



#### Chippewa Cree TANF Webinar

Friday, March 9, 2012 ❖ 2:00 − 3:30 p.m. Eastern Time

#### **Presenter:**

Dr. Geni Cowan, Eagle Blue Associates

Lisa Washington-Thomas, Moderator, Office of Family Assistance,
Administration for Children and Families

**Welcome! The session will start momentarily.** 





#### **Webinar Learning Objectives:**

- To describe wraparound services and how to use them effectively.
- To identify and describe the 10 principles associated with wraparound services.
- To facilitate discussion on the various phrases of practice when implementing wraparound services.
- To review the Six Themes of Implementation.





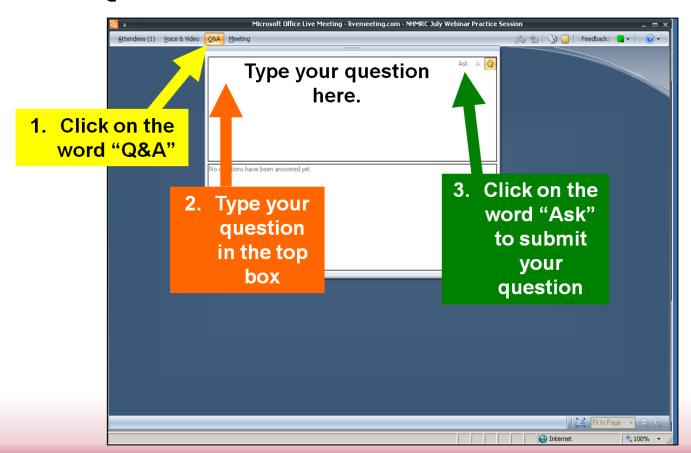
#### Agenda:

2:00 – 2:05 p.m.	Welcome and Webinar Logistics (Lisa Washington-Thomas, Welfare Peer TA Network, Office of Family Assistance)
2:05 – 2:10 p.m.	Opening Remarks (Elaine Topsky, Chippewa Cree Tribal TANF Program)
2:10 – 2:15 p.m.	Presenter Introduction (Elaine Topsky, Chippewa Cree Tribal TANF Program)
2:15 – 3:20 p.m.	Dr. Geni Cowan, Eagle Blue Associates
3:20 – 3:30 p.m.	Question and Answer Session (Dr. Geni Cowan and Kamille Beye, WPTA Team)
3:30 p.m.	Closing Remarks (Kamille Beye)





#### **How Do I Ask a Question?**



# IMPLEMENTING WRAPAROUND SERVICES IN TRIBAL TANF

Geni Cowan, Ph.D.

Facilitator/Instructor



# What is "WrapAround?"

A team-based planning process that provides individualized, coordinated, client-driven care to meet the complex needs of tribal TANF clients who may need the support of multiple systems

# What is WrapAround?

 According to the National WrapAround Initiative:

"a planning process that is used to coordinate, create, tailor, and individualize services and supports to fit the unique needs of the child and family while also building on their strengths"

# **Keys to Effective WrapAround**

- Creativity
- Flexibility
- Wide range of options
- Open doors
- Pace and urgency
- Timeliness



# 10 Principles

- 1. Family Voice and Choice
- 2. Team-based
- 3. Natural Supports
- 4. Collaboration
- 5. Communitybased

- CulturallyCompetent
- 7. Individualized
- 8. Strengths-based
- Unconditional Care
- 10.Outcome-based

# 1. Family Voice and Choice

- Family perspectives are intentionally solicited
- Family members should be coached and encouraged to speak for themselves
- Family members must have a safe environment in which to express their needs, frustrations and views

# 1. Family Voice and Choice: Practices

- Promote communication
- Ensure that the family's voice is heard, not the case manager's or other advocates
- Help family reach consensus
- Educate other team members on the importance of the family's voice/choice
- Develop complete understanding of family circumstances and perspectives

#### 2. Team-based

#### Team members...

- are agreed-upon by the family/ participant
- are committed through informal and formal support relationships to the family and their success (self-reliance, wellbeing)

#### 2. Team-based: Practices

- Case manager coaches the family to understand who might be potential team members
- Case manager helps family select team members
- Sometimes, the family has no choice as to team members; case manager helps them understand why

#### 2. Team-based: Practices

- Case manager must be knowledgeable about community resources and services (the little black book)
- Case manager helps family understand both contributions and challenges brought by different team members

# 3. Natural Supports

- Utilizes sources of support that are separate and independent
- Sources of natural support often are very important to and influential with the family
- These interpersonal relationships bring value to WrapAround by broadening the diversity of support, knowledge, skills, perspectives, and strategies available

#### 4. Collaboration

- Cooperation
- Shared responsibility
- Blending of team members' perspectives, mandates, and resources
- Team decisionmaking with consideration for constraints
- Balance between team goals and participant/family goals

# 5. Community-based

- All involved must be able to see the entire community as a resource
- Promotes integration of participant/family into home and community
- Seeks to utilize services that are locally accessible
- Requires community development to establish a community system of care

# 6. Culturally Competent

- Demonstrates respect for and builds on the values, preferences, beliefs, culture and identity of the participant, family, and their community
- Recognizes that a family's traditions, values, and heritage are sources of great strength
- Embraces that shared cultural identity can be essential and "natural," likely to endure after formal services have ended

#### 7. Individualized

- Case planning is customized to the participant/family
- One size does not fit all!
- Each participant's case plan is uniquely tailored to fit the participant/family
- The process is consistent for all participants; the plan is unique to each

# 8. Strengths-based

- Identify, build on, and enhance the capabilities, knowledge, skills, and assets of the benefit group
- Interactions among team members demonstrate mutual respect and appreciation for the value each person brings to the team
- Success based on efforts to utilize and increase benefit group's assets

#### 9. Unconditional Care

- Keep working toward the goals included in the plan until the team reaches agreement that a formal WrapAround process is no longer required
- Sticktuitiveness
- Undesired behavior, events, or outcomes are not seen as evidence of "failure"

#### 9. Unconditional Care

- Make sure care and support do not stop in the face of barriers and challenges
- Frame undesired or unachieved outcomes as deficiencies in the plan, NOT as weaknesses or failures of the family or any member of the team
- Use strengths and flexibility to modify the plan immediately when something is not working as anticipated

#### 10. Outcome-based

- Ties the goals and strategies of the plan to observable or measurable indicators of success
- Monitors progress in terms of these indicators
- Desired outcomes should include selfreliance and self-advocacy
- Accountability

#### How does it work?

- Case manager can be the "facilitator" or "family partner"
- The WrapAround Team is made up of 4 10 professionals and family/friends/ community who know the participant best
- Caution! The team should be <u>no more</u> than 50% professionals

#### How does it work?

Case manager is the "facilitator" or "family partner" that works with the family to

#### **Assess**

- discover their strengths
- determine major needs

#### **Develop (Case) Plan**

- set goals
- develop strengthsbased options

#### **Phases of Practice**

#### **Phase 1: Engagement and Preparation**

- Orient family (intake)
- Gather perspectives on strengths and needs (assessment)
- Stabilize family safety; address emergency needs (crisis intervention)
- orient Child and Family
  Team members

- Complete strengths summaries and inventories (assessment)
- Arrange initialWrapAround planningmeeting

#### **Phases of Practice**

#### **Phase 2: Plan Development**

- Hold a meeting to introduce process and team
- Present assessment results
- Ask for additional information re: strengths from group
- Lead team in creating mission
- Introduce needs; get more information

- Lead team in prioritizing needs
- Lead team in brainstorming solutions
- Solicit and assign volunteers
- Document and distribute plan to team members

# **Steps to WrapAround**

#### Phases 1 and 2 (first 2 weeks)

- Engagement of family
- Immediate crisis stabilization and safety planning
- Strengths, needs, culture and vision discovery (assessment)

#### **Phases of Practice**

#### Phase 3: Plan Implementation & Refinement

- Hold regular team meetings to get information on accomplishments and challenges
- Lead team
  assessment of
  follow-through and
  impact of plan

- Modify plan:
  - o Adjust
  - o Stop
  - o Maintain
- Solicit volunteers to help make changes
- Document team meetings and distribute record

#### **Phases of Practice**

#### **Phase 4: Transition**

- Hold meetings to:
  - Solicit team's sense of progress
  - o Chart met needs
  - O Discuss life after WrapAround
- Review presenting circumstance; assess for change

- Identify who else can be involved
- Facilitate approach to post-WrapAround resources
- Facilitate "what-if" rehearsals

### Steps to WrapAround

#### Phases 3 and 4 (ongoing)

- Family and team formation and Family
   Team Plan
  - Preparing for and facilitating the meeting
  - The WrapAround Plan
- Ongoing crisis and safety planning
- Tracking and Adapting (the WrapAround Plan)
- Transition (Out of formal services/ graduation)

#### **Barriers to Positive Outcomes**

- Co-morbidity/complexity of benefit group needs
- Lack of full engagement of families
- Not adapting or individualizing plans
- Interagency coordination not sufficient:
  - Attention to organizational/system context
  - Applying technologies for high-quality implementation of effective practices

# Why Participants Quit

- Stressors associated with the plan
- Irrelevance of plan or activities
- Poor relationship with case manager
- Triple threat: poverty, single parent status and stress
- Concrete obstacles: time, transportation, child care, competing priorities
- Previous negative experiences with human services programs/agencies

# **6 Themes for Implementation**

- 1. Community Partnership
- 2. Collaborative Action
- 3. Fiscal Policies and Sustainability
- 4. Access to Needed Supports and Services
- 5. Human Resource Development and Support
- 6. Accountability

# 1. Community Partnership

- Defined as
   "collective community ownership of, and responsibility for, wraparound that is built through collaborations among key stakeholder groups"
- Requires <u>community</u> participation
- Key stakeholder group

# 1. Community Partnership

- Characteristics and capacities needed:
  - Ability to collectively take responsibility for oversight
  - Relevant expertise
  - Authority to make commitments and decisions
  - Effective participation: more than just attending meetings
  - Buy-in!

#### 1. Community Partnership

- Start with what you have
- Invite stakeholders to participate
  - Orientation
  - "Rules of engagement"
  - Create detailed descriptions of the role and responsibility of each team member and the team as a whole
  - Who are the key stakeholders?
- Have a clear statement of purpose

#### 2. Collaborative Action

- "...policy makers, in collaboration with community and system partners as well as practitioners and families, must work together to take the steps that are needed to achieve the goals..."
- WrapAround needs a champion!!
- A "guiding plan"
- Focus on coordinated planning

## Why Collaborate?

- Eliminates fragmentation and duplication of services
- Can eliminate distrust among people
- Is a way to use scarce resources wisely
- Increases ability to address multiple needs and risk factors across domains
- Improves effectiveness of intervention
- Improves capacity
- Enhances staff and community safety

## 3. Fiscal Policies & Sustainability

- Can you do WrapAround without additional funding?
- Depends on:
  - how much use you will make of WrapAround
  - how flexible your current resources are
- Ensure that adequate resources are available for staffing so that key tasks are done efficiently and effectively

# 3. Fiscal Policies & Sustainability

- What has to be paid for:
  - Facilitation of teams, meetings and plans
  - Care coordination, including organizing, arranging and modifying services, supports and interventions
  - Management infrastructure
    - This may require revision of position descriptions/duty statements
    - Make a distinction between current case management practice and wraparound case management practice

## 3. Fiscal Policies & Sustainability

#### For example:

- If the plan calls for Medicaid to pay for a medically-necessary service, can tribal TANF funds be used to pay for a cleansing ceremony?
- If the plan calls for chemical dependency services, can vocational rehabilitation pay for the AOD assessment and tribal TANF pay for counseling? Or vice versa?

# 4. Access to Needed Supports and Services

- What do your families need?
- Include formal existing services and informal community-based supports
- Be creative!
- A wide range of options should be available
  - Some already exist
  - Some will have to be developed
- Ensure "open doors"

# 4. Access to Needed Services and Supports

#### Unconditional Care:

 If something does not work, the family did not fail; the plan did not work out.

#### Timeliness

- Services available when needed, shut off when not
- Family does not stay in a service if they no longer need it
- Create a service provider network

# 5. Human Resource Development and Support

- Anticipate how WrapAround will affect program functioning and align staff roles
- Develop these capacities:
  - Facilitator/care coordinator
  - Family support partner
  - Advocates
  - Direct support services (not available on tribal TANF staff)
  - Supervisors

# 5. Human Resource Development and Support

- Establish baseline performance expectations
- Adequate support for WrapAround staffing:
  - Do not just add wraparound to current position descriptions or staff roles
  - Manage work and caseload
  - Assess staff training needs; develop individualized training/development plans

## 6. Accountability

#### Establish indicators of success and failure

- Establish clear outcomes
  - Are you getting the right results for your effort?
- Set process elements
  - Are you following the appropriate processes and procedures?

## 6. Accountability

- Gather satisfaction and other data directly from families
  - Are individual families satisfied with your implementation of WrapAround?
- Monitor costs
  - Is your investment of time, money, personnel, space, etc., worth it?

#### **Barriers**

- Categorical funding
- Deficit-based
- Create multiple plans
- Specialized language
- Limited collaboration
- Natural supports not used
- Family voice and choice not heard
  - -- Deb Painte, Native American Training Institute

#### **Practice Requirements**

- Community collaborative structure
- Administrative and management organization
- Referral mechanism
- Resource coordinators
- Strengths and needs assessment
- Formation of family team

### **Practice Requirements**

- Interactive team process and formation of a partnership to develop individualized plan
- Development of a crisis/safety plan
- Measurable outcomes monitored on a regular basis
- Review of plans by the community collaborative structure



### **Implementation Planning**

- Develop the community collaborative structure
  - Who?
    - Identify the stakeholders
  - How?
    - Getting stakeholders engaged
  - When?
- Establish tribal TANF program as administrative/management organization for community wraparound

## **Implementation Planning**

- Administration/Management (continued)
  - What changes need to be made within tribal TANF program to manage the wraparound process?
  - Roles and responsibilities defined
  - Define the referral mechanism:
    - How do you get participants into wraparound services?
  - Fiscal concerns: who pays for what?
    - Identify costs and resources

## **Implementation Planning**

- Administration/Management (continued)
  - Staff development needs
    - What skills and knowledge do stakeholders need to effectively participate?

- Resource Coordinators
  - Identify potential Family Team members
  - Identify service providers that may be needed
  - Role of case managers?

#### Tasks/Activities Timeline

- What tasks do you need to work on immediately?
- What will you have done in the next 30 days? Six months? Nine months?
- How will you know when a task/activity has been completed? A change to your administrative structure has been made? Have you made progress toward organized implementation of WrapAround?







#### Welfare Peer TA Network Webinar

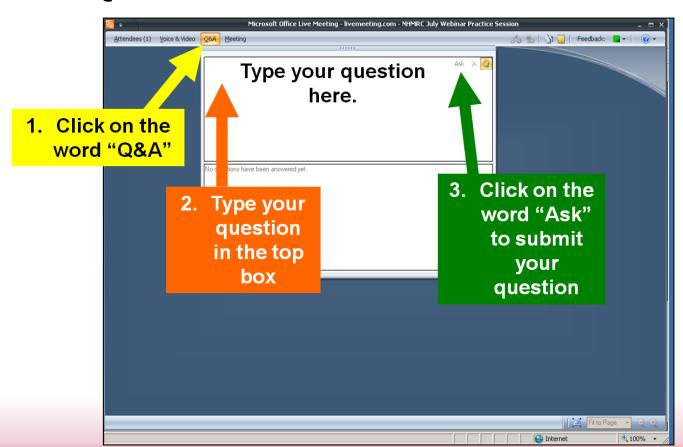
# Question and Answer Session





#### Welfare Peer TA Network Webinar

#### **How Do I Ask a Question?**







#### Welfare Peer TA Network Webinar

THANK YOU for attending the Webinar!
A transcript and audio recording will be available in
5-10 days on the Welfare Peer TA Network Web site.

Please help us to expand our network and reach a greater number of people by directing interested colleagues to <a href="http://peerta.acf.hhs.gov">http://peerta.acf.hhs.gov</a>.

Please be sure to register for additional upcoming Webinars through the Welfare Peer TA Network Web site.