GUIDING PRINICIPLES

Interactions with Families Should Be:

✦Strengths-based ✦Needs-driven ✦Family-centered ✦Culturally competent

SCREENING ASSESSMENT AND REFERRAL

- ✓ After the filing of a neglect petition, where AOD use is alleged or subsequently identified, the court can attempt to persuade the respondent or other household member to voluntarily participate in an alcohol and substance abuse assessment/treatment process, in order to assist parents in accessing and engaging in treatment as early as possible during the case flow.
- ✓ When families and agencies appear before the court, judges or magistrates should ensure that appropriate assessments were conducted and that the court has information regarding assessment results and diagnoses. Attorneys for parents play a key role in advocating for timely assessments and in encouraging their clients to participate in the assessment process. Court staff, including attorneys, should be available to meet with staff and family members to discuss assessment results and their implications for services.
- ✓ With the implementation of Family Drug Treatment Courts (FTC) and Model Courts, agencies have begun to work collaboratively toward identification of alcohol and substance abuse issues much earlier in the process, resulting in earlier linkages to treatment and better retention rates. FTC Resource Coordinator/Case Managers which are credentialed CASACs can conduct screening upon the filing of a petition and with the consent of the parties.

ENGAGEMENT AND RETENTION

- ✓ **Family Court** orders typically incorporate the information provided by the child welfare services agency, turning the case plan into a court order that complies with ASFA requirements and reflects the needs of both the respondent and the family. All agencies involved with a family will share information with each other to reinforce agency collaboration and to ensure that the Family Court's expectations of the respondent(s) remain clear.
- ✓ In addition to the above, **Family Treatment Court** contracts should be thoroughly explained and reviewed with each respondent and counsel to make them aware of program expectations.

INFORMATION SHARING

Localities need to work together to develop consensus regarding the nature and type of information that is needed to support informed decision-making regarding child safety, wellbeing, and permanency, and establish collaborative agreements about how shared information will be used. Child welfare staff and the Courts legitimately need information about family members receiving services in order to make informed decisions about child safety and permanency. This needs to be balanced with a family's privacy rights, and the treatment provider's responsibility to guard against the unauthorized release of sensitive information regarding their clients.

When developing collaborative guidelines, confidentiality regulations and privacy rights should be taken into account early in the process, leaving ample time to develop forms that comply with regulations and respond to the needs of families and of each collaborative partner.

CASE PLANNING AND MONITORING

The questions of whether there are demonstrable changes and whether changes are sufficient to warrant family reunification or closing the case can be answered only if all staff work closely with families to monitor their progress and adjust plans as needed, and if there is effective communication between the AOD treatment, child welfare, and court systems. **Child Welfare workers** and **AOD treatment providers**, with facilitation from the **Court**, should collaborate to develop the most comprehensive and flexible plan possible to help the family succeed. Counselors and case workers can work together to use relapse episodes to help

FAMILY COURTS

parents learn what factors trigger their cravings to use substances, and help them to accept the fact that relapse does not equal failure, so that they can be re-engaged in treatment immediately. Child welfare workers can also help parents anticipate the possibility of lapses or relapses by creating safety plans for their children. Parents who learn their triggers can become empowered to plan for the safety of their children and seek healthy ways to neutralize or mitigate triggers. Family Treatment Court Coordinators and Case Managers can work closely with AOD Treatment Providers and Child Welfare Workers by sharing observations and concerns relative to behaviors exhibited during visits to the court.

DISCHARGE

Cross systems discharge planning should focus on the family members in recovery, family dynamics, and family values to help families identify and build upon their unique strengths, successfully face their challenges and make positive choices. Discharge planning must be a joint effort with defined/shared expectations of the caretaker and child(ren) by the systems involved.

Cross-system communication about the family's discharge planning needs should begin early in the treatment/Intervention/
judicial process, and be continually reviewed and updated until treatment is completed or the case is closed. It is recommended that:

- Family intervention services are considered a priority in the discharge process within the cross systems collaboration;
- After treatment completion, the family's status is closely monitored to assure that the appropriate aftercare/recovery services needed to sustain parental recovery and child safety and wellbeing;
- A means to provide community-based supportive services is established that can meet the medical, mental health and social service needs of the caretaker and child(ren).
- ✓ Cross-system training is provided to enhance the skills of the staff involved in the discharge planning process.

SPECIAL CONSIDERATIONS

Families involved with child welfare may be more at risk for relapse at certain points during their case involvement. Vulnerable points include:

- Before court hearings,
- After family visits,
- Shortly before regaining custody of children,
- Shortly before being discharged from residential treatment, and
- Shortly before exiting from the child welfare system.

Counselors and case workers can work together to use relapse episodes to help parents learn what factors trigger their cravings to use substances, and help them to accept the fact that relapse does not equal failure, so that they can be re-engaged in treatment immediately. Child welfare workers can also help parents anticipate the possibility of lapses or relapses by creating safety plans for their children. Parents who learn their triggers can become empowered to plan for the safety of their children and seek healthy ways to neutralize or mitigate triggers.

ADDITIONAL RESOURCES

A listing of prevention providers in each region can be found at http://www.oasas.state.ny.us/prevention/index.cfm#. In addition, providers and system representatives can use the following links to find women and children treatment program and adolescent treatment programs http://www.oasas.state.ny.us/special/index.cfm# and other treatment programs http:/www.oasas.state.ny.us/treatment/index.cfm# throughout New York.