Family Wellness Court Manual Table of Contents

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I. Origin of the Family Wellness Court

The Family Wellness Court (FWC) was developed to better meet the needs of families in Humboldt County who come to the attention of the Yurok Tribal Social Services and the County Child Welfare Services Division of the Department of Health and Human Services and where substance use is a contributing factor in the child abuse and neglect allegations.

In response to the opioid epidemic in Humboldt County, the Humboldt Superior Court and the Yurok Tribal Court, through a joint powers agreement, have created the FWC as alternative to the juvenile dependency system. The FWC is presided over by two judges—a tribal court judge and a state court judge—and operates under California state law, Federal law, and Yurok tribal law. The FWC embraces components of tribal healing to wellness and collaborative court approaches, and is informed by Yurok traditions, culture, and Puhlik-la Justice. What we believe is that through introspection, reflection, and connection, we heal ourselves and each other. Wellness is achieved through a holistic approach to do what is right with the knowledge that together we will become stronger and more resilient to support the next generation. This approach is contrasted with the western justice approach as illustrated in the table below.

YUROK	**Native American Approach**	**Western Justice Approach**
'Ne-too ‘mar	Community/Connection/Relatedness	Individualism/Autonomy
Skuy-ech-son	Heal Oneself	Correct/Fix You

II. Vision and Mission of the Family Wellness Court

The FWC vision is a strong, healthy community where children are safe and families thrive because parents are provided a path to recover, heal, and grow.

The FWC mission is to operate a joint jurisdictional court that empowers families to make healthy decisions and breaks the cycle of addiction and child abuse & neglect through:

- A coordinated team approach;
- Comprehensive, culturally competent services;
- Frequent monitoring; and
- A support system for family recovery and child well-being.

III. FWC Goals[1]

The FWC has the following 6 goals:

1. Recovery Goals
   - Participants/Parents will enter substance use treatment more quickly, spend more total days in treatment, and complete treatment at a higher rate than the comparison group in the local juvenile dependency court
   - Participants/Parents who had a newborn baby exposed to substances in-utero and have another baby will not have another child born with a positive toxicology screen.
2. Remain at Home Goals (For families where children remain at home)
   - Children will remain at home at a higher rate than the comparison group in the local juvenile dependency court
     (Humboldt County: current rate is 33.8% whereas the national standard is 40.5%)
3. Reunification Goals (For families where children are removed from home)
   - Children who were removed will be reunified within 12 months of FWC entry at a higher rate than the comparison group in the local juvenile dependency court
     (Humboldt County: current rate is 33.8% whereas the national standard is 40.5%)
4. Reduction of Recidivism Goals
   - Parents who graduate from the FWC will not come to the attention of the county Child Welfare Services.

[1] Outcome measure data is obtained from Humboldt County Child Welfare Services, System Improvement Plan Annual Progress Report 7/29/16 https://humboldtgov.org/DocumentCenter/Home/View/60830 and University of California at Berkeley Center for Social Services Research website. URL: http://www.childsworld.ca.gov/PG1358.htm.

(Humboldt County: current recidivism rate is X% whereas the national standard is X%)

5. Re-entry Goals
   - Children who are living with their parents or an Indian custodian, or a relative or guardian will not re-enter foster care.

     (Humboldt County: current foster care re-entry for children who are discharged within 12 months of reunification, live with relative or guardianship is higher (13.3%) than national standard (≤ 8.3%))
6. Enhanced Family Well-being Goals (See Section VIII. D. and E. Assessment and Treatment based on Social Determinants of Health)
   - Families have enhanced capacity to provide for their children's needs as measured by critical needs identified at entry into the FWC and addressed by the family during their participation in the FWC, such as:
     - Children receive timely dental and physical exams
     - Children receive timely services to meet their social, emotional, developmental, and educational needs
   - Families will have an increase in cultural involvement, social support, and community connections at commencement as compared to when they first entered the FWC
   - Families will have fewer critical and other needs at commencement as compared to when they entered the FWC, such as:
     - (Education) Parents without a high school diploma will be enrolled and actively pursuing their GED within 6 months of entering Court, as deemed appropriate by the team.
     - (Employment) Parents will be actively employed or enrolled in an education program within 12 months of entering Court.
     - (Driving) Parents whose driving privileges have been revoked will actively go through the process of having their driving privileges reinstated.
     - (Warrants) Parents with old warrants will actively go through the process of having them cleared.
     - Eligible family members will actively pursue expungement of old criminal cases.

IV. FWC Approach

- A Focus on Returning to Harmony

  We focus on healing the whole family. We view healing as a journey experienced through *Positive Directed Intervention* (for more detail, see Section VIII. C. Family Wellness Team). Participants/Families benefit from a multi-disciplinary team (the Family Wellness Team) that functions as an extended family and accompanies participants/families on their unique journeys. The judges, who are members of this team, have an active and intensive role in participants'/families' process.

- Preserving Dignity and Promoting Respect
  We are mindful of where the court orientation and hearings are held, the seating arrangement, and other details because it is our job to preserve the dignity of families, promote respect, and motivate participants/families in their self-healing.
- Using a Peer/Extended Family Support Team Model
  We use a model where participants/families benefit from the support of their peers and family (broadly defined) at hearings. Court hearings are closed to the public, but open to all FWC participants/families. Should they not want this peer support, the they can let us know and their court hearings will be held privately.
- A Therapeutic Model
  We use a therapeutic model where participants/families are held accountable for their behavior. We do this by creating opportunities for self-healing. We celebrate participants/families and recognize them for all (little and big) steps taken in their recovery and care for their children. We hold them accountable to themselves and others by supporting actions, which can be taken by participants/families to make things right. All self-healing opportunities are tailored to the unique needs of each family. We strive to be flexible and creative in how we offer these opportunities.
- Active Engagement of the Community
  We understand that families heal within communities, and that by actively engaging in our communities, we may learn cultural humility and develop community prevention strategies as we strive to deliver comprehensive parenting and child development, treatment, and other services tailored to meet the needs of our families.

V. Expectations for Families in the FWC

- Make a family wellness plan
- Follow through with your wellness plan
- Attend meetings with your social worker and family wellness team
- Attend court hearings
- Complete frequent drug screenings
- Participate in substance use treatment
- Make a Life Change Plan[2]
- Give back to the community
- Commencement (Graduation)

[2] Resource for developing life plan: https://store.samhsa.gov/shin/content/SMA12-4474/SMA12-4474.pdf

VI. Legal Eligibility

A family is legally eligible for the FWC If:

- One parent is a Yurok member;
- The parent has a child who is 5 years old or younger and is a Yurok member or eligible for membership;
- The parent is open to participating in the family wellness team and engaging in chemical dependency treatment and supportive services;
- A petition alleges facts that one or both parents have a substance use disorder; and
- After attorney advisement, both parents are willing to participate in the FWC or one parent is willing and the other is willing to sign a waiver.

VII. Initiating the FWC Process

A. Referrals

Anyone may refer a family to the FWC by contacting the county Child Welfare Services division of the Department of Health and Human Services in Humboldt County. Upon making a referral and within 3 business days (1 business day if the children are in protective custody), the social worker schedules a family team meeting that will include both County and Yurok social workers. The County and Yurok social workers will make a joint risk assessment and will use structured decision-making to determine whether (1) the children are described by section 300 of the California Welfare and Institutions Code and (2) whether the children can safely remain in the home. The families may opt into the FWC at the initial hearing or at any subsequent hearing, right up to the dispositional hearing in the Humboldt Superior Court.

B. Non-Detained Petitions

- *Petition and Service*

  If the joint risk assessment is that (1) the children should come within the jurisdiction of the court; (2) the children should remain in the home, and (3) the family is eligible and interested in participating in the FWC, the County and Tribal social workers will talk with the family to find out whether they are eligible and interested in learning more about the FWC.

  If a family is eligible and interested, the county social worker:

  1. Drafts a non-detained petition and initial court report;
  2. Completes the FWC Eligibility Referral Form;
  3. Files the non-detained petition, the initial court report, and the FWC Referral Form in Superior Court;
  4. Serves copies of the non-detained petition, the initial court reports and orders, and the FWC Eligibility Referral Form on:
     - The parents;

- Yurok Tribal Court;
- Yurok Social Services;
- Yurok Tribal Attorney;
- The FWC Court Coordinator; and
- The Dependency Legal Group.

- *Notice of Hearing and Appointment of Counsel*

  Upon receipt of the Petition and FWC *Eligibility Referral Form*, the FWC Court Coordinator (1) calendars an initial hearing in FWC within 15 days of the date the petition was filed; and (2) a date for orientation to FWC within 7 days of the date the petition was filed.

  On the same day of receipt of the petition, the court coordinator (1) obtains and sends a court order appointing Dependency Legal Group to represent the parent(s) and child(ren); and (2) emails notice of the initial hearing and FWC orientation to the following:

  - Yurok Tribal Court;
  - Yurok Social Services;
  - Yurok Tribal Attorney;
  - Child Welfare Services;
  - County Counsel;
  - The FWC Court Coordinator; and
  - The Dependency Legal Group.

  Notice of the initial hearing and FWC orientation is mailed to the parents.

  The court coordinator is responsible to secure the participation of all involved service providers, social workers, and/or other community support persons at the FWC orientation.

  Upon receipt of the order of appointment and Notice of Hearing, Dependency Legal Services immediately assigns a separate attorney for each parent and an attorney for children.

- *Informed Consent to FWC Jurisdiction*

  The Dependency Legal Services Attorneys meet with their clients as soon as possible after the order of appointment to review the petition and advise the family of their legal rights, the FWC program, and discuss advantages/disadvantages of opting into the FWC.

If their client opts to participate in the FWC, the attorneys counsel the client to complete and sign the waiver and consent forms that are required as a condition of participation in FWC.

The completed waiver and consent forms are due at the Clerk's office no later than 12 days after the date the petition was filed.

Copies of the forms must be served (via email) on:

- Yurok Tribal Court;
- Yurok Social Services;
- Yurok Tribal Attorney;
- The FWC Court Coordinator;
- The Dependency Legal Group;
- Child Welfare Services; and
- County Counsel.

If the consent forms cannot be timely filed and served, the attorney for the party may contact the FWC court coordinator to request that the forms be filed at the initial hearing. If the family is still unsure whether to proceed in FWC at the initial hearing, their attorney may request that the FWC court coordinator calendar a Jurisdiction hearing in FWC. However, in no cases can receipt of the consent and waiver forms be deferred past the date of the jurisdiction hearing.

If the family elects not to proceed in FWC prior to the initial hearing, the attorney for the party must notify the court coordinator no later than 12 days after the petition was filed so that the initial hearing can be re-calendared in Superior.

C. Detained Petitions

- *Petition and Service*

  If the joint risk assessment is that (1) the children should come within the jurisdiction of the court; (2) the children should be placed in protective custody, and (3) the family is eligible and interested in participating in the FWC; the County and Tribal social workers will talk with the family to find out whether they are eligible and interested in learning more about the FWC.

  If a family is eligible and interested, the county social worker:

  1. Obtains a protective custody warrant from the Juvenile Court (unless there are exigent circumstances to justify taking the children into protective custody without a warrant);
  2. Serves the warrant and takes the children into protective custody;

3. Drafts a petition and detention report;
4. Completes the FWC Eligibility Referral Form;
5. Files the petition, detention report, and the FWC Referral Form in Superior Court;
6. Serves copies of the petition, any court reports and orders, notice of a detention/initial hearing, and the FWC Eligibility Referral Form on:
   - Yurok Tribal Court;
   - Yurok Social Services;
   - Yurok Tribal Attorney;
   - The FWC Court Coordinator;
   - Parents/Guardians;
   - Substitute Care Providers; and
   - The Dependency Legal Group.

Upon receipt of the Petition and FWC *Eligibility Referral Form*, the FWC Court Coordinator, in consultation with the Superior Court Clerk, (1) calendars a detention/initial hearing in Superior Court on the next court date after the petition was filed and (2) sets the date for FWC orientation to trail the initial/detention hearing unless the family agrees to have their case heard in the FWC at this hearing.

- *Informed Consent to FWC Jurisdiction*

The Dependency Legal Services Attorneys meet with their clients as soon as possible after receiving notice of the initial/detention hearing and the FWC Eligibility Referral. The attorneys review the allegations in the petition with their clients and advise the family of their legal rights, the FWC program, and discuss advantages/disadvantages of opting into the FWC.

If their client opts to participate in the FWC prior to the initial/detention hearing, the attorneys counsel the client to complete and sign the waiver and consent forms that are required as a condition of participation in FWC and immediately notifies the FWC court coordinator that the family will agree to participate in FWC at detention.

If the parents have not had sufficient time to discuss the FWC hearing with their attorney, prior to signing the waiver and consent forms, they ask the FWC court to conduct a detention hearing the following day, and/or they may request (through counsel) that a jurisdiction hearing be calendared in FWC within 15 days of the date the Superior Court issues a detention order.

Copies of the waiver and consent forms must be served (via email) on:

- Yurok Tribal Court;

- Yurok Social Services;
- Yurok Tribal Attorney;
- The FWC court coordinator;
- The Dependency Legal Group;
- Child Welfare Services; and
- County Counsel.

D. Initial Hearing

At the initial hearing, the Yurok Social Worker and the Chief Judge of the Yurok Tribal Court will attempt to be present in person or via skype. The initial hearing can be continued for one day for families to decide if they want to participate in the FWC. After the initial hearing, if the family chooses to participate in the FWC, then all subsequent hearings are held in the FWC.

VIII. Orientation

Orientation is provided at a location close to where the family lives in a culturally sensitive space, such as Two Feathers or Red Deer Consulting. The court coordinator conducts the family's orientation. The Yurok social worker and family mentor or other graduate of the FWC may participate in the orientation depending on the wishes of the family. During the orientation, the family is given an overview of the FWC and learns about the FWC expectations, the role of the family wellness team, the court phases, and commencement requirements. The court coordinator makes sure that the family is legally eligible for entry into the FWC and that all required court forms (See Appendix A. FWC Forms) are completed and signed.

IX. Court Hearings

At the first court appearance, the family will meet their family wellness team, unless they have already met during the investigation. The judges will describe the FWC approach and confirm that the family's participation is voluntary and that the family is legally eligible for participation. Upon acceptance into the FWC, the participant/family agrees to cooperate with the Family Wellness Team and other agencies involved in their case, to discuss and exchange information during the wellness team meetings and court hearings that follow the treatment team meetings, and to agree to the family wellness team accompanying them on their healing journey. This agreement is signed in court. (See Appendix A. Forms).

Attorneys are generally not present at court hearings, except those that at required under the California Welfare and Institutions Code. Rules 7.26 and 7.27 of the Humboldt Superior Court

provide a mechanism for attorneys to be notified of nonstatutory hearings when a petition for modification of orders relating to new service plans/family wellness plans or placement changes are sought.

X. Wellness Team

Positive Directed Intervention Approach

The wellness team is a multidisciplinary team that functions as a part of the client's extended family. Its purpose is to empower the family to design and implement a family wellness plan that describes S.M.A.R.T. (specific, measurable, attainable, relevant, and timely) behavioral milestones and interventions that advance the strengths and personal power of the participating family.

Humboldt Practice Model Strength-based Approach

The wellness team uses the Humboldt Practice Model is a set of values, practices & tools to guide staff in engaging families, tribal communities & extended networks in a way that is responsive to culture & trauma. The practice model is a system-wide change to improve the experience & outcomes of children, families and the communities in our region over generations. It is also a strength-based approach3 that builds on the following 5 protective factors:

1. Family Resilience- our families are managing stress and functioning in the face of challenges, adversity and trauma including historical, family, and community trauma
2. Social and Cultural Connections- our families may need supports forming positive relationships that provide emotional, informational, and spiritual support;
3. Knowledge of parenting and child development (physical, cognitive, language, social and emotional)- because children learn through play, trial/error, routines, nurturing and cultural connections, our families will gain this knowledge and skills to help their children thrive;
4. Concrete support in times of critical need- our families may need the basics such as food, housing, and adequate income; these will be identified and supports put in place to minimize the stress caused by these challenges. Without those stressors, our families can seek out additional supports to thrive such as spiritual, medical treatment, and mental health care; and
5. Social and emotional competence of children- our families may need support to develop their family and child interactions; when children develop the ability to clearly communicate, recognize and regulate their emotions, and establish and maintain

[3] Adapted from Strengthening Families[tm] https://www.cssp.org/publications/documents/Strengths-Based-Approaches-Screening-Families-FINAL.pdf

relationships, they have the foundational skills critical to learn and enjoy emotional health and wellbeing.

Healing Journey

Participants/families will be empowered to direct their own recovery. Their voice and choice of participants/families on mutually agreed upon agencies for treatment will guide the family treatment team. Participants/families will be accorded respect and dignity throughout the process. Participants/families will always be encouraged to explain events from their perspective.

Each team member is committed to using these approaches and walks with the family on their own healing journey. This journey starts with a family wellness plan tailored to the individualized needs of each family. The team uses collective case management of participant/family wellness plans that are closely and regularly monitored for progress and impediments. The team works to not only solicit and connect with treatment and other useful resources, but also to support and supervise the components of participant's/family's wellness plan. The team supports the family through advancement in the four court phases. The team makes recommendations and decisions regarding any action that should be taken with each participant/family.

Team Meetings

The team meets every other week in the morning before informal court hearings that are held immediately following team meetings. The team agrees to invite others to these team meetings and court hearings depending on the presenting family issues and identified needs. Attorneys generally will not be part of these pre-court meetings, unless the court is holding a statutory hearing or the children's safety in the home is at issue.

Composition of Team

All team members will work to build a trusting relationship with families, talk directly and candidly, giving positive encouragement, and reinforcing positive behaviors. They have frequent contact with the family, staying apprised of how each family is doing through the family wellness team meetings. Team members minimally include the participant/family, two judges, family mentor, social workers (Yurok Social Services and Humboldt Department of Human Services), clinical case manager, and participant/family-identified supports.

The team may also include the tribal court's presenting officer, attorneys, substance use disorder treatment providers, public health nurse, mental health treatment providers, police officers, probation officers, social service workers, traditional knowledge holders and healers,

elders, education and employment representatives, and other community representatives depending on the family's circumstances and identified supports

Role of Team Members

1. Participant/Family- actively participates in developing the wellness plan, identifying family recovery goals and support systems.
2. Judges- preside over the FWC with a focus on dual healing goals of family recovery and child well-being. The judges build a trusting relationship with families, talk directly and candidly, giving positive encouragement, and reinforcing positive behaviors. They have frequent court hearings, stay apprised of how each family is doing through the family wellness team meetings, and become the participant's/family's extended family.
3. Court Coordinator- responsible for scheduling and conducting family orientations, ensuring families are legally eligible for the FWC, maintaining family court case files, maintaining all program agreements with all court-connected programs, convening and participating in the family wellness team meetings, scheduling all court hearings, setting the agenda for and convening the monthly core operational team and quarterly steering committee meetings.
4. Social Workers- a Yurok social worker and county social worker are assigned to the family and have the following responsibilities: (1) coordinate the use of community-based services such as critical need services, treatment, and other services. to provide a strong foundation for recovery, family functioning, and child well-being; (2) contribute to the development of a family wellness plan for each participating family; (3) The social workers (county and YSS) will jointly complete the Structured Decision Making (SDM) tools as applicable for the continual assessment on safety, and for guidance on case opening, reunification, and case closure and (3) prepare court reports.
5. Clinical Case Manager- a county case manager is assigned to the family and has the following responsibilities: (1) meets with participants/families at least weekly; (2) ensures "warm hand off" to all appropriate assessments, treatment, and other services; (3) closely monitors progress on the participants'/families' wellness plan; and (4) coordinates all supports to enable the participants/family members to achieve their goals and advance through the FWC phases.
6. Mental Health Clinician – a mental health professional will be responsible for conducting the clinical assessments, and may provide on-going clinical care.
7. Public Health Nurse – a public health nurse will be responsible for partnering with the team for ongoing case management guided by the family's wellness plan, refer and link to services based on the family's needs as determined in the family wellness meetings, including identifying medical and psychosocial needs of each member of the family, and parenting needs. Target population is children birth to 5 years old with an emphasis on

birth to 3 years.

8. Treatment providers- provide the interventions (wellness and aftercare supports) identified in the family's wellness plan, attend family wellness team meetings, and attend court hearings as appropriate.
9. Family mentors- responsible for making the family wellness team aware of cultural events and traditional medicine opportunities that are available; provides traditional teachings as outlined within court phases; at the family's option, assists the family to learn more about their ancestry, and advocates for the family's voice and choice in treatment and other interventions, translating when necessary between the family members and the other members of the family wellness team.
10. Attorneys- responsible for legal advisement, advocacy, and representation of clients consistent with California Rules of Court, rule 5.660 and local rules of the Yurok Tribal Court and the Humboldt Superior Court. Appear on behalf of clients at all statutory hearings under the Welfare and Institutions Code, and may appear at informal court hearings at the request of their clients.
11. FWC alumni – After commencement, family members may be asked to serve as a mentor for new participants/families entering the FWC, group sessions, and/or perform public speaking as requested by the FWC.
12. Tribal elder mentors – Within local tribal cultures, elders occupy a respected position with acquired wisdom and experience; they advise, encourage and resolve disputes.

Training for Family Wellness Team Members

All team members will be cross-trained on a range of training to be identified by the Steering Committee. The training will include cultural competency training.

Case Planning- Short-term and Long-term Goals Around Safety, Recovery, and SDOH

The family treatment team will work together to support the participant/family to shape his/her/their behavior by being mindful to not place excessive demands on participants/families, which can overwhelm them and cause them to give up. These will be incorporated into the family wellness plan. The team, with the family, will identify short-term goals and long-term goals. Short-term behaviors are those that (1) participants/families are readily capable of engaging in and (2) are necessary for longer-term objectives to be attained. Examples may include attendance at counseling sessions or provision of urine specimens. Long-term behaviors are those that (1) are ultimately desired, but (2) may take time to accomplish. Examples may include earning a GED or obtaining gainful employment.

For participants/family members who are addicted to or dependent on drugs or alcohol—i.e., they suffer from severe cravings or withdrawal symptoms when they stop using the substance—abstinence should be conceptualized as a long-term goal. Substance use is

compulsive for these individuals and they may be expected to require time and perhaps multiple relapses before achieving abstinence. In contrast, for those participants/family members who merely abuse or misuse drugs, abstinence should be conceptualized as a short-term goal. The focus will be on harm reduction and "meeting the participants/families where they are at" to achieve abstinence.

XI. Family Wellness Plan

The family wellness plan has specific, measurable, attainable, relevant, and timely (S.M.A.R.T.) goals, objectives, and action steps that clearly identify the behavioral changes and the services needed to support the family's desired changes. The plan includes a specific step-by-step, task-oriented plan to meet each goal. It identifies who is responsible for each of the tasks within the plan, how the task will be accomplished, who to consult when confronted with barriers, and a timeline for both the step-by-step tasks and the overall goals.

The plan is strength-based, culturally responsive, and uniquely tailored for each participating family. They are created and updated regularly with the family using structured decision-making to identify barriers and to celebrate successes as each task is accomplished. The family's progress in reaching behavioral milestones is recognized by the FWC. (See Section XV). The key components of a family wellness plan are interventions and behavioral milestones tailored to meet the needs of each family.

Interventions

1. Culturally Appropriate Parenting and Child Development Services[4]
    A. Parenting courses that integrate culturally appropriate childrearing philosophies and practices. In addition, evidenced-based programs, such as the county's SafeCare program for adults with children ages 0 to 5 (stationed in Willow Creek, this program services all East County residents who learn how their parenting decisions and actions affect their child's growth and development). Also, the FWC has a team that is developing local, culturally appropriate parenting guides and resources.
    B. Services related to the child's physical health such as home nurse visits offered by the county
    C. Services related to the child's social, emotional, developmental, and spiritual health (for example, 10-day bonding)
    D. Services related to trauma and parenting
    E. Services related to the child's educational/child care setting

[4] See National Council of Juvenile and Family Court Judges bench card and other materials https://www.ncjfcj.org/Questions-To-Ask-Child-Welfare

F. Services related to family time (child, parents, siblings, extended family time together) such as parent coaching
G. Services related to fetal alcohol spectrum disorders
H. Services related to domestic violence

2. Culturally Appropriate Treatment and Other Culturally Appropriate Services
   A. Individual counseling and coaching- focus is on concrete, real world challenges, such as strategies for how to avoid drug-using friends, how to apply for a job and what to say about an addiction problem, where to obtain drug-free housing
   B. Therapies- focus is on interpersonal and intrapersonal problems with moods, impulse, and relationships. Most evidence-based therapies help participants/family members acquire specific skills rather than just insights or problem recognition. Many can teach useful skills such as relapse prevention, decisional balance, parenting skills, relationship skills, etc., within 24 weekly sessions or less. Some of these evidence-based therapies that will be available to participants/families include:
      1) Motivational interviewing and motivational enhancement therapy
      2) Positive reinforcement and recognition of recovery work accomplished
      3) Culturally appropriate therapy
      4) Community reinforcement and family training
      5) Contingency management
      6) Relapse prevention
      7) Multi-systemic family therapy
      8) Behavioral couples therapy
      9) 12-step facilitation therapy
      10) Medical Assistance Treatment (MAT)

   C. Other Cultural Activities
      1) Indian doctor
      2) Sweat lodge (Women- as part of purification ceremony; Men- 3-10 days with song and prayer)
      3) Traditional Talking Circle
      4) Ceremonial activities
      5) Mindfulness activities- mediation, prayer, decolonized diet (no sugar, nonGMOs, low carbs), activities that use both the hand and mind (such as beading, weaving)
      6) Rite of passages for youth

   D. Re-entry from Residential Treatment
      1) Re-entry discussions will occur concurrently with inpatient treatment and will include the participant's/family member's counselor and case manager as part of the Wellness Team.

2) The participant/family member, counselor and case manager will be invited to be part of the Wellness Team and participate in regular Family Wellness Team meetings in person or via conference call, Skype, etc.
3) On-going case management including monthly contacts and regular FWT meetings will occur during treatment to identify needs and develop a support for re-entry back into the participants/family members community.
4) The Re-entry plan will include natural helpers, community supports, and culturally appropriate intensive outpatient treatment, after care, support groups, structured activities, and participation in Yurok services, events and ceremonies.
5) On-going case management will also include identifying Social Determinants of Health needs for the family and identifying services to meet those needs. All referrals for these services will be completed prior to discharging from treatment to avoid gaps in services.

3. Trauma-Informed Approaches- focus on recovery, are client-driven, involve cultural humility, and provide trauma-specific services. A trauma-informed approach asks, "What happened to this person or this person's family?" and "What's strong with you?" rather than "What's wrong with this person?" and "What's wrong with you?" The family wellness team uses a trauma-informed approach, which emphasizes that trust is developed over time by making tasks clear and maintaining appropriate boundaries, steps are taken to ensure physical and emotional safety, the client's voice and choice in interventions is prioritized, the client's strengths and building of life skills is encouraged, and collaboration with the family is necessary (i.e. the family wellness team works together with the family on goals rather than in a top-down manner).[5] Some of the trauma-informed services that will be available include:
    1) Trauma focused cognitive behavioral therapy (CBT)
    2) Dialectical Behavioral Therapy (DBT)
    3) Eye movement desensitization and reprocessing (EMDR)
    4) Prolonged Exposure
    5) Treatment for historical trauma e.g. Historical Trauma and Unresolved Grief (HTUG)
    6) Psychodynamic therapy
    7) Traditional healing
    8) Body therapies "sensorimotor" (for example, breathing techniques, acupuncture, exercise, rhythmic activities (drumming, dancing), and mindfulness meditation)

[5] Five Principles of Trauma-informed care, Creating Cultures of Trauma Informed Care (CCTIC)-Community Connections

4. Addressing Critical Service Needs (based on social determinants of health and specific needs identified by the participants/families with their family treatment team)
   The social determinants of health are the conditions in which we live, learn, work, and play.[6] These conditions include a broad range of socioeconomic and environmental factors, such as air and water quality, the quality of the built environment (e.g., housing quality; land use; transportation access and availability; street, park, and playground safety; workplace safety; etc.), opportunities for employment, income, early childhood development and education, access to healthy foods, health insurance coverage and access to health care services, safety from crime and violence, culturally and linguistically appropriate services in all sectors, protection against institutionalized forms of racism and discrimination, and public and private policies and programs that prioritize individual and community health in all actions.[7] Children who have their basic needs met, including love, shelter, food, clothing, and play, are children who are more likely to go on to thrive, explore, learn, and dream.

   The following social determinants of health are listed here as a guide to the type of intervention services that may be available to families. The family wellness team will be responsible for ensuring that SDOH family needs are understood as part of the family wellness assessment and identifying services that a team member can provide by giving a "warm hand off" to the participant/family.

Social Determinants of Health[8]

Economic Stability	Community and Physical Environment	Education	Food	Community and Social Context	Health Care
Tribal TANF	Yurok Housing Authority	Yurok Education Dept	CalFRESH Food for People	First 5 Play Groups	United Indian Health Services

[6] World Health Organization. (August 2016). Social determinants of health. http://www.who.int/social_determinants/en/; National Community of Health Centers: http://www.nachc.org/research-and-data/prapare/toolkit/; and

[7] Office of Health Equity. (August 2016). Portrait of Promise: California Statewide Plan to Promote Health Equity and Mental Health Equity. California Department of Public Health. http://www.cdph.ca.gov/programs/Documents/CDPHOHEDisparityReportAug2015.pdf

[8] By addressing critical needs of participants/families in the context of SDOH, the FWC acknowledges the context of child welfare and substance use, which is linked to these contemporary health and social inequities that are the downstream manifestations of the colonial process (including social and cultural disruption, and historical and intergenerational trauma).

Yurok TERRO Dept Northern CA Indian Development Council County TANF Employment Training Division Employment Development Division Social Security Administration United Indian Health Services Yurok Probation Supervised Community Work Service	Housing and Urban Development (HUD) Yurok Low Income Housing Energy Assistance Program (LIHEAP) HEAP through Redwood Community Action Agency Yurok Public Safety Humboldt County Sherriff's Office Potowat United Indian Health Services Parks and Recreation Departments Humboldt County Public Works Department	Title VII Indian Education Act Yurok Education Dept Language Program Yurok Head Start Redwood Coast Regional Center Northcoast Children's Services Yurok TERRO Dept Hoopa/Yurok Vocational Program College of the Redwoods Humboldt State University Online Indian College Programs	Women, Infants, and Children (WIC) Yurok Food Sovereignty Program USDA Food Commodities program Local farmer's markets Family Resource Centers 211	Yurok Motherhood and Fatherhood Program Yurok Batterers Program Yurok Youth and Adult Probation (substance use treatment, court legal activities, and reentry) UIHS Teen Advisory Group Program Yurok Johnson OMalley (JOM) Program Yurok traditional ceremonies and cultural activities Yurok Legal Access (marriage, divorce, child support, mediation, expungement)	Medi-Cal (Partnership Healthplan of CA) K'ima:w DHHS Mobile Outreach Veteran's Benefits Social Security Administration Provider linguistic and cultural competent care/services Orleans Karuk Medical Clinic Yurok traditional ceremonies and cultural activities

Relapse Prevention Plan (RPP)

The family treatment team, with the family, will develop the RPP and continually monitor the effectiveness of the RPP. When there is evidence of problems in maintaining sobriety, or complying with the RPP, the family treatment team will work with participants to make changes in the RPP including a return to treatment or an increase in the level of care of an ongoing treatment. Family RPPs will be tailored to each family and address the following:

1. Identifying and managing relapse warning signs;
2. Understanding the "cues" that trigger craving and managing craving and urges;
3. Identifying, disputing and replacing patterns of thinking that increase relapse risk;
4. Anticipating high-risk relapse scenarios and developing effective coping skills;
5. Identifying and learning to manage emotional states;
6. Identifying and coping with social pressure to use;
7. Learning 'damage control' to interrupt lapses early in the process and return to treatment;
8. Improving interpersonal relationships and developing a recovery support system;
9. Developing parenting skills that address the everyday stressors;
10. Developing employment and financial management skills;
11. Create a relapse response and safety plan and include the family wellness team in the agreements and goals;
12. Creating a more balanced and structured lifestyle; and
13. Learning appropriate family advocacy skills.

Court Hearings and Wellness Plan

The family wellness plan is reviewed at every court appearance, and revisions are made according to ongoing assessment and goals that have been achieved. The social worker submits the case plan with the court report to the FWC 10 calendar days before the disposition hearing and at status review hearings, and gives the court an update every 2 days before (nonstatutory) hearings that are held every other week in phase one.

Communication Among Family Team Members

The Family Wellness Team (FWT) agree to email and phone one another regularly to assure that families' care and supports are coordinated and seamless. The court coordinator will create a hard copy calendar for each family and team members agree to update this calendar with families to ensure that no one team member is expecting the family to do something which is not doable as part of their family wellness plan. The FWT will meet or conference call to discuss families during the off-calendar court weeks as determined by the FWT during their post-court hearing debrief (see below). If the family has a set back, team members agree that they will

email one another on the day they learn of the setback so that the FWT can wrap the family in supportive services.

Court reports will be compiled and filed by the court coordinator 2 days before each informal court hearing based on summaries provided by team members, who agree to send their summaries 3 days before each court hearing date. The court coordinator will attach the report to the court order and send them to the FWT members and attorneys. Court reports and order will be part of FWC file; Yurok Social Services and County Child Welfare Services will maintain their own files, which will also include copies of same. The FWT agrees to meet after each informal court hearing for half an hour, also known as post-court debriefs. During these debriefings, the FWT will decide whether they need to meet on the off-calendar weeks. The court coordinator will convene these FWT meetings.

XII. Assessments

Purpose

Assessments are used to advance the health and healing of and supports to the families to do the right thing for their recovery and the health and welfare of their children.
Findings and recommendations from the family wellness team based on these assessments will be considered by the social worker in preparing and updating the family's wellness plan.

Approach

The family wellness team will use the *Positive Directed Intervention* approach described above and will be mindful of the position of power and privilege they have in relation to FWC participants. For this reason, the team never loses focus on building and maintaining trust with the families. These relationships are paramount to healing, and in conjunction with assessment tools, will be used for the best possible outcomes for participants/families.

The person administering the assessment uses an interview format and strives for the assessment to feel like a supportive conversation, which is respectful of a family member's point of view, needs, and experiences. When beginning an assessment, the person describes the purpose of the assessment and respectfully checks in with the participant/family about how the process feels. The participant/family member is never required to fill out an assessment form and the person administering the assessment generally does not fill out forms in the presence of the participant/family member, however, may take notes so that later the assessment can be completed. This approach is respectful of the participant's time and aids in the goal of having the assessment process be a conversation.

Types of Assessments

1. *American Society of Addiction Medicine (ASAM)*[9] criteria are used to determine the participant's level of care needs;
2. *Cultural Connections*[10] of the participant/family;
3. *Family Wellness*[11] domains based on social determinants of healthcare assessed during the first court phase, as close to entry into the FWC, and again upon advancement to phase 3 and at commencement (typically administered with the family by a family team member whom the participant trusts);
4. *Ages and Stages Questionnaire*[12] of the child(ren), which screens infants and young children's development assessing development in five domains: communication, gross motor, fine motor, problem solving and personal social. It may be administered by Yurok Head Start or the Humboldt County Office of Education; and
5. *Child Welfare Services assessments as required by the state (list here)*
6. *Other Screening* for family needs (medical, mental health, behavioral health, and/or public health etc.) may be recommended by the family wellness team as these needs present themselves during the family's healing journey.

Timing of Assessments

1. ASAM: as soon as possible upon entry into the FWC
2. Cultural Connections: during the first court phase and again repeated at commencement
3. Family Wellness based on Social Determinants of Health: upon entry into the FWC, repeated during phase 3, and at commencement.

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[9] Required as part of the state's Medi-Cal expansion https://www.naadac.org/assets/2416/david_gastfriend_ac15_asamcriteria.pdf. A zero to four rating scale on six indices which may be used for data reporting, pre/post measure. The six indices are: withdrawal, medical, emotional/behavioral, readiness to change, relapse potential, and recovery environment.

[10] Practice and research from multiple disciplines have shown that culture is an important protective factor for families and promotes personal and community resiliency. Cultures and languages are protective factors against risk and contribute positively to health and wellness. See McIvor, Onowa. Language and Culture as Protective Factors for At-Risk Communities, Journal of Aboriginal Health, November 2008, Vol. 5, Issue 1.

[11] http://pediatrics.aappublications.org/content/pediatrics/suppl/2014/10/29/peds.2014-1439.DCSupplemental/peds.2014-1439SupplementaryData.pdf. The use of this tool with caregivers at emergency room visits for their children: http://pediatrics.aappublications.org/content/134/6/e1611
This is another SDOH tool used in Colorado:
https://www.rchnfoundation.org/wp-content/uploads/2015/12/Social-Determinants-of-Health-Needs-Assessment-Survey.pdf. IOM (Institute of Medicine). Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2. Washington, DC: The National Academies Press; 2014; 5 Adler NE Stead, Patients in context—EHR capture of social and behavioral determinants of health, *N Engl J Med.* 2015; Sana Z. Shahram, The Cedar Project: Using Indigenous- Specific Determinants of Health to Predict Substance Use Among Young Pregnant- Involved Aboriginal Women, *BMC Women's Health.*

[12] http://www.cebc4cw.org/assessment-tool/ages-and-stages-questionnaire/

4. All other assessments, including Ages & Stages and ACES, will be sequenced based on the needs presented by the family.

Training for Those Who Administer Assessments
The individuals who will administer the assessments will have required training in their field on the use of the tools as well as cultural training.

XIII. Testing

Standard
Mandatory periodic and random testing for the presence of any controlled substance or alcohol in a participant's blood, urine, or breath, *using to the extent practicable the best available, accepted, and scientifically valid methods*.[13]

Approach
Just as with assessments, the family treatment team is mindful of the power imbalance between the team and the family. Team members have honest and respectful conversations with the family about the purpose testing, its role in the family's healing journey, and how testing requirements are decreased as the participant advances through the court phases. If a participant is honest and explains that the test will be positive and is not covering up for relapsing on another substance, then the team will not require testing.

Frequency of Tests[14]
Phase One: 3 times per week (min. 3 random)
Phase Two: 2-3 times per week (min. 2 random)
Phase Three: 1 per week (random)
Phase Four: 1 or none per month (random)
Field testing is optimal and resources exist through Lori, case manager, or others as recommended by the treatment team

Test Results
Missed or positive drug tests will have prompt responses from the FWC and the participant will be required to take some action to make things right; drug-free tests are recognized at all court hearings as part of opportunities for self-healing (See section below). For participants/family members requiring MAT or other prescribed medication, baseline levels will be established through consultation with the prescribing physician to avoid false positive tests.

[13] The FWC follows the 10 key components promulgated by the National Association of Drug Court professionals.
[14] In a multisite study of approximately 70 drug courts, programs performing urine testing at least twice per week in the first phase lowered recidivism by 38 percent. (Carey, Mackin, & Finigan, What works? The ten key components of drug court: Research-based best practices., 2012). The most effective drug courts perform urine drug testing at least twice per week for the first several months of the program. (Carey & Perkins, 2008).

XIV. Opportunities for Self-Healing

Participants/Families will be celebrated each time they come to court. The judges will learn about participants'/families' success and accomplishments during family treatment team meetings and in written court reports. At all court hearings, the judges' demeanor and words will focus on opportunities for self-healing. Participants/families will be supported for work they are doing at each hearing, and upon significant milestone achievements and phase advancement, they will be recognized.

The court will give points for key behavioral milestones that are reached. The FWC will deliver points immediately, frequently,[15] and consistently following clearly established rules. These rules will be developed by the court coordinator with input from stakeholders. Because an escalating schedule and allowing participants/families to choose and even create how they would like to be recognized reinforces self-healing and recovery, participants/families will be able to accumulate points and choose from a list of recognitions (see below) or instead, with their family wellness team, create one that they may be working toward.

Recognitions (akin to incentives[16])

- Ride to Dances
- Food baskets
- Fishing trips
- Invitation to participate with those who prepare the dances
- Raffles
- Stars
- Gift cards
- Books (recovery or other)
- Fun activities, like the zoo
- Other

Making Things Right (instead of sanctions- the focus will be on what triggered the misstep, acknowledging good decisions in poor moments, and supports to manage personal challenges)

- Increased frequency of court hearings
- Return to earlier phase

[15] To shape lower probability negative behavior and increase probability of clients' positive behavior by "catching clients doing right by their self-healing."

[16] https://ndcrc.org/content/list-incentives-and-sanctions/

- Community contributions (participants/families identify and create opportunities, which are empower the participant/family and be restorative; some examples include: …)
- Create a relapse response and safety plan
- Other action

XV. Court Phases

The FWC has four phases: (1) Trust; (2) Belonging; (3) Settling Up; and (4) Generativity.

Phase One: Trust

Duration: Minimum of 30-60 days

Goals	Orientation, Assessments, Stabilization
Objectives	• Meet your family mentor who is part of the Family Wellness Team and explore option of learning about family ancestry • Learn about the Family Wellness Court and Team • Identify sources of strength • Complete three core assessments: Cultural Connections, Alcohol and Drugs, and Family Wellness • Develop and begin to follow client-led/centered wellness plan, which includes treatment and other services • Begin participating in recovery services • Begin discussing the re-entry plan for completion of treatment
Requirements	• Agree to participate in FWC • Sign Participation Agreement and Releases • Agree to family-led/centered family wellness plan based on assessments • Meet with family treatment team before court hearings • Agree to twice a week face-to-face contacts with family treatment team (note if participating in inpatient substance use disorder treatment, team has discretion to decrease to weekly face-to-face contact) • Appear in court every other week for hearings • Submit to random, regular drug and alcohol testing • Engage in Yurok teachings, activities and ceremonies
Progression	• No unexpected test results for 30 days (all drug negative samples and/or FWC agrees not to test, because participant is honest and says if tested, the test will be positive) • Be engaged in treatment • Consistently attend hearings • Goal of abstinence • If receiving MAT, establish baseline levels and develop a titration plan

	• With family wellness team's recommendation, request the Court for permission to progress to Phase 2

Phase Two: Belonging

Duration: Minimum of 60-90 days

Goals	Healthy Connections, Education, Service Planning
Objectives	• To start developing healthy connections • Identify sources of strength • Continued discussion of Discharge/Re-entry planning • Begin identifying potential social determinants of health needs for re-entry
Requirements	• Follow all treatment recommendations in your client-led/centered family wellness plan • Meet with family treatment team before court hearings • Agree to twice a week face-to-face contacts with family treatment team (note if participating in inpatient substance use disorder treatment, team has discretion to decrease to weekly face-to-face contact) • Attend court appearances on a monthly basis • Submit to drug and alcohol testing (random and multiple methods) • Engage in Yurok teachings, activities and ceremonies • Complete Ages and Stages Questionnaire with provider or court team member for children under five years • Attend recovery activities and programs consistently • Abstain from non-prescribed substances • Establish care with a primary care provider • Begin process of resolving any legal issues, such as outstanding warrants, child support, or custody
Progression	• At least 60 days of self-healing recognition for work done • Identification of at least three people as part of a support system • Identification of 1-2 cultural- or community-based goals • Identification of 3 useful safe coping skills • Stabilization in recovery from substances (any relapse is brief and honestly addressed) • Relapse response and safety plans are used • Submission to drug and alcohol testing (random and multiple methods) and consistently testing at baseline with continuing lower levels • Following all treatment recommendations

	• Attending all court appearances and appointments • With family wellness team's recommendation, request the Court for permission to progress to Phase 3 (If completed inpatient substance use disorder treatment before the end of phase 2, must be engaging in local after-care program before recommendation to phase 3)

Phase 3 Settling Up: Taking Responsibility, Giving Back, and Feedback
Duration: Minimum of 30-90 days

Goal	• Clarify role that substances have played in your family • Identify sources of strength
Objectives	• Further stabilize in recovery from substances • Focus on removing barriers to success (identifying triggers for unsafe behaviors) • Develop skills including self-advocacy, internal motivation, self-care, and relapse prevention • Enrich your life, that of your family, and tribal community • Begin the referral process for SDH needs/aftercare services
Requirements	• Continue to follow client-led/centered family wellness plan • Meet with family treatment team before court hearings • Attend court hearings on a monthly basis • Testing (random and multiple methods, with consistent negatives tests/testing at baseline levels) • Participate in Yurok teachings, activities, and ceremonies • Continue regular engagement in recovery and cultural activities • Obtain any needed physical health care (including dental care) • Participate in children's healing and recovery as directed by client-led/centered family wellness plan • Make progress with resolving any legal issues, such as outstanding warrants, child support, or custody
Progression	• Have stable housing plan • Develop plan for financial support for family • Describe measureable progress on cultural or community goals • Identify ways substance use has harmed self, family, and community • Work with mentors to identify ways to redress harm caused by use • Complete substance use disorder treatment program • At least 180 days of program compliance • Follow client-led/centered family wellness plan • Attend all court appearances and appointments • With family wellness team's recommendation, request the Court for permission to progress to Phase 4

Phase 4 Generativity: Maintenance and Transition to Lifelong Healing
Duration: Minimum of 30-90 days

Goal	• Prepare for transition to a post-court life of recovery and cultural connection
Objectives	• Reinforce healing and healthy behaviors • Prepare for life after graduating from the court • Identify and share long-term goals and visions
Requirements	• Complete updated ASAM assessment • Complete updated CCE • Continued participation in cultural and recovery activities • Develop Life Plan • Meet with family treatment team before court hearings • Attend court appearances every six weeks. • At least 180 days of program compliance • Establish safe and secure housing • Any legal issues, such as outstanding warrants, child support, or custody, are resolved • Endorsement of family wellness team for commencement
Progression	• 6 months consecutive clean time or 6 months not meeting criteria for substance use disorder based on problematic use • Family wellness plan goals achieved • Advancement through the FWC phases Children returned and living at home for six months (or in other permanent placements, such as tribal customary adoption or guardianship) • Successful discharge from a substance abuse treatment program • Consistent attendance at a sober support program or community based support program documented • Consistent attendance at court appearances and treatment appointments • Stable living arrangement with clean and sober relationships • Any legal issues, such as outstanding warrants, child support, or custody, are resolved • Support system established • Relapse prevention program established and part of Life Plan

	• Life Care Plan developed and initiated (e.g., community support meetings, cultural engagement, employment, education, vocational training) • Community service project approved by Family Wellness Team • With family wellness team's recommendation, request the Court for permission to graduate/commencement

XVI. Commencement Requirements

- 6 months consecutive clean time or 6 months not meeting criteria for substance use disorder based on problematic use
- Family wellness plan goals achieved
- Advancement through the FWC phases
- Children returned and living at home for six months (or in other permanent placement, such as tribal customary adoption or guardianship)
- Successful discharge from a substance use treatment program
- Consistent attendance at a sober support program or community based support program documented
- Consistent attendance at court appearances and treatment appointments
- Stable living arrangement with clean and sober relationships
- Outstanding warrants resolved
- Support system established
- Relapse prevention program established and incorporated into Life Plan
- Life Care Plan developed and initiated (e.g., community support meetings, cultural engagement, employment, education, vocational training
- Community service project that was pre-approved by the family wellness team.

XVII. Commencement

Participants will be eligible for commencement from the FWC when they have successfully progressed through all four phases of the program. The Family Wellness Team will determine when the participants are ready for commencement. At commencement, there will be a special ceremony and acknowledgement by the FWC.

XVIII. Wellness Court Alumni

This optional phase is available to participants who are living a life free from alcohol and other drug use but feel the need for continued support. This support could assist the participant to maintain a healthy lifestyle and/or reach established personal goals such as college education, long-term employment, etc. Since this is an optional phase, there are no duration limits. This is envisioned as a voluntary check-in for the participant/family with their family wellness team and the FWC. The number of check-ins would be up to the

participant/family and the FWC judges.

XIX. Court Leadership

The core family team that staffs the court will also function as a Core Operational Team, convened by the court coordinator. It will meet monthly to address issues and concerns that arise in cases, examine data, and recommend court policies to improve court functioning. It will be empowered to invite others to join the team depending on the issues raised, and generally will not include the judges, so that they can talk freely about cases, however should systemic issues arise that need the judges, the team can call upon the judges. The members of the Core Operational Team include: the court coordinators, Scott Anderson and Jessica Carter, the case managers (Yurok Social Services (YSS) and County representatives), social workers (YSS and County representatives), public health nurse (County representative), and Jeremy Coleman (County representative for data)

The current Steering Committee will be adapted in its membership to serve as the policy and planning body for the joint jurisdiction court. It will make decisions on policy and procedures and meet quarterly for one to two hours. The members of the Steering Committee include: the judges presiding over the FWC, Kim Bartleson, CEO of the Humboldt Superior Court, Blair Angus, deputy county counsel, Elly Hoopes, office of the Yurok Tribal Attorney, Sarah Kaber, dependency attorney, Connie Beck, director of County Department of Health and Human Services, Stephanie Weldon, director, County Child Welfare Services, Mary Ann Hansen, executive director, First Five, Megan Blanchard, director of County Public Health Nursing Department, and Chris Hill, Psychiatrist and Program Director, County Office of Education.

Appendix A Forms

Appendix A Agreements, Forms, and Assessments

1. *Joint Powers Agreement Between the Yurok Tribal Court and the Humboldt Superior Court*
2. *Eligibility Referral*
3. *Consent/Participant Agreement* form for entry into the FWC
4. *Release(s*) to provide communication about confidentiality, assessments/ participation/progress in treatment, and compliance with the provisions of 42 CFR, Part 2 (Confidentiality of Substance Abuse Disorder Patient Records) and HIPAA (Health Insurance Portability and Accountability Act of 1996, which safeguards a patient's medical and mental health records) This form is a waiver of confidentiality in order for the treatment team to discuss the specifics of their entire case and for the FWC to use the peer model where participating families are in the courtroom together for all their hearings unless they opt out.
5. *Alcohol Testing and Substance Exposure Contract* (Agreement to submit to regular, random alcohol and drug tests as per Phase requirements)
6. *Medication Confirmation Form* (Agreement to continue medical assisted treatment as prescribed by doctor and any other medications prescribed by a doctor)
7. *Assessment Tools*
    - Cultural Connections
    - Social Determinants of Health
    - Family Wellness (based on social determinants of health)
    - American Society of Addiction Medication (ASAM)
    - Ages and Stages Questionnaire
8. *Family Wellness Plan/Case Plan Template*
9. *Court Report (for nonstatutory hearings)*
10. *Court Order Template (for nonstatutory hearings)*

Resources

1. Tribal Law and Policy Institute's Resources on Tribal Healing to Wellness Courts- http://www.wellnesscourts.org/HWC_Publication_Series.cfm
2. California Association of Collaborative Courts- https://www.ca2c.org
3. National Center for State Courts' Problem-Solving Courts- http://www.ncsc.org/services-and-experts/areas-of-expertise/problem-solving-courts.aspx
4. SAMHSA Evidenced-Based Practices- https://www.samhsa.gov/ebp-resource-center