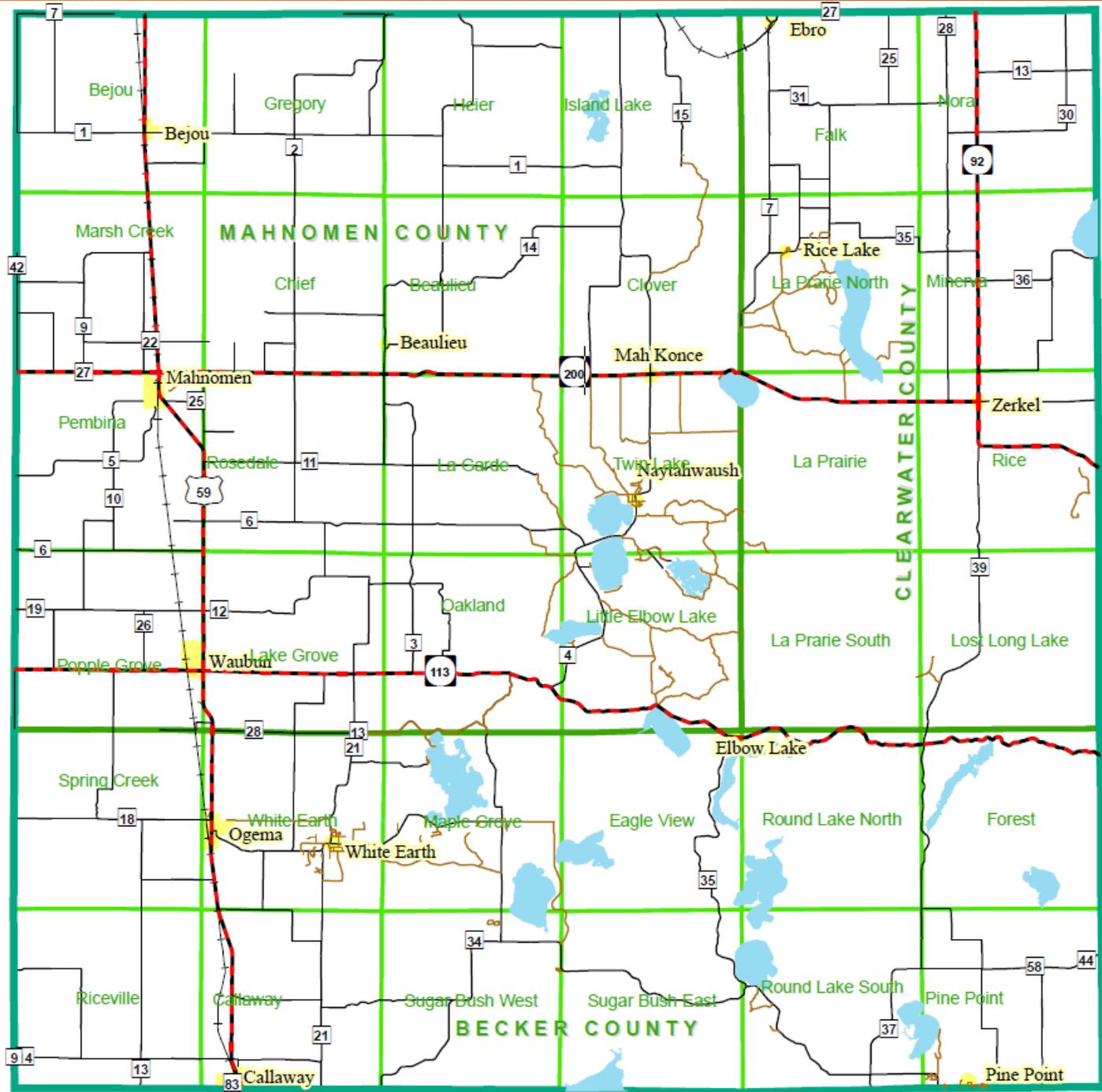


WECARE

White Earth Coordination Assessment Resources and Education

White Earth Nation









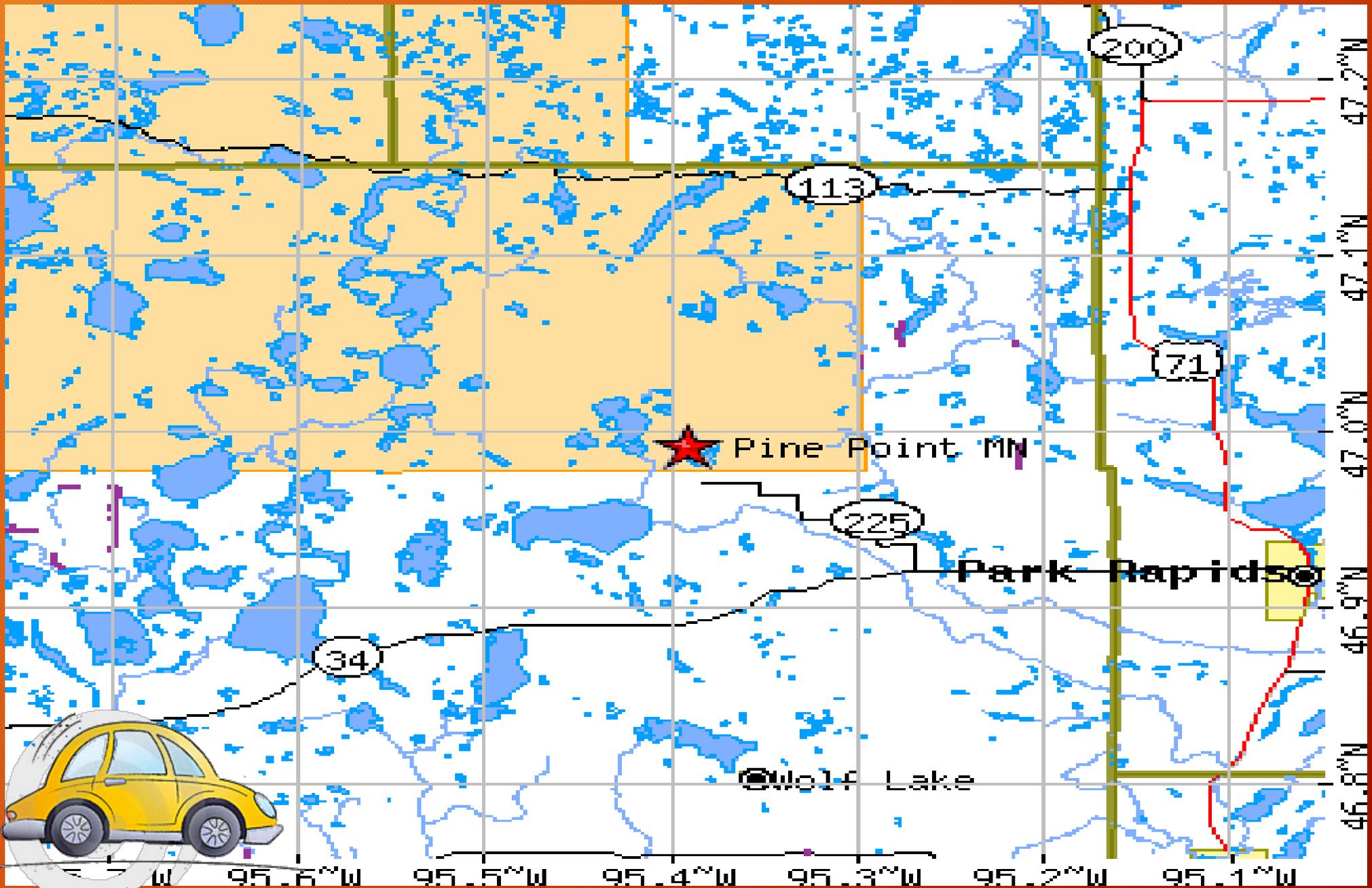








White Earth Public Health Services









This is the coverage area for the Aerial Photo Map



Source/Copy right:ESRI StreetMap NA





Programs

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





MOM's Program

Maternal Outreach Mitigation Services



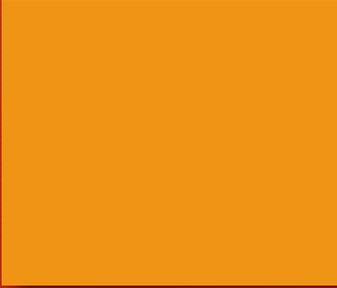








Elbow Lake Village

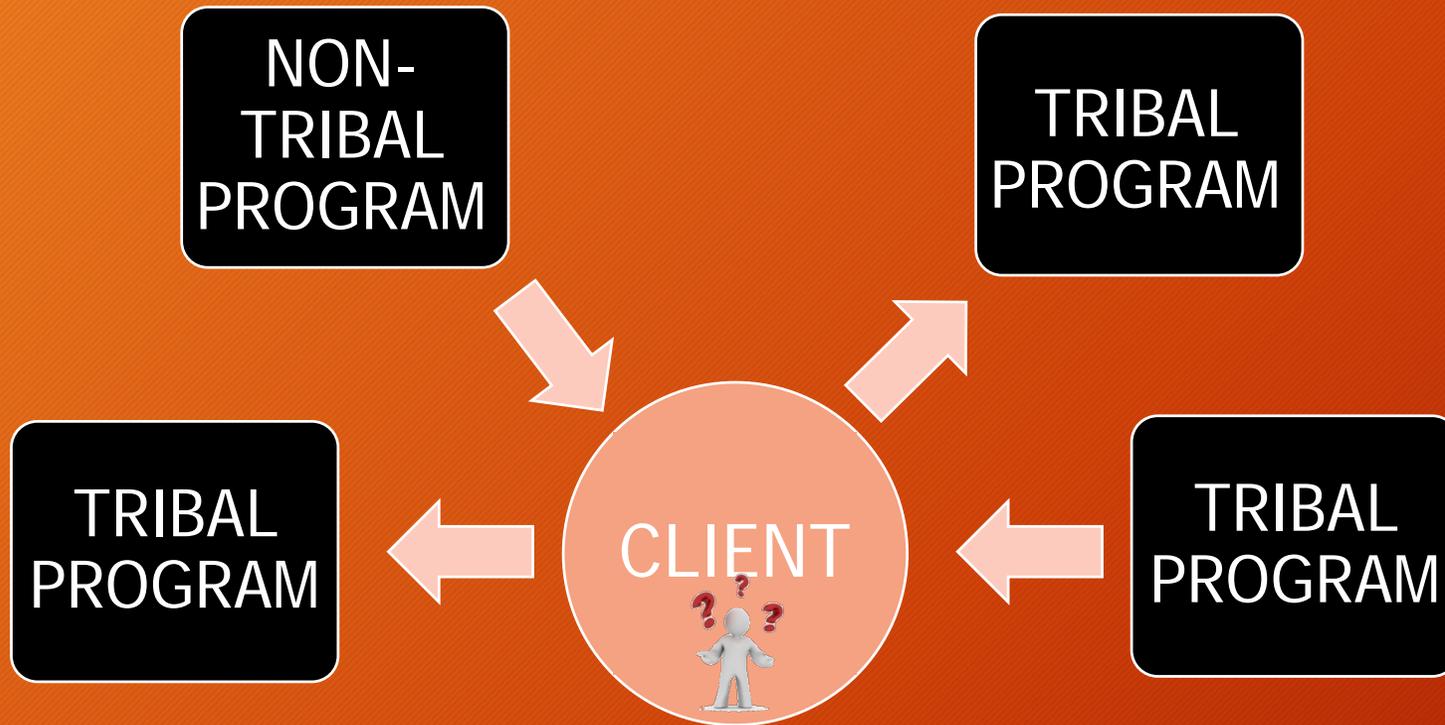


Elderly Nutrition Site









Pre WECARE Process

Lack of coordination, communication and not client centered

WECARE Goals

Communicate

Engage and listen to the voices of families

Share Data with all Tribal programs

Decrease staff time making referral

Increase program accountability

Coordinate

Align and link services and program resources

Reduce paperwork and forms for both clients and staff

Reduce duplication of services

Client Driven

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

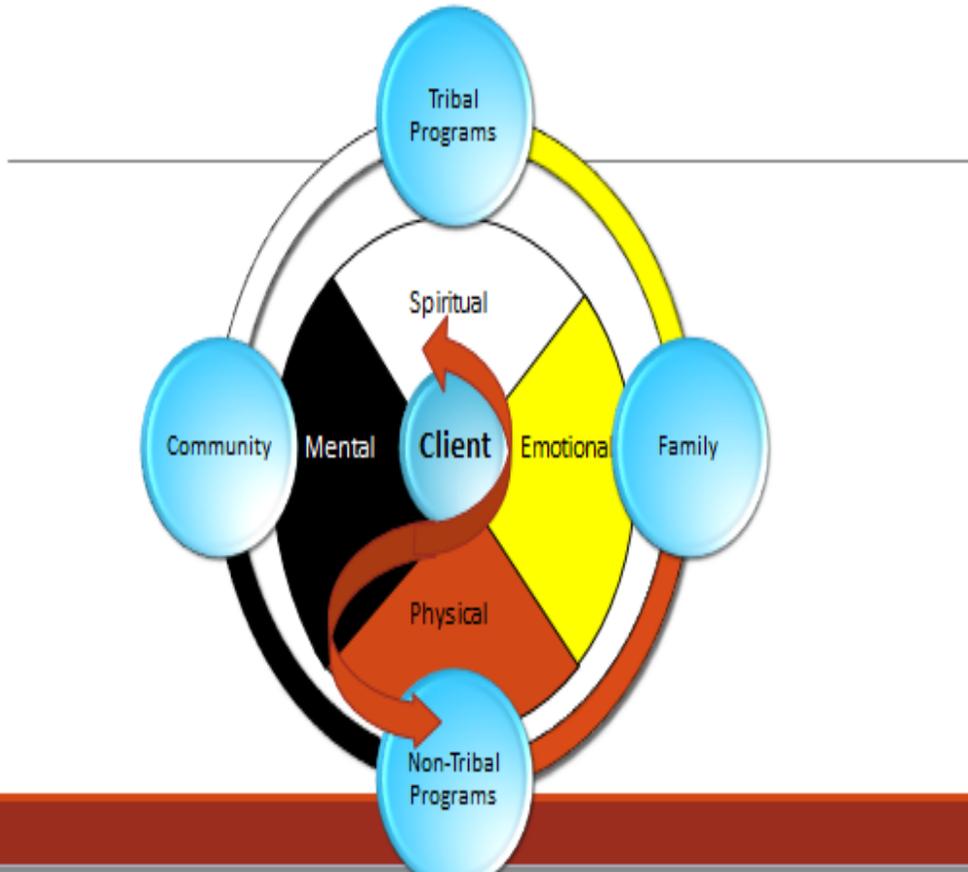
Voluntary involvement

Client decides what programs they want to work with

Client identifies needs and goals

WECARE Support

WE CARE MODEL



SIMS Grant



Rural Impact



WECARE Process

Uploaded into
RiteTrack

- Universal Release Form Signed

Client Driven

- WECARE Assessment Completed

RiteTrack

- Electronic Referrals Submitted

WECARE Process Continues...

Accept/decline

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

WECARE Family Team

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

Uploaded into RiteTrack

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

WECARE Process Continues...

Client driven

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

Accountability

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

Developing confidence
in client/family

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

Universal Release Form



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

Legal Name: _____ DOB: _____
(Please Print)

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

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

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

Acknowledgment

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

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

Signature of Client, Guardian or Custodian Date

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

Signature of Witness Date

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

Confidentiality Form

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

CONFIDENTIALITY AGREEMENT

Regarding:

(Last name, Middle I., First name)

(DOB: MM/DD/YYYY)

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

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

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

Signature/Date

WECARE Needs Assessment

Emotional-Substance Use and Abuse

Substance use is effecting my family and I need help:

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

I would like more information about addiction:

I would like help to quit using tobacco:

I would like more information about support services:

Emotional-Children

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

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

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

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

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

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

Emotional-Client

I have experienced a traumatic event in my life:

Do you feel sad or unhappy frequently:

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

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

I would like to learn more about my cultural heritage:

Physical-Children

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

My children are up to date on their immunizations:

I want more information on parenting:

I want more information on early childhood services:

I want a nurse or home visitor for my child:

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

A new WE CARE Universal Intake Submission has been processed.

The following programs and departments have been notified:

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

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

The Intake number for this submission is 191.

Email Notification

Online version of WECARE Plan

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

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

Printable version of WECARE Plan

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



Hold the Vision... Trust the process

Stratis Health's Building Healthier Communities

Technical Assistance

Process mapping with Indian Health Services

Process mapping with White Earth Nation

Electronic Support

Signature pads for staff use

Increased Efficiency

Stratis Health used the same mapping process separately with I.H.S. and the WEN which enabled us to identify the need to collaborate and utilize WECARE as future partners

Successes & Challenges

Training Sessions:	40
Staff trained:	285
Outside agency trainings:	4
WECARE Assessments:	258
WECARE Family Plans:	15
Grant received:	4



Looking Ahead

Indian Health Service



Circle of Life Academy



Mii-gwetch

Thank you