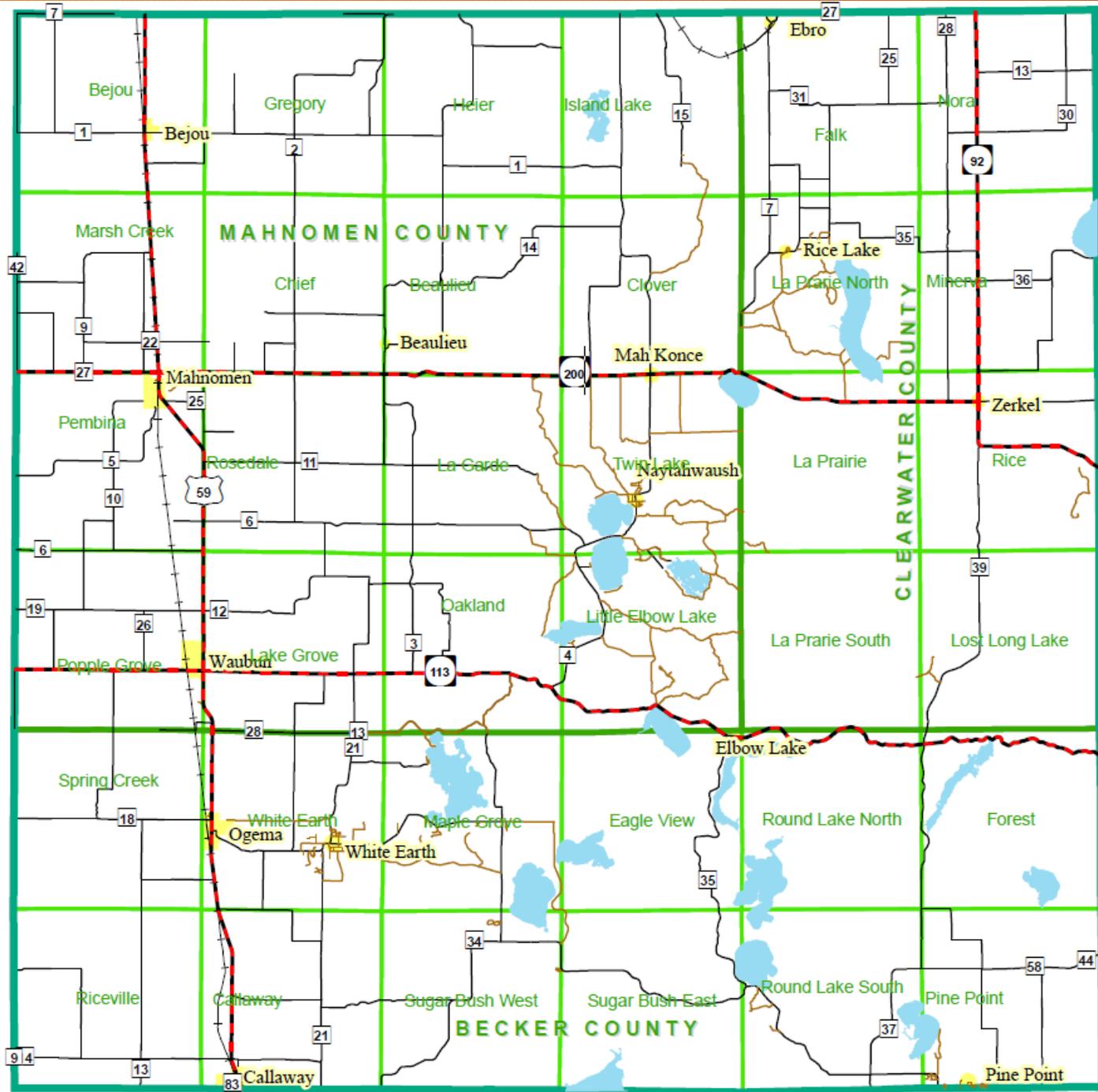


# WECARE

White Earth Coordination Assessment Resources and Education

# White Earth Nation









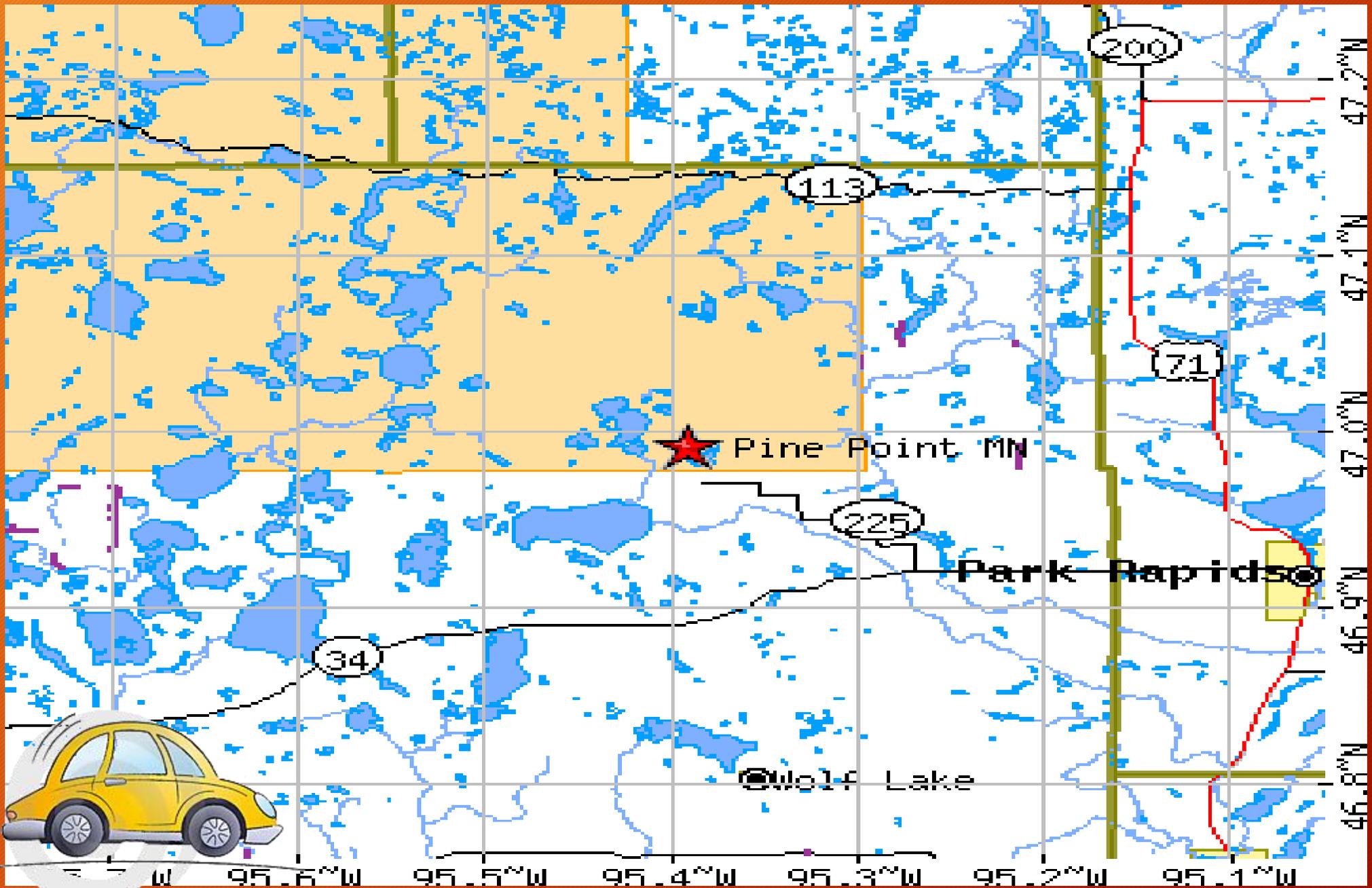








# White Earth Public Health Services







PINE POINT SCHOOL



# This is the coverage area for the Aerial Photo Map



Source/Copy right:ESRI StreetMap NA





# Programs

Job & Training  
Financial Services  
Homeless Program  
Vocational Rehab  
Boys & Girls Club





# MOM's Program

Maternal Outreach Mitigation Services





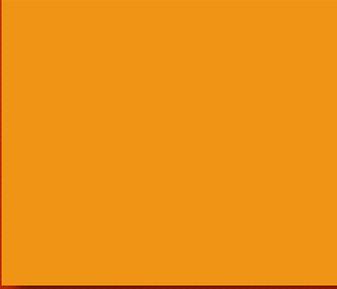








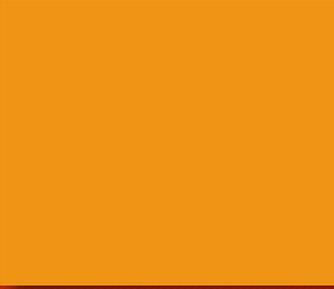
# Elbow Lake Village

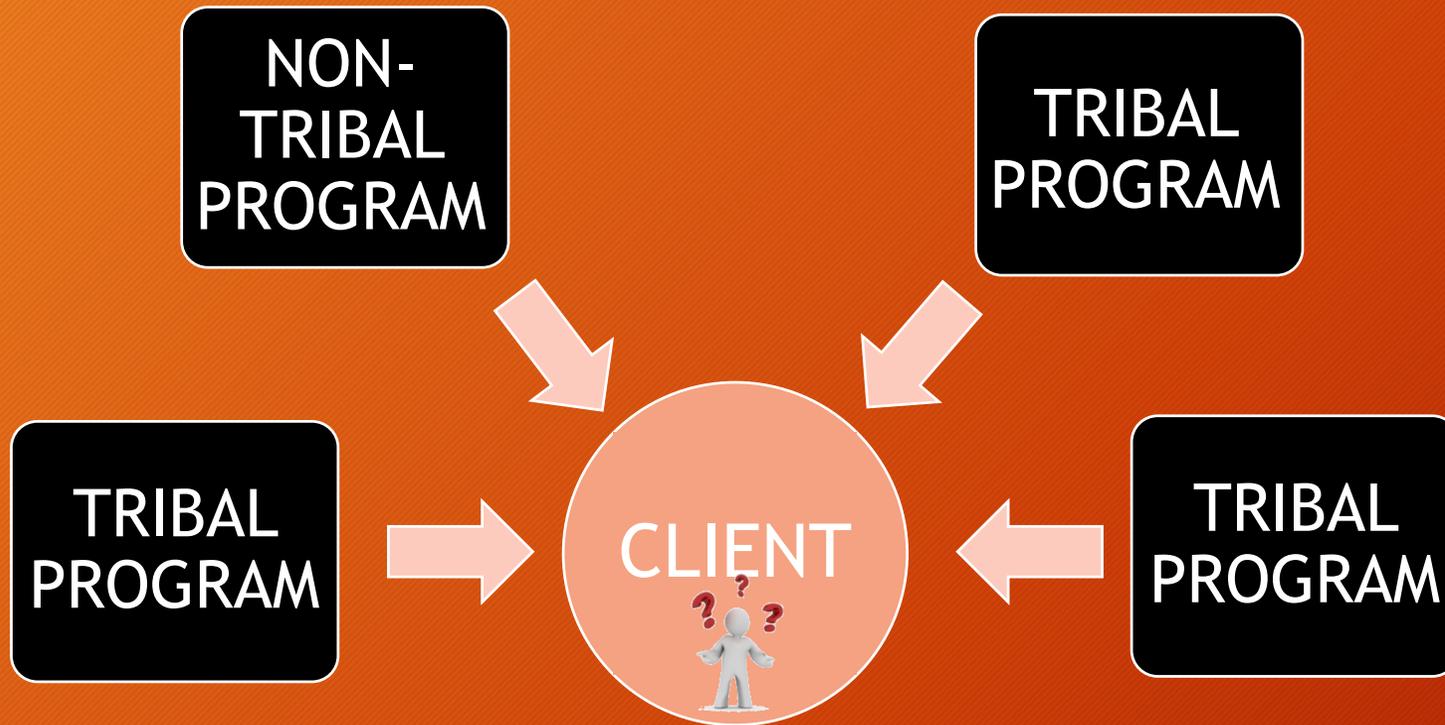


# Elderly Nutrition Site









## Pre WECARE Process

Lack of coordination, communication and not client centered

# WECARE Goals

## Communicate

Engage and listen to the voices of families

Share Data with all Tribal programs

Decrease staff time making referral

Increase program accountability

## Coordinate

Align and link services and program resources

Reduce paperwork and forms for both clients and staff

Reduce duplication of services

## Client Driven

Client and families must be engaged and active through the whole WECARE process

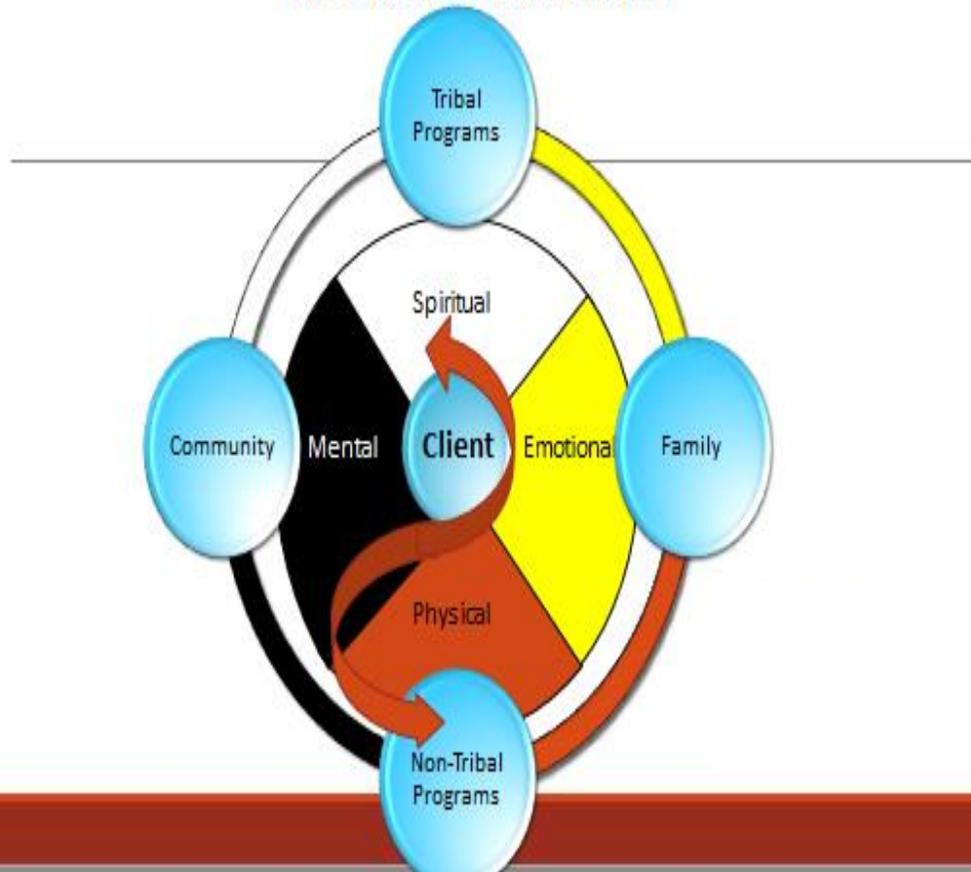
Voluntary involvement

Client decides what programs they want to work with

Client identifies needs and goals

# WECARE Support

## WE CARE MODEL



## SIMS Grant



## Rural Impact



# WECARE Process

Uploaded into  
RiteTrack

- Universal Release Form Signed

Client Driven

- WECARE Assessment Completed

RiteTrack

- Electronic Referrals Submitted

# Universal Release Form



## White Earth Band of Ojibwe Authorization for Use or Disclosure of Information

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Please Print)

This Authorization is a voluntary consent to allow White Earth Nation Programs to disclose limited information regarding my participation in their services. The purpose of disclosure of my participation in services with White Earth Nation Programs is to facilitate provision of services and case management across the White Earth Nation Programs. The information provided will include my name, address, telephone number and household members and will solely be used to allow White Earth Programs and Agencies to identify other service providers within the White Earth Nation providing services to me or my family members.

**This Authorization does not allow the exchange of any private information protected by Tribal, State, or Federal data privacy laws.**

White Earth Nation and its Programs will not disclose health information without authorization as required by federal law. To share protected information you will be asked to sign a written authorization that allows us to send or receive your information. Prior to signing, you will be fully informed of the exact information you are authorizing to be shared.

### Acknowledgment

I understand that information obtained will be shared between White Earth Nation Programs for assessing, planning and facilitating the delivery of services for my benefit. I understand that this Authorization does not allow the exchange of information protected by Tribal, State, or Federal Law and that I will be provided a separate Authorization for protected records as needed.

I acknowledge receiving a copy of this Authorization. This Authorization will remain in effect unless revoked in writing.

\_\_\_\_\_  
Signature of Client, Guardian or Custodian Date

If signed by Guardian or Custodian, please indicate relationship to client: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness Date

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose. Failure to follow Tribal, Federal and State laws regarding disclosure of private and protected information may result in fines or criminal penalties.

# WECARE Needs Assessment

## Emotional-Substance Use and Abuse

Substance use is effecting my family and I need help:

I am active in sobriety and would be willing to help others:

I would like more information about addiction:

I would like help to quit using tobacco:

I would like more information about support services:

## Emotional-Children

I have concerns about my children having behavioral problems at school, home or in the community:

I have a good relationship with my child's school and feel comfortable talking with them:

I believe my child's culture is honored in the curriculum and practices in his/her school:

My children would benefit from additional educational and/or recreational activities:

I would like to enroll my child(ren) in pre-school, head start or child care:

I need assistance locating and/or paying for child care:

## Emotional-Client

I have experienced a traumatic event in my life:

Do you feel sad or unhappy frequently:

I believe me or my children would benefit from mental health services:

**Do you or someone in your family have thoughts of suicide:**

I would like to learn more about my cultural heritage:

## Physical-Children

My children are up to date on medical well-child checks and medical needs:

My children are up to date on their immunizations:

I want more information on parenting:

I want more information on early childhood services:

I want a nurse or home visitor for my child:

Do you have age/size appropriate car seats for your children:

A new WE CARE Universal Intake Submission has been processed.

The following programs and departments have been notified:

- RSS
- Veterans
- TEAM
- Financial
- Mental Health
- Education
- Child Care
- Home Health Agency
- Fuel Assistance

To view this intake log onto [RiteTrack](#), then the client information can be access by following this [link](#).

The Intake number for this submission is 191.

Email Notification

# WECARE Process Continues...

Accept/decline

- Programs have 3 working days to contact client to explain services

WECARE Family Team

- The client identifies what programs they would like to work with on identified needs

Uploaded into RiteTrack

- WECARE Team & Client/family meet to create a plan. Everyone signs a confidentiality form

# Confidentiality Form

**WHITE EARTH COORDINATED, ASSESSEMENT, RESOURCES AND  
EDUCATION TEAM (W.E.C.A.R.E.)**

**CONFIDENTIALITY AGREEMENT**

**Regarding:**

\_\_\_\_\_  
(Last name, Middle I., First name)

\_\_\_\_\_  
(DOB: MM/DD/YYYY)

All confidential information, which is gained through collaboration of the WECARE team regarding clients and their children, is subject to this confidentiality agreement.

As a member of the WECARE team representing the above named individual, I agree, by signing below, to adhere to all applicable confidentiality laws, rules and policies in effect at the Tribal, State and Federal levels.

I understand that a violation of applicable Tribal, State and Federal confidentiality laws, rules and policies will result in immediate termination from the WECARE team. I also understand I may be subject to other civil law and criminal penalties as provided by law.

\_\_\_\_\_  
Signature/Date

# WECARE Process Continues...

Client driven

- Review of identified needs and client prioritizes which goals they would like to work on first

Accountability

- WECARE Family Care Plan developed with phases of completion by identifying what is expected of client/family and staff

Developing confidence in client/family

- WECARE Team & Client/family will meet as directed by client to review and complete goals

# Online version of WECARE Plan

Drag a column header and drop it here to group by that column

Actions	Needs Category	Need Description	Goal
 	Legal	child support	08/17/15 Client would like to receive monthly child support payments from children's father.
 	Legal	Community Service	08/17/15 <del>Client</del> wants to get community service program started in lieu of paying a \$350 fine
 	Cultural	Enroll Children	08/17/15 Enroll her two children with the White Earth Tribe. 8/31/15 Complete enrollment application with the assistance of her Parent Mentor during her home visit.
 	Child Care	Child Care	08/17/15 <del>Client</del> needs child care & child care assistance to keep attending substance abuse groups for the MOM's Program.
 	Child Care	Parent Mentor	08/17/15 <del>Client</del> interested in the Parent Mentor Program.
 	Education	Head Start Enrollment	08/17/15 <del>Client</del> wants to enroll her daughter into Head Start by 09-01-15.
 	Health	Immunizations & Well Child Check Ups	08/17/15 <del>Client</del> wants her children's immunization & well child check ups completed before Head Start begins this fall.
 	Mental Health	consult	08/31/15 Reconnect with Mental Health provider in Crookston, MN at Northwestern Mental Health, her name is "Nancy".
 	Child Care	Scheduling routine	08/31/15 <del>Client</del> would like to develop family bedtime/wake up time schedule for herself & children to meet school & group start times.

# Printable version of WECARE Plan

Head Start Enrollment	8/17/2015	08/17/15 <del>Michelle</del> wants to enroll her daughter into Head Start by 09-01-15.	08/17/15 White Earth Head Start application was provided to <del>Nicole</del> by Kim Turner-WECARE Coordinator during the Care Team meeting as requested by White Earth Headstart <del>Michelle</del> will complete at home later this week. 8/31/15 <del>Michelle</del> has her daughter <del>Michelle</del> enrolled in the Mahnomen Mahube Head Start and her son <del>Jayden</del> in the home base program with Mahube. She has a 2:00pm meeting today with the Head Start teacher at her home in Mahnomen.	08/17/15 Julie Williams-MOM's Program will follow up later this week with <del>Michelle</del> to see how the application process is going. She will assist her if need.	Mental Health	8/31/2015	Completed 8/31/2015	08/17/15 <del>Michelle</del> has her daughter already enrolled in the Mahnomen Mahube Head Start but transportation to child care will be an issue if she continues child care in Waubun. White Earth Head Start application was provided to <del>Michelle</del> to complete at home if she wishes to switch Head Start sites.
Immunizations & Well Child Check Ups	8/18/2015	08/17/15 <del>Nicole</del> wants her children's immunization & well child check ups completed before Head Start begins this fall.	08/17/15 Home Health nurse @ MOM's program will review children's immunization records on MIIC. Well Child Exam will need to be scheduled at I.H.S. Clinic or Essentia Clinic in Mahnomen. 8/31/15 Mina Spalla & Rose Tasto from the MOM's program stated children's immunizations are up to date. But need to schedule <del>Tashina</del> well child exam after her 3 y.o birthday which is on 9/1/15.	8/31/15 Mina Spalla, RN @ MOM's Program reports that the children's immunization are up to date. Home Health nurses at the MOM's Program will assist <del>Michelle</del> scheduling this well child exam for her children in White Earth I.H.S. or Essentia in Mahnomen.	Home Health	9/17/2015	On Going	9/17/15 Mina Spalla is assisting with phone call to make appointments for well child exams (Essentia in Mahnomen) and dental (I.H.S.) 08/17/15 Nicole also wants a speech consult done with <del>Tashina</del> but it was suggested to be done after turning 3 y.o. Heather Hamlin said that the Head Start program will do this evaluation during the school

# Successes & Challenges

Training Sessions:	36
Staff trained:	269
Outside agency trainings:	189
WECARE Assessments:	526
WECARE Family Plans:	12 visits 7 n/s
Grant received:	5





Hold the Vision... Trust the process

# Looking Ahead

## Indian Health Service



## Circle of Life Academy



# Mii-gwetch

Thank you