



Welcome

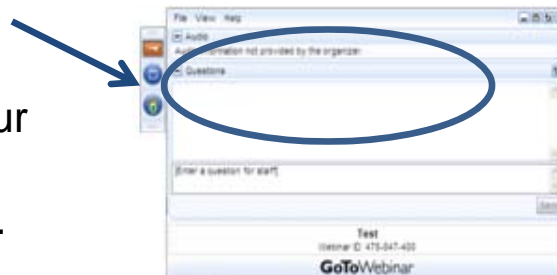
Thank you for joining us today. The webinar will begin in a few moments.

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How Do I Ask Questions?

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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

NCSACW
National Center on
Substance Abuse and Child Welfare
Bringing Systems Together for
Family Recovery, Safety, and Stability


NCSACW
National Center on
Substance Abuse and Child Welfare

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



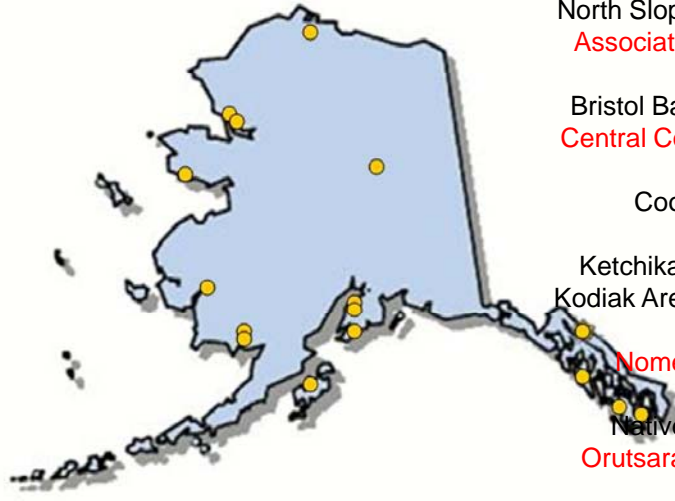
NICWA

National Indian Child Welfare Association

Protecting our children • Preserving our culture



WPIC/NICWA Technical Assistance in Alaska



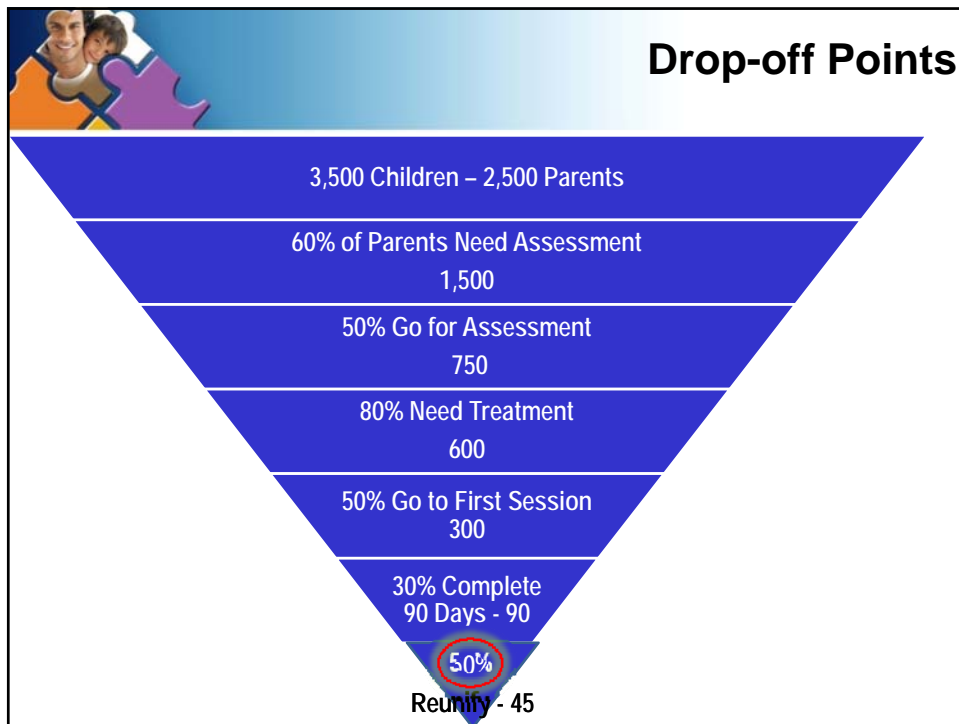
Aleutian/Pribilof Islands Association
North Slope Native Association
**Association of Village Council
Presidents**
Bristol Bay Native Association
Central Council Tlingit & Haida
Chugachmiut
Cook Inlet Tribal Council
Kawerak, Inc.
Ketchikan Indian Corporation
Kodiak Area Native Association
Maniilaq Association
Nome Eskimo Community
Metlakatla
Native Village of Kotzebue
Orutsararmuit Native Council
Sitka Tribe of Alaska
Tanana Chiefs Conference, Inc.



Statement of the Problem

Parental substance use disorders are a factor in the majority of child welfare cases.





-
- ### Workshop Objectives
- **Part I: To Understand:**
 - I. The nature of the problem.
 - II. The correlation with child abuse and neglect, and the increased risk for American Indian and Alaskan Native children.
 - III. The need for a comprehensive approach to the problem that includes prevention/education, early intervention and child safety, treatment and family support.
 - **IV.** How to coordinate substance abuse interventions with child welfare services.
 - **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.

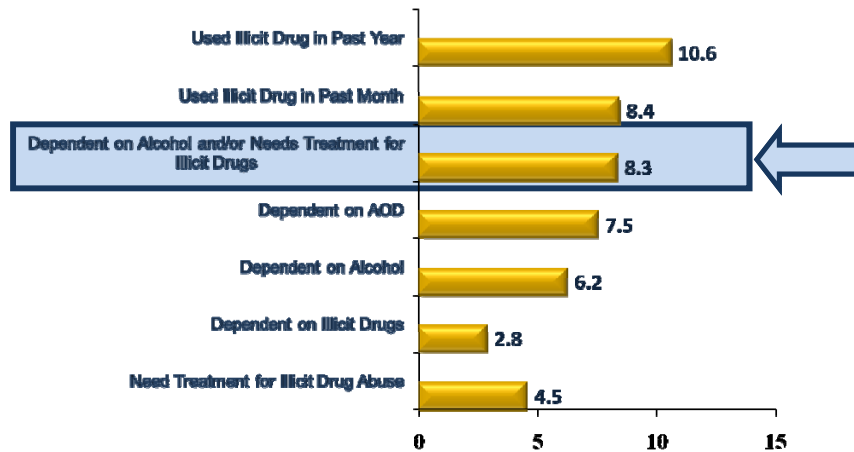


The National Challenge

- 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



Numbers indicate millions



Alaska's Challenge

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.

State of Alaska Epidemiology (2010). *Decline in the Birth Prevalence of Fetal Alcohol Syndrome in Alaska*. State of Alaska Epidemiology Bulletin.



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





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

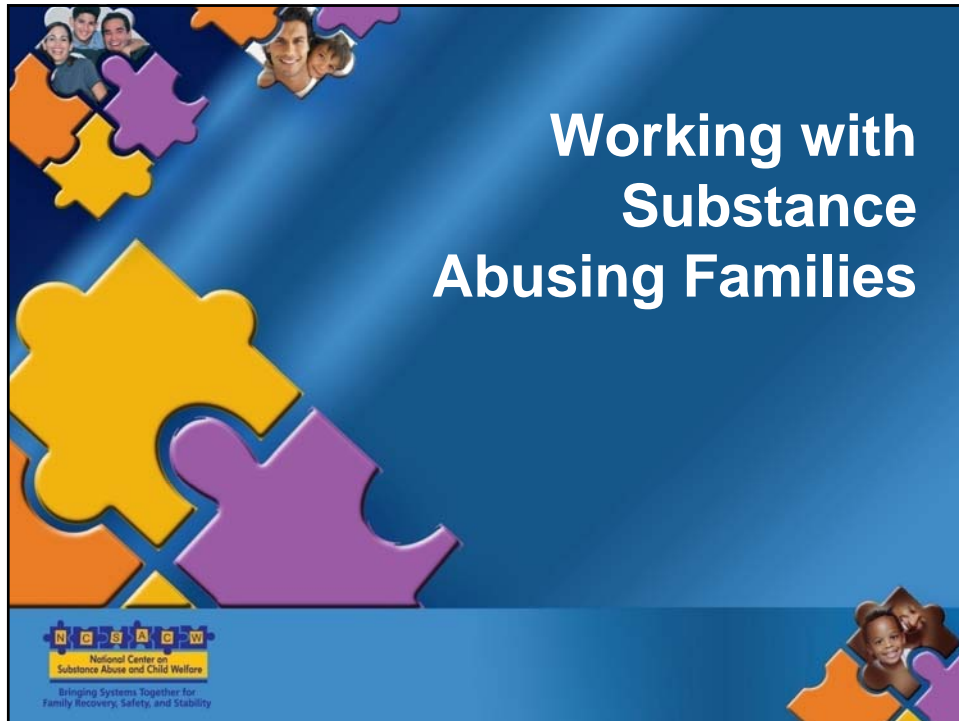


Substance Abuse and Child Neglect

- *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, DePanfilis and Gilmore, 2009).



The image shows the cover of a presentation. The background is a light blue gradient. On the left side, there are several interlocking puzzle pieces in orange, yellow, and purple. Some of these pieces contain small photographs of people, including a man and a woman. The title 'Core Roles of Tribal Child Welfare' is written in large, black, sans-serif font on the right side. Below the title is a bulleted list of seven items. At the bottom left, there is a logo for the National Center on Substance Abuse and Child Welfare (NCSACW) with the tagline 'Bringing Systems Together for Family Recovery, Safety, and Stability'. At the bottom right, there is a small graphic of a puzzle piece containing a photograph of a young girl.

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.





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

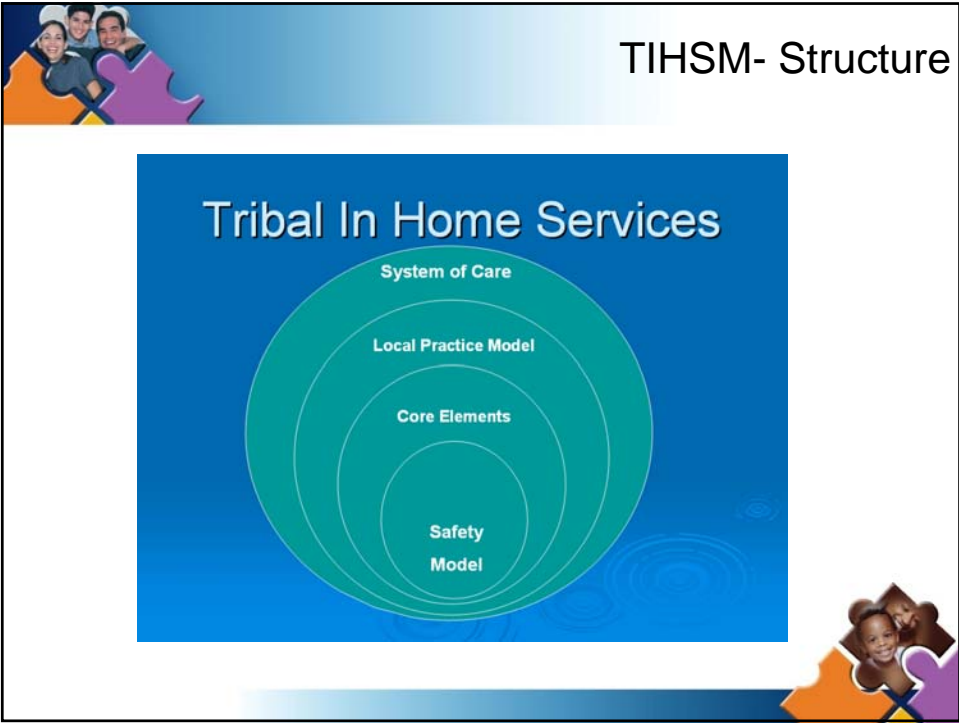
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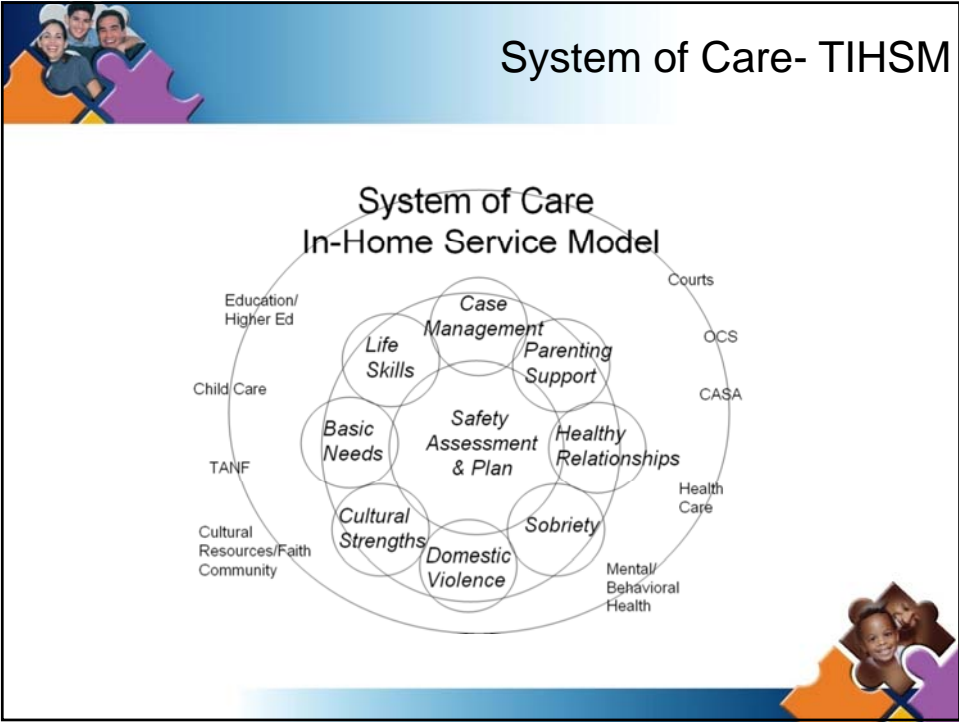
Utilizing the Tribal
In-Home Services
model to work
with substance
abusing families



TIHSM- Structure



System of Care- TIHSM



Case Planning for Your Families

The whiteboard diagram shows a central circle labeled "Safety". Four arrows point outwards to other circles: "Life Skills", "Case Management", "Parent Support", and "Domestic Violence".

- Life Skills** includes: Health Needs - PHN, Mental Health, Basic Needs, and Elder.
- Case Management** includes: OC Waivers, Special Assault Response Team (SART), and Grief Counseling - (young).
- Parent Support** includes: Child Advocacy Ctr. (child).
- Domestic Violence** includes: Assessment - OC, Health Referrals, and Cultural Support.

Planning a System of Care: Overview of SAFERR

NCSACW
National Center on Substance Abuse and Child Welfare
Bringing Systems Together for Family Recovery, Safety, and Stability



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

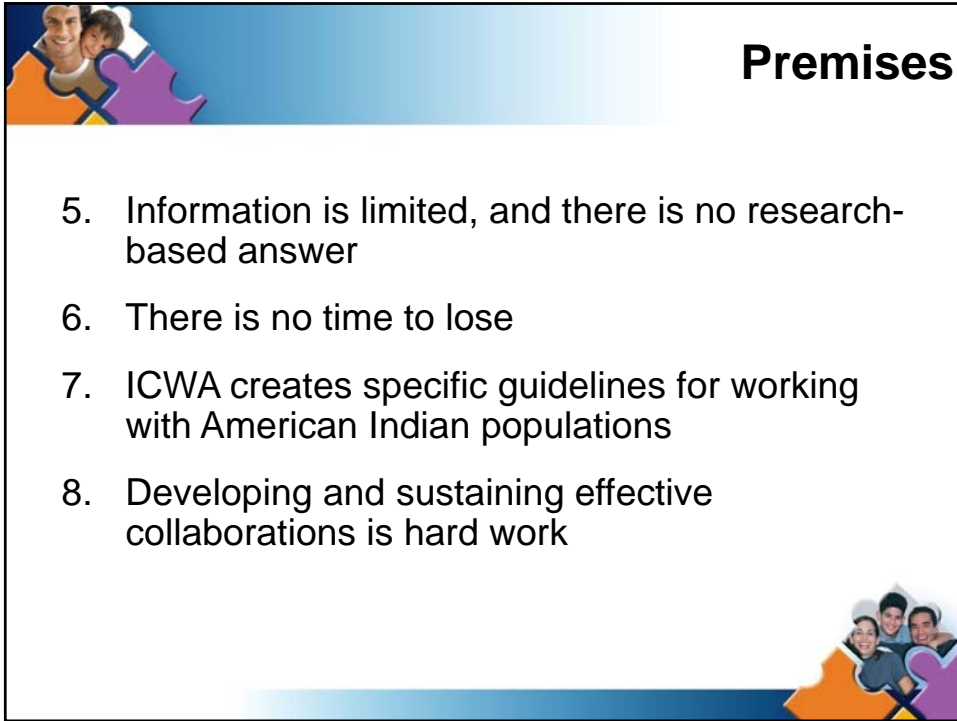
- The problems of child maltreatment and substance use disorders demand urgent attention and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being.
- Success is possible and feasible. Staff in child welfare, substance abuse,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




NCSACW
National Center on
Substance Abuse and Child Welfare
Bringing Systems Together for
Family Recovery, Safety, and Stability



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



N E S A C W
National Center on
Substance Abuse and Child Welfare
Bringing Systems Together for
Family Recovery, Safety, and Stability



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

	AOD Services	CWS Services	Court Services
Is there an issue?	▪ Screen	▪ Child Abuse Report	
What is the immediacy of the issue?	▪ Immediate Need Triage	▪ In-Person Safety Assessment	▪ Preliminary Protective Hearing
What is the nature of the issue?	▪ Diagnosis	▪ In-Person Response/ Risk Assessment	▪ Court Findings
What is the extent of the issue?	▪ Multi-Dimensional Assessment	▪ Family assessment	▪ Petition Filed; Preliminary Protective Hearing



Definitions of Terms and Processes


	AOD Services	CWS Services	Court Services
What is the Response?	<ul style="list-style-type: none"> ▪ Treatment Plan 	<ul style="list-style-type: none"> ▪ Case Plan 	<ul style="list-style-type: none"> ▪ Adjudication/ Dispositional Hearing; Court-ordered Case Plan
Is there demonstrable change?	<ul style="list-style-type: none"> ▪ Treatment Monitoring 	<ul style="list-style-type: none"> ▪ Case Plan Monitoring 	<ul style="list-style-type: none"> ▪ Court Review Hearings
Is family ready for transition?	<ul style="list-style-type: none"> ▪ Transition Planning 	<ul style="list-style-type: none"> ▪ Permanency Determination 	<ul style="list-style-type: none"> ▪ Permanency Hearing
What is to happen after discharge?	<ul style="list-style-type: none"> ▪ Recovery Management 	<ul style="list-style-type: none"> ▪ Family Well Being 	<ul style="list-style-type: none"> ▪ Case Closed
Did the intervention work?	<ul style="list-style-type: none"> ▪ Outcome Monitoring 	<ul style="list-style-type: none"> ▪ Outcome Monitoring 	<ul style="list-style-type: none"> ▪ Outcome Monitoring

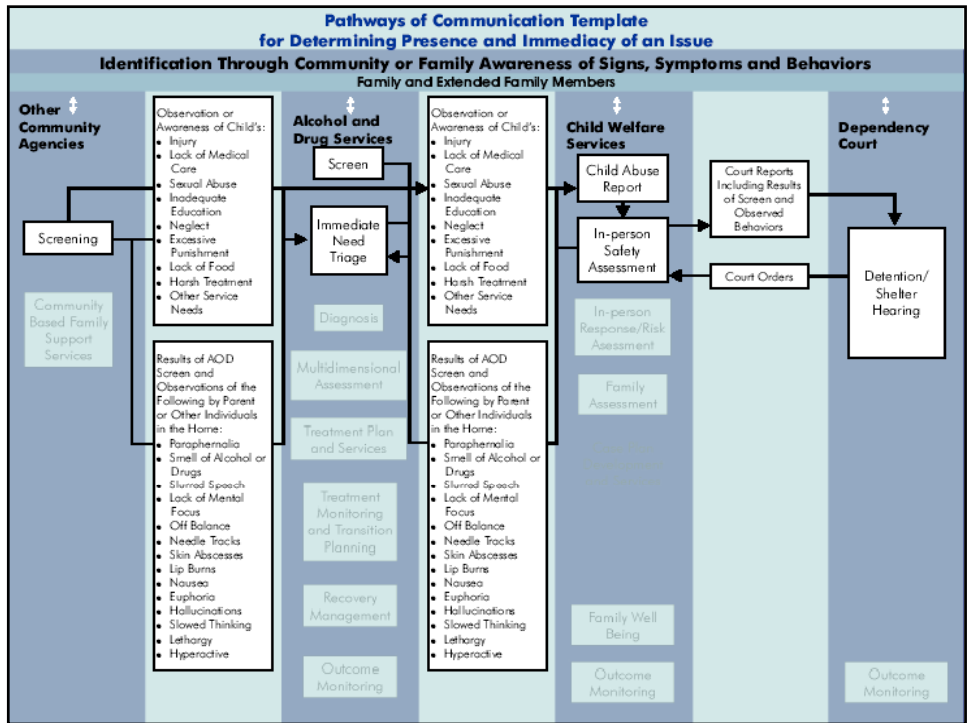
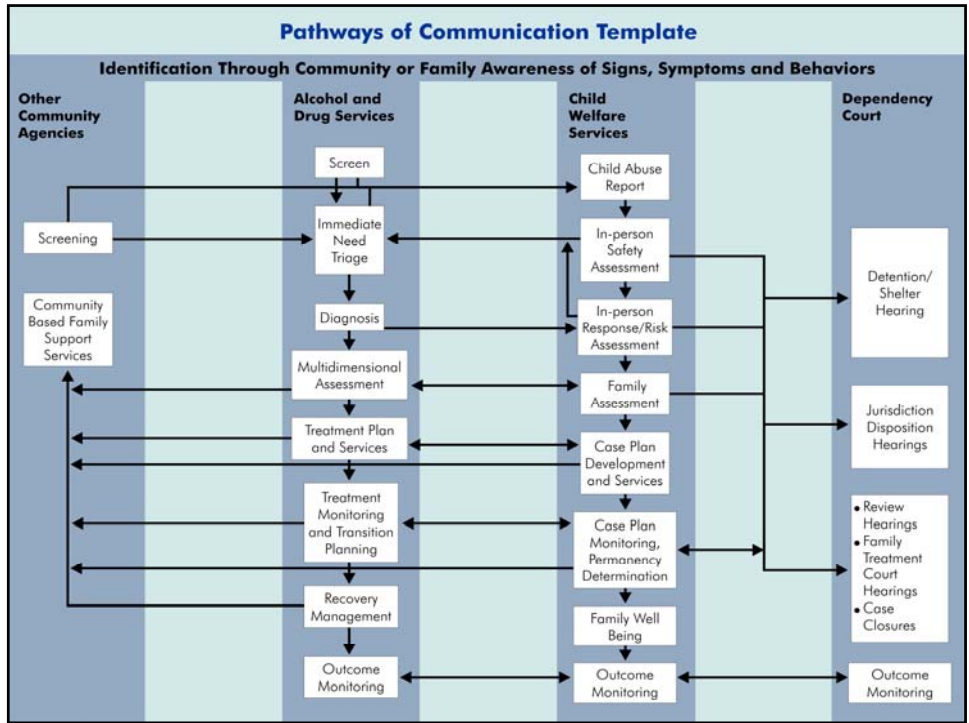


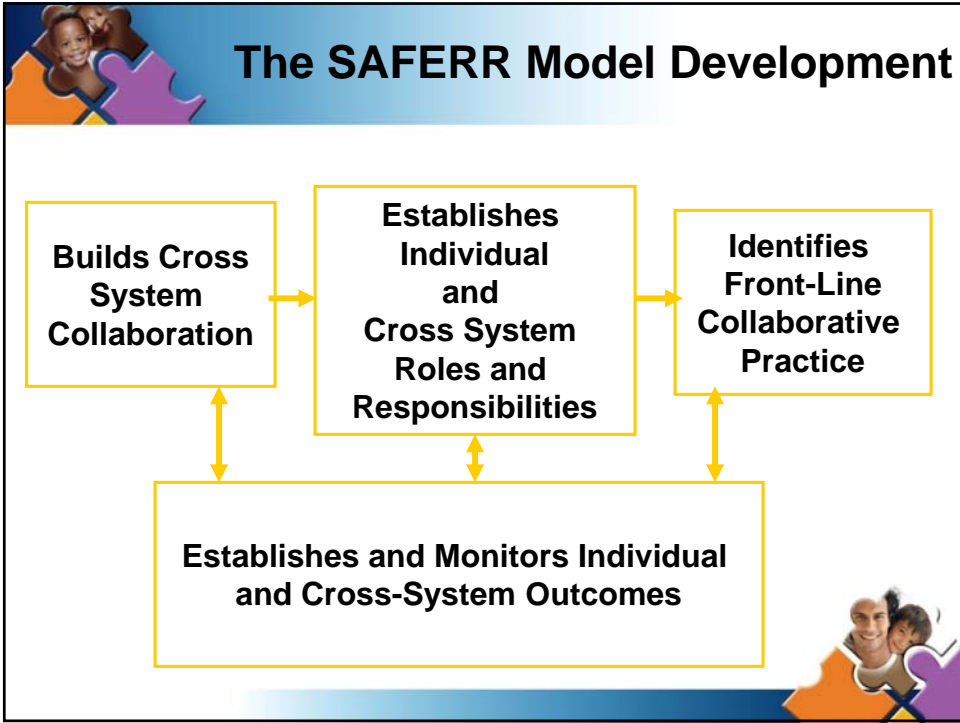
Assessment Information must be Communicated

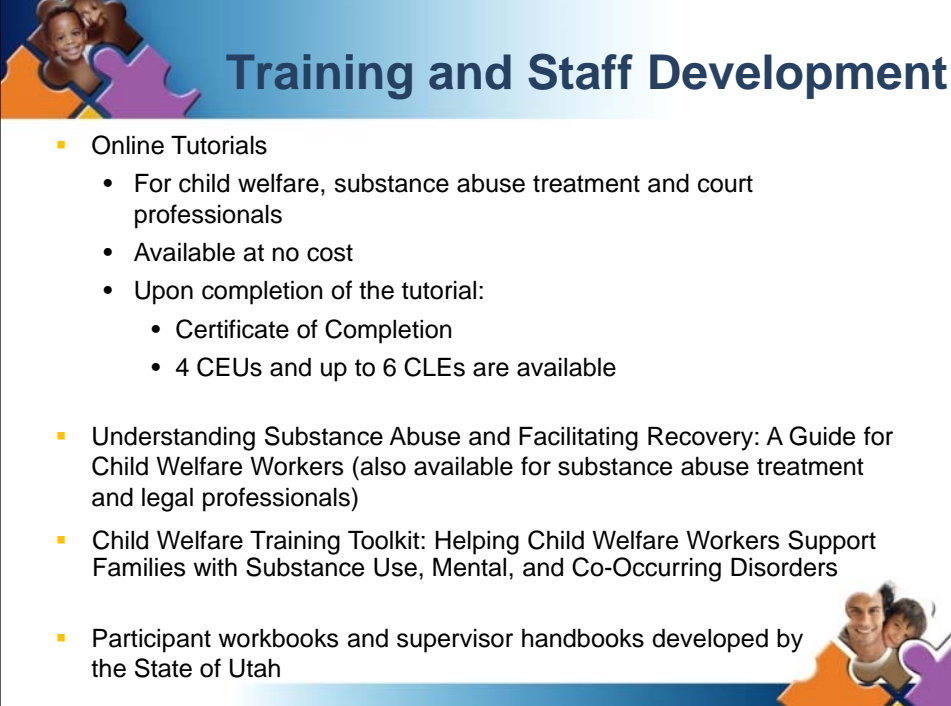
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Training and Staff Development

- 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)
- Child Welfare Training Toolkit: Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders
- 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.

Participant Objectives of Module One

After reviewing this module, child welfare professionals will be able to:

- Understand...
- Describe...
- Understand...
- Understand...

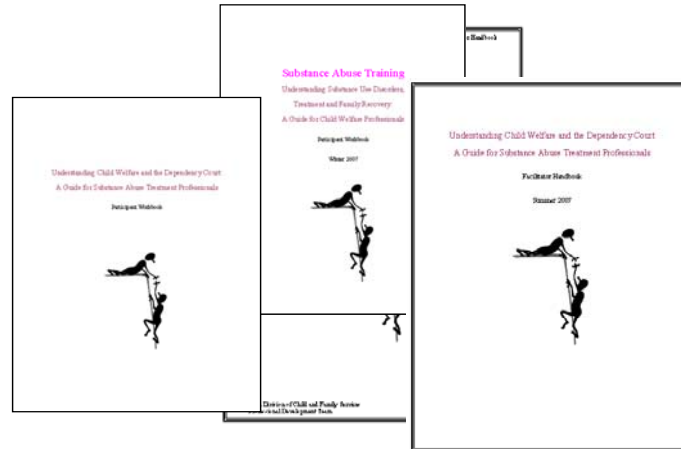
■ *I have completed the tutorial training, and utilized the information to help educate new child protective service workers. The information is very useful, understandable, and very specific to the issues and concerns that child welfare workers will encounter, and how these should be handled.*

■ -Direct Service Provider

Available at no charge at <http://ncsacw.samhsa.gov>



Implementing Online Tutorials



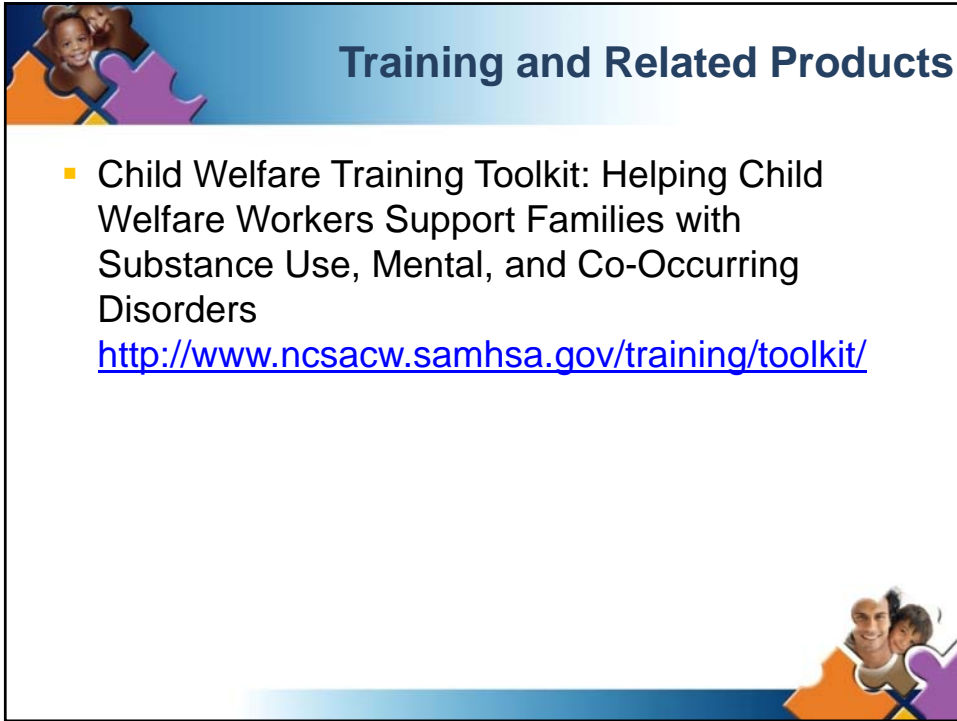
Available for free PDF download at <http://ncsacw.samhsa.gov>



Training and Related Products

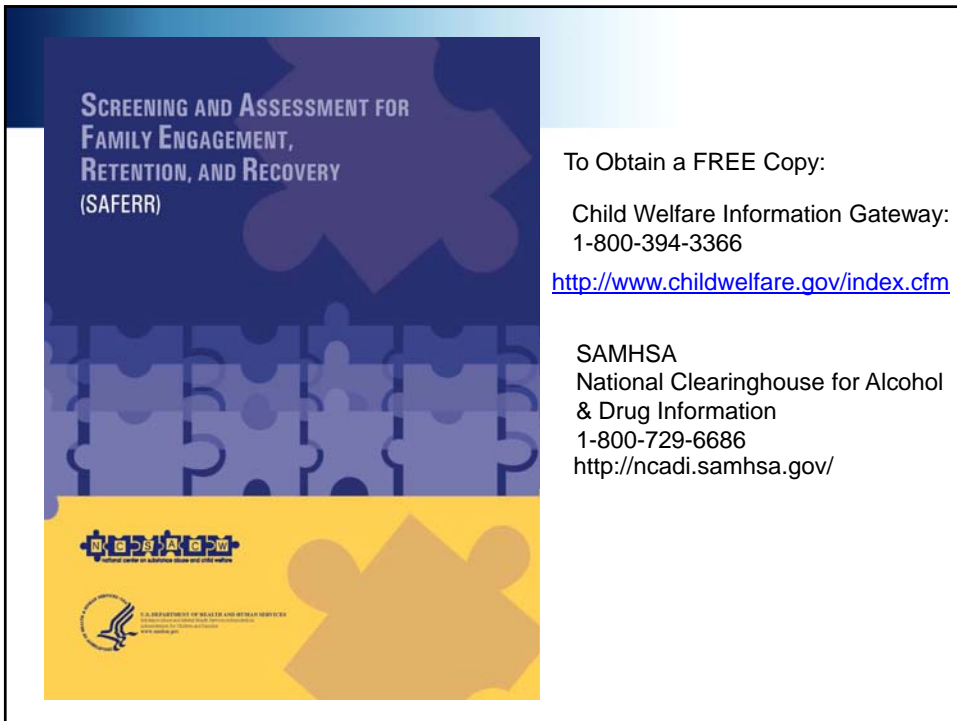
- Visit <http://ncsacw.samhsa.gov>
 - Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
 - Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals
 - Understanding Substance Use Disorders, Treatment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





Training and Related Products

- Child Welfare Training Toolkit: Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders
<http://www.ncsacw.samhsa.gov/training/toolkit/>



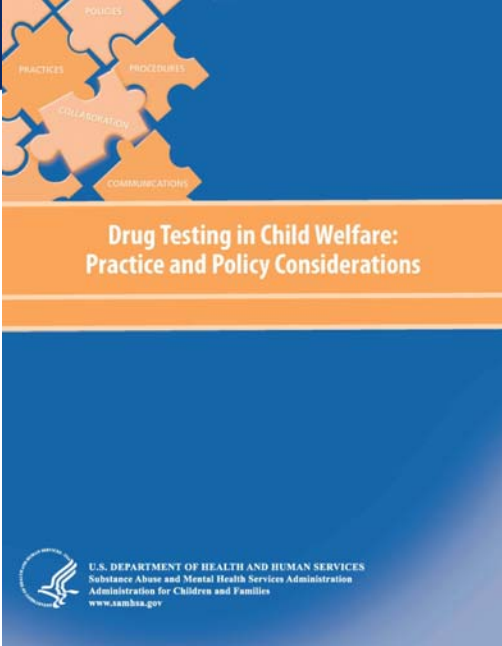
**SCREENING AND ASSESSMENT FOR
FAMILY ENGAGEMENT,
RETENTION, AND RECOVERY
(SAFERR)**

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/>

NCSACW
National Child Welfare Information Gateway

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
4570 Reservoir Road, Rockville, MD 20850
20256-0000

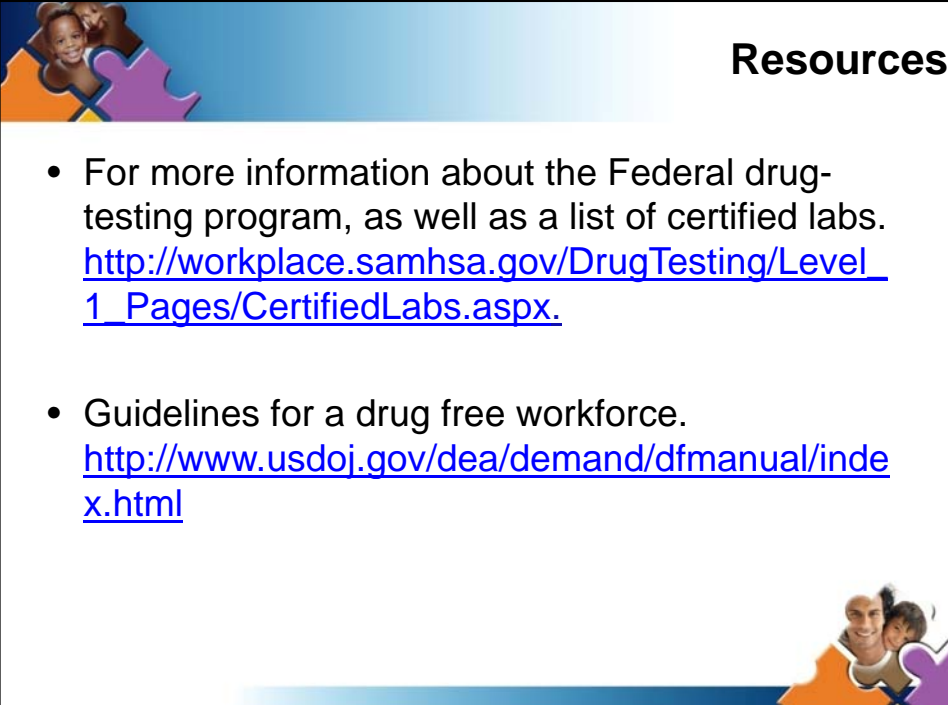


**Drug Testing in Child Welfare:
Practice and Policy Considerations**

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


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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.
- Guidelines for a drug free workforce.
<http://www.usdoj.gov/dea/demand/dfmanual/index.html>



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

<p>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</p>	<p>Terry L. Cross, MSW Executive Director National Indian Child Welfare Association Phone: 1-503-222-4044 E-mail: tlcross@nicwa.org</p>
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**FOR RESOURCES and
TECHNICAL ASSISTANCE
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<http://www.ncsacw.samhsa.gov/>
<http://www.nicwa.org>

