Welcome

Thank you for joining us today. The webinar will begin in a few moments.

- If you haven’t dialed into the audio (telephone) portion, please do so now:
  
  1 (877) 568-4108  
  Access Code: 869-643-141

- If you are experiencing technical problems with the GoToWebinar (visual) program, contact the GoToWebinar help desk:
  
  1 (800) 263-6317  
  Webinar ID: 829-163-049

- Today’s presentation and handouts will be available for download at http://www.cffutures.org/webinars

How Do I Ask Questions?

1) During the webinar, type and send your questions through the Questions log located on your control panel/dashboard.
Tribal In-Home Services
Systems of Care:
Working with Substance Abusing Families

Terry L. Cross, MSW, LCSW
National Indian Child Welfare Association &
Western Pacific Implementation Center
WPIC Tribal In-Home Services Site Visits
April, May, and June 2012

A Program of the
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

and the
Administration on Children, Youth and Families
Children’s Bureau
Office on Child Abuse and Neglect

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
www.samhsa.gov
National Indian Child Welfare Association

NCSACW In-Depth Technical Assistance Sites (IDTA)
Children Affected by Methamphetamine Sites (CAM)
Children’s Bureau Regional Partnership Grants (RPG)
OJJDP Family Drug Courts (OJJDP)

Array of Services (11)
Child Focused (8)
Drug Courts (10)
System-Wide Collaboration (9)
Treatment Focused (9)
Tribal (6)

RPG Sites (53 Sites)

NCSACW IDTA Sites (20 Sites)
14 States
3 Tribal Communities
2 Counties

NCSACW CAM Sites (12)

OJJDP Grantees (22 Sites)
FY 2009 (14)
FY 2010 (8)

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
www.samhsa.gov
Statement of the Problem

Parental substance use disorders are a factor in the majority of child welfare cases.
Drop-off Points

- 3,500 Children – 2,500 Parents
- 60% of Parents Need Assessment
  - 60% of Parents Need Assessment
  - 1,500
- 50% Go for Assessment
  - 750
- 80% Need Treatment
  - 600
- 50% Go to First Session
  - 300
- 30% Complete
  - 90 Days - 90
  - 30%
- Reunify
  - 45%

Workshop Objectives

- **Part I: To Understand:**
  1. The nature of the problem.
  2. The correlation with child abuse and neglect, and the increased risk for American Indian and Alaskan Native children.
  3. The need for a comprehensive approach to the problem that includes prevention/education, early intervention and child safety, treatment and family support.

- **Part IV:** How to coordinate substance abuse interventions with child welfare services.
- **Part V:** How to plan a In-home Services System of Care inclusive of substance abuse treatment.
An Overview of the Challenge

- Prevalence numbers will show that many more children are affected than the attention we give to this issue.
- The cost over time to treat these children is far greater than the cost of prevention and early identification.
- Our efforts are now fragmented and focused more on pilot projects than systems change.

The National Challenge

- Of the 74,602,590 children under the age of 18, 11% or 8.3 million live with one or more parent who is dependent on alcohol or needs treatment for illegal drug abuse.
- Prenatal screening studies document 11-15% of newborns prenatally exposed to alcohol, tobacco, or illegal drugs.
Children Living with One or More Substance-Abusing Parent

According to CWLA Alaska’s Children 2010 data:

- There are 180,759 children under the age of 18
  - Using the same 11% as with national studies Alaska could expect to have 19,883 children living with one or more parent who is dependent on alcohol or needs treatment for illegal drug abuse.

- In 2007 an estimated 5,000 children ages 12-17 and 29,000 adults aged 26 and older were dependent on or abusing illicit drugs or alcohol.
Alaska’s Challenge
Fetal Alcohol Spectrum Disorder (FASD)

There is an average of 10,000 births each year in Alaska.
• FASD rates in Alaska are highest among the nation.
• Over a 6 year period, from 1996-2002, Alaska experienced a 32% decrease in FASD, from 19.3 to 13.5 per 10,000 births.
• The decline is limited to Alaska Native children, representing a 49% decline, from 63.1 to 32.4 per 10,000 births.
• Prevalence among non-Native children increased 64%, from 3.7 to 6.1 per 10,000 births.
• Limitations:
  – FASD rates continue to be higher among Alaska Native children
  – Unclear as to why decline is not observed among non-Native children.


What is the Correlation Between Parental Substance Use and Child Abuse and/or Neglect?

National Center for Safe and Supportive Schools and Child Welfare
Family Resilience, Safety, and Stability
Parental Substance and Child Welfare

Answer the following question for your community:

In what percentage of cases in the child welfare system do you think parental substance use is a factor in removal?

Impact on the Child

Substance use disorders can significantly interfere with a parent's ability to parent effectively while they are actively using; impacting their judgment, inhibitions, protective capacity and overall mental functioning, as well as their ability to nurture and foster the healthy development of their child(ren).
Impact on the Child

• Children whose parents abuse drugs and alcohol are almost three times (2.7) likelier to be abused and more than four times (4.2) likelier to be neglected than children of parents who are not substance abusers.
• Substance abuse and addiction is almost guaranteed to lead to neglect of children.
• The rate of repeated abuse or neglect appears to be increasingly driven by alcohol and drug addiction.

Impact on the Child

• The impact on the child can range from:
  – Severe, inconsistent and inappropriate discipline
  – Neglect of basic needs: food, shelter, clothing, medical care, education, supervision
  – Disruption of parent/child relationship, child’s sense of trust, belonging
  – Situations that jeopardize the child’s safety and health (e.g. meth labs, parents who are dealing, teaching child to use)
  – Physical, emotional, sexual abuse and exploitation
  – Trauma as a result of all of the above as well as from removal
Child Welfare and Substance Abuse

When should substance use be considered as problematic by child welfare professionals?

“When the parent’s need for the substance outweighs the needs of the child.”

Source: NICWA Heritage and Helping Module IV
www.nicwa.org/resources/curriculum

Substance Abuse and Child Neglect

- *Chronic child neglect generally refers to the ongoing, serious* pattern of deprivation of a child’s basic physical, developmental, and/or emotional needs by a parent or caregiver.

- The markers of chronic neglect include:
  - Poverty
  - Parental/Caretaker substance abuse
  - Parental/Caretaker mental health disorders

(Kaplan, Schene, DePantitis and Gilmore, 2009).
Core Roles of Tribal Child Welfare

• Issues in Substance Abuse (Self-Awareness)
• Interagency Collaboration (CW/ADS/Court)
• Identifying Alcoholism and Other Substance Use Disorders (Screening)
• Mobilizing Treatment (Individual, Family, Resources)
• Supporting Treatment (Coordination with recovery)
• Post-Treatment Casework
• Assisting the Children

Source: NICWA Heritage and Helping Module IV
www.nicwa.org/resources/curriculum
Fundamentals for Improved Practice

- Staff consistently screen for SUD have the knowledge of what to do, and engage/motivate.
- Routinely record observations/questions in the record.
- Ensure that supervisor staff consistently monitor case records for substance use notations.
- Be aware all children’s developmental needs and address those needs.
- Be aware of the specific needs of children from families with substance use disorder.
- Routinely share with ADS and court staff.

Assisting Children

To help the children cope, grow, and change emphasize that:
- The child is not alone;
- The parents' alcoholism/addiction is not the child's fault;
- Alcoholism/addiction is a disease;
- Alcoholics/addicts do recover; and,
- Children need help for themselves to cope.

Source: NICWA Heritage and Helping Module IV
www.nicwa.org/resources/curriculum
Assisting Children

To help the children be safe:

- Be part of the Safety Plan
- Have a family relapse plan
- Consult/train child welfare staff on recovery
- Participate as a partner in a System of Care (service alignment)
- Be informed about recovery and parenting, COA dynamics challenges

Source: NICWA Heritage and Helping Module IV
www.nicwa.org/resources/curriculum

Utilizing the Tribal In-Home Services model to work with substance abusing families
TIHSM- Structure

Tribal In Home Services

System of Care
Local Practice Model
Core Elements
Safety Model

System of Care- TIHSM

System of Care
In-Home Service Model

Case Management
Parenting Support
Healthy Relationships

Life Skills
Safety Assessment & Plan

Basic Needs
Cultural Strengths
Domestic Violence

Education/Higher Ed
Child Care
TANF
Cultural Resources/Faith Community

OCS
CASA
Health Care
Mental Behavioral Health
Case Planning for Your Families

Planning a System of Care: Overview of SAFERR
A Discussion of Underlying Values is Essential

- A Collaborative Values Inventory can be used to surface some of the important disagreements and different perceptions of the SEI issue, as noted in the attached examples of responses to past CVIs.
- The wide differences in attitudes about practices and policy show the need for intensive interagency and inter-professional dialogue about these differences.

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.
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.
- 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.

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
Premises

5. Information is limited, and there is no research-based answer
6. There is no time to lose
7. ICWA creates specific guidelines for working with American Indian populations
8. Developing and sustaining effective collaborations is hard work

Organization of SAFERR
Organization of SAFERR

I. Building Cross-System Collaboration
   • Creating the structure to create and sustain change

II. Collaboration Within and Across Systems
   • 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

Assessment is a Process
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?

- **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?

Definitions of Terms and Processes

<table>
<thead>
<tr>
<th>Is there an issue?</th>
<th>AOD Services</th>
<th>CWS Services</th>
<th>Court Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Screen</td>
<td>Child Abuse Report</td>
<td></td>
</tr>
<tr>
<td>What is the immediacy of the issue?</td>
<td>Immediate Need Triage</td>
<td>In-Person Safety Assessment</td>
<td>Preliminary Protective Hearing</td>
</tr>
<tr>
<td>What is the nature of the issue?</td>
<td>Diagnosis</td>
<td>In-Person Response/ Risk Assessment</td>
<td>Court Findings</td>
</tr>
<tr>
<td>What is the extent of the issue?</td>
<td>Multi-Dimensional Assessment</td>
<td>Family assessment</td>
<td>Petition Filed; Preliminary Protective Hearing</td>
</tr>
</tbody>
</table>
Definitions of Terms and Processes

<table>
<thead>
<tr>
<th>What is the Response?</th>
<th>AOD Services</th>
<th>CWS Services</th>
<th>Court Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treatment Plan</td>
<td>Case Plan</td>
<td>Adjudication/ Dispositional Hearing; Court-ordered Case Plan</td>
</tr>
<tr>
<td></td>
<td>Treatment Monitoring</td>
<td>Case Plan Monitoring</td>
<td>Court Review Hearings</td>
</tr>
<tr>
<td></td>
<td>Transition Planning</td>
<td>Permanency Determination</td>
<td>Permanency Hearing</td>
</tr>
<tr>
<td></td>
<td>Recovery Management</td>
<td>Family Well Being</td>
<td>Case Closed</td>
</tr>
<tr>
<td></td>
<td>Outcome Monitoring</td>
<td>Outcome Monitoring</td>
<td>Outcome Monitoring</td>
</tr>
</tbody>
</table>

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?

- **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

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

Technical Assistance Resources
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)


 Participant workbooks and supervisor handbooks developed by the State of Utah

Online Training

Module One: Primer on Substance Use, Abuse, and Addiction for Child Welfare Professionals

To receive credit for this course, you must complete the Knowledge Assessment at the end of Module 5.

I have completed the tutorial training, and utilized the information to help educate new child protective service workers. The information is very useful, understandable, and very specific to the issues and concerns that child welfare workers will encounter, and how these should be handled.

- Direct Service Provider

Available at no charge at http://ncsacw.samhsa.gov
Implementing Online Tutorials

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

Training and Related Products

- Visit http://ncsacw.samhsa.gov
  - Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
  - Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals
  - Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals New!
Training and Related Products


To Obtain a FREE Copy:

- Child Welfare Information Gateway:
  - 1-800-394-3366
  - [http://www.childwelfare.gov/index.cfm](http://www.childwelfare.gov/index.cfm)
- SAMHSA
  - National Clearinghouse for Alcohol & Drug Information
    - 1-800-729-6686
To Obtain a FREE Copy:
Child Welfare Information Gateway:
1-800-394-3366
http://www.childwelfare.gov/index.cfm

SAMHSA
National Clearinghouse for Alcohol & Drug Information:
1-800-729-6686
http://ncadi.samhsa.gov/

Resources

• For more information about the Federal drug-testing program, as well as a list of certified labs. http://workplace.samhsa.gov/DrugTesting/Level_1_Pages/CertifiedLabs.aspx.

Resources

• United States Department of Health and Human Services, Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention, Division of Workplace Programs. (2008, March). *Making your workplace drug-free: A kit for employers.*
http://download.ncadi.samhsa.gov/Prevline/pdfs/SMA07-4230.pdf

Contact Information

Linda Carpenter  
Program Director  
In-Depth Technical Assistance  
National Center on Substance Abuse And Child Welfare,  
Children and Family Futures  
Phone: 1-866-493-2758  
E-mail: ncsacw@cffutures.org

Terry L. Cross, MSW  
Executive Director  
National Indian Child Welfare Association  
Phone: 1-503-222-4044  
E-mail: tlcross@nicwa.org

FOR RESOURCES and TECHNICAL ASSISTANCE  
Please visit our websites:
http://www.ncsacw.samhsa.gov/  
http://www.nicwa.org