Overview of SAFERR

SAFERR is based on the premise that when parents misuse substances and maltreat their children, the only way to make sound decisions is to draw from the talents and resources of at least three systems: child welfare, alcohol and drugs, and the courts.
Shared decision-making is critical, whether the systems are all State, primarily tribal, or a mix across jurisdictions. The greater the mix of State & tribal partners and/or multiple systems the more challenging, yet informative, the process can be. It requires, however, a structure and a commitment to the time and effort needed to work collaboratively.

**Principles**

- The problems of child maltreatment and substance use disorders demand urgent attention and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being.

**Principles**

- Success is possible and feasible. Staff in child welfare, substance abuse, and court systems have the desire and potential to change individual lives and create responsible public policies.
- Family members are active partners and participants in addressing these urgent problems.

**These principles are especially poignant with populations such as the American Indian/Alaskan Native (AI/AN), where failure to apply them directly contributes to inappropriate removals and disproportionate use of out of home care.**
- The AI/AN population in Alaska is 17%, while the percentage of AI/AN children in foster care is >60%.

**Premises**

1. The team is the tool, and people, not tools, make decisions
2. The family is the focus of concern
3. Problems don’t come in discrete packages; they are jumbled together
4. Assessment is not a one-person responsibility. When tribal children are involved, assessment is the responsibility of more than one jurisdiction.

**Premises**

5. Information is limited, and there is no research-based answer
6. There is no time to lose
7. Developing and sustaining effective collaborations is hard work
Premises

8. ICWA creates specific guidelines for working with AI/AN populations.
   – The Active Efforts provisions of ICWA require that the active prevention of family break up and the law specifically mentions that substance abuse, by itself is not reason enough to remove children. While ICWA is supported by the application of the SAFERR Model collaboration must go well beyond ICWA compliance to be successful.

Organization of SAFERR

I. Building Cross-System and Cross-Jurisdictional Collaboration
   • Creating the structure to create and sustain change and to overcome cross-cultural complications

II. Collaboration Within and Across Systems and Jurisdictions
   • What each system needs to know about itself and its partners

III. Collaboration in Action: Working Together on the Front Line
   • Presents activities that create cross-system practice changes

Organization of SAFERR Appendices

E. Substance Use, Abuse, Dependence Continuum, and Principles of Effective Treatment
F. Safety and Risk Assessments for Use by Child Welfare Staff
G. Sharing Confidential Information
H. Glossary of Terms
I. Guide to Compliance with the Indian Child Welfare Act (ICWA)

Materials Adapted for AI/AN Tribes

• NICWA Collaboration Principles
• Collaborative Values Process
• Collaborative Capacity Instrument: Reviewing and Assessing the Status of Linkages Across Alcohol and Drug Treatment, Child Welfare Services, and Dependency Courts
Assessment is a Process

Assessment happens along a continuum to determine:

- **Presence and Immediacy**
  - Is there an issue present?
  - What is the immediacy of the issue?

- **Nature and Extent**
  - What is the nature of the issue?
  - What is the extent of the issue?
  - Are there mitigating circumstances (protective factors) or institutionalized cultural biases (stereotyping) that might influence judgment?

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**Definitions of Terms and Processes**

<table>
<thead>
<tr>
<th>AOD Services</th>
<th>CWS Services</th>
<th>Court Services</th>
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<tbody>
<tr>
<td><strong>Is there an issue?</strong></td>
<td><strong>Child Abuse Report</strong></td>
<td><strong>Preliminary Protective Hearing</strong></td>
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<td><strong>What is the immediacy of the issue?</strong></td>
<td><strong>Immediate Need Triage</strong></td>
<td><strong>In-Person Safety Assessment</strong></td>
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<td><strong>What is the nature of the issue?</strong></td>
<td><strong>Diagnosis</strong></td>
<td><strong>In-Person Response/ Risk Assessment</strong></td>
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<td><strong>What is the extent of the issue?</strong></td>
<td><strong>Multi-Dimensional Assessment</strong></td>
<td><strong>Family assessment</strong></td>
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**Assessment Information must be Communicated**

Assessment happens along a continuum to determine:

- **Presence and Immediacy**
  - Is there an issue present?
  - What is the immediacy of the issue?

- **Nature and Extent**
  - What is the nature of the issue?
  - What is the extent of the issue?
Assessment Information must be Communicated

- Developing & Monitoring Change, Transitions & Outcomes of Treatment and Case Plans
  - What is the response to the issue?
  - Are there demonstrable changes in the issue?
  - Is the family ready for transition?
  - Did the Interventions Work?

The SAFERR Model Development
The SAFERR Model
Development

Builds Cross System Collaboration

Establishes Individual and Cross System Roles and Responsibilities

Identifies Front-Line Collaborative Practice

Establishes, Monitors and Reports Individual and Cross-System Outcomes

GOVERNANCE
- Oversight Committee
- Steering Committee
- Subcommittees

TASKS
- Mission & Principles
- Shared Understanding on Language & Processes
- Goals, Timetables, Products (e.g., Conflict Resolution protocols)
- Training Curricula/Strategy (Cross-jurisdictional, Tribal-State plan)

MONITORING
- Baseline Data
- Progress Reports
- Outcome Data

Establishes, Monitors and Reports Individual and Cross-System Outcomes
### The SAFERR Model Development

- **Builds Cross System Collaboration**
  - Establishes Individual and Cross System Roles and Responsibilities
  - Identifies Front-Line Collaborative Practice
  - Establishes, Monitors and Reports Individual and Cross-System Outcomes

### Builds Cross System Collaboration

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**CWS Understands**
- Basics of substance use & how use affects child development
- How to screen for substance use
- Treatment system & how to help people stay in treatment
- Implications of tensions between Treatment Staff and CW timelines

**Alcohol and Drug System Understands**
- How substance use puts children at risk & how CWS must respond
- Child maltreatment reporting requirements
- How to screen for child safety

### Builds Cross System Collaboration

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- Treatment system & how to help people stay in treatment
- Implications of tensions between Treatment Staff and CW timelines

**Court System Understands**
- Basics of substance use & child maltreatment
- Its role in requiring assessments
- The authority to prompt/require collaboration

**Collaboratively all Three Systems**
- Establish joint policies/procedures to share information
- Establish case plans
- Develop shared indicators of progress
- Monitor progress and evaluate outcomes
- Undersestand requirements under federal law such as ICWA, ASFA

**Builds Cross System Collaboration**

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**CWS, SUDS and CS Have Collaborative Practice**
- Screen for substance use and child maltreatment
- Monitor progression to identify areas of need and develop collaborative practice.
GOVERNANCE
- Oversight Committee
- Steering Committee
- Subcommittees

TASKS
- Mission & Principles
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The SAFERR Model Development

Builds Cross System Collaboration
Establishes Individual and Cross System Roles and Responsibilities
Identifies Front-Line Collaborative Practice

Establishes and Monitors Individual and Cross-System Outcomes

- Increased identification of substance use disorders among families reported for child maltreatment
- Increased identification of potential child maltreatment for people assessed/treated for SUDS
- Increased communication regarding screening and assessment for SUDS and child maltreatment
- Informed decision making by CWS and CS regarding reunification, aftercare, terminations
Establishes and Monitors Individual and Cross-System Outcomes

- Reduced duplication and burden with regard to case plan requirements
- Increased engagement and retention of parents in treatment
- Reduced risk of maltreatment of children
- Increased family stability, reunification and well being
- Reduced disproportionate placements of AI/AN children
- Increased Tribal-State Collaboration

Why Is This An Important Issue?

- Drug testing is the most frequently used indicator for substance use in child welfare practice
- Test results may influence decisions on child removal, reunification and Termination of Parental Rights
- Courts often order drug testing as a standard protocol for parents in the child welfare system
- Lack of standardized recommendations for drug testing in child welfare practice

What Questions Can Drug Testing Answer?

- Whether an individual has used a tested substance within a detectable time frame

What Questions Drug Testing CANNOT Answer?

- A drug test alone cannot determine the existence or absence of a substance use disorder
- The severity of an individual's substance use disorder
- Whether a child is safe
- The parenting capacity and skills of the caregiver

Policy and Practice Considerations

Considerations for Using Drug Testing
- Agency Values and Mandates
- Establishing a Policy Framework
- Understanding current uses of Drug Testing in Substance Abuse and Child Welfare Programs

Drug Testing Protocol Decisions
- Determine Who to Test
- Type of Physical Specimen Collected
- Window of Detection
- Drug Testing Methods

Incorporating Drug Testing in Child Welfare Casework
- Discussing Drug Testing with Parents
- Frequency of Testing
- Addressing Drug Test Results and Refusals
- Coordination and Collaboration
**Incorporating Drug Testing into Child Welfare Practice**

- **Discuss Testing With Parents**
  - 14: Develop a parent engagement strategy, which may require a Tribal-State protocol agreement

- **Frequency of Testing**
  - 15: Establish frequency and random protocol of testing

- **Addressing Drug Test Results and Refusals**
  - 16: Decide how to address positive results, negative results, refusals and adulterated specimens
  - 17: Develop a notification procedure for drug test results

- **Coordination and Collaboration**
  - 18: Establish drug testing coordination strategy with treatment agencies

**Key Action Steps: Considerations for Developing Policy**

- **Agency Values and Mandates**
  - 1: Partner agencies need to understand value differences across systems concerning approaches to families affected by substance use disorders

- **Establish a Policy Framework**
  - 2: Determine how drug testing fits with agency’s overall approach to working with families

- **Understand the use of Drug Testing in Substance Abuse Treatment and Child Welfare Programs**
  - 3: Complete training on recognizing signs and symptoms of substance use disorders
  - 4: Identify clear purpose for using drug testing
  - 5: Determine how drug testing currently fits with the child welfare agency’s overall risk and safety assessment protocols

**Drug Testing Protocol Decisions**

- **Determine Who to Test**
  - 6: Decide which individuals will be tested
  - 7: In the case of newborns, know how local hospitals determine which individuals will be tested and child welfare’s response to the test results

- **Drug Testing Methods**
  - 8: Select the type of specimen to collect and the testing device to use
  - 9: Determine when to use point-of-collection versus laboratory testing
  - 10: Establish the logistics for drug testing and observation
  - 11: Determine which drug(s) to include in the test
  - 12: Consider cost implications of the practice protocol and in choosing a vendor
  - 13: Determine the type of staff training to provide and the type of qualifications needed to administer the test (e.g., culture, language)

**Training and Staff Development**

- **Online Tutorials**
  - For child welfare, substance abuse treatment and court professionals
  - Available at no cost
  - Upon completion of the tutorial:
    - Certificate of Completion
    - 4 CEUs and up to 6 CLEs are available

- **Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers** (also available for substance abuse treatment and legal professionals)

**Technical Assistance Resources**

**Online Training**

Available at no charge at [http://ncsacw.samhsa.gov](http://ncsacw.samhsa.gov)
Implementing Online Tutorials

Available for free PDF download at http://ncsacw.samhsa.gov

Training and Staff Development

  http://www.ncsacw.samhsa.gov/training/toolkit/
- Participant workbooks and supervisor handbooks developed by the State of Utah

Resources

- Beyond the Gloom and Doom: Tools for Help and Hope with Native People Affected by Fetal Alcohol Syndrome and Related Neurodevelopmental Disorders
  Suzanne L. B Kuerschner

Resources

- For more information about the Federal drug-testing program, as well as a list of certified labs.
- Guidelines for a drug free workforce.
Resources


Contact Information

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Website: www.ncsacw.samhsa.gov

National Indian Child Welfare Association

Visit the NICWA website for resources and products at http://www.nicwa.org
Email us at info@nicwa.org
Call us: 1-503-222-4044