

# Indian Child Welfare Act Active Efforts Support Tool



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.

## Introduction

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.

The tool offers guidance and recommendations on activities to prevent family separation when possible, and to ensure rapid, safe, and supported family reunification efforts if court intervention occurs.

While this tool enables state or county child welfare agencies to improve their provision of active efforts, it remains critical that their actions include Tribal consultation on behalf of AI/AN families affected by substance use. "Tribal consultation<sup>1</sup> is a necessary cornerstone<sup>2</sup> under ICWA and is essential in reaching positive case outcomes." Regular consultation 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. Tribal consultation requires an exchange of information and the sharing of professional opinions to reach a better understanding before critical case decisions affecting family integrity occur. For additional information on how to provide active efforts within the context of cultural considerations, see Appendix A in the [ICWA Active Efforts Support Tool: Guidance Document](#).

When conducting an assessment with a person who is AI/AN, it is important to understand that screening and assessment are not merely items to check off a box. Categorical assessments have created harm to Native people throughout the history of colonization and therefore may cause distrust and reactions that could be perceived as non-compliant or not caring.

**Tribal consultation requires an exchange of information and the sharing of professional opinions to reach a better understanding before critical case decisions affecting family integrity occur.**



It is foundational to understand that although Indigenous Tribes are diverse, relationship and connection are critical to any interaction, especially one that is inviting a Native person to be vulnerable. When someone is vulnerable and asking for help, that marks a sacred time. Ask yourself, how are you honoring the strength in their vulnerability? How are you acknowledging the interaction of asking for help as a sacred moment in someone's life?

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.

**For guidance on ICWA, the need for active efforts, the *IAST Tool*, and other supporting information, please refer to [ICWA Active Efforts Support Tool: Guidance Document](#).**

The *IAST* also informs collaborative partners within health care, substance use treatment, home visiting, and community-based agencies—including those providing domestic violence and mental health services—about their



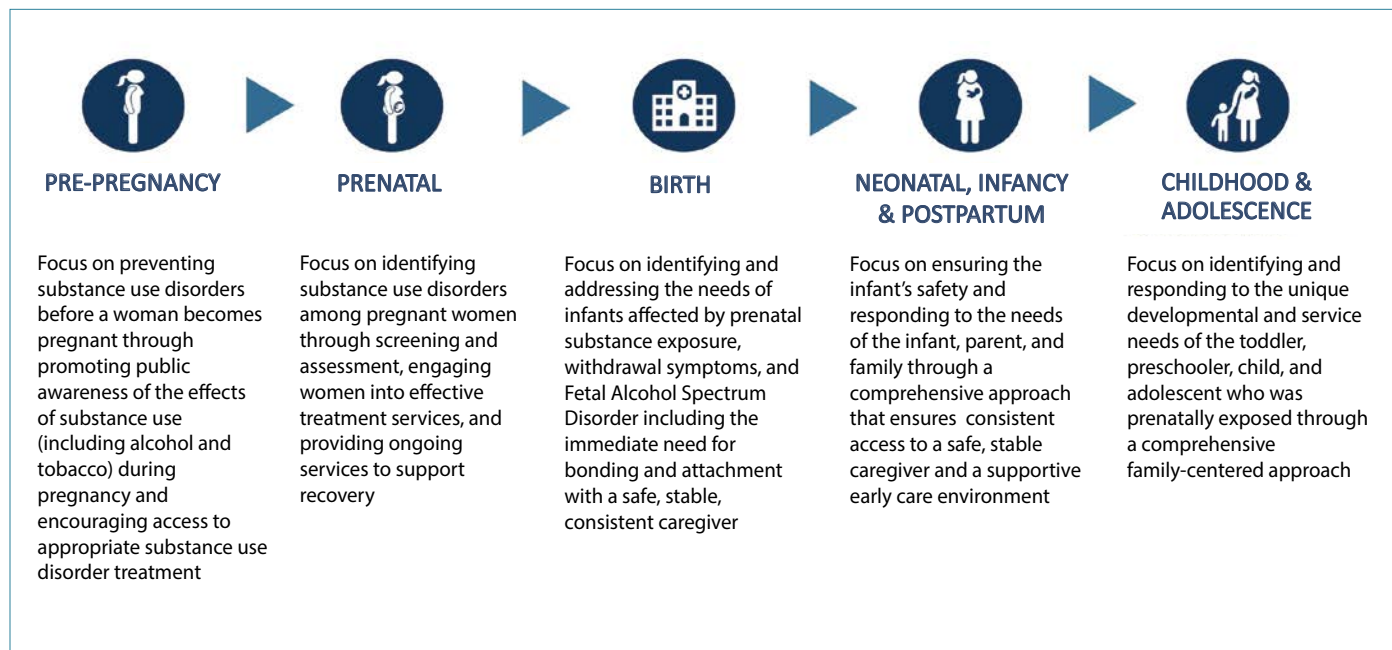
**TABLE 1: ICWA Foundational Information**

Please respond to the questions below by answering the progress you have accomplished in completing the task.	Yes	No
I understand the concept of <a href="#">Tribal sovereignty and its origins in the US Constitution</a> .		
I understand the complexities of <a href="#">Public Law 280</a> (state-to-tribe relationship) and how it applies to my jurisdiction.		
I understand the key components of <a href="#">Indian Child Welfare Act</a> .		
I know the difference between an <a href="#">ICWA court</a> , <a href="#">Healing to Wellness Court</a> , and <a href="#">Joint Jurisdiction Court</a> , and which of these options are available in my jurisdiction.		
I am aware of the <a href="#">Brackeen v. Haaland</a> Supreme Court ruling that upheld ICWA in its entirety and clarified the roles of Tribal, federal, and state governments related to protecting Indian children.		
I understand the importance of support infant and family wellness and collaborative efforts, such as <a href="#">Tribal Family Wellness Plans (FWP)</a> .		
I have researched neonatal abstinence syndrome, maternal mortality, and out-of-home care rates for AI/AN families in my jurisdiction.		
I am aware of the birth and child rearing customs of the AI/AN families I am serving.		
I am aware of the lasting effects of intergenerational trauma on AI/AN families and have access to resources to inform myself on this topic (e.g., <a href="#">How Historical Trauma Impacts Native Americans Today</a> ).		
I have attended cultural competency training provided by the local Tribe(s) and have a basic knowledge of their history, cultural strengths, and Tribal and federal resources (IHS, BIA, Education, etc.) available to Tribal members.		
I know where to access more information about Tribal and federal (IHS, BIA, Education, etc.) resources and eligibility requirements.		
I am aware of the state agency's Tribal consultation policies and key relationships established through these ongoing efforts as well as how to utilize those key relationships in a respectful manner.		

# 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:

**FIGURE 1: Five Points of Family Intervention**



The following questions, which draw upon the [Five Points of Family Intervention](#) framework, help guide service provision for pregnant and parenting AI/AN families affected by substance use.

All services should be identified and offered in consultation with the child's Tribe(s) and family.

 <b>TABLE 2: Pre-Pregnancy Goal: Preventing SUDs before an individual becomes pregnant</b>		
Please respond to the questions below by answering yes or no.	Yes	No
Provided AI/AN families of childbearing age with information regarding the effects of substance use during pregnancy		
Encouraged AI/AN families of childbearing age and affected by substance use to access appropriate SUD treatment		
Identified if the family has what they need to thrive and stay healthy		
Asked if the parents need supports and services related to unresolved grief or trauma (if parent answers yes, see Appendix B of the <a href="#">ICWA Active Efforts Support Tool: Guidance Document</a> )		



**TABLE 3: Prenatal Goal: *Identifying SUDs among pregnant individuals and helping them access effective treatment services***

Please respond to the questions below by answering yes or no.	Yes	No
Identified pregnant AI/AN individuals, screened for substance use in a manner grounded in building sacred trust, and offered a prenatal Family Wellness Plan to provide support and services for the pregnant individual and their family		
Helped pregnant AI/AN individuals affected by substance use locate and obtain prenatal care with a health care provider knowledgeable and experienced in caring for pregnant people affected by SUDs		
Helped pregnant AI/AN individuals locate and obtain appropriate SUD treatment (to their level of need) using a validated screening tool		
Identified and offered transportation and other support services for pregnant AI/AN individuals to access prenatal care and SUD treatment services		
Linked pregnant AI/AN individuals with supportive home visiting or peer navigator services		
Assessed for unresolved trauma that could include intimate partner violence (if positive, see Appendix C of the <a href="#">ICWA Active Efforts Support Tool: Guidance Document</a> )		



**TABLE 4: At Birth: *Identifying needs of the infant with prenatal substance exposure and parent affected by substance use***

Please respond to the questions below by answering yes or no.	Yes	No
Determined whether a Family Wellness Plan was offered to pregnant individuals		
If a Family Wellness Plan was developed, determine if it is incorporated into case decision-making		
Determined whether pregnant AI/AN individuals affected by substance use obtained prenatal care with a health care provider experienced in caring for pregnant people affected by substance use		
Determined whether the birthing hospital utilizes <a href="#">Eat, Sleep, Console</a> and a rooming-in model and offered it to the AI/AN families experiencing opioid use disorder (OUD) or neonatal opioid withdrawal syndrome (NOWS)		
Determined whether there were AI/AN family members or friends who could move in to provide support after hospital discharge if necessary		
Offered parent assistance with contacting a pediatrician to provide ongoing care for the infant with prenatal substance exposure		
Offered parent assistance with obtaining infant care items (e.g., diapers, car seat, safe sleeping options, formula)		



**TABLE 5: Neonatal, Infancy, and Postpartum Goal: *Ensuring the infant’s safety and meeting the needs of the family***

Please respond to the questions below by answering yes or no.	Yes	No
Determined if evidence of substance use or misuse exists by: 1) asking parent; 2) reviewing CPS intake history, arrest records, and collateral from providers; and 3) asking collaterals, including service providers and family members		
Explored whether underlying trauma is a factor in parent’s substance use or misuse, and coordinated trauma services for parent concurrent with substance use treatment services (if yes, see Appendix B of the <a href="#">ICWA Active Efforts Support Tool: Guidance Document</a> )		
Sought input and consultation from the parent when determining substance use treatment provider referrals		
Determined if the parent already has a substance use treatment provider, if they had a positive or negative experience, and whether provider is located at an unreasonable distance from parent or inappropriate location due to trauma history		
Helped parent contact provider to access services, such as making the call with the parent		
Helped parent complete application or other paperwork to access services		
Collaborated with parents to determine a safe transportation plan to access service. Examples include » Determining if a parent’s substance use or misuse makes them unsafe to drive » Driving parent to service » Providing gas vouchers if a parent has reliable transportation » Providing a bus pass and walking them through the specific route		
Ensured parent has access to reliable phone service if subject to random urinalysis (UA). Helped parent locate service supports and complete applications if necessary.		
If parent must enter inpatient treatment, helped them locate program: 1) where placement of child with parent is an option, or 2) close to child so visitation can occur consistently		
Ensured that substance use treatment provider has collateral information on trauma history and mental health background		



**TABLE 6: Childhood and Adolescence**

Please respond to the questions below by answering yes or no.	Yes	No
If infant is unable to remain with the parent, placed infant with kin in accordance with Tribe’s (or ICWA’s) placement preferences		
Provided frequent and developmentally guided visitation with the parent		
Maintained sibling ties through placement or frequent visitation		
Maintained cultural connections with the Tribe		
Offered SUD prevention supports to an AI/AN child or adolescent		



## References

- 1 25 CFR § 23.2; "Indian Child Welfare Policies and Procedures", Washington State DCYF: #13; "Guidelines for Implementing the Indian Child Welfare Act", BIA (2016): E.3; "A Guide to Compliance with the Indian Child Welfare Act", National Indian Child Welfare Association (2016); "What Services are Required in ICWA Cases?" (see "What Are 'Active Efforts'"); National Indian Child Welfare Association "Online FAQ": #13 "What are 'Active Efforts?' What considerations should be made in an ICWA case?"
- 2 National Indian Child Welfare Association "Online FAQ": #13 "What are 'Active Efforts?' What considerations should be made in an ICWA case?"

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