

## **RECOMMENDATIONS FROM THE ICWA ADVISORY COUNCIL TO TRIBAL TASK FORCE MEMBER**

### **SCREENING AND TRANSPARENCY WORKGROUP**

According to the Minnesota Child Welfare Report American Indian families are six times more likely to be reported than a white family. This information needs to be considered as you examine screening practices.

1. Counties shall attempt to have tribal representation on their *screening teams*, either employed by the County or arrangements for tribal representation present on team if they have American Indian families residing in their county
2. Counties comply with ICWA, MIFPA and Tribal State Agreement, including providing immediate services as defined by Active Efforts
  - i. *Prevention of placement*
  - ii. *Reunification*
3. Commissioner of Human Services will commit to working with tribal leaders to determine how to assure compliance with ICWA, MIFPA and TSA.
4. Explore new ways in sharing information immediately with Tribes and cross reporting to Tribes when working with a family identified as having American Indian heritage.
5. Department facilitated regional meetings including counties and tribes quarterly to address intake and screening
6. Department staff will work with counties and tribes to determine how counties need to appropriately record all child protection referrals, including screened out and Parent Support Outreach referrals.
7. Seek a legislative appropriation that will be available to tribes and counties to use specifically to address the disparity of AI Children in Out of Home Placement.
8. That DHS and Tribal Governments create a Tribal Child Welfare Workgroup: to “*Explore, define, and recommend funding options for child welfare services to children and families subject to Tribal jurisdiction (excluding delinquency), including administration, case management, prevention, protective services, and Tribal court-ordered out-of-home care placements.*”
9. Recommendation for Minnesota Counties to use their Tribal Federal Medical Assistance Payment (FMAP) for American Indian Families.

10. Commissioner will continue to explore ways to collaborate and partner with Tribes regarding any new legislation pertaining to child welfare.

## **FAMILY ASSESSMENT / ADEQUACY OF RESOURCES WORKGROUP**

1. When making pathway decisions, counties shall collaborate with Tribes to determine previous reports and whether it meets the statutory requirement. If deciding that it meets statutory guideline of a family assessment, consultation with the Tribe to determine discretionary reason.
2. When addressing early intervention services to consider Active Efforts requirements and resources available to American Indian families.
3. American Indian traditional values and practices align with the Family Assessment approach that is strengths- based, family- centered and based on relational model of service delivery.
4. Assess whether the Structured Decision Making (SDM) Risk and Safety Assessment tools accurately respond to the cultural needs of American Indian families.
5. The Child Abuse Prevention and Treatment Act (CAPTA) reauthorization act of 2010 included Promoting Family Involvement, Collaboration, and Use of **Differential Response/Family Assessment**.
6. Assess statewide Family Assessment oversight practices for counties providing services to American Indian families. Ensure families receive the highest level of service regardless of the county they live in. Develop Family Assessment standards to be adhered to by all counties.

## **TRAINING AND SUPERVISION OF PRACTICE WORKGROUP**

The Child Abuse Prevention and Treatment Act (CAPTA) reauthorization act of 2010 included several key aspects of the reauthorization. One area is Promoting Family Involvement, Collaboration, and Use of Differential Response.

Another area is the Knowledge Development and **Training**. Amendments encourage Health and Human Services to support activities that build and share knowledge, or support training, on issues related to:

- CPS interagency collaborations (i.e., with health and mental health care, domestic violence, substance abuse, early childhood and special education, and developmental disability programs);
- The use of differential response;
- The improved medical diagnosis of abuse and neglect;

- The impact of child maltreatment on children with disabilities; and
- Family reunification of maltreated infants and toddlers.

The amendments also require two national studies on “shaken baby syndrome” and on how “immunity from prosecution” might promote or inhibit professional reporting and consulting in child maltreatment cases. The act also encourages information gathering on the extent to which child maltreatment reports are being screened out by state or local CPS because of cross-jurisdictional “complications” related to intrastate, interstate, federal-state, or state-tribal jurisdictional issues.

Bottom line: Training opportunities should become available in your communities on the child welfare issues identified above. The studies on shaken baby syndrome and immunity from prosecution should produce findings that will help inform future practice in these important areas. Closer scrutiny of jurisdictional reasons for screening out child maltreatment reports should help resolve complications and inform future practice.

1. Any child welfare training must include ICWA, MIFPA and TSA provisions and be made available to Tribes. Tribal access to training must be strongly reviewed.
2. Minnesota Child Welfare Training System created training with the Tribes for social workers called Bridging Our Understanding. This training is hosted by a Minnesota Tribe and should be strongly considered and made more available to anyone working in the Child Welfare System
3. Minnesota Child Safety Permanency Division, Quality Assurance unit is responsible for *enhancing* current Children and Family Service Reviews using the Indian Child Welfare Addendum to monitor for ICWA Compliance in Minnesota Counties.
4. Capacity to provide Tribes and Urban programs with technical assistance around new child welfare legislation, including Northstar Care for Children.