



The Tribal Law and Policy Institute

Family-Focused Approach: Engaging Child Welfare and Social Services

Healing to Wellness Court Refresher Training
February 27, 2019



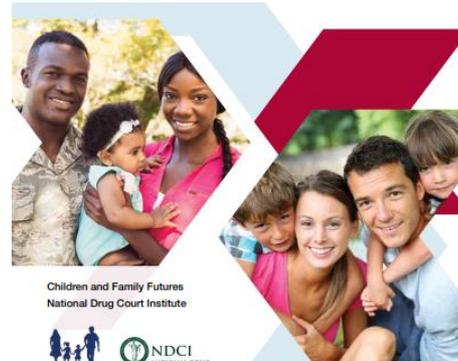
Thanks to Children and Family Futures

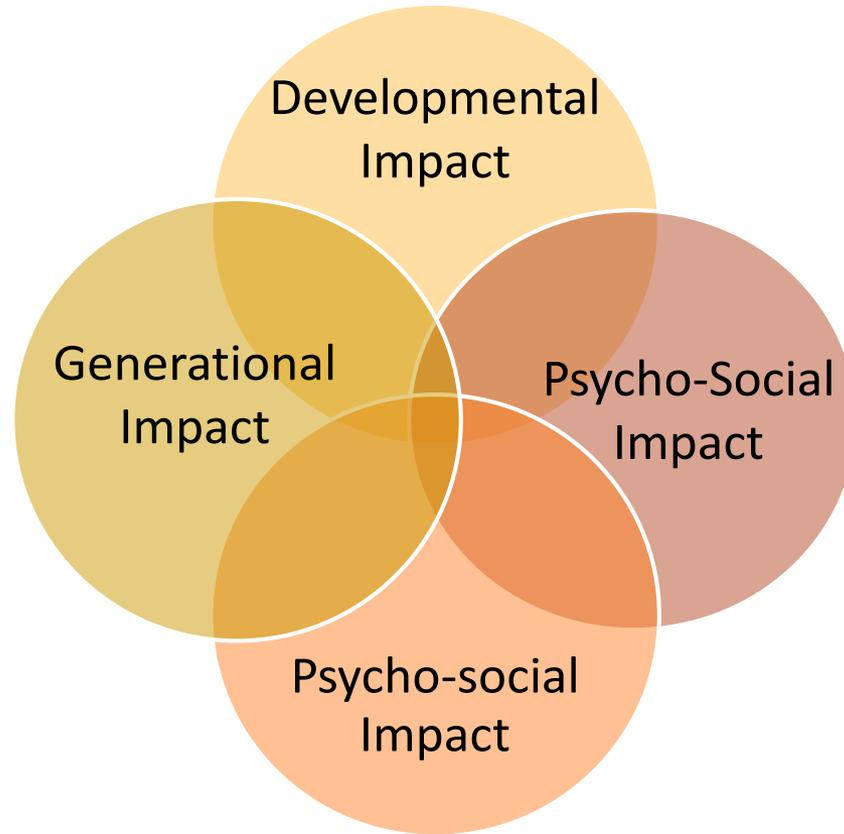


Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

TRANSITIONING TO A FAMILY CENTERED APPROACH:

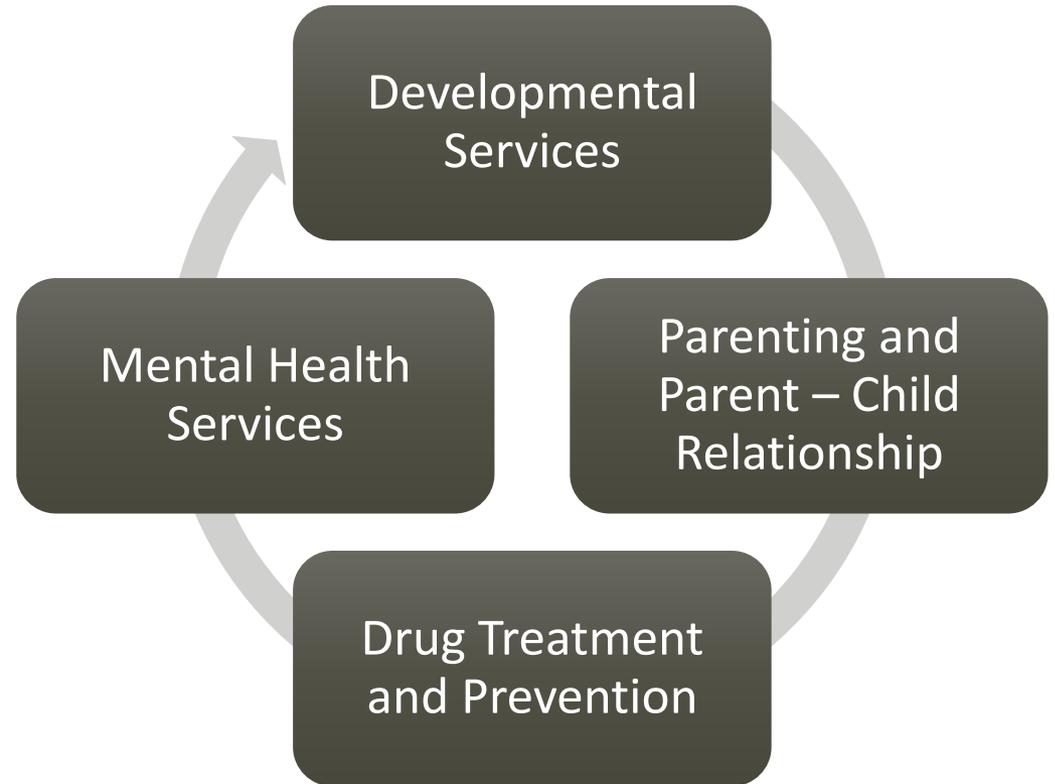
Best Practices and Lessons Learned
from Three Adult Drug Courts





Parental Substance use affects
the whole family

Family Recovery



Record of Delinquent Tax Sales,



Impact of Parental Substance Use Disorders on Children

- Prenatal Exposure
- Trauma
- Separation and Attachment Issues

Prenatal Exposure

- Executive functioning problems, inability to self-regulate and to generalize across situations
- Gross and fine motor delays
- Attention problems
- Memory difficulties
- Attachment disorders
- Communication
- Social/Emotional



Postnatal Environment

- Severe, inconsistent or inappropriate discipline
- Neglect of basic needs: food, shelter, clothing, medical care, education and supervision
- Situations that jeopardize the child's safety and health (e.g. drug manufacturing and trafficking)
- Trauma
- Disruption of parent/child relationship, child's sense of trust and belonging
- Chronic trauma of childhood

Childhood Trauma

- Trauma disrupts all aspects of normal development, especially during infancy and early childhood, including:
 - Brain development
 - Cognitive growth and learning
 - Emotional self-regulation
 - Attachment to caregivers and social-emotional development
 - Predisposition to psychiatric difficulties



Children of Parents with Substance Use Disorders

- Kindergarteners not ready for school
- Increased special education caseloads
- Disproportionate representation in foster care; less likely to reunify
- Increased juvenile justice caseloads
- Increased residential treatment program needs
- Increased likelihood to develop a substance use disorder



The diagram consists of two rounded rectangular boxes. The left box is yellow and contains the text 'Needs of children'. The right box is orange-red and contains the text 'Parents' recovery'. Two curved arrows connect the boxes: one above them pointing from left to right, and one below them pointing from right to left, indicating a reciprocal relationship.

Needs of
children

Parents'
recovery

Shifting from “Participant-Focused” to “Family-Focused”



- **Strategy One:** Ensure strong *judicial* and *coordinator* leadership
- **Strategy Two:** Engage cross-system partners to revise court mission, vision, and protocols

Collaboration and Communication

- **Strategy Three:** Develop community partnerships to expand comprehensive services to meet the needs of the entire family
- **Strategy Four:** Ensure strong communication and information sharing for effective coordinated service delivery to participants and their children and families





Staff Development and Training

- **Strategy Five:** Develop cross-system training to ensure that partners understand the needs of parents, children, and families affected by substance use disorders

Screening, Assessment, and Needs of Parents, Children, and Families



- **Strategy Six:** Conduct screening and assessment to identify the needs of parents, children, and families, and refer them to appropriate services
- **Strategy Seven:** Provide evidence-based services to children and parents
- **Strategy Eight:** Implement responses to behaviors that are sensitive to the needs of parents and families

Numbers

- Ask clients if they have other children
- Ask about other family relationships, such as non-custodial parents (identity, location and quality of relationship)
- Ask questions about **family status** at intakes
- Strategize on how to get **entire family into treatment** to assist in identification of parental drug use and facilitate treatment
- Ensure that **court information systems** including tracking of family members

Needs

Are child's medical, developmental, behavioral, and emotional needs assessed?

How will your Court ask clients if their children have received appropriate screenings and assessments

Has the child and family been assessed for trauma?
Relationship issues?

Did the child receive appropriate interventions or services for the identified needs?

Do the parents have an understanding of the child's identified needs? Are they able to cope with the child's needs?

Does the family have access to long-term supportive services?



Networks

- Do you refer and follow-up to tribal or outside agencies with children's services?
- Are child and family-serving agencies on your collaborative team?
- Are you mobilizing and linking to new resources from other agencies that already serve children and families?
- Remember – you do not have to divert resources from treating parents to help their children

Family-Centered Performance Measures

Domain	Performance Measure	Description
Child Welfare	C1. Occurrence/Recurrence of Maltreatment	The percentage of children who experience maltreatment after ADC entry
	C2. Children Remain at Home	The percentage of children who are in the custody of a parent/caregiver at ADC entry who remain in the custody a parent/caregiver through ADC case closure
	C3. Length of Stay in Out of Home Care	The average length of stay in out of home care from date of most recent entry to date of discharge
	C4. Timeliness of Reunification and Permanency	Percentage of children placed in out-of-home care who attained a) reunification b) a finalized adoption or c) legal guardianship within 6, 12, 18, and 24 months from removal
	C5. Re-entry to Out of Home Care	The percentage of children who re-enter out of home care after reunification
	C6. Prevention of Substance Exposed Infants	Percentage of pregnant women who had a substance exposed infant after ADC entry
SUD Treatment	A1. Access to Treatment	The average number of days from SUD treatment referral to SUD treatment entry
	A2. Retention in Treatment	The percentage of parents who successfully complete SUD treatment
	A3. Length of Stay in Treatment	The average number of days from SUD treatment entry to treatment discharge
EB Parenting	EB-A1. Connection to EB Parenting	Of the number of parents referred to evidence-based parenting, the percentage who begin services
	EB-A2. Completion of EB Parenting	Of the number of parents who begin evidence-based parenting, the percentage that complete the program
EB Children's Intervention	EB-C1. Connection to EB Children's Service	Of the number of children referred to evidence-based therapeutic services, the percentage who begin services
	EB-C2. Completion of EB Children's Service	Of the number of children who begin evidence-based therapeutic services, the percentage that complete services