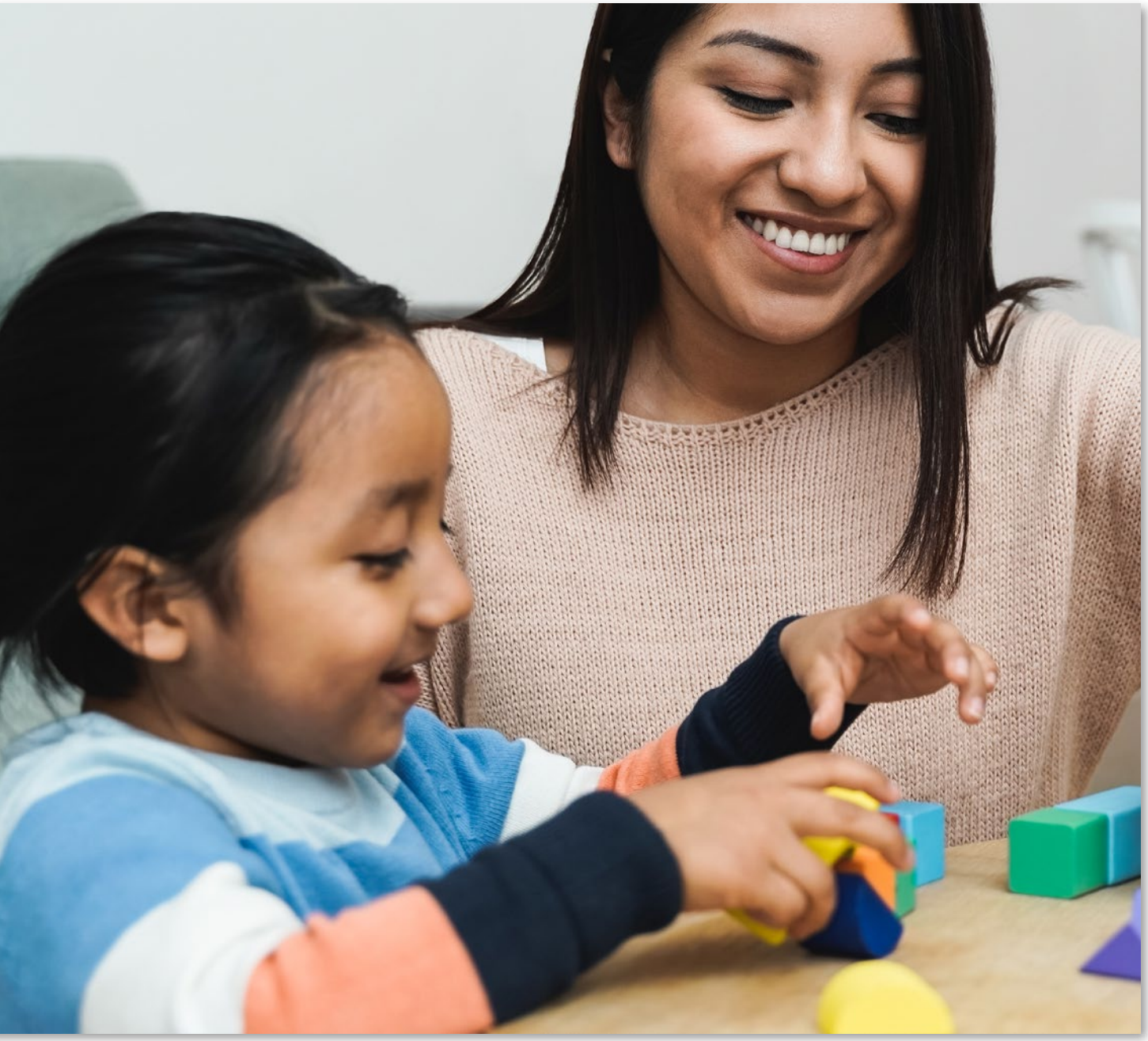
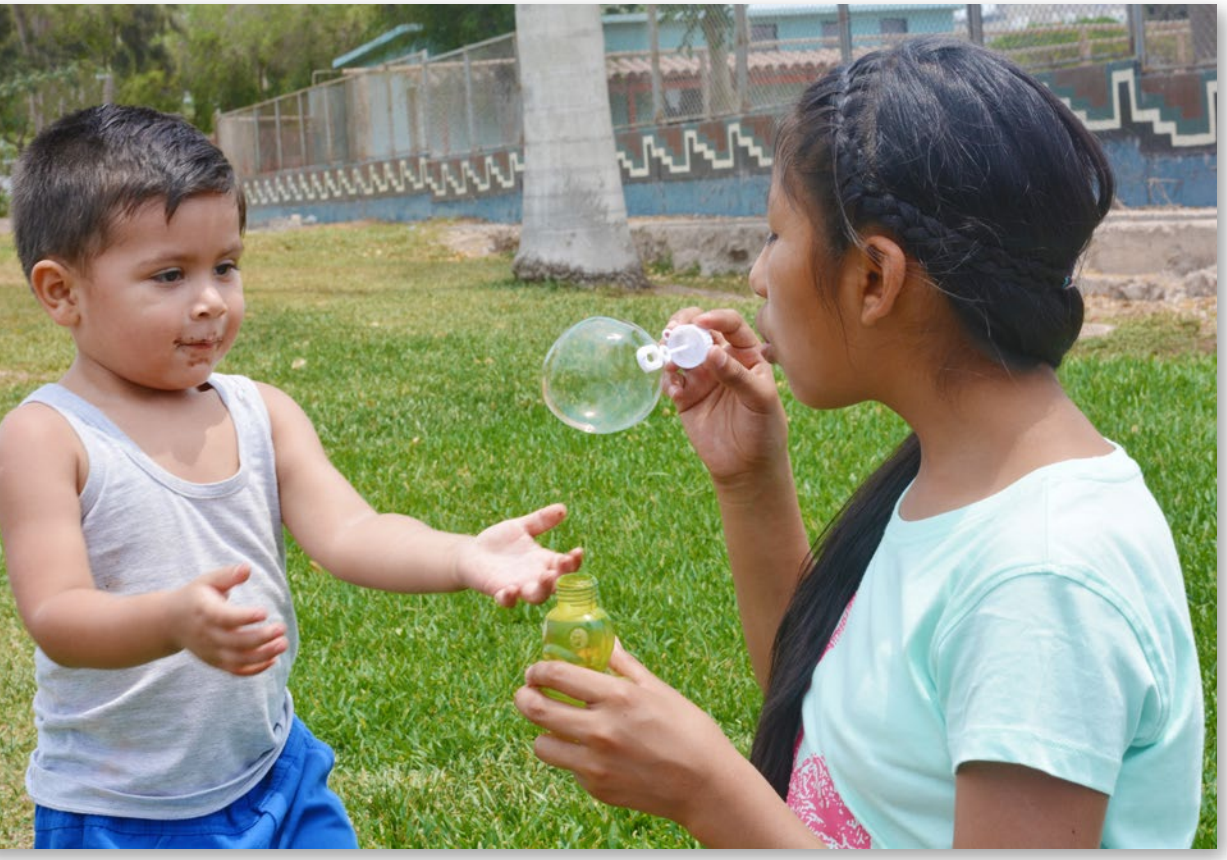
Indian Child Welfare Act Active Efforts Support Tool

Guidance Document



National Center on Substance Abuse and Child Welfare



The cornerstone and much of the content for the ***Indian Child Welfare Act Active Efforts Support Toolkit (IAST)*** comes directly from the work of the Lummi Nation, specifically the *Lummi Nation Child Welfare Comprehensive Guide to Active Efforts*, authored by Lummi Nation Child Welfare Manager Robert Ludgate. The National Center on Substance Abuse and Child Welfare (NCSACW), with approval from the Lummi Nation, has packaged this information in partnership with Tribal experts at the Tribal Law and Policy Institute and Evergreen Training and Development. Statements in this document in quotations are direct quotes from the Lummi Nation publication.

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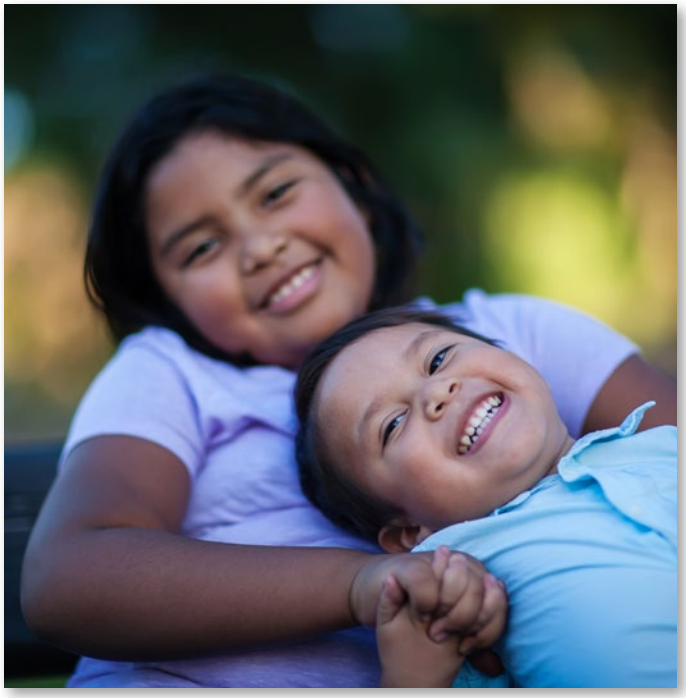


Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) has assembled the *Indian Child Welfare Act Active Efforts Support Toolkit* ***(IAST)***. This toolkit is aimed at helping child welfare workers, substance use treatment staff, court personnel, attorneys, and health care professionals support American Indian and Alaskan Native (AI/AN) families affected by substance use. The toolkit includes the *IAST Guidance Document*, *IAST Tool*, and *IAST Learning Modules*. NCSACW hopes these materials offer workers both guidance and learning opportunities that promote the enhancements and innovations necessary to improve outcomes for AI/AN families affected by substance use.

Indian Child Welfare Act (ICWA) regulations define "active efforts" as **affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family.** *IAST* guides the provision of these efforts to AI/AN families affected by substance use and involved in child welfare.

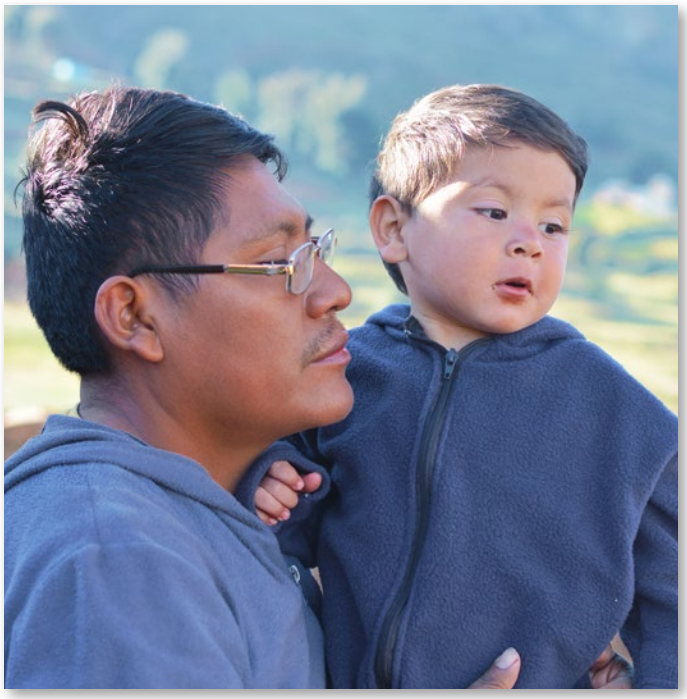
Active efforts help parents or Indian custodians navigate the steps of a case plan—developed with client input—while accessing or developing the resources necessary to satisfy the plan. The *IAST Tool* recommends activities to prevent family separation when possible, and to ensure rapid, safe, and supported family reunification efforts if courts intervene. To that end, guidance occurs within the context of the *Five Points of Family Intervention for Infants with Prenatal Substance Exposure and their Families*.

While this tool enables state or county child welfare agencies to improve their provision of active efforts, it remains critical that their actions include partnering with Tribes on behalf of AI/AN families affected by substance use. "Partnering with Tribes[1] is a necessary cornerstone[2] under ICWA and is essential in reaching positive case outcomes." Regular partnership with Tribes strengthens active efforts since Tribal agencies serve as key sources of information regarding these AI/AN families. The Tribe can identify relatives, engage parents, and seek out local and culturally competent services for the family. Partnering with Tribes requires an exchange of information and the sharing of professional opinions to reach a better understanding before critical case decisions affecting family integrity occur. This is done by keeping the safety of the child as the first priority and adhering to any standing orders for protection or restraining orders. Any referrals to traditional healers and spiritual leaders should be individuals who have been vetted by their Tribe. *Appendix A—Active Efforts: Culturally Appropriate Services* provides additional information on how to provide active efforts within the context of Tribal customs and traditions.

Partnering with Tribes is a necessary cornerstone under ICWA and is essential in reaching positive case outcomes.

"The level of involvement different tribes maintain in cases can vary as the level of resources at different tribes can vary dramatically. Lack of involvement or availability to collaborate is typically due to resource shortages and limited staff at a specific tribe. A lack of involvement or availability should not be interpreted as the tribe not having an interest in a case and should not be taken to mean that ICWA's mandates no longer apply. ICWA's application to a case, and mandates in a case, are not contingent upon the involvement of the tribe in the case."[3]

The *IAST* also informs collaborative partners within health care, substance use treatment, home visiting, and community-based agencies—including those providing intimate partner violence and mental health services—about their critical role in helping child welfare provide active efforts when serving AI/AN families affected by substance use.



Frontline child welfare staff will ideally complete and review this tool monthly with their direct supervisors. The goal is to monitor whether prevention and reunification services provided to AI/AN families affected by substance use meet the criteria of ICWA-required active efforts. The tool clarifies activities that either would or would *not* satisfy the active efforts standard for caseworkers while also providing resources for supervisors to guide and coach caseworkers.

These sources also inform the *IAST*:

- NCSACW: *Tapping Tribal Wisdom: Providing Collaborative Care for Native Pregnant Women with Substance Use Disorders and Their Infants*
- The National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT): *Reasonable and Active Efforts, and Substance Use Disorders Toolkit*
- NCSACW: *Disproportionalities and Disparities in Child Welfare: A Supplement to Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*
- National Quality Improvement Center on Family-Centered Reunification (QIC-R): *Family-Centered Reunification in Child Welfare: A Review of Best Practices*

Tribal Sovereignty

As passed, ICWA recognizes the status of Indian Tribes as sovereign nations with the authority to determine who is a citizen. It gives Tribal courts jurisdiction over custody cases involving Indian children who live on Indian land and allows Tribes to intervene in state court proceedings involving Native children who don't. The guidelines in the act require the system to give placement preference first to a child's extended family, then to their Tribe, and then to another Indian home or group home, with non-Indian families as the last resort[4] and allows Tribes to intervene in state court proceedings involving Native kids who don't. While these placement preferences reflect the most common order, each Tribe is allowed to set their own placement preferences that may differ from both the *ICWA Placement Preferences* as well as other Tribes.

Why Active Efforts?

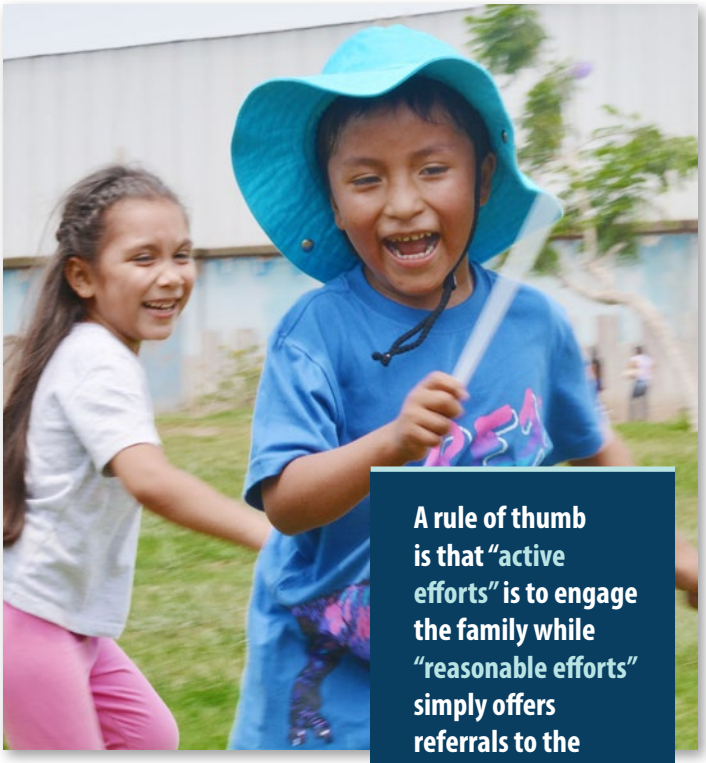
"ICWA was drafted in response to the alarming disproportionality rates of Native children in child welfare systems nation-wide. At the time of ICWA's drafting, 25-35% of all Native children were separated from their families into foster homes, adoptive homes, or institutions; 85% of all Native children in foster care were in Non-Native homes. It is well known that the legislative intent of 1978's passage of ICWA was to address the pattern of unnecessary removal of Native children by State Agencies into custody cases in state courts; address the disproportionate rate of Native children in state custody cases; raise the quality of social work practice by state child welfare agencies; and increase reunification rates for Native children and families."[5]

At the time of ICWA's drafting, 25-35% of all Native children were separated from their families into foster homes, adoptive homes, or institutions;

85% of all Native children in foster care were in Non-Native homes.

"Throughout this document, the term 'state agency' is used for the state agency (or county agency or other jurisdictional entity) seeking removal of child into custody or with custody of child. ICWA puts the obligation/responsibility of provision of Active Efforts on state agencies. ICWA does not put the obligation/responsibility

to provide Active Efforts on Tribes or Tribal programs. Despite ICWA's mandate for Active Efforts, follow-through by state agencies to provide Active Efforts—and state courts ensuring that Active Efforts have occurred—have continued to be problematic nationally. National studies have found Active Efforts documented in case records in only 66% of cases; documented in case record in only 67% of pretrial or adjudication hearings; and documented in case record in only 21% of disposition hearings."[6]



Active Efforts are Different Than Reasonable Efforts

Active efforts means not just identification of the problems or issues, but energetic efforts that show an active attempt to assist in alleviating the problems or issues that led to removal of the child from the family.[7] A rule of thumb is that "active efforts" is to engage the family while "reasonable efforts" simply offers referrals to the family and leaves it to them to seek out assistance.[8] Below are examples of active efforts and reasonable efforts:

A rule of thumb is that "active efforts" is to engage the family while "reasonable efforts" simply offers referrals to the family and leaves it to them to seek out assistance.

TABLE 1: ACTIVE EFFORTS AND REASONABLE EFFORTS[9]

HOUSING	
Reasonable Efforts	**Active Efforts**
Identify counseling resource and refer family.	Identify and refer family, make appointment, pick family up and deliver to the appointment.
Refer family to housing resource. Pay first month's rent and security deposit.	Refer family, help family apply, drive to interview with landlord, pay rent and security, line up utilities, help family move in. Provide skills work in budgeting and housekeeping.
VISITATION	
Reasonable Efforts	**Active Efforts**
Set up visitation schedule, make arrangements to supervise, provide gas cards or taxi for parents.	Set up visitation schedule, make arrangements to supervise, pick up parents and children, based on parents' schedule.

ADDITIONAL EXAMPLES OF ACTIVE EFFORTS[10]
Tribal representative is invited to participate at the earliest possible point in case planning and their advice is actively solicited.
Tribe has been given full access to social services records.
Advice is sought from Native American advocates involved with the case.
Development of a case plan with parents or legal guardians that uses Tribal and Native American resources.
Parents and children are referred to Native American agencies for services.
Extended family members are contacted as a resource for the child. Concrete services such as financial assistance, food, housing, and so forth are provided if needed.

Active Efforts: Description

Active efforts are tailored to the facts and circumstances of the case and customized for each child and family.

Active efforts, to the maximum extent possible, should occur in a manner consistent with the Tribe's prevailing social and cultural conditions and way of life. Key relationships and best practices in Tribal partnership at the state government-to-Tribal government/state agency-to-Tribal official levels should be an ongoing process and take place in partnership with the Indian child and the Indian child's parents, extended family members, Indian custodians, and Tribe. Providing active listening to gain a clear understanding of family circumstances, while acknowledging and validating lived experiences without judgment, remains critical to gaining trust with parents. Active efforts are tailored to the facts and circumstances of the case and customized for each child and family. They may include:

- Conducting a comprehensive assessment of the circumstances, strengths, and culture of the child's family with a focus on safe reunification as the most desirable goal
- Identifying culturally appropriate, trauma-informed services and—through collaboration—helping parents identify and overcome barriers, gain access to services, and assess healing root trauma/causes
- Identifying, notifying, and inviting key representatives of the Tribe to collaborate on providing support and services to the family during team meetings, permanency planning, and resolution of placement issues
- Conducting a diligent search for the child's extended family while also contacting and consulting with extended family members to provide family structure and support for both child and parents
- Offering and employing all available and culturally appropriate family preservation strategies while facilitating the use of Tribal services
- Supporting the cultural protective factor of "relationship" by keeping siblings together and connected whenever possible
- Supporting regular visits with parents or Indian custodians in the most natural setting possible—as well as trial home visits—during any period of removal (consistent with the need to ensure the health, safety, and welfare of the child)
- Identifying and establishing long-term working relationships with community resources, including housing, financial, transportation, mental health, substance use, and substance use disorder, intimate partner violence, and peer support services, while also helping the child's parents or, when appropriate, the child's family, utilize and access those resources
- Monitoring progress and participation in services with the intent to adjust accordingly (i.e., modify service plans if they are not the right fit)
- Remaining flexible and adaptive while utilizing community strengths to explore alternative ways to meet the needs of the child's parents and, where appropriate, the family, if optimum services do not exist or are unavailable
- Providing post-reunification services modeling consistency with ongoing check-ins to maximize positive outcomes and minimize risks

The key to identifying available Tribal resources and supports is best sustained through key relationship building and best practices in partnering with Tribes. The Working Group of the *Memorandum of Understanding Regarding Interagency Coordination and Collaboration for the Protection of Tribal Treaty and Reserved Rights* outlines 22 recommended best practices for partnering with Tribes to elevate indigenous knowledge in federal policy decisions. This is offered as consideration as opposed to overriding existing Tribal consultation policies a state agency may have developed in conjunction with the Tribes in their region.

Ongoing Tribal partnerships will assist in providing the most updated information from the Tribes to the state agency. Additionally, it allows continuous quality improvement in learning about Tribal programs, Tribal systems, key relationships, and cultural strengths, and ultimately improves working collaboration, which will benefit the Tribal children and families served.

Foundational Information

This section of the *IAST* tool helps fill knowledge gaps crucial to working effectively with AI/AN families affected by substance use, and the accompanying *IAST* learning modules will provide a portion of this content. For any item checked "No," please utilize the *Follow-Up Steps* at the end of this document to describe how you will obtain this information.

While this document uses the term **"Family Wellness Plan,"** please research how your jurisdiction names prenatal and postpartum plans for individuals affected by substance use. The most common options include:

Plan of Safe Care (POSC): The Child Abuse Prevention and Treatment Act (CAPTA) defines a plan of safe care as a plan that "addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver."[11] For jurisdictions receiving CAPTA funding, a plan of safe care is required for infants "born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder."[12]

Family Care Plans (FCP): Family Care Plans are used by some jurisdictions to delineate prenatal and community-held support plans for pregnant or postpartum individuals.

Family Wellness Plans (FWP): Family Wellness Plans are used in the Center for Children and Family Futures' (CCFF) *Tribal Family Wellness Plan Learning Modules* and by certain Tribes.

Please visit NCSACW's CAPTA Plans of Safe Care webpage for more information.

Active Efforts for Families Affected by Substance Use*

"Chemical dependency-related neglect is a leading factor in children entering the child welfare system. Due to this, it's imperative that chemical dependency services are given significant attention regarding Active Efforts. It is also imperative that due to the time it takes most people to resolve chemical dependency issues and timeline directives given under federal and state codes regarding reunification that chemical dependency services be targeted with Active Efforts immediately and without delay."[13]

"Research indicates that most chemically dependent persons need at least 3 months in treatment to significantly reduce or stop their drug use, that the best outcomes occur with longer durations of treatment, and recovery is a long-term process frequently requiring multiple episodes of treatment. Chemical dependency experts also identify that 'intensive interventions' may be required to retain parents in treatment, particularly if there are co-occurring factors such as mental health, medical or criminal factors. Due to the challenge of time when dealing with establishing/maintaining sobriety and when weighing reunification timelines, failing to provide prompt and consistent Active Efforts related to chemical dependency can be one of the biggest factors in reunification not occurring. It should also be recognized that chemical dependency is often a secondary reaction by the parent to underlying issues such as trauma, and awareness of this context is necessary to effectively work with the parent. For example, there is a strong link between childhood trauma and substance use disorders, and up to 59% of young people with PTSD subsequently develop substance use problems.

It should also be recognized that chemical dependency is often a secondary reaction by the parent to underlying issues such as trauma, and awareness of this context is necessary to effectively work with the parent.

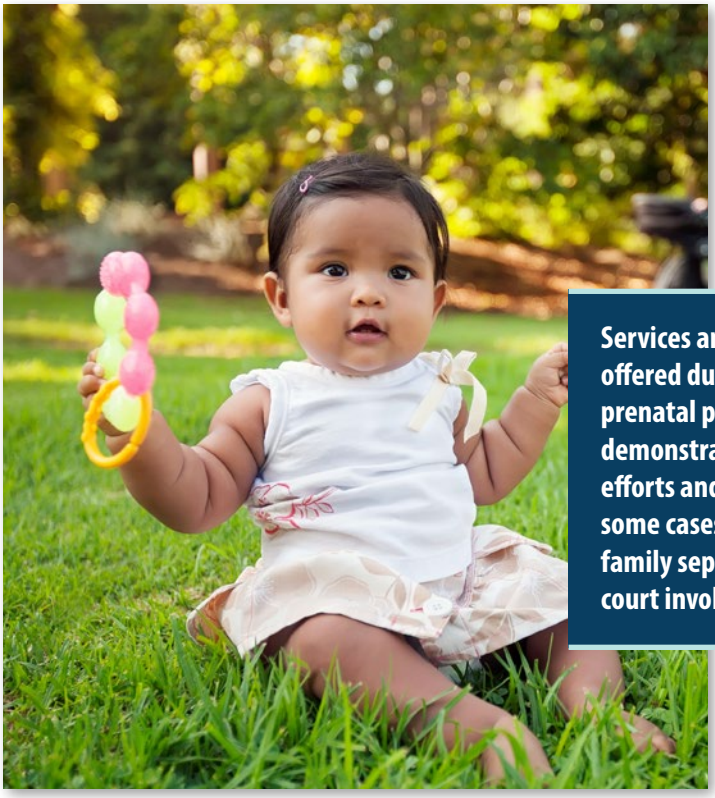
The writings and presentations of Dr. Gabor Maté and Dr. Art Martinez are recommended for further education on the topic of chemical dependency."[14]

*Lummi Nation uses the terminology "Chemical Dependency"; however, NCSACW uses "substance use" or "substance use disorder".

Before exploring actions that would meet active efforts standards, consider some of these common practices that would *not* meet the standards for pregnant and postpartum AI/AN families affected by substance use, and why. For example, the common actions listed below reinforce a "top-down" approach and make assumptions that do not empower individuals and families. They also fail to foster an environment of safety or empower parental voice and choice, which strips them of their power and healing.

TABLE 2: COMMON ACTIONS THAT ARE NOT ACTIVE EFFORTS

COMMON ACTIONS[15]	WHY THIS IS *NOT* AN ACTIVE EFFORT
Expecting pregnant AI/AN individuals on your caseload affected by substance use to self-refer and access prenatal care with a healthcare provider knowledgeable and experienced in caring for pregnant people with a SUD	Places the burden of finding and navigating health care resources on parents
Expecting pregnant AI/AN individuals to self-refer and access appropriate SUD treatment to their level of need via a validated screening tool	Places the burden of locating and accessing substance use treatment on parents
Directing parent to access substance use treatment services without assessing if underlying trauma is a factor in parent's substance use/misuse	Does not assess the effect of historic or recent trauma on parents' ability to access or benefit from treatment services
Referring parent to substance use treatment services without seeking input and information from parents in determining which substance use treatment providers to refer them to determine if: » They already have a provider » They have positive/negative experiences with specific providers » They are located at unreasonable accessibility to parents or inappropriate locations due to trauma history	Does not build a relationship with a parent, create a plan of care, or consider the family's specific needs
Making parent self-refer for substance use treatment (e.g., services such as by giving them a list of substance use treatment service providers to contact themselves)	Does not consider access to phone or internet. Fails to create a "warm handoff" to SUD treatment provider.
Directing parent to go to substance use treatment services without working with parent to determine safe transportation plan to access service or determining if parent currently has access to reliable transportation to get to substance use treatment services. Such as: » Giving parents a gas voucher to get to treatment without also determining if parent has access to reliable transportation » Giving parents a bus pass to get to treatment without also walking parent through the specific route(s) to take to get to the service	Does not consider adequacy of the support
Referring parent for random urine analysis (UA) without also ensuring that parent has access to reliable phone service and if they do not, assisting them in locating phone service supports (such as community cell phone programs) and offering to assist them in completing application paperwork for such services	Does not determine parents' access to telephone or internet; does not help parent achieve a case plan goal
Referring parent to inpatient treatment program without efforts to locate program that is in close proximity to child so that visitation can occur consistently or in which placement of child with parent at program is option	Does not honor requirement to preserve family and maintain family integrity to the extent possible



Services and support offered during the prenatal period can demonstrate active efforts and may, in some cases, prevent family separation and court involvement.

Active Efforts and The Five Points of Family Intervention

Active efforts emphasize the requirement to prevent separation of AI/AN families. Efforts to support families affected by substance use should occur as soon as a child welfare case manager or treatment provider identifies it as a concern. The *Five Points of Family Intervention* provide a framework to rethink how to support families.

Services and support offered during the prenatal period can demonstrate active efforts and may, in some cases, prevent family separation and court involvement. For those families who still need to come before a custody court, the co-development of a Family Wellness Plan with an AI/AN family affected by substance use may demonstrate a state agency's sincere and sustained active efforts to avoid AI/AN family separation.

FIGURE 1: FIVE POINTS OF FAMILY INTERVENTION

FIVE POINTS OF FAMILY INTERVENTION

PRE-PREGNANCY

Focus on preventing substance use disorders before a woman becomes pregnant through promoting public awareness of the effects of substance use (including alcohol and tobacco) during pregnancy and encouraging access to appropriate substance use disorder treatment

PRENATAL

Focus on identifying substance use disorders among pregnant women through screening and assessment, engaging women into effective treatment services, and providing ongoing services to support recovery

BIRTH

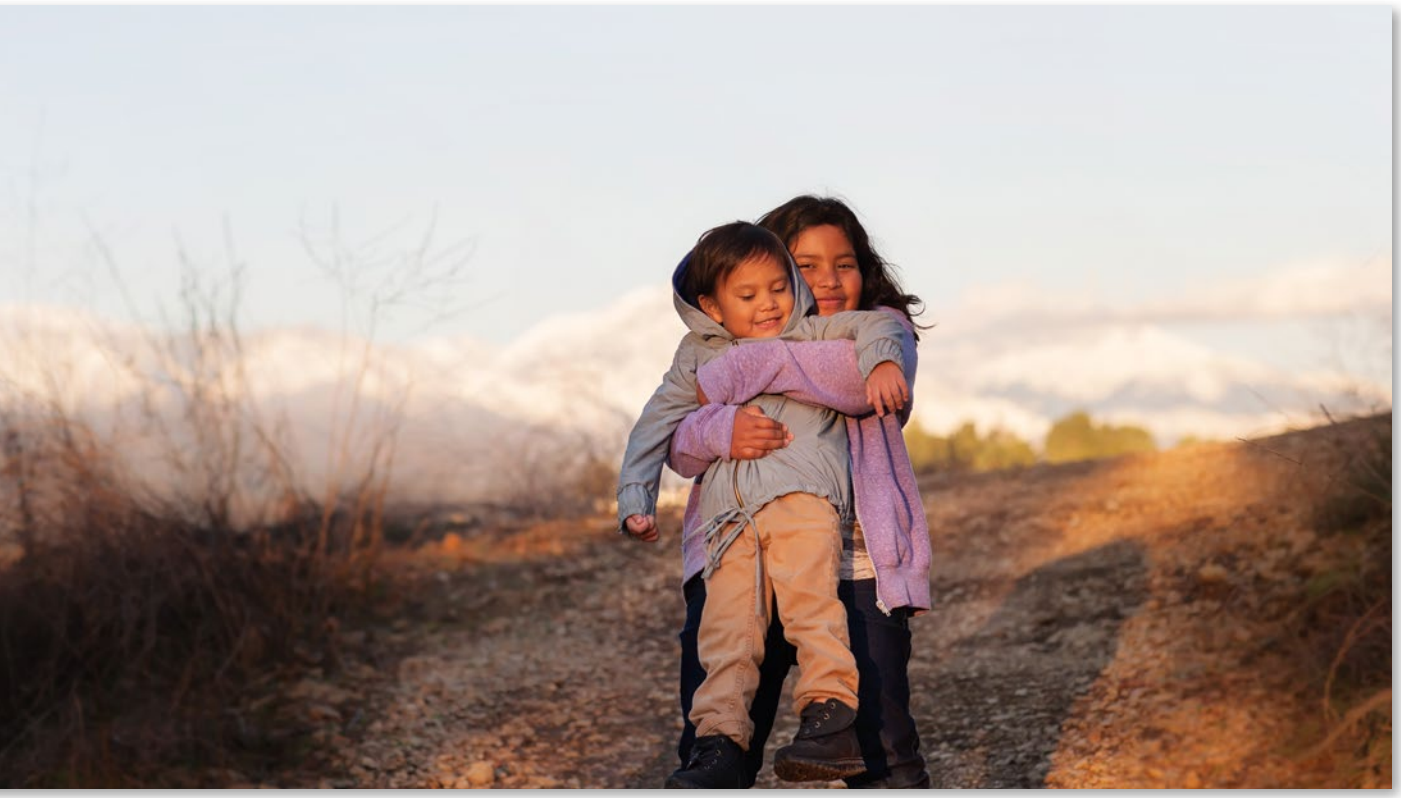
Focus on identifying and addressing the needs of infants affected by prenatal substance exposure, withdrawal symptoms, and Fetal Alcohol Spectrum Disorder including the immediate need for bonding and attachment with a safe, stable, consistent caregiver

NEONATAL, INFANCY & POSTPARTUM

Focus on ensuring the infant's safety and responding to the needs of the infant, parent, and family through a comprehensive approach that ensures consistent access to a safe, stable caregiver and a supportive early care environment

CHILDHOOD & ADOLESCENCE

Focus on identifying and responding to the unique developmental and service needs of the toddler, preschooler, child, and adolescent who was prenatally exposed through a comprehensive family-centered approach



Documentation of Active Efforts

"ICWA requires that Active Efforts not only be made, but that they be documented in detail. Simply writing 'Active Efforts were made' in a custody case, court report, or case note does not meet the Active Efforts documentation requirement. Custody cases petitions, court reports, and case notes should report the specific Active Effort made. As the court must ensure that Active Efforts have occurred, Active Efforts must be detailed in the court record and not only in State Agency case records. The burden of evidence as to documentation of Active Efforts is clear and convincing evidence for foster care placement and beyond reasonable doubt for termination of parental rights."[16] *Appendix of Active Efforts* provides additional guidance on documentation requirements.

Termination of Parental Rights

A juvenile court will establish a permanent plan for an AI/AN child if reunification efforts are unsuccessful. If a permanent plan of adoption is pursued by the State Agency, a Termination of Parental Rights (TPR) action will be scheduled. "Before a Termination of Parental Rights may occur, the court must again determine that Active Efforts have occurred and have proven unsuccessful. These are separate findings from those at the onset of the case, and before a State Agency determines that pursuing TPR is appropriate, they should review whether Active Efforts have been made consistently throughout the case including if these are documented in the case record.

ICWA requires that active efforts not only be made, but that they be documented in detail.

If Active Efforts have not consistently occurred and been documented in the case record, the pursuit of TPR would not comply with ICWA. The Adoption and Safe Family Act's (ASFA) TPR mandates do not override or change ICWA's requirements. This means that in a scenario where a child has been out of parental care for 15 or more of the last 22 months, but Active Efforts didn't occur or weren't documented, terminating parental rights would violate ICWA. If Active Efforts didn't occur or weren't documented, filing a petition to terminate parental rights may violate ASFA, which has exceptions to the requirement that a petition to terminate parental rights be filed when the agency has not provided the services required by the case plan. Active Efforts towards reunification with the parents must continue until parental rights have been terminated."[17]

Appendix A—Active Efforts: Culturally Appropriate Services

The following appendix for the *IAST* comes directly from the *Lummi Nation Child Welfare Comprehensive Guide to Active Efforts*, authored by Lummi Child Welfare.

"ICWA requires that Active Efforts be provided in a manner consistent with the prevailing social and cultural conditions and way of life of the child's tribe. ICWA requires that services be provided in a culturally appropriate manner; including family preservation strategies; and preventative, remedial, and rehabilitative services."

"Culture and what is culturally appropriate not only varies from tribe to tribe but can vary from family to family within each tribe. For this reason, Agencies need to be proactive and work with each family to determine what culture means to both their tribe and their family, so that services can be tailored to the needs of that family."

"Research has found a connection between a provider's level of cultural competency and increased success in meeting case goals. One study found that a residential treatment program serving Native adolescents that integrated Dialectical Behavioral Therapy with specific cultural, traditional, and spiritual practices and collaboration with leaders and spiritual practitioners from local tribes achieved a rate of 96% of these adolescents being 'recovered' or 'improved.'"

The following are examples of culturally appropriate services:

1. Seek cultural competence training when onboarding new staff at least half a day, from the local tribe(s) in the region you are working in. Learn their histories, strengths and protocols for engaging families and navigating tribal resources. Begin your search with the tribes' cultural services or programs that may be available, connect with an elected tribal official and express your training desires and create a budget to pay for the training.
2. Seeking information from parents, child, Indian custodians (if applicable), child and parents' tribe(s) (note that child and parents may have different tribal affiliations/backgrounds) and child's family members to assess/determine what types of culturally appropriate services could be provided to the family.
3. After determining what services are available, arrange for the best-fitting culturally appropriate services[302] out of those options.
4. Positive Indian Parenting curriculum.
5. Integrating cultural elements/practices into services.
6. Utilizing/incorporating tribal/Native spiritual practices and providers.
7. Utilize Trauma-informed/healing-informed and person-centered approaches.
8. Seek out training for state agency staff in learning about the impacts of historical and intergenerational trauma. Utilizing tribal-specific services as a first preference if available (for example, a chemical dependency program based specifically around Lummi parent's Lummi cultural norms/norms), more general Native-based services if a tribal-specific program is not available (for example, a general Native-based parenting education program for a Blackfeet parent residing in Seattle, which is at distance from Blackfeet-specific parenting education programs), and services that are not Native-based if neither option is available.
9. For a parent who has cultural practices in which there are interaction protocols (such as gender interaction protocols), coordinating providers or services environments that best fit within those protocols.
10. Services operated by a child or parent's tribe, such as chemical dependency, mental health, victim of crime, or housing programs.
11. Coordinate services occurring in the most culturally appropriate location possible. For example, the parent's home may be a more culturally centered environment than a provider's office.

Appendix B—Active Efforts Trauma History Checklist

The following appendix for the *IAST* is primarily sourced from the *Lummi Nation Child Welfare Comprehensive Guide to Active Efforts*, authored by Lummi Child Welfare.

It is highly encouraged that caseworkers collaborate with a mental health professional to create a plan of action to prevent additional parental trauma when exploring trauma history. Click here for additional trauma-informed care resources.

State agency child welfare worker self-preparation

- Hold space and time to make sure you are in a place to practice and model emotional regulation when interacting with a Native parent, especially when conducting assessments. Native people will accept information intended for guidance in a variety of ways. Due to historical collective traumas many indigenous people have learned to protect themselves by not trusting child-welfare systems. Do not take it personal. Understand that reactions from Native people may be associated with unresolved grief grounded in historical trauma. Yet don't assume the person has knowledge of historical trauma. This is a psychological term used to introduce concepts that help explain the impacts of intergenerational trauma. However, it isn't necessarily common language used in Native households.

TABLE 1: TRAUMA HISTORY CHECKLIST

Specific Active Effort	Done This Period?	Date(s) Done	Details	Where Documented in Detail?
Assessed/asked parent if there is a history of trauma such as child abuse/neglect, interpersonal violence, child protective services (CPS)/child welfare involvement, sexual abuse/assault, victim of human trafficking/commercial sexual exploitation, victim of crime, witnessing traumatic event.	☐ Yes ☐ No			☐ Case Notes ☐ Petition ☐ Court Report ☐ Other:
Asking parent if they have preference to work with providers of particular gender/age due to trauma history.	☐ Yes ☐ No			☐ Case Notes ☐ Petition ☐ Court Report ☐ Other:
Assessed/asked parent if they have trauma triggers or potential trauma triggers (such as locations, sounds, genders, tone of voice, body language, etc.). If so, steps were taken to accommodate.	☐ Yes ☐ No			☐ Case Notes ☐ Petition ☐ Court Report ☐ Other:
Took trauma history/factors into consideration when determining compliance, appropriate conversation with parent.	☐ Yes ☐ No			☐ Case Notes ☐ Petition ☐ Court Report ☐ Other:
Made parent's providers aware of parent's trauma history/triggers information.	☐ Yes ☐ No			☐ Case Notes ☐ Petition ☐ Court Report ☐ Other:

Appendix C—Active Efforts Regarding Domestic Violence*

The following appendix for the *IAST* comes directly from the *Lummi Nation Child Welfare Comprehensive Guide to Active Efforts*, authored by Lummi Child Welfare.

Members of the Native community experience rates of violence beyond the national average, and extra efforts should be made to assess risk related to this. 84.3% of Native women have experienced violence in their lifetime and are 2.5 times as likely as non-Hispanic White women to lack access to needed services. Native women face murder rates more than 10 times the national average in some counties.

While violence is a less common case factor than neglect, it is a factor needing to be assessed. Violence (including domestic, physical, and sexual violence) commonly has overlap with chemical dependency and mental health issues (including trauma).

Active Efforts related to violence, domestic violence, and anger management include:

1. Assessing if evidence of violence (including domestic violence, physical, and sexual abuse) and/or anger management exists (as victim or perpetrator) by asking parent; reviewing CPS intakes history and collateral from providers or other sources; and asking collaterals such as service providers and family members.
2. Assessing if there is overlap between parent's history as victim/perpetrator of violence and mental health and/or chemical dependency issues; and coordinating victim/perpetrator services for parent concurrent with mental health and/or chemical dependency services.
3. Seeking input from parent(s) in determining which providers to refer them to. Determine if they already have a provider, if they have positive/negative experiences with specific providers, if they have preference as to gender of provider, if they're located at unreasonable accessibility to parent or inappropriate location due to trauma history, etc. As to victims, examples of relevant providers would include victim of crime programs, domestic violence and sexual assault programs, support groups, trauma counselors, emergency shelters, etc. As to perpetrators, based on the type of violence, providers would include anger management evaluators/providers, domestic violence evaluators/providers, sexual deviancy evaluators/providers, trauma counselors, etc.
4. Offering parent assistance in contacting the provider to access services such as making the call with the parent.
5. Offering parent assistance in completing applications or other paperwork to access services.
6. Working with parents to determine transportation plan to access service. Examples include transporting parent to service, providing gas voucher if parent has reliable transportation, providing a bus pass if parent utilizing bus is appropriate along with walking them through the specific route(s) to take to get to the service, etc.
7. Providing collateral information on parent's background to other providers so that this can be taken into consideration in the services they provide parents.
8. Assisting parents in locating legal assistance to obtain protection orders. While this parent may already have an attorney assigned to them in their custody case, this attorney may be carrying such a high caseload that they cannot promptly enough assist the parent with pursuing/obtaining a protection order and the best course of action is to connect the parent up with a community program (such as a victim of crime or domestic violence/sexual assault program). This would entail offering to assist the parent with making the call to that program, assisting them with completing application paperwork for that program, and coordinating safe transportation to get to/from that program. In the case of a minor who is in the legal custody of the state child welfare agency, that State Agency (as the child's legal custodian) should immediately take action to file for a protection order on that child's behalf and not put the responsibility for a child to pursue/obtain protection order against their perpetrator.

*The Lummi Nation uses "Domestic Violence"; however, the NCSACW uses "intimate partner violence".

Appendix D—Documentation of Active Efforts

The following appendix for the *IAST* comes directly from the *Lummi Nation Child Welfare Comprehensive Guide to Active Efforts*, authored by Lummi Child Welfare.

Documentation should include:

1. The specific issues the family is facing which the State Agency is targeting with Active Efforts.
2. List of specific Active Efforts the State Agency determines would best address the specific issues the family is facing and the reasoning for choosing those specific Active Efforts.
3. Dates, persons contacted, and other details evidencing how the State Agency provided Active Efforts.
4. Results of the specific Active Efforts provided and where the results were less than satisfactory whether the State Agency adjusted the Active Efforts to better address the specific issues.

When Active Efforts have been made but have been unsuccessful, the case record cannot just state Active Efforts were unsuccessful. The case record must document the specific Active Efforts and explain how/why they were unsuccessful.

The National Council of Juvenile and Family Court Judges recommends that State Agencies submit affidavits to the court documenting Active Efforts and that these affidavits should document the following:

1. Description of Active Efforts to provide remedial services and rehabilitative programs designed to prevent the breakup of the family; and if these efforts were unsuccessful, why they were unsuccessful.
2. Description of efforts to coordinate with the tribe in assisting the parents (and Indian Custodians if applicable) with services needed to avoid the need for placement; and if unsuccessful, an explanation of how/why these efforts were unsuccessful.
3. Explanation of why the child cannot be protected from the identified problems in the home even if services were/are provided to the child and family.
4. Explanation of diligent Active Efforts made to contact the child's extended family, tribe, and local Native organizations regarding potential placement options for the child (including relatives, other tribal members, and other Native families).
5. Description of Active Efforts and arrangements to ensure visitation with the child's parents, siblings, extended family members, and other tribal members to support the child's cultural connections.
6. Description of the State Agency's plan to coordinate with the child's tribe and family to identify significant cultural events and important familial events; and to arrange for the child's attendance.

A detailed description of Active Efforts to reunify the family since the last hearing and, if not successful, an explanation of why these efforts were unsuccessful.

National Council of Juvenile and Family Court Judges state that Termination of Parental Rights petitions should be documented as following:

1. Detailed description of Active Efforts made to provide remedial and rehabilitative programs designed to prevent the breakup of the family; and if unsuccessful, an explanation of why these efforts were unsuccessful.
2. Detailed explanation of Active Efforts made to coordinate with the tribe in assisting parents (and Indian Custodians, if applicable) with services needed to avoid Termination of Parental Rights; and if unsuccessful, an explanation of why efforts were unsuccessful.
3. Description of Active Efforts made to contact the child's extended family, tribe, and local Native organizations regarding potential placement options for the child (including relatives, other tribal members, and other Native families).

Examples of Good Documentation of Active Efforts Documentation Examples:

1. "Social worker met with mother 10/29/18 at the mother's home and discussed why DCYF is requesting a chemical dependency evaluation. DCYF offered to assist mother in contacting chemical dependency provider to coordinate the evaluation, and mother requested this assistance. DCYF and mother made call together to Lummi Counseling Services and scheduled an appointment for chemical dependency evaluation 11/1/18. DCYF offered to transport mother to the 11/1/18 evaluation, which mother declined, stating that she has a reliable car and enough gas to drive herself to the appointment."
2. "Social worker arrived at father's home 12/4/19 as arranged to transport father to scheduled psychological evaluation appointment. Social worker made contact with father after arriving at father's home, and father refused to travel with social worker to the scheduled appointment, stating they did not wish to go. Social worker attempted to persuade the father to travel with them or with a family member to the appointment, but the father refused further discussion with social worker and closed the door. Active effort to transport father to psychological evaluation appointment was unsuccessful."

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