



**Final Report of Peer Technical Assistance Activity # 192**

**Welfare Peer Technical Assistance Network**  
*Chippewa Cree Tribal Wraparound Services Training*  
**Box Elder, Montana**  
**April 26–27, 2011**

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



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## **Introduction**

The Welfare Peer Technical Assistance Network (Welfare Peer TA) is a technical assistance (TA) initiative sponsored by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Family Assistance (OFA); which facilitates the sharing of information between and among States, counties, localities, Tribal organizations, and community-based organizations working with Temporary Assistance for Needy Families (TANF) participants and families (see <http://peerta.acf.hhs.gov>).

The Chippewa Cree Tribal TANF program operates on the Rocky Boy Reservation in northern Montana. The goal is to “move Chippewa Cree Tribal TANF Program recipients from TANF into jobs so they can support their families and maintain a program for those truly in need.” In 2008, after an initial TA Request from Elaine Top Sky, TANF Director for the Chippewa Cree Tribal TANF Program; the Center for Human Services, U.C. Davis Extension, University of California (U.C. Davis), conducted an in-depth, onsite Program Needs Assessment of the Tribe’s Tribal TANF program, which yielded several recommendations.

Ms. Top Sky and her staff have since been communicating among their various social service agencies to support families, but they do not have a formal process or model in place to guide them. They have tried several “interventions” with TANF participants that have not gone as well as planned. They attribute this to a lack of an effective wraparound/comprehensive and collaborative case management framework. The Chippewa Cree Tribal Wraparound Services Training sought to support the Chippewa Cree Tribe (CCT) in establishing an official wraparound case management and intervention process and in fostering collaborations across their various social services agencies so they can better serve their clients in a holistic and culturally appropriate manner.

## **Welcome and Opening Remarks**

Ms. Elaine Top Sky opened the event by explaining that the main purpose of the training is to find tools to better serve the needs of their population and to find different ways to “motivate ourselves to continue working with our clients.”

After an opening prayer, Dr. Geni Cowan, U.C. Davis, welcomed the participants and offered her assistance in providing the CCT with as much support as possible while discussing how to facilitate wraparound services tailored to the CCT. Consistent with the main goal of the CCT TANF Program, the goal of wraparound services is to surround the family with the support needed to help the family—especially the children—heal.

## **Current Provision of TANF Services**

Within the current CCT TANF Program model, clients who visit the program are asked to visit the Family Resource Center for an assessment to evaluate potential barriers (e.g., GED, driver's license, and life skills). The case manager develops a plan and the client is then referred to White Hope Sky Center (if testing positive for drugs/alcohol), Tribal courts, and/or the Wellness program. After the referral, the case manager keeps in contact with White Hope Sky Center and then determines the best approach for the client.

After a referral is made, followup is conducted with the client about 30 days later (sometimes sooner). The followup time depends on the client's eligibility for services and assistance. The typical TANF process is as follows: eligibility is determined, referral is made, the client carries through with the plan, and followup is conducted. If the client does not access services upon followup, he/she could be denied services. If the client does not contact the provider, the case manager attempts to determine the client's barriers. A client may come back to the program after an initial denial to try to find services.

The training participants agreed that they should be aware of the services that other groups can provide so that they are fully equipped to direct their clients to the appropriate assistance. Dr. Cowan reminded everyone that the role of case manager is not that of an individual service provider. If another provider is not available, the wraparound team will need to be creative to determine how to meet a client's needs. In wraparound services, because providers are so tightly linked, it becomes collaborative, rather than an individual decision.

The participants determined that potential partners for their wraparound services model not present at the training included schools, mental health providers, cultural resources, and the community coalition.

## **Background on Wraparound Services Model**

Wraparound is a team-based case management process that provides individualized, coordinated, client-driven care to meet the complex needs of tribal TANF clients who need the support of multiple systems and resources. It is sometimes described as serving participants "holistically" and requires intensive case management. The wraparound model is characterized by participant choice/control, interagency collaboration, persistence, participant advocacy, feedback, and empowerment.

Dr. Cowan explained that in order for a wraparound model to be effective, the client and the program need to be on the same page from the very beginning and need to establish an understanding immediately. The TANF program aims to teach clients the skills they need to

succeed. Resistance from participating in Tribal TANF programs is high—usually because of substance abuse. Most Tribal TANF programs are not knowledgeable enough about substance abuse—it is not the role of TANF program staff to cure substance abuse, but they need to understand what to expect from a substance-abusing client. To get a substance-abusing client to be compliant, he/she needs to be given consequences.

According to Dr. Cowan, all partners need to be on board; otherwise, there will be holes in the system. Staffing is an important part of the process. It may be better to not have the same person meet with the client throughout the process—rather, bring others into the team throughout the process.

The wraparound team should consist of 4-10 members, with fewer than half of the people surrounding the client being professionals. It is important to include close family members within the wraparound team. Having family members on the team along with professionals helps prevent the family members from feeling “attacked.” Dr. Cowan also recommends that providers change how they speak to the client—they should ask for family input on the services to be provided. The protective nature of family members should be acknowledged and can be used to elicit the client’s strengths at the beginning of the process.

Another important component of the wraparound model within Tribal TANF programs is the notion of cultural competence. To practice cultural competence, CCT TANF utilizes the peace-maker court, family-strengthening classes (which include values within the curriculum), and storytelling, which is an effective case management tool.

To keep clients from giving up, Dr. Cowan recommends measuring their progress and proving the success of past clients to future clients as motivation and to elicit feelings of hope. It is important to collaborate with treatment facilities and show the client how many people are concerned about their situation.

## **Implementing the Wraparound Services Model**

The wraparound model includes several phases. The first phase—engagement and preparation—includes meeting with the family, conducting an assessment to gather information on the client’s needs and strengths, providing a stabilization response if safety is compromised (crisis intervention), conducting orientation to provide an explanation of the wraparound process, and identifying team members.

The second phase of the wraparound model—plan development—includes holding a meeting to introduce the team and process, presenting assessment results, gathering additional information, leading the team in prioritizing needs and brainstorming solutions, soliciting volunteers, and documenting and distributing the plan to team members.

#### **Four Phases of the Wraparound Model:**

1. Engagement and Preparation
2. Plan Development
3. Plan Implementation, Monitoring, and Revision
4. Transition

The third phase—plan implementation, monitoring, and revision—includes holding regular team meetings for updates on accomplishments/challenges, leading the team assessment of follow-through and plan impact, modifying the plan to keep pace with the client, and documenting and distributing team meeting records.

The final phase of the wraparound model—transition—includes holding meetings to discuss progress and life after wraparound, reviewing circumstances and assessing for change, facilitating the approach to post-wraparound resources, and role-playing using “what-if” scenarios.

The frequency of meetings among the professional staff is dependent on the frequency of meetings with the entire wraparound team. Wraparound team members should meet twice a month. If meeting with the entire team only once a month, professionals should also meet without the rest of team once a month. More serious cases should meet each week.

Potential barriers to successful wraparound implementation include comorbidity/complexity of benefit group needs, a lack of full engagement of the family, the team not adapting or individualizing plans, and interagency coordination not being sufficient. Participants may choose to quit if they experience associated stressors, find the plan or activities irrelevant, have a poor relationship with the case manager, are single or in poverty, experience concrete obstacles (e.g., time, transportation, child care), or have previous negative experiences with human services programs.

### **Policies to Implement Wraparound Services**

Confidentiality is a key policy to include when implementing wraparound services. Dr. Cowan suggested adding a more serious plan with more serious consequences for breaches of confidentiality. It is important to create an agreement that clearly defines confidentiality, commitment, conflicts of interest, and the conditions of wraparound.

Disclosure of confidential information has the potential to cause harm. Everyone on the wraparound team must sign a confidentiality form and the client and the program need copies of the signed confidentiality form. The TANF case manager is the only person who can get written permission to release information. Forms indicating permission for the release of information should be developed on a case-by-case basis rather than having one blanket form for all, and must include the client's name as well as the name of the individual being granted permission to access the information. It is important to get written permission whenever information is to be released.

Dr. Cowan additionally suggests that the CCT TANF program implement a regular program of informing the council when there is a complaint. The program needs to document and explain the course of action. While some people may not be happy with the program's services, its integrity must be maintained.

Additional policies to implement include explaining in the Memorandum of Understanding the number of hours required for participation and what those hours can include. It is also important that when school is not in session, the team agree on an extracurricular activity for the child to engage in, which may include getting the Boys and Girls Clubs of America involved.

## **Skills and Knowledge for Implementing Wraparound Services**

Skills required for successful implementation of the first phase of wraparound services include customer service (greeting and engaging participants, building the team relationship), motivational interviewing (used to get more information while simultaneously empowering the participant to take charge of the outcomes), assessment skills, and organizational skills. The second phase requires the skills of group facilitation, team leadership, assessment, planning, supervision, motivation, and documentation. Skills for the third phase of wraparound include evaluation and problem-solving, and skills for the final phase include relationships management and communication, in addition to those mentioned previously.

Motivational interviewing skills include reflective listening, empathy, strong relationship skills, congruence in verbal and nonverbal communication, the ability to educate and collaborate, and coaching skills.

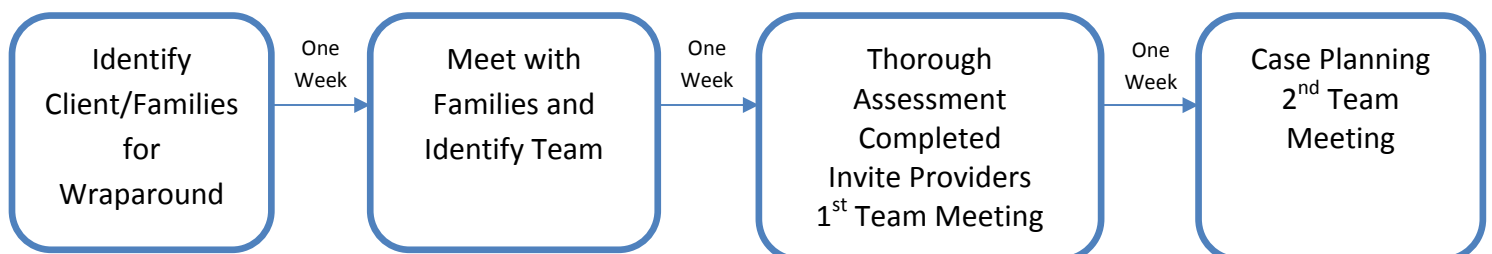
## **Action Planning**

Training participants worked together to agree upon the following steps for the CCT TANF program wraparound case management process:

1. Describe the wraparound model with a flow chart—this will include a confidentiality agreement for non-providers to sign, and potentially a calendar.
2. Determine criteria to decide which clients should participate in the wraparound process (intensity of case or clients with multiple barriers). In order for someone to be eligible to participate in wraparound, he/she must be a TANF participant. Additional selection criteria could include (based on participant brainstorming):
  - General noncompliance. For example, if a case manager makes a referral and the client is noncompliant.
  - If a client is going to “max out” their TANF benefits or be terminated from the program.
  - If children are about to be removed from the home.
  - If someone is returning to the Reservation because they are about to hit the 60-month limit.
  - Domestic violence issues.
  - Employability issues/barriers.
  - Issues with the law.
  - If a client does not have a driver’s license because they have excessive fines.
  - Child support issues.
3. Select the specific families to participate in wraparound services. They will be determined at the monthly case reviews/staffing meetings. Dr. Cowan suggested limiting participation to five families as a pilot to see how successful the process is, and then potentially increasing the number.
4. Meet with the client/family and start the wraparound process. The client identifies who they want on their wraparound team.
5. Conduct a thorough assessment, invite providers, and conduct the first wraparound team meeting.
6. Conduct case planning and hold the second wraparound team meeting.

## The Wraparound Timeline

The following was proposed by Dr. Cowan with input from the training participants as the timeline for successful implementation of wraparound services within the CCT TANF program.





**Appendix A: Agenda**



## **Chippewa Cree Tribal Wraparound Services Training**

**Box Elder, Montana  
April 26–27, 2011  
9:00 a.m. – 4:30 p.m.**

### *Agenda*

#### **April 26, 2011—Structure, Implementation, and Action Planning**

**Welcome, Introductions, and Overview**

**Current Chippewa Cree Wraparound Services Model**

*Break*

**The Determination of Client Needs and Communication Among Service Providers**

*Lunch*

**Policies and Procedures in Place**

*Break*

**Action Planning**

#### **April 27, 2011—Building Skills Needed To Implement the Wraparound Model**

**Motivational Interviewing Skills**

*Break*

**Assessment**

*Lunch*

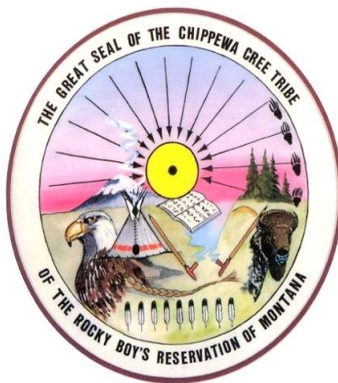
**Effective Case Followup**

*Break*

**Closing**

*Note: The planning process and training proceedings were facilitated by the Welfare Peer Technical Assistance Network, along with Genie Cowan, Ph.D., Julie Gondry, and Robin Matthews from Tribal TANF Professional Development, Center for Human Services, University of California, Davis Extension.*

## **Appendix B: Participants List**



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April 26–27, 2011

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## **Appendix C: Evaluation Summary**



**Chippewa Cree Tribal Wraparound Services Training Evaluation**  
**Box Elder, Montana**  
**April 26–27, 2011**

13 Evaluations Completed

For each section below please enter a rating of:	Poor	Average	Good	Outstanding
Content (e.g., topics)			2	11
Presenter			1	12
Peer technical assistance staff support			3	10
Overall training			1	12

**Comments on questions:**

**1. Which of the topics covered in the training were the most helpful? Why?**

- Accountability—to be able to use the documentation needed as a guide to how services can be rendered to the client as needed.
- Motivational interviewing skills, focusing on strengths and resources.
- Understanding of reflective listening and congruence.
- Including non-professionals invited to wraparound services.
- Having non-professionals on the wraparound team and at the biweekly meetings.
- Staying serious throughout the process.
- Confidentiality, because it has always been overlooked and not much emphasis has been put on it.
- Getting to the specifics of the release of a client’s confidential information—to whom and for what purpose?
- The process of wraparound.
- The 10 principles of wraparound, because it gave me a basic idea of what wraparound is about and how to approach our clients.
- The skills needed for and the process of wraparound (where we were just utilizing the staffing process).
- The process of wraparound. It gave a good background of what it consists of.
- I like the topic of the case manager as the facilitator. It lessens the load of case manger and helps to get group ideas and teamwork, which produces better results.

**2. Is there anything that we could have done to improve this training’s content or format?**

- Include more handouts and actual cases.
- Include more activities to get you up and moving.
- Teach more on how not to enable in Indian communities when we do wraparound.
- Have more time for the training.
- No, it was very good.

- I was very interested in getting the motivational interviewing skills training. Everyone in attendance would have benefitted from this training had it been included.
- No. Everything was great. Anytime you could bring something to help people, it's a great way to help those who needed this help.
- The participants should have cleared their calendars to attend the whole training.

**3. Are you prepared to implement wraparound services as a result of the training?**

**Please explain.**

- Yes. We will work closely with agencies such as the Social Security Administration, Department of Human and Services, schools, etc.
- Yes, I will participate in wraparound with TANF.
- I hope we are. We would be able to concentrate on those with high needs.
- Yes. TANF clients who are ready to have their cases closed.
- Yes. Looking forward to it. Took notes on all steps.
- Once we can get together.
- Yes, using the timeline.
- Yes, next week.
- Yes. I believe we at our court system have been utilizing wraparound to an extent whether we realized it or not. Now, we can improve our services by implementing what we have learned in the past two days.
- Yes. I understand what the role of my department is.
- Not really, but it's going to help our people if we utilize this is the right way.
- Yes.
- Yes. It feels we do use wraparound services already but the crucial component missing is having less than 50% of the team be nonprofessionals.

**4. Is there anything else that you would like to share?**

- I wish I could have come in at the start of the training. I feel that I've missed some important points. Thank you.
- We moved in a direction that allowed "us" to learn the best way to do wraparound that was a little off agenda but you all made it work.
- Everything was very good.
- Would like more information and examples of wraparound services so we can utilize the wheel already in existence and improve or leave as is, whatever the best practice for our agency is.
- Thank you for sharing your knowledge with us.
- No. I just want to utilize this as a new approach to help others.