



Building a PEER TA Network State by State

Chippewa Cree Wraparound Case Management Services Webinar

Moderator: Lisa Washington-Thomas

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2:00 pm EST

Lisa Washington-Thomas: Well actually I'm really happy because you know it's events like this where you have a little trouble that tend to turn out all right. So I am glad that we're struggling a little bit as we have this Webinar. I want to thank Elaine Topsy and her staff for requesting the Webinar.

My name is Lisa Washington-Thomas. I am the Federal Project Officer for Welfare Reform Peer TA Network. And we have our contracts staff. I'll mention them first and leaving the best for last.

So we have Kamille Beye, Patricia Strong and Renée McMullen from BLH. We have Katie Caldwell from ICF. And we have Dr. Geni Cowan from Eagle Blue Associates.

And we're so happy that you are here to again talk about wraparound case management services.

Dr. Geni Cowan: Well thank you.

Lisa Washington-Thomas: I'll just go through some housekeeping.

Our learning objectives for this Webinar are to describe the wraparound services and how to use them effectively. And I realize that this is a repeat. Some of you have had this information. We've also during this Peer TA response we have had the ability to do a conversation about looking at two cases.

So again, this is a reinforcement for some and an introduction to others, describe the wraparound services and how to use them, identify and describe ten principles associated with wraparound services and facilitate a discussion on various phases of practice when implementing wraparound services.

And finally we'll review the six themes of implementation.

I am not going to go over the question and answers. If only - since it's just you guys we will forgo the online question and answers. And as you have a question or during the question and answer session you just – you can just voice your questions via the phone line.

So I – we won't worry about the – doing the online questions and answers.

Our agenda it is a little off kilter right now. But what we have planned to do is welcome opening remarks by Elaine Topsy. And then Elaine Topsy will introduce Dr. Cowan. And then we will turn it over for Dr. Cowan to begin her training.

So at this point Elaine Topsy are you ready to...

Elaine Topsy: Yes.

Lisa Washington-Thomas: Okay so I'll turn this over to Elaine Topsy.

Elaine Topsy: Okay. My name is Elaine Topsy. I'm the Chippewa Cree Tribal TANF Director. And we started our program in 2004 after our tribe researched how we could take over our program from the State. And it was a long period and a big risk on the council's part. And it was a long process.

And those of us who started working with TANF had very little experience in - about the program. And we started from scratch. We didn't have anything at all. And literally, you know, and we had to go out and find desks, our phone system and everything.

The council hired staff and it was a process too transferring the files from the State.

So it's been a big learning experience for us and always look at it as a challenge because we're in a position where we could help our people because we could relate to them to where the people used to have to travel 30 miles away for services.

And so now they're able to come to our office here in Rocky Boy. And we can develop programs for them to meet our needs as Indian people.

And so we have a - we have nine staff. We have five case managers. And we're always changing. We're always working on our policies.

And over the years we've met different people. The key people that we've met, one of the really key people that have helped us is Dr. Cowan.

I met Dr. Cowan first in 2007 in Seattle. And I got to meet with her and I was really impressed with the way she delivered her training and her ideas and was able to give us a picture of what it is that we are responsible to do as far as case management in TANF in Indian country.

And I've never been able to – I've never met anyone else that has provided that kind of environment that she does when I talk to her and I go to some of the sessions that she's had over the years.

I met her dad in Minnesota and that's where I talked to her about providing TA for Rocky Boy.

She did that. She came to Rocky Boy and did a program assessment for us. And she also came to Rocky Boy again and did case management training for us.

And so that's the kind of commitment that she's provided for Rocky Boy. And she's very familiar with tribal TANF and just it's a place where we can understand what it is our responsibilities are for our program. And she provides that training and the tool that we've been able to use over the years.

We're very lucky that she's with this program Parent and TA. And she continues to offer those services to us. And at one of our last conferences we talked about getting the training through Webinars.

And hopefully we will get that Webinar here up and going before the end of today before the end of this hour anyway. But it's been very good.

You know I – we have the tools that Dr. Cowan has given us. And she's become a – one of our biggest assets in our program. And she really – she knows what she's talking about when we – when she helps us.

In our department right here who's in attendance is myself as a director and we have four case managers. We have two new case managers we've recently hired the last couple of weeks.

Samuel Campor is our newest case manager. We have Edna Ball who's been here since the start of TANF. We have Colleen Baker as one of our new case managers. And then we have Ken LaFromboise.

So I'd like to welcome everyone on the case management webinar today and thank you for being with us today.

Dr. Geni Cowan: Well shoot, Elaine Topsky, thank you, my goodness. You make me sound good to meet.

I know you guys remember when we went through wraparound last year when it was introduced to you and we went through the processes. And but I want to spend a little bit of time on just kind of reviewing just what some of that was.

And my guess is -- and you can correct me if I'm wrong -- my guess is the larger issue is organizing and implementing wraparound as a formal service through your program.

So I want to spend a little more time on how you might go about reviewing how you're doing it now and what some of the principles are.

The National Wraparound Institute has quite a bit of material that you might want to look at at some point about administering wraparound programs, how to organize, different ways you can approach the community, what the important components are in a community that you need to have available in order to effectively implement wraparound services.

So by way of review and you let me know at what point it is that you have the meeting slides in front of you so that you can look at it. I'm going to keep

looking at them but you let me know when they come up for you and you're able to join the meeting.

You will recall that we talked about what wraparound was in the first session that we had together when I was out there.

I believe as I recall correctly we spent most of our time on the case management practices that integrated Wraparound.

So I'm going to back up and do a little bit review this. And I ask you do you remember or in your mind what is wraparound? When you think about it what is that to you?

Lisa Washington-Thomas: Hi Dr. Cowan. I got a call a message from the operating operator saying that Ms. Topsy line - her line just dropped. So can we confirm that she's on the line?

Dr. Geni Cowan: Elaine?

Elaine Topsy: We're here.

Dr. Geni Cowan: Oh good.

Elaine Topsy: We got cut off somehow.

Dr. Geni Cowan: Yes well, you know it's cyberspace--what do you want?

So what the question I was asking before you guys got cut off was I want to check in with you about how you perceive wraparound. When you think about it what comes into your mind? What would you think it is?

Ken LaFromboise: I think it means collaboration amongst our programs to help our people go through their situations, help with getting, overcome their barriers, and help with process getting all the services that they're eligible for.

Dr. Geni Cowan: All right, all right. Anybody else?

Okay. Now my great-grandmother grew up on the reservation in Mississippi in Choctaw. And one of the things that she did, there's a lot of marsh and there's a lot of greenery that's used for weaving.

And so she would make us when we were little kids she would make us go out there and pick it and bring it back so that she could cure it and use it to make watertight baskets. And when she rolled those things you could put water in it and it wouldn't leak. It was amazing.

I never learned how to do it because I was just too stubborn. But I remember watching her take these grasses and weave them together very tightly.

And when I was in Navajo country I watched them put these huge looms up and take the wool from the sheep and put it on the loom and turn it into threads and then we'd make blankets out of it.

That's how we think about wraparound. It's weaving together all of these services that Ken's talking about in order to provide for your client for your people a coordinated, not just coordinated but a tightly woven process so that

there are no gaps in the services that they need. The care that's provided to them is integrated across services.

So one of the most important elements of wraparound is collaboration. It's critical that the core of your wraparound process is an active collaboration across service units.

So be thinking about that because that tends to be another - one of the questions that was submitted beforehand it was about other - people's other tribes' experience with wraparound.

And in all my travels around Indian Country I note that very few in the formal wraparound project was primarily because the issue of collaboration is really difficult in some communities.

And part of the reason for that is one of the barriers for wraparound in any community is categorical funding.

What happens is you get service units that have something gets specific and targeted only to their services. And because of that or a barrier that they can't cross when it comes to collaborating and sharing with each other and so on and so forth.

So that collaboration takes a lot of building. You have to figure out with your community partners how you're going to form those, what are you going to do together that's going to serve the client?

If you have to work with the chemical dependency program and they're part of the key that you create for clients, what are they going to provide? How are they going to participate?

We tend to think of services in kind of a silo that's kind of individual and separate from other services. And what wraparound does is bring all of that stuff together like weaving a blanket or a basket in which the client's needs are completely addressed and that no matter what their need is and that's another one of the elements of Wraparound, the services that you provide to the clients are individual to the client.

And that's based on whatever your assessment of client need is. So rather than one-size-fits-all you're going to have many sizes depending on what the client's needs are.

So individualizing services is another critical element that's unique to Wraparound that you have to pay attention to.

And the national Wraparound initiatives define what it was they call it a planning process but they focus on coordination, individualization, and building on family strengths.

And you know because when I was there before we talked about strengths-based case management.

Elaine Topsy: Yes.

Dr. Geni Cowan: Oh good. Scared me there for a minute. When I say strengths-based case management what does that mean to you?

Ken LaFromboise: You work under strengths instead of the barriers.

Dr. Geni Cowan: So it's a shift in focus, exactly. And rather than focusing on what's wrong, to focus on what's right. And you try and use what's right to address what's wrong. That's what Wraparound requires. Wraparound is not about fixing somebody. It's about helping somebody fix themselves.

We talked when I was there before about what's necessary if you're going to be effective using Wraparound--the kind of elements that you need to make sure that you have available.

So you have to create it. Just because one size doesn't fit all you have to be flexible because one size doesn't fit all.

You have to make sure that your Wraparound program, your Wraparound approach offers a pretty broad range of alternatives for the client so that they aren't limited in terms of services that they need to address their issues.

You have to - and in Wraparound you have to make sure that there's the open door philosophy in implementing across services. Basically essentially that's about access.

So that means that whatever your client's needs are they have access to whatever services might meet their needs. That goes back to the (mentioned) in the collaboration you all have to agree that you're not going to turn away any of these clients.

If there's something on the client's part that keeps them from being able to access services then you're going to help them address that.

But there should never be anything at the service provider level that keeps a client from getting the services that they need.

You have to pay attention to client needs-that's about making a decision about what the most important and critical things are to address first.

If we don't act now, if we don't support our clients now tomorrow might be too late. We might not have the same opportunity. It's the sense of being able to respond immediately.

You also don't want to jump out ahead of your clients. You can see the future but it's not as easy for the client to see their own future because they've been living with their issues for a really long time. They're used to being limited.

There – it's when people are poor they're used to being poor. They learn how to live with it.

When they're not poor anymore, that's new. That's different. It's hard to be able to – it's hard to be in a position where now you can support yourself and that's not what you're used to.

I've heard people talk about when people, when women particularly go on to lose weight, when they try to lose weight then they lose a lot of weight. But when they look in the mirror that's not what they see. And that's because that's what people are used to.

So catching up with that winning for the future is going to be challenging for the client. Wraparound services have to be able to stick with the client.

That doesn't mean letting them stay where they are but it does mean not racing out so far ahead of them that they can't catch up with you.

You can see the future when they are able to support themselves but they can't even imagine it. So instead of trying to imagine it ten years from now let's try to imagine tomorrow. Tomorrow what's the one thing that you'll be able to do that you can't do today? And if we can imagine that we can take it in baby steps.

Wraparound requires that we stick with our clients instead of being out ahead of them.

There's an issue of timeliness. And that goes back to a proper assessment of your client's needs. You provide what they need when they need it.

If a client doesn't need a service and you make that available to them then what am I supposed to do with that?

If it doesn't address any needs for them at that moment that doesn't mean that they won't need it or it doesn't mean that they have needed it in the past but it does mean that it's on you as the service provider to determine what services are needed today and then be able to respond.

We talked before about the ten principles of Wraparound. And I'm going to go through those relatively quickly because we have been over them before.

It's not effective Wraparound that if they don't exist, if they're not embedded in your program then you're not doing Wraparound.

The first most important principle is family voice and choice. And that makes a difference. See if the family isn't participating in this, the family isn't the first and loudest ones heard then you won't have that.

Wraparound is based on the notion that family members are members of the piece. They're part of the piece. And they are the most important part of the piece.

And we go out of our way to find out how they see it, what their perceptions are, what would work for them, what wouldn't work for them.

And sometimes families don't know how to keep up for themselves. They get into a service situation and they're used to somebody telling them what they're supposed to think and what they're supposed to do.

In Wraparound we have to go out of our way. We have to work extra hard to give families not only the opportunity to help themselves but to support them in doing it.

So that means when a service provider's involved and done their diagnoses and decided what's right and what's wrong if the family hasn't said anything then it doesn't matter what the service provider says. In Wraparound, family first.

Your job as a professional is to help the family understand what the situation is and what the requirements are and benefits but not too overwhelm their ability to choose whether or not they want to participate and how.

So that means you focus a lot on communication, you focus a lot on consensus. You focus a lot on educating not only the family but sometimes, most times you have to help other team members understand and embrace the notion of family.

If they're going to be part of the Wraparound process they have to prioritize the family first too.

Wraparound is team-based. You can't do Wraparound without a team. So that speaks for itself.

Now here's the thing and we talked about this before when we were talking about how you would implement it in a case management based system.

The question came up how do you choose the team members? And we talked about having a family proactive, but that sometimes is really challenging for the family.

And I don't know Ken when you did that one case that you were very successful with I don't know how you went about that in terms of selecting team members. Can you give us a little bit of a description of how you did that?

Ken LaFromboise: Okay what I did was well Robin Rainingbird and myself we brought the family in, we set them down– we explained the process of Wraparound, what we wanted the outcome to be.

And then we encouraged them to select their own team members. And then we kind of left the – or think about who they – who could help them the most.

Dr. Geni Cowan: Okay.

Ken LaFromboise: And then the next meeting we brought these – some team members in and then we had a chance to select who we thought would help with the processes of their barriers I guess.

Dr. Geni Cowan: Okay, got it. And that's pretty much the process. Sometimes though in some cases there are no choices about who's going to be on the team.

So for example if you have a client, a program client for whom Wraparound might work and they say well that's fine but I don't want this particular elder to be on my team because we don't get along.

So sometimes there's not a lot of choice about that. Sometimes that's the way it is if you have to be on the team and there's reportedly any number of reasons why. Maybe there's a counselor in the chemical dependency unit that they're not sure that they want. And maybe that's the only counselor in the chemical dependency unit and they're required to have somebody on the team.

Sometimes there won't be a choice. And if that's the case it's up to the team to really help the family understand where there's a choice and where's there's not. What can we choose and what we cannot. It's important to ask the family to say who they'd like to have on the team.

And you should know where the resources are located to help the family understand.

Sometimes they don't get a choice. And that's the role of the Wraparound team to help them learn to understand that and be able to make better decisions for themselves.

So the Wraparound advantage. Wraparound has a pretty difficult position because sometimes, you know, it's not always that easy. You can go wrong with what you said. So you have to become skilled at the interaction that the Wraparound relationships requires.

Historically the whole notion of collaboration and building the team by them coming to, sort of coming together as a community to take care of ourselves, to take care of each other, that's historically of Indian people.

Now it has a name and now it has the formalized procedures. In fact that for you - but it's the same model concepts that have existed in Indian Country.

So you make it your business to know about your community, know what resources exist and know what professional providers are available to part of the family team. It's the family's responsibility to choose who we call natural support. And those are support people in their environment.

So it might be the next door neighbor. It might be a family member. It might be the grocer. It could be anybody who's not necessarily a service provider but is part of the family's network and should be a part of the team.

You make it your business in case management to know that these resources exist in order to institute Wraparound.

Wraparound focuses and emphasizes natural support meaning one of the things we bring together for the family is some informal work maybe folks that are part of the family's environment, therefore part of their natural support.

That is it's not just about cooperating and it's not the self-coordinating service. It's about sharing responsibility for the family.

So it's not just bringing people together in a team but that Ken, putting together a team for the family that you serve you shared the responsibility for

that family's outcome that the collaboration requires. Otherwise it would be for cooperating.

Only one person was responsible or one unit was responsible. Then that one unit is the one that is responsible and the others are just cooperating to support.

In Wraparound we share the responsibility. It's not mine, it's ours. And that's how we have to think of it.

So as you're building and implementing the Wraparound process in the community one of the things you want to look towards is how to more effectively collaborate with other providers.

That means you have to help them to buy into Wraparound for the community so that it's not just your idea but it's a community-wide process.

When you think about implementing Wraparound the first of the six teams of implementation is about your community partnership.

It means that it's not just about the service providers but it's about everybody in the community coming together and taking responsibility for successful family.

Now that goes through the – to locating the Wraparound process in the community which is what we did.

As far as the other ten principles are concerned real quickly being individualized, being strength based and the notion of unconditional care, I think when we talked about it before it was called persistence.

But apparently the national Wraparound Initiative was kind of bounced back and forth on what to call it. And I come back to unconditional care.

And here what that means it's not just about sticking to it when the going gets rough; it goes beyond an unconditional care--the family is not to blame when things don't work out.

None of the department, none of the team members are to blame when something doesn't work out.

When we used unconditional care what that essentially means to us is that what we had planned in the first place was faulty.

We would go back to the plan and we make whatever changes are there because that – it has evolved and that's where it is. It's not in anyone personally, particularly not on the family.

It's because the way we planned it, the way we were around this it wasn't what we needed. So we've got to go back to that and for that work we've got to do.

You remember from case planning particularly as you're using TAS you put in your goals and your steps in TAS.

Well using Wraparound then you go back to those goals and those steps and you would look them over again and you would say here's where the problem is. Instead of going this direction you should have gone this direction. So let's make a revision and go in this direction and see if that works better for the families.

So unconditional care is pretty critical. It's the no-fault if you will or not blaming.

And then of course the last is outcome-based. The focus is on successful families becoming self-sufficient. The focus is not on the process of getting there, it's on the there where we want to get to.

Now structurally, you're working with the family with the intent of case management is to serve them. So in Wraparound that means the case manager could be the facilitator of the Wraparound process or the case manager could serve as the family partner. Both roles are really important and they're very close to each other. So it's conceivable that one person could be doing both.

The facilitator is really the one who does all the coordinating and connecting and so on and so forth. The family partner is the one that the family goes to to understand.

You're the champion for this one. You communicate the crown. You help them understand. You help them with their needs. You literally become a partner of the family.

So it's pretty conceivable to see how the case manager can serve in those roles.

The case manager is the expert when it comes to assessing family needs and strengths and case planning with regard to those needs.

If you ask the requirements about having a case met your goal is to make that your case plan number one meets the family's needs, and number two it

consistently fulfills the requirements and number three can be shared and understood by members because they're going to have a role in carrying out that plan for those family members.

We went through phases of Wraparound. And that's where we start that, you know, it's a four-phased process when it comes to Wraparound.

So we talked about what the activities would be in the phases. The phases are consistent with steps. There are four, five steps in Wraparound as well in terms of implementation.

When you're actually practicing Wraparound in the first phase you want to get the family on board. So there's a lot of orientation so you can understand what Wraparound is. You need to do your assessment.

And one of the most important things in this phase is identifying crisis. If there are issues with the family then you want to make sure that you are addressing those first.

If there are not then you just want to make sure that there's a plan just in case there are because everyone has emergencies. They're going to have crisis. How they respond to those can knock them off track.

So you want to make sure that they have a plan and that part of your role is to help them have that plan for how they'll address any crisis that comes up while they're in the Wraparound process and trying to get things done self-sufficiently.

During that first phase you want to make sure that whoever they identify as process team members if they get invited then they understand what their role is and provide the best orientation to Wraparound.

One of the issues I think that is common is buy in to the process. When you get these team members together they have to buy in to the idea of Wraparound.

If they don't buy into that then their effectiveness as team members is going to be it's - well it's going to be all it's going to be iffy at best.

They may be effective service providers. But the question is: "are they effectively participating as members of the team that wraps itself around the family?" That's what we're looking for.

And the best way to do that is orientation. Help them to understand what we mean by Wraparound, what we're trying to achieve, what we want to accomplish.

You want to be able to make plans for how you're going to kick this whole process off during this first phase. It's all prep. It's all getting ready and engaging and implementing Wraparound.

Then when you come to the second phase you're getting people together presenting. And one of the things that has happened is as a team you have to agree on this process. What are you going to do first? What are you going to do second? What are you trying to achieve and so on and so forth.

So that's a facilitation role. Your case manager concern is that capacity and to lead the team in creating mission. What's the team's mission, why are you a

team, what are you doing when you wrap yourselves around this family? Why - what's the purpose of doing that?

Once you - since you've already done the assessment then this is a time when you get to say you completed the formal assessment and this is what the formal needs and strengths are of the family.

The team needs to first do that with the family once you get to meeting them okay so what else?

Sometimes these informal supports have more information to bring to the table to help the family identify for itself what if?

Families struggle in identifying their strengths. Informal support of the team members is really helpful in helping the family to be able to figure that out.

Wraparound requires a foundation of family strengths. It is built on that, not created. It's already there.

So probably one of the more challenging professional pieces is to not think of these families as broken and needing fixing but if you think of these families as sources of strength and sources of problem-solving.

They have what they need--they just may not know how to use it. So that's probably the purpose of the team.

Help them learn how to use it. Help them identify. That is the facilitator and the facilitator's role--yes quite a big job because you're helping the team to wrap themselves around all of the needs, all the strength, all of the issues of the family.

The most important thing you've got to do is make sure the family voice is loud. That's the one that should be heard over and above all.

And we can all because we've had a lot of experience we can always come up and say well I recognize that issue. But it's not up to you. It's up to the family.

And if the family says well that's not our issue then you need to let it go. Maybe right now that's not the issue but if it is a problem for the family it will show itself and their team should be able to wrap their heads around it.

And a Wraparound process and team members whose job is to support it. So you have to be careful not to think in a deficit mindset but to think in terms of building.

As far as the steps to implementing those first two phases, that happens in the first two weeks from the Wraparound process.

Your priorities for you in those first two weeks: getting the family on board and stabilizing--you're addressing any crises that are present at the time.

And you know what, sometimes that's more important than anything else because when the family comes to you they may come in crisis.

If they come in crisis you have to address that before you can do anything else. Once you address the crisis, once you have a plan for whatever crisis may come up while you're doing this then you can start the assessment process.

But first and foremost you don't ignore the crisis, you deal with it. Now I'm going to going to say again, if you have any questions while I'm going through this because I'm kind of going kind of fast please stop me and let me know what questions or concerns you have and we'll stop and take time to address them.

Elaine Topsy: Dr. Cowan?

Dr. Geni Cowan: Yes ma'am.

Elaine Topsy: This is Elaine Topsy. We recently got a new program funded. And you probably know about it. It's a TANF and child welfare initiative.

Dr. Geni Cowan: Yes, yes.

Elaine Topsy: So they'll be more help for us in the Wraparound services.

Dr. Geni Cowan: Yes that's true.

Elaine Topsy: So we have a case manager there and an assistant. So do you see these - that coordinator and the TANF case manager for that case be co-, maybe co-facilitators?

Dr. Geni Cowan: I think that's entirely between the two of them. It depends on how people work together. They could say I'm going to be the facilitator, you be the family partner this time and we'll switch over next time. I mean they could do it any number of ways.

But what it - but the focus has to be on the family's issue.

Now you've got to remember that Wraparound was first established in response to child welfare in response to juvenile justice.

So it was about focusing on the kids and their families who were part of their natural support system.

When we transition it over into TANF as the focus as opposed to child welfare juvenile justice essentially it's the same thing. We're still doing the same thing.

So to the extent that you have specific support for the children and with this partnership you have an excellent way of going about that then both or all agencies that are collaborating take responsibility for the whole family.

You guys can decide as you - when it comes to sitting down with the family you can decide actively who wants to do what?

It may be that while you Elaine, because you're the program director, you represent the TANF role in that sense.

You represent whatever TANF is going to do to collaborate with other organizations but you're not sitting in on meetings. You're not the facilitator. You're not the family partner.

So the child welfare unit may do the same thing and they send your case manager to be on the team.

At that point the team members decided who's going to do what. They - it has to be at that level. It has to be decided by them in the moment because you never know.

For one family Ken may be a facilitator. For another family somebody else might do a better job. That's not to say that anybody's not good at it. It's to say that we have focus on their strengths, what do we do well?

In one situation I'm good at this but in another one not so good at this. So I don't know so much if that answers your question but there's no single answer to your question I guess is what I'm trying to say.

Ken LaFromboise: I think what our success case like you said doctor is that family had to buy into it and they wanted the change. They wanted the best for their children.

And since then they both went on to college. One of them's still in colleges - in college. The children are doing well. They're on the honor roll.

The one that isn't in college he's getting into construction. He did get his license but there was a setback.

Dr. Geni Cowan: Okay.

Ken LaFromboise: He did fall off the wagon so to speak but he's back in the mode of being the family man that he is. And they still are TANF clients too?

Dr. Geni Cowan: Good. See that's the thing. You don't want to - you have to expect setbacks. It's kind of like recovery, if you know anything about recovery...

Ken LaFromboise: Yes.

Dr. Geni Cowan: You know that it's not a straight line.

Ken LaFromboise: Yes.

Dr. Geni Cowan: So just because you're in recovery doesn't mean you're going to stay there. You don't stay anywhere. It's very fluid.

Once we get on the road to becoming self-sufficient yes we're going to stumble a little bit and there's nothing wrong with that. There's nothing wrong with me if I stumble.

That's it. That's one of the keys to unconditional care. You know, he didn't stay in college. He fell off the wagon. It's not because he's a bad person.

So we don't want to like move to punish him or anything like that. We want to go back to where we started. We want to go back to the plan that we made and say okay so what did we do? Maybe we tried to move this a little too fast?

So maybe we should slow it down for him and make it more possible for him to get where he wants to go or maybe our moving him into this community college wasn't exactly where he wanted to be.

Maybe he needed - he didn't need all the community college. He just needed enough to get him going in the construction stuff because that's what he really wanted to do.

But it's not about - it's not the failures so to speak are not about him or his family. They're about the plan--do we go back to the plan and see what we can do to improve his outcomes? Does that make sense?

Ken LaFromboise: Yes and I think also is that the tracking was in place at the - from the get go, the tracking of the client, the client's children.

And then we brought that into our initial meeting too where we informed both clients and both parents, you know, this is where we're at. Where would you like to see yourself in the next year or so? What can we do to help you get the services that you're eligible for?

Dr. Geni Cowan: That's outstanding. That's exactly what you need to be able to say. What can we do to help you? The family has to have something to say about it but it can't be your plan because you're not going to have live it. They are.

So they've got to have something to say about it. So it's excellent to just flat out say look, this is what we see. This is what it looks like to us.

This is what could be done at least as far as we know but you tell us--what can we do? How can we help? That's outstanding and that's probably why we were so successful with that plan.

Ken LaFromboise: I think so too.

Dr. Geni Cowan: Yes.

Ken LaFromboise: Because they bought it...

Dr. Geni Cowan: Absolutely. And if they don't buy into it you can't do it. That's one thing to always, always, always remember: Wraparound is not for everybody.

Some people, they just can't. For whatever reason it's not how they roll.

Ken LaFromboise: Because they get overwhelmed or they think that everybody's prying or they're - they feel congested like I do now. But I have a cold.

But they just feel like, you know, people coming around then too much and they get suffocated...

Dr. Geni Cowan: Yes, yes.

Ken LaFromboise: With that kind of process.

Dr. Geni Cowan: It can be overwhelming for some folks and it can be frightening for some folks because it does hold the family to a level of accountability just like the program we built.

You know, we're responsible for the outcome, so are they. And when people get held responsible like that it can be kind of frightening at first.

It may take them some time to be able to participate effectively in the Wraparound process. But you have to - you can't force it on anybody. You just have to remember that it's not a requirement.

Dr. Geni Cowan: Yes we've got about 15 minutes left and there's the whole bunch of these slides left. So I want to - I want to focus though on the information that's best going to meet your needs out of all of these in terms of where you're at or what could be the most useful for you.

So in terms of implementing your Wraparound process, you know, or looking at the phases three and four we're talking about, essentially once you've gotten started then you're going to have this sustaining phase where you're doing the plan, they're working it, kind of like where your family is right now.

And you're coming back and making refinements to it when you need to, making revisions when you need to. But they're working that plan.

And then - and that could go on for, you know, as long as they are in the program. Once they get on their feet and what that means is they no longer use formal services.

So they've maybe they've gotten into recovery, finally made it to sobriety and sustained sobriety for a very really long time, got a job, kept the job, even got a promotion, finished school.

And once that has taken place and formal services are no longer needed or stage four takes place and that's graduation.

That's what the National Wraparound Initiative calls it. They don't call it closing a case or anything like that. They call it graduating.

It's supposed to be an achievement that the families have made so they want to treat it like that and we want to help recognize the accomplishment.

What's it going to be like for them after this is over, after formal services are no longer present for them and their informal supports will still be there but they won't be in the program anymore or they might be in an aftercare kind of program?

You want to help them get used to that. You want to help them understand what that's like and how - what are they going to do to take up for themselves.

They've got the strengths. They've got the capabilities. Now they actually have to do it. So the stage for the transition, the graduating, that's the flows of the formal Wraparound process.

Stages three and four are ongoing because you don't know how long that's going to take.

But you keep going with it until. That's what Dr. Phil says. He says when can I finish doing this? When am I done? And he always says you keep doing it until.

And that moment comes when what you're doing is no longer needed. And when that comes that's when you're done. That's when you're finished.

We talked about things that might get in the way of having positive outcomes with your family. And some of that had to do with how complex their needs were going to be. It had to do with them not getting into it, not fully getting into it.

And some of that is on you as a program and on your family partnership facilitators. You're - part of your job is to get the family to fully engaging.

They have to fully believe and buy in just like the family that Ken's talking about. They really want to do something different. They're ready for something to be different in their life.

Now that's not to say they're always going to be positive about it, that they're always going to be feeling good and enthusiastic about it.

But it is to say that in order for Wraparound to have a chance of being successful they've got to at least start that way.

And then you have to help them when those times come when they're not feeling so enthusiastic. It doesn't mean that they don't believe in it anymore. It means that today's not the greatest day and sometimes being reminded of how the Wraparound process works can what they initially came in it with is all it takes to get them reenergized.

Another one of the major, major things that keeps Wraparound from working is that lack of collaboration at the systems level.

Members of the community process--so I can't emphasize to you enough how important it is to create and build those collaborations among service providers in the community.

We talked about why participants dropped out of it and, you know, that this is all the same stuff about why they drop out of any program not just Wraparound.

So it happens and it doesn't mean that anything's wrong with anybody. It means that they have to go back and we have to look at perhaps this is not a good fit and if it wasn't a good fit why and what we'll do next time.

Now the implementation, this is the critical piece because you need to start thinking about how you're going to move forward from here.

With all of this Wraparound information, how do you sustain it? How do you anchor it into your program so that it's an active part of what you offer to the community and keep it going?

Community partnership--we talked about that before--collaborative action. Those two are almost indistinguishable. You can't have one without the other.

So fiscal policy and sustainability sometimes other organizations don't jump on because they're - they don't want to pay for it. They don't want it to cost money. And the reality is how much it costs depends a lot on how you're going to use it.

Another theme: access to services, human resource development and support and accountability.

Now I'm going to go through those really fast. Luckily you have the slides so if you end up with questions that the slides don't answer then let me know and I'll get you some kind of response.

We already talked about community partnerships so we're going to jump ahead to that. We're going to - so I have to say that because this might help you when building those collaborations.

Why should we collaborate? Well there's a whole lot of reasons we should collaborate, but among the most important, the duplication of services.

That's one of the things that the government really doesn't like because it means that people are double dipping, you're paid twice for services, sometimes the same services.

If we collaborate we reduce that. And it doesn't take much. It can help people stop distracting each other and that's across service providers.

We all know that in terms of the resources you have available they've disappeared. Everybody is living with a reduction of resources.

So since it's getting--we're getting less--how do we use it better and better and better to make it self-serving?

Collaboration is a really strong method for addressing scarce resources. It helps us - it helps a program be able to address a whole bunch of different needs and risks as folks are just focusing on, you know, employment.

We all know that employment is not the only need that a family has. Sometimes there's a whole bunch of other stuff that has to be addressed before they can get those done.

So to elaborate, we're better able to do that. Any interventions that happened, they're more effective for collaborating.

And it also, collaborating includes the community capacity to take care of itself. And then of course safety issues can be addressed.

So those are some of the things that as you're building collaborations we can use that information to help people understand why it's so important.

Fiscal money, no you don't necessarily have to have additional funding to do Wraparound. It depends on how much you plan to use it and how much flexibility you have with the money that you already have.

Basically and expense rate what that means is if you're going to like make Wraparound the core of your program you may need additional resources depending on how flexible you - what you have is.

I'm going to jump ahead to this example. Let's say that you've done an assessment. You've got a plan and in your plan you need Medicaid to pay for something medically necessary for the client.

Then you want to look at your own funding and you want to know okay can I use this for a family since we won't have to use it for any of these medically necessary things can we use it to pay for something that's culturally appropriate?

Can work rehab help us out? Can they pay for part of this need and we pay for something else?

If you have that kind of flexibility with your funding, with TANF funds you have some level of flexibility then you don't need to go looking for extra money to support Wraparound.

Other agencies may not have the flexibility of TANF. And that's where there's going to be some challenges. So you really want to then look at how much of a target program is Wraparound going to be.

If it's all you're going to do then you're probably going to have to look at back here - go back -- thank you -- at what it is that you need to pay for.

So you're not just paying your case managers to do case management. Now they have an additional element of needing to be facilitators in terms of group.

You're not only paying for them to coordinate a program of services for the client but now they have to organize and arrange it as well.

So and you can't just add a Wraparound to their job description like you see in human resources and human resources development.

It's not just about adding on to the position description but it's rethinking it and revising it so that its central focus, maybe it shifts from intensive case management to Wraparound.

Not so much that the activities change as it is that the focus may change which may require a better set - maybe you've got a case manager who's a really good interviewer but doesn't have strong facilitation skills.

If you revise this case management job description to focus on Wraparound then you're going to have to emphasize facilitation skills over interviewing skills.

So that's the kind of stuff that you have to think about when it comes to implementing Wraparound, what makes it so challenging.

You want to make sure that what families need are available in the community and going back to unconditional care and timeliness, make sure that they can get what they need when they need it.

You want to make sure that at the staffing level if you're appropriately staffed in Wraparound then you're looking very carefully at the roles that are required for Wraparound to work to checkup. Does the staff have the skills for these? And if not what are you going to do to enhance staff skills to be able to implement the Wraparound appropriately?

And then two, we have to think in terms of staff supervision. Now you're starting to think about performance expectations.

You're starting to think about how you supervise workflows. Wraparound requires that case managers not be working 100 cases at a time, it can't be done.

So how are you going to manage workload in order to make it possible for staff to be successful at Wraparound?

And then the accountability factor goes back to tracking and everyone has to do this. So you just have to make sure that what you're tracking is information that you need in order to determine the success or lack thereof of your Wraparound process.

Okay so I ran through these really, really fast. I'm not going to spend any time on this because it would take too much time but we can go back to it at some point if we need it.

But the requirements for practice we've talked a lot about in terms of administration and management, community collaboration, and the assessments.

So in the last what five minutes that we have left I wanted to get into the implementation part. I know that Ken you did this with one family. Have you done it since then? Has anybody done - tried to implement Wraparound in any other families?

Ken LaFromboise: We've got those two new workers for this. They're going to start implementing with the TANF case manager with the TANF family or if it's in the caseload I guess.

Dr. Geni Cowan: Okay. If you're going to have Wraparound programming services you need to go about it in an organized fashion.

So you need to establish the collaboration, the community collaboration. And you need to take the time to do that.

Okay if this is something that you want to offer on a regular basis go ahead and go about the process of planning for the collaboration--who do we get involved and what do we expect of them, what do we need them to do?

It's not going to a meeting. It's about taking responsibility for the outcomes, how do we get that to happen, how do we get people to buy in and to come onboard, how do we get them to understand and accept the responsibility for the outcome and share it with them?

You will no doubt be the administrative unit for Wraparound in your community. That's fine. Again it might be of some use to help other providers, other team members understand your role as an administrative unit.

And understand that there - the resource issues there's no money attached to Wraparound but it can be a savings for them.

You need to make - do some revision - or review of your own program to see if you need to change anything like job description, like processes for business, et cetera, in order to make this Wraparound process work.

Again it depends on how much you plan to use it. If it's not going to be the core of your program then you may not need to make those kinds of changes.

Maybe you need a mechanism by where you can make some adjustments if a case manager, if one case manager is using Wraparound and needs the time to properly do it then what can we do at the advisory level to ensure that they have the time?

And checking of course on everybody's roles and responsibilities, how well they're defined, how you get them in--people into Wraparound in the first place and the resource issue, staff development, who needs what? If they're not effectively participating in Wraparound what do they need and how can we help them get it?

And then of course you want to make sure that resource coordination that they play. And that goes to a lot of what we've been talking about.

So primarily I think you guys need to talk about the plan. What do you need to have done? What do you need to work on immediately to make more use of Wraparound?

Ken LaFromboise: I think the explanation part to the clients is necessary in this process.

Dr. Geni Cowan: Absolutely.

Ken LaFromboise: I mean just to let them be on the same page is the biggest plus that we had with that successful client or family.

Dr. Geni Cowan: Yes. And you also need to do that with any other partner you collaborate with.

Ken LaFromboise: Oh yes.

Dr. Geni Cowan: They need to get onboard. They need to understand it as well as the family needs to understand it. So...

Ken LaFromboise: I think...

Dr. Geni Cowan: ...maybe one - go ahead Ken?

Ken LaFromboise: I think we - we're pretty good at collaborative assignments with our human services division where we know what we're supposed to be doing to help our people. It's just getting it started.

And that's bringing the family to the table, opening the book, everybody getting on the same page and making it work.

Dr. Geni Cowan: Well when I was there before the last time we talked about this, one of the issues that came up almost immediately was how do you get other service providers in the community to buy in and be a part of this because so many are stressed for time and saw it only as another expenditure of their time, almost in addition to their workflow.

Ken LaFromboise: And...

Dr. Geni Cowan: ...on behalf of that, that we spent some time talking about that. And that's the part where I'm wondering, I don't know if you've made any progress in that respect or what?

Ken LaFromboise: Yes we did make some big time progress with that because it's kind of like in our job descriptions where, you know, our division she put down so to speak and said this is what we're going to be doing and this is how we're going to be doing it so let's work start working together.

We had team-building exercises to collaborate our efforts to work together amongst our human services division where we have ICWA, foster care, TANF, child support -- all these other programs to help our people. And I think we're right on the right page now hopefully.

Dr. Geni Cowan: Okay, outstanding. So is there anything else that you think based on what we talked about is there anything else that you think you need to be doing or should have done to make this a more work full - or more effective process for you?

Ken LaFromboise: I think just the ending or whatever for the graduation. I didn't end that successful family. We informed them that we were going to have like a dinner or some type of gratuity I guess so to speak to help the clients with maybe a gas voucher -- I don't know -- something to show that hey you guys did great. You know, maybe we can't.

We don't want to put them in the paper or anything but we want to show our support that they're going through the processes in the right way.

Dr. Geni Cowan: Well think about what you would do for a kid that's graduating high school. How would you celebrate that achievement?

Ken LaFromboise: Oh we give him incentive.

Dr. Geni Cowan: And then apply that to a family that transitions out of TANF.

Ken LaFromboise: Is there any way we...

Ken LaFromboise: Is there any way we can get the slides--mailed to us because we missed half of it?

Dr. Geni Cowan: I understand it's going to be on the Peer TA Network Web site.

Dr. Geni Cowan: It's downloadable.

Renee McMullen: It's downloadable?

Dr. Geni Cowan: I'm asking. I think so.

Renee McMullen: Yes it is. There's a link at the top right of your screen. There's a Handout button and it looks like three sheets of paper, white sheets of paper. And if you click that you should be able to download the handouts.

Ken LaFromboise: Okay I see it.

Renee McMullen: Okay?

Dr. Geni Cowan: Okay.

Ken LaFromboise: We could go to Welfare Peer TA right, and get the same thing?

Renee McMullen: Yes it will--it should be posted up probably within five to seven business days on Peer TA.

Ken LaFromboise: Okay.

Renee McMullen: But it's available - and I - I'm sorry. But it's available right away through this Live Meeting site.

Elaine Topsy: I think what we need to do work on - one of the things we need to work on immediately is developing that flowchart so the case manager will have a visual aid and along with our TANF and child welfare initiative program too just to see where it is that we're going to start and how it's going to flow out.

Dr. Geni Cowan: Yes that's a good idea. That's a really good idea.

Elaine Topsy: Okay. It's one of the first things I'll be doing and identify those resources because like you mentioned TANF is very flexible. In our - in that new program funded we have funds set aside for intervention or more help in counseling from our traditional circle.

They are what we call peacemakers. And they're tribal advocates. So we have that powerful tool that we can utilize.

Dr. Geni Cowan: Yes, outstanding. So in - and now we're over time but I want to make sure that there is no pressing - are there any immediate questions that you have or concerns or anything that you need to say before we wrap up?

Elaine Topsy: No I don't have any questions.

Elaine Topsy: Just thanks so much for helping us.

Dr. Geni Cowan: Glad too, anytime.

Ken LaFromboise: Sacramento this year?

Dr. Geni Cowan: Yes Sacramento this year. Get ready for the heat.

Kamille Beye: Dr. Cowan I want to thank you so much for this. This was a great Wraparound session. We really appreciate the Webinar.

And thank you Chippewa Cree for asking for it. It's such great information.

Dr. Geni Cowan: My pleasure.

Kamille Beye: So this is the conclusion of the Wraparound and this Webinar. We thank all the participants and all of our attendees.

Please look on the Web site for the information later on. If you have any questions feel free to contact the Welfare Peer TA.

Dr. Geni Cowan: Okay.

Elaine Topsy: Thank you.

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