager. While the case manager is responsible for the process and participants the outcome, they share the responsibility for producing change; and
5. Participants should be actively involved in all phases of the process: assessment, planning, problem-solving, and finding resources.

Continuing the discussion on participant-centered case management, Mr. Grant outlined the roles of a strengths-focused case manager, including: develop meaningful participant relationships based on empathy, build participant trust through honesty and respect, support participants in making informed choices and decisions, help them obtain needed services and benefits, and remain dependable and do not give up on participants where others have.

Mr. Grant next elaborated on additional theories and models he felt significantly influence case management practice:

- *Family Systems Theory*: Family systems have interrelated elements and structures with complex but predictable relationships, boundaries, and interactions. These systems are open to and may even welcome outside influences. They emphasize family relationships as an important factor in psychological health; regardless if the participant considers it an “individual” or “family” issue, involving families in solutions is often critical. The family usually seeks to maintain its organization and function while tending to resist change.
- *Triangular Relationships*: When two persons in a family system have problems with each other, they will “triangle” a third member as a way to stabilize their own relationship (e.g., husband, wife, and an in-law).



- *Ecological Design*: Helps explain behavior by examining the “ecology” of where a participant lives – their experience with and reaction to institutions and groups throughout their lifetime. For example, children whose parents have rejected them may have difficulty developing positive relations with teachers.

- *Maslow’s Hierarchy of Need*: The hierarchy is often portrayed as a triangle (see graphic on the right), with the largest and most fundamental levels of need at the bottom, and the need for self-actualization on the top. This theory suggests that the most basic level of needs must be met before the individual will strongly desire the higher levels of need. Most TANF participants operate at the lowest level(s) of Maslow’s triangle. For TANF staff, it is important to consider how case management can move participants up the ladder and help avoid those issues that, in Mr. Grant’s words, “keep clients stuck.”



Maslow’s Hierarchy of Need
(Source: Falmouth Institute)

Participant Feedback

To date, Omaha has only conducted limited outreach on the availability of their TANF program. They held a community forum in the early fall and have advertised via social media platforms such as Facebook. The Tribe is still working with the State of Nebraska to determine which of their enrolled members received or is receiving State TANF. Gary Allen, the ACF/OFA Region VII Director, is aware of this situation.

Across all of these theories, Mr. Grant emphasized that the key “take-away” ideas include: (1) case management is a problem-solving and skill-building method for participants; (2) case managers are attempting to change participant behaviors, attitudes, and patterns; and (3) it is critical to reinforce the behaviors that are desirable and extinguish negative behaviors.

At the end of Day One, Mr. Grant began discussing what he referred to as “The Circle of Life for the Case Manager.” There are five caseworker functions that comprise the case management lifecycle: (1) outreach to or identification of participants, (2) assessment of needs, (3) service or treatment case planning (4) linking or referring participants to appropriate resources, and (5)



monitoring cases to ensure that services are delivered or used. He next described the vast array of tasks that fit into these functions, such as intake, goal setting, forming formal linkages to social networks, and reassessments. He reiterated that the goal of case management is two-fold: (1) help people connect to the personal, interpersonal, and community resources that will help them resolve their problems, and (2) teach them to be their own case manager – to identify their needs and solve their own problems.

Since participant barriers often impede the path to self-sufficiency, Mr. Grant recommended a series of information gathering steps for identifying and analyzing participant “problems” and urged training participants to recall that, as discussed in the Family Systems Theory, problems are usually interconnected and complex. He stressed the importance of developing hypotheses for why participant problems are occurring or reoccurring; this could include examining the approaches that have been already tried and whether or not they were successful, as well as the family, community and cultural assets available to the participant.

He ended the day by discussing the importance of linking “problem” identification and analysis with goal setting. Specifically, in setting and meeting goals, case managers should consider the problem-solving skills expected of the participant and the support systems with which they will likely be involved. Case managers should consider these factors to help establish goals that are reasonable and achievable. Establish goals with the participant, except in cases where services are mandated or where participants refuse to cooperate. Finally, goals must help the participant develop both vision and hope.

Participant Feedback

Omaha Tribal TANF case managers currently deliver new participant orientations. This includes participant rights and responsibilities, a history of TANF, an explanation of work requirements, the role of partner referrals, and a drug test. To assist with referrals, Mr. Grant and PeerTA staff discussed the benefit of developing a resource manual that describes community assets available to participants (e.g., childcare, education, and substance abuse prevention/healing).

Case Management and Assessment Training – Day Two

Day Two of the training began with a brief review of goal setting. Following this summary, Mr. Grant transitioned into a discussion on case management skills. After polling the training participants, Mr. Grant compiled a list of essential interpersonal, connecting, and information gathering skills. These include establishing good first impressions (e.g., professional dress and demeanor); basic interviewing skills; active listening; focusing and furthering (i.e., being able to explore topics more deeply with participants and ask proper follow-up questions); and summarizing. Additionally, skills include empathy, praise, and support (i.e., building trust); setting and negotiating boundaries; assessing and identifying barriers; hypothesis setting; and goal setting. In response to this skills list and requests from the training participants, Mr. Grant agreed to share examples of Tribal TANF intake assessment and home visitation documents.



Mr. Grant next explored the concept of Integrated Case Management (ICM), which builds on the strengths-based and participant-centered strategies discussed earlier in the training. In his experience, assessment, planning, facilitation, evaluation, and other critical case management tasks are most effective when done in a collaborative manner. Mr. Grant said that, like wrap-around case management, ICM is a family-focused, strength-based approach that uses an independent facilitator to bring to the table all relevant people, including providers, family, and natural supports. He elaborated on some of the ICM principles (e.g., advocacy, team member participation, and transition planning strategies) and beliefs, among which include:

- *Remember that the planning process and information gathering stage builds the foundation of the ICM plan:* assessment is a tool to gather information on the participants' strengths and concerns and build a complete picture of the participants' situation at the beginning of the case management process. In many areas, the participant is in the best position to provide information;
- *Build consistent case plans:* setting short- and long-term goals gives the participant both a long-term vision of self-sufficiency as well as obtainable, shorter-term outcomes to build their motivation;
- *Consider all aspects of family's status:* this includes not only the implications of inter-generational poverty, but also where a participant is in terms of their self-sufficiency path compared to the week prior;
- *Recall that participants should function as team members and experts:* participants are the most important members of the ICM team. While other team members may be experts about programs and services, the participants are the experts about themselves. They are the people who have the day-to-day experience of how the case plan is working. Their feedback is essential to the successful functioning of an ICM team;
- *Share decision-making equally:* the integrated case manager may share decision-making equally with all other team members -- the role does not confer authority on the individual who holds it; and
- *Stay connected as a team:* set a date to review the case management plan and agree how often the team will meet. Intensive case management practice may require more frequent meetings (when the risk factors are high).

According to Mr. Grant, ICM offers a case management team a number of benefits; foremost, ICM helps participants see the connection between the goals they set for themselves and their participation in activities. Mr. Grant stated that ICM participants also experience higher success rates, particularly among those who previously had difficulty under a more traditional "compliance model" case management approach. Lastly, ICM encourages a team approach to solve issues and increases communication.



Case Management and Assessment Training – Day Three

Mr. Grant began Day Three with a review of how to develop an effective case plan. In addition to his earlier comments about including short- and long-term, obtainable goals and the importance of involving participants early and frequently in the design of the case plan, Mr. Grant provided the following recommendations:

- *Use screening and assessment information:* review initial or new ongoing information, including input from participants or other branch staff, other resources and partners, and screening for specific issues such as alcohol and drug use, mental health, domestic violence, learning needs, and physical health;
- *Clarify goals versus objectives versus activities:* goals are the ultimate statement of the outcome of the case plan; objectives are benchmarks that measure the success on meeting the case goal; and activities are the services that the agency, partner, or participant will perform to achieve objectives. Objectives should be specific, measurable, attainable/achievable, realistic, and time-bound (SMART). For example, a SMART objective within the Tribal TANF context could be: “by September 2016, increase Tribal TANF work participation rates by 10 percent”;
- *Match participant needs with strengths:* for each need identified, use the participant’s input on their strengths to find matching activities that suit current abilities. Arrive at an agreement about what the program will pay for and what the participant or other resources will provide;
- *Review the case plan with the participant:* have participants review and sign the form and provide them with a copy. If the participant does not sign the case plan, narrate the reason why and that an explanation of the plan was provided to the participant; and
- *Remember that case planning is ongoing:* case plans continue after a participant has obtained employment to support retention, wage enhancement, and eventual independence from programs. Before and after program exit, managers document all case plan activities, time lines and support services.

Participant Feedback

In response to participant questions, Mr. Grant provided the following formula for designing an objective:

(Increase/decrease) + (area of change) + (target population or behavior) + (degree of change) + (time frame)

Mr. Grant explained the necessity for case documentation, since it creates a legal record of case plan activity and program data collection; with the use of documentation, services and benefit issuance can be provided accurately, in a timely and successful way. Mr. Grant provided these suggestions on what case managers should document:

- Participant contact information;
- The findings of assessments and decisions at each stage of the case process;
- Interventions provided to the family, both directly and indirectly;



- Progress towards goal achievement, including risk reduction;
- Any changes in benefit levels;
- The outcomes of intervention; and
- The nature of partnerships with community agencies.

He also recommended that case plans should:

- Include concise narratives that show how the case manager arrived at decisions;
- Focus on facts, observations, interpretations, and decisions; and
- Avoid subjective, judgmental, or vague terms and avoid words such as “appear” or “seems to.”

Mr. Grant next discussed case management ethics and how these are essential to a successful program. According to Mr. Grant, there are five keys to ethical case management:

1. *Connection to the mission:* organize your practice and service around your mission statement. The mission statement is important, because it rallies staff around what the agency is trying to accomplish. This statement should be defined in the Tribal Family Assistance Plan;
2. *It is not about you:* case managers should remember that they are there to serve the participant. Avoid power issues with participants whenever possible, since this takes staff out of the “service mode”;
3. *Recognize boundaries:* avoid forming close or intimate relationships with participants, since these create role strain, a loss of objectivity, and potential for participant exploitation;
4. *Do not steal self-esteem:* speaking with disdain, irritation, or anger can diminish the participant’s self-esteem. Professional case managers have more prestige than participants and must take care not to abuse this power;
5. *Know your core values:* human services are based on a core set of values, which include: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. All human services workers must possess these qualities and practice these core values in their profession each day. Central to this practice is ensuring privacy and confidentiality. Do not ask for more information than is needed to assist a participant. Confidentiality can be broken in cases where harm may come to a participant or child (e.g., in cases of neglect and abuse).

Participant Feedback

Omaha informed the trainers that they have not yet developed a Tribal TANF mission statement. Mr. Grant will provide the Tribe with strategic planning materials to help in the creation of this statement.



At the conclusion of the training, Mr. Grant reviewed his best practices for conducting TANF home visitations. He explained that the purpose of a home visit is both to ensure a participant's safety and build rapport, as well as to ensure case plan compliance. Other recommended practices associated with home visits include:

- Do not knock on the door in a threatening way;
- Introduce yourself and agency representation, explain the purpose of the visit, and ask permission to enter the home;
- Ask the participant's permission to sit down;
- Observe the obvious rules in the home;
- Use discretion when offered any gifts. Try to understand and follow any cultural norms but be mindful of your agency's boundaries;
- Wear your agency's badge;
- Make sure your supervisor knows where you are visiting and carry your cell phone. Be aware of entrances and exits in the home and sit in a location where you can see the door;
- Before visiting, consider school release times and the participant's work schedule;
- Take anecdotal notes but also let the participant know the purpose of your documentation. Summarize your notes back to the participant before leaving and identify any to-do items; and
- Formally document the visit over the next few days.

Next Steps

At the conclusion of the training, OFA PeerTA staff reviewed next steps in completing Omaha's TA request along with who was responsible for completing each task:

Development of Omaha's Policies and Procedures Manual

- Follow-up with Claude Endfield with an update from the case management training and any items that have relevance to the policies and procedures manual and confirm next steps (**Patrick Heiman** – OFA PeerTA).

Share Resources Discussed in the Training

- Send Omaha examples of substance abuse policies taken from Tribal TANF policies/procedures manuals (**Jon Grant** – **Falmouth Institute**);
- Send Omaha examples of Tribal TANF assessment/intake forms (**Jon Grant** – **Falmouth Institute**);
- Send Omaha examples of home visitation documents (**Jon Grant** – **Falmouth Institute**);
- Send Omaha examples of "eco-mapping" (**Jon Grant** – **Falmouth Institute**);
- Send Omaha an example of a resource manual (**Jon Grant** – **Falmouth Institute**); and
- Send Omaha examples of aftercare tools (**Jon Grant** – **Falmouth Institute**).



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Additional Follow-up Items

- Share the results of the training evaluation (**Jennifer Newton – Falmouth Institute**); and
- Schedule a follow-up conference call in late January 2015 to review progress and discuss any other needed TA (**Patrick Heiman – OFA PeerTA**).



Appendix A – Training Agenda

**Tribal TANF Case Management and Assessment Training
Omaha Tribe of Nebraska
Sacred Child Center
Macy, Nebraska
November 18 – 20, 2014**

Tuesday, November 18

- | | |
|-------------------------|---|
| 8:30 a.m. – 9:00 a.m. | Opening Prayer, Introductions, and Expectations |
| 9:00 a.m. – 11:30 a.m. | Introduction to Case Management <ul style="list-style-type: none">• Case Management Theory, Philosophy, and Goals• Family Systems Theory |
| 11:30 a.m. – 12:30 p.m. | Lunch |
| 12:30 p.m. – 4:30 p.m. | Other Theories Supporting Case Management <ul style="list-style-type: none">• Maslow’s Hierarchy of Needs• Operant Conditioning• Circle of Life |

Wednesday, November 19

- | | |
|-------------------------|--|
| 8:30 a.m. – 11:30 a.m. | The Role of a Case Manager <ul style="list-style-type: none">• General Case Management Skills• Specialized Skills• Special Populations• Challenges and Vision |
| 11:30 a.m. – 12:30 p.m. | Lunch |
| 12:30 p.m. – 4:30 p.m. | Integrated Case Management (ICM) <ul style="list-style-type: none">• ICM Principles and Beliefs• ICM Teamwork• ICM Case Planning Process |



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Thursday, November 20

8:30 a.m. – 11:30 a.m.	Developing an Effective Case Plan <ul style="list-style-type: none">• Basic Beliefs• Deficit-Based vs. Family Centered Approaches• Case Plan Expectations• Developing Goals• Case Plan Format• Ongoing Case Planning
11:30 a.m. – 12:30 p.m.	Lunch
12:30 p.m. – 2:30 p.m.	Case Management Ethics <ul style="list-style-type: none">• Five Key Components of Ethics• Purpose of Ethics• Required Ethical Competencies
2:30 p.m. – 4:00 p.m.	Case Documentation <ul style="list-style-type: none">• Why and What to Document• Content of Case Records
4:00 p.m. – 4:30 p.m.	Home Visitations <ul style="list-style-type: none">• Purpose and Best Practices