Family Healing to Wellness Courts

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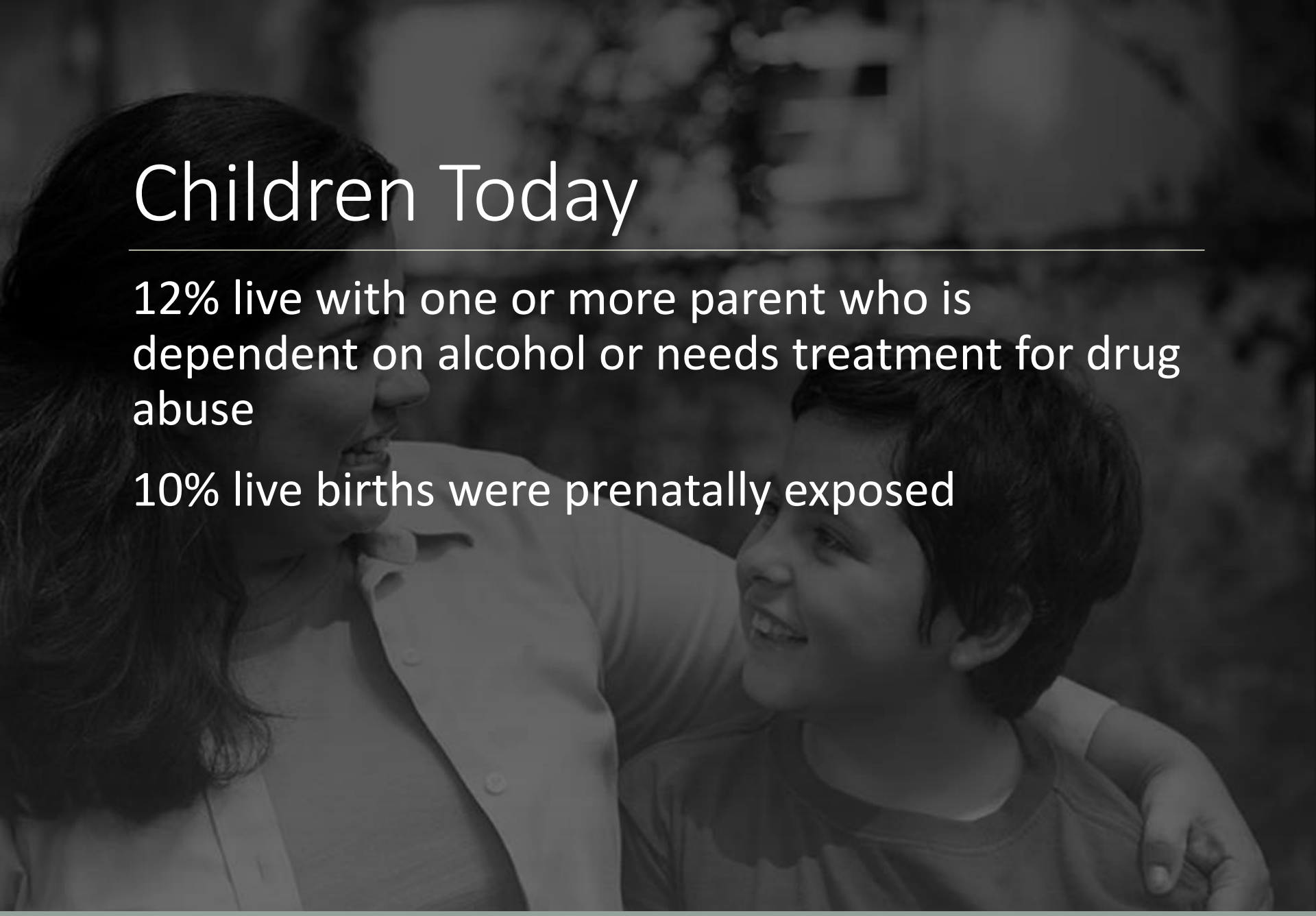
60–80% of substantiated child abuse and neglect cases involve parental substance use

31-60% of removals list parental alcohol or drug use as the stated reason

61% of infants, 41% of older children who are in out-of-home care are from families with active alcohol or drug abuse

How many children in the child welfare system have a parent in need of treatment?



Children Today

12% live with one or more parent who is dependent on alcohol or needs treatment for drug abuse

10% live births were prenatally exposed

AI/AN Substance Use

2014: AI/ANs reported a SUD at nearly twice the rate (16%) as any other racial and ethnic groups (8.5%)

AI/ANs were more likely to have received specialty substance use treatment (15.0 vs. 10.2 percent)

AI/ANs were more likely to feel the need for and make an effort to get treatment

AI/AN Children Today

1.1 % of all state and county child maltreatment victims are AI/AN

11.4 per 1,000 rate of child abuse and neglect (9.1 national)

More likely to be confirmed as victims of neglect (59.7%).

Least likely to be confirmed as victims of physical abuse (6.4%).

Impact of SUD on Children

- Risk factor for maltreatment and child welfare involvement
- Associated with longer out-of-home placements
- Higher rates of child re-victimization
- Higher rates of termination of parental rights
- More likely to reenter foster care after reunification
- Poor parenting
- Substance use is associated with trauma
- Youth more at risk to experience substance use disorders

Co-Occurring Issues

Strong link between child maltreatment and substance abuse, but…

1/3 of adults with SUD have a co-occurring mental illness

Women with SUDs show high rates of PTSD

Many with SUDs also experience

- Social isolation
- Poverty
- Unstable housing
- Domestic Violence

AI/AN Co-Occurring Disorders

Highest rate of serious psychological distress within the last year (25.9%)

Highest rate of a major depressive episode within the last year (12.1%)

Tribal Courts

Prior to European contact, Indigenous peoples practiced various forms of meaningful dispute resolution

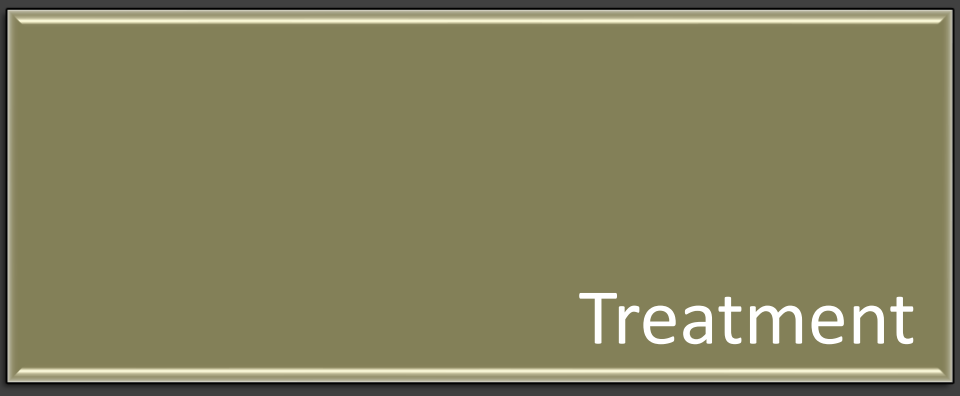
1883: First modern iteration of tribal courts: “Courts of Indian Offenses” (CFR)

1934: Indian Reorganization Act: permitting tribes to organize and adopt constitutions under federal law.

Today: tribal justice systems are diverse in concept and character. At various stages of development.


Court


Child Welfare


Treatment

Needs

- Ability to communicate between silos
- Warm hand-off
- Motivation
- Inclusion of the family on the case plan and status
- Recognition of children and their needs
- Expression that we care about this
  - individual,
  - their well-being,
  - the well-being of the children, and
  - the well-being of the family unit

Tribal Healing to Wellness Courts

The term "Healing to Wellness Courts" was adopted to

(1) incorporate two important Indigenous concepts - Healing and Wellness; and

(2) promote wellness as an on-going journey.

Tribal Drug Court → Healing to Wellness Court

Decolonized Justice

- Not a new method
  - Crime and conflict were traditionally addressed through non-adversarial and consensus methods
- Holistic healing
  - Western methods individualize
    - criminal justice and
    - healing
  - Community vision is what guides Native people

Family Healing to Wellness Courts

Family Healing to Wellness Courts

Family court docket → dependency cases where parental substance abuse is a primary factor

Promotes long-term stabilized recovery to enhance the possibility of family reunification

Tension: Goal is reunification, but focus is on children

Rehabilitation/Reunification

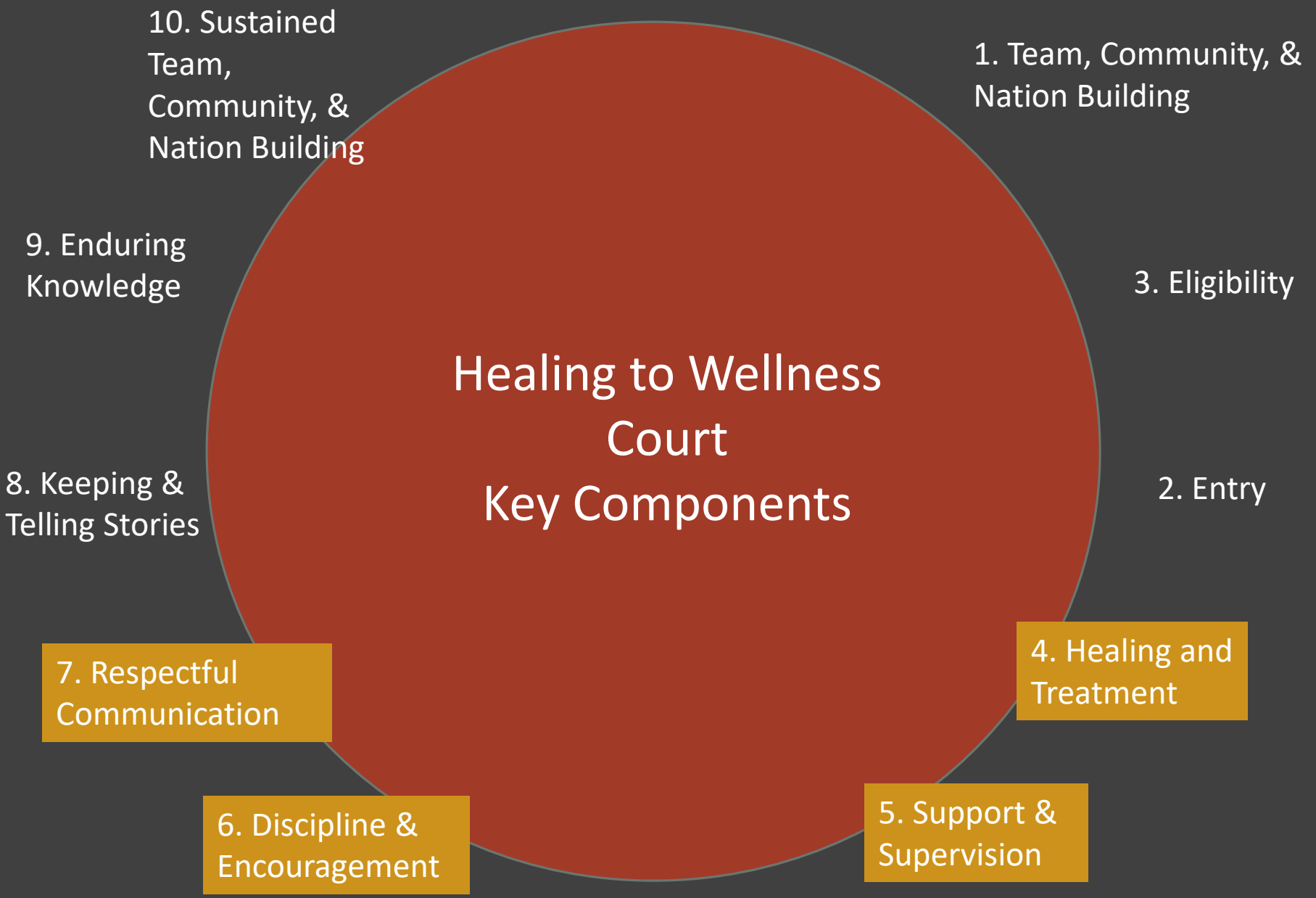
Reasonable/Active Efforts

Some families may need a phased approach (Milestones)

Provide a continuum of services

Focus on entire family and foster family

Parent time is an important resource


10. Sustained Team, Community, & Nation Building
1. Team, Community, & Nation Building
9. Enduring Knowledge
3. Eligibility
Healing to Wellness Court Key Components
8. Keeping & Telling Stories
2. Entry
7. Respectful Communication
4. Healing and Treatment
6. Discipline & Encouragement
5. Support & Supervision

Family Wellness Courts: Two Models

Integrated Judicial Model

Dependency judge *is* Wellness Court judge

Parallel Judicial Model

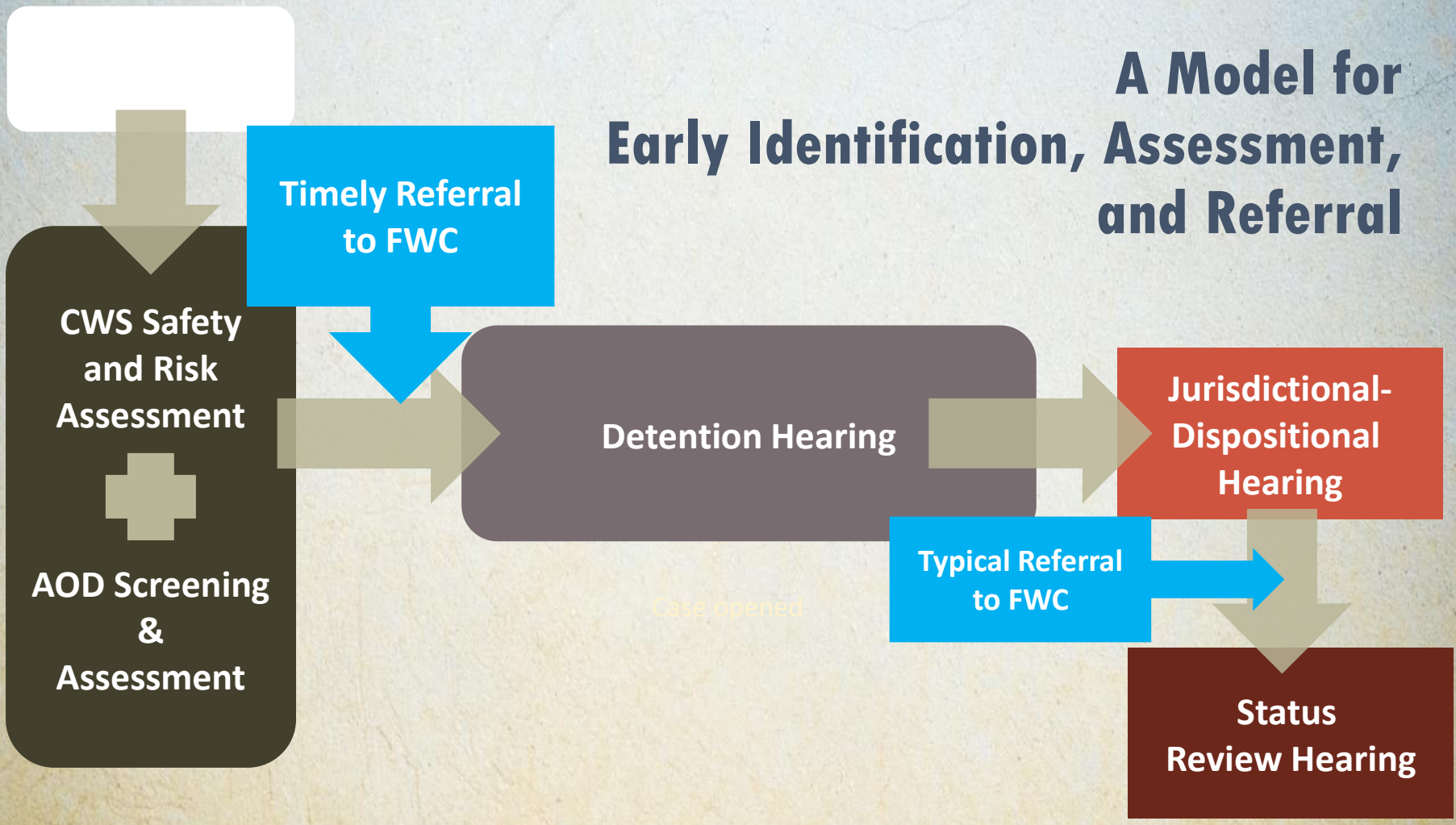
Parents are *referred* to Wellness Court, either

- Pre-petition (after a formal "report of harm" to a child, but before a formal dependency petition has been filed for that child)
- Post-admission (formal petition has been filed and an admission and agreement has been negotiated, agreed to, and approved by the judge)
- Post-adjudication

Family Wellness Court Outcomes

- Higher Treatment Completion Rates
- Shorter Time in Foster Care
- Higher Family Reunification Rates
- Lower Termination of Parental Rights
- Fewer New Child Welfare Petitions after Reunification
- Lower Criminal Justice Recidivism
- Cost Savings per Family

A Model for Early Identification, Assessment, and Referral



Timely access to assessment and treatment services

How is the individual referred for assessment?

How long does it take to go from referral to assessment?

Who conducts the assessment and what tools are used?

How is information communicated to the parent? To the child welfare staff? To the courts? Are the appropriate consents in place and consistently signed?

What happens if the parent doesn't show for assessment?

What are the next steps if treatment is indicated? If treatment is not indicated?

If the persons/systems/agencies conducting the assessments are not the same as the ones providing treatment, is there a warm hand-off?

Reunification Timetables

Consider…not all Tribal Social Services operate under the ASFA Timelines

- Must file termination of parental rights when a child has been in foster care for 15 of the last 22 months
- Must have permanency hearing no later than 12 months after the child has entered foster care

Title IV-E – Yes

Title IV-B – No

Missed opportunities

“Here’s a referral, let me know when you get into treatment.”

“They’ll get into treatment if they really want it.”

“Don’t work harder than the client.”

“Call me Tuesday.”

Collaborative Supervision

- Treatment and classes are not enough
- Coordinated case management is the key
- Warm hand off
- Timely Treatment
- Collaboration necessary - do not overwhelm the family

Improved family-centered services and parent-child relationships

Recognizes that addiction is **a family disease** and that recovery and well-being occurs **in the context of families**

Parent Recovery

Focusing on parent's recovery and parenting are essential for reunification and stabilizing families

Child Well-Being

Focusing on safety and permanency are essential for child well-being

Focusing Only on Parent's Recovery Without Addressing Needs of Children

Can threaten parents' ability to achieve and sustain recovery, and establish a healthy relationship with their children, thus risking:

- Occurrence/Recurrence of maltreatment
- Entry/Re-entry into child welfare system and out-of-home care
- Relapse and sustained sobriety
- Additional substance exposed infants
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being

The Role of the Judge

Interaction with team and families is critical – engage directly

Lead the team

Oversee provision of services on a weekly basis

Use a problem-solving approach – rely on empathy and support

Immediate Incentives and Sanctions

- 6-month approach often results in a sanction and never any incentives
- Range of responses
- Consistent for individuals similarly situated (phase, length of sobriety time)
- Avoid singular responses, which fail to account for other progress
- Timing is everything; delay is the enemy; how can you as a team work on this issue?

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www.Home.TLPI.org

Bibliography

Child Welfare Information Gateway. (2014). Parental substance use and the child welfare system. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

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