



UPDATED 2022

Promising Practices for Helping Drug Endangered Children

PATHS TO A COMMON VISION



COPS
Community Oriented Policing Services
U.S. Department of Justice





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Letter from the Director of the COPS Office

Colleagues,

More than 12 percent of children in the United States—nine million children—live in homes where a parent or other adult uses illegal drugs. The impact on these children can be devastating. They are three times more likely than children in drug-free environments to be verbally, physically, or sexually abused and four times more likely to be neglected. It is hard to find these kids—and harder still to protect them.

Fortunately, organizations like the National Alliance for Drug Endangered Children (National DEC) and their affiliated state, local, and tribal DEC alliances continue to make great strides in establishing training and resources that help law enforcement, social workers, teachers, community groups, and others identify and assist children growing up in these tragic circumstances. National DEC regularly demonstrates that we can provide a powerfully visible alternative to the neglect and violence that are part of the daily lives of far too many children. We can intervene more effectively to help mitigate the long-term negative effects children face when they are exposed to this kind of trauma.

Using trauma-informed approaches to respond to children who are endangered by drugs is increasingly becoming a central part of law enforcement's mission to serve and protect. This new edition of *Promising Practices for Helping Drug Endangered Children: Paths to a Common Vision* (originally published in 2014) highlights resources National DEC has developed to facilitate the establishment of state, local, and tribal alliances; it also gives examples of how many agencies are consistently using those resources to carry out the organization's three-part mission and make a difference in children's lives. It can help you and your agency collaborate with others in your community to make identifying and serving these children part of your daily routine. Every child deserves to grow up in a home free from abuse and neglect. Together, we can make that a reality.



Robert E. Chapman
Acting Director
Office of Community Oriented Policing Services

Mission of National DEC and Purpose of This Guide

The National Alliance for Drug Endangered Children (National DEC) teaches early identification, response, and appropriate intervention services for children and families affected by parental or caregiver substance misuse. We equip comprehensive, multidisciplinary alliances, communities, organizations, and individuals with access to our national resource center, training, and technical assistance.

Our vision is 100 percent healthy, safe children, families, and communities free from the negative impact of substance misuse and drug activity.

Who we are and what we do

National DEC defines *drug endangered children* as children who are at risk of suffering physical or emotional harm as a result of legal and/or illegal drug use, possession, manufacturing, cultivation, or distribution. They may also be children whose caretaker's legal and/or illegal substance misuse interferes with the caretaker's ability to parent and provide a safe and nurturing environment.

The essence of this definition is that children plus drugs equals risk. When children live in homes in which the adults are involved in the illegal drug trade or are using substances, the children's well-being is at risk. The DEC movement challenges all of us to recognize these risks and to work together in a collaborative way to protect children from neglect and abuse, which all too often occurs across generations, and provide help to the children and families so they can heal. We call this collaborative effort the DEC Approach.

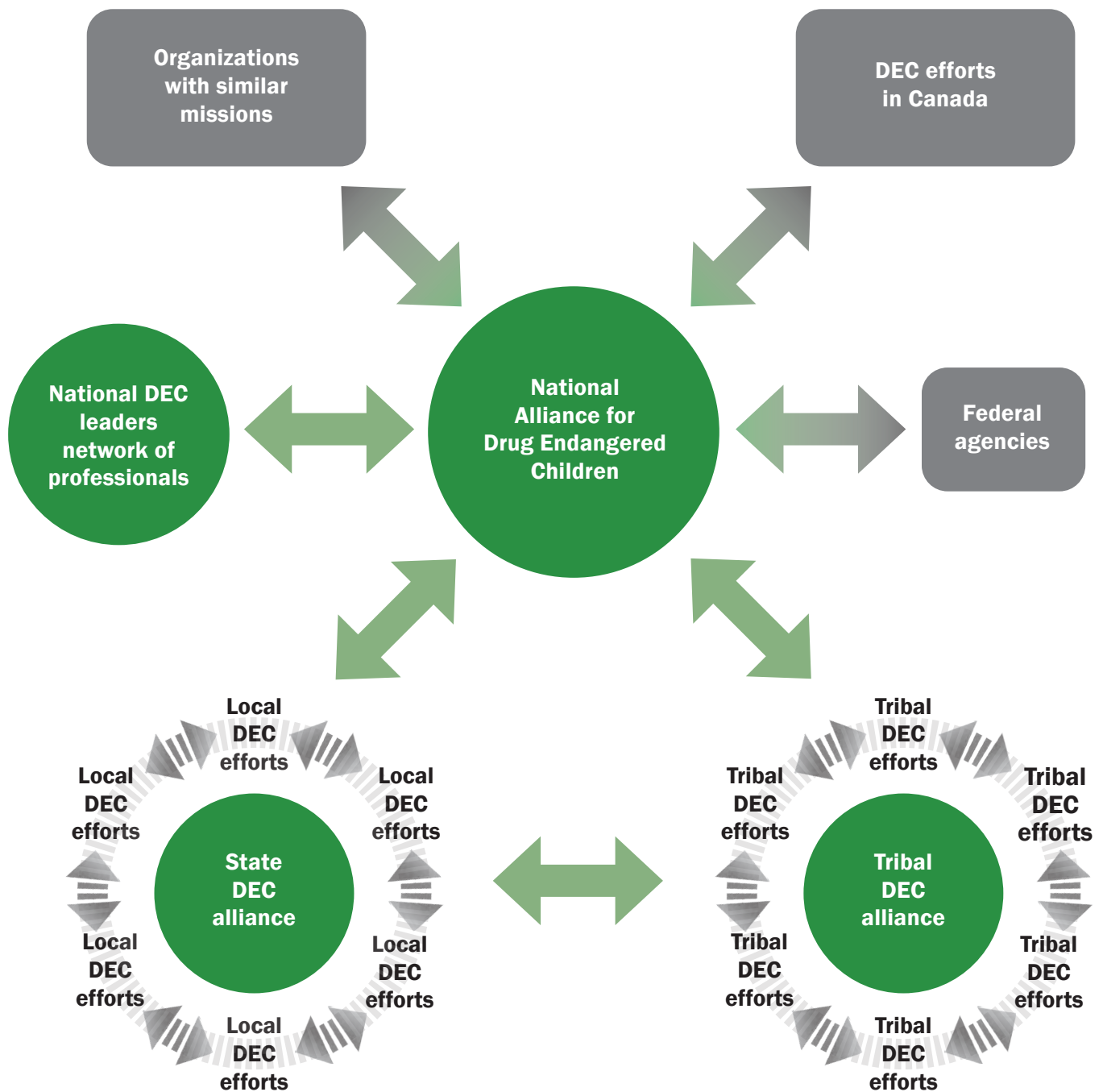
The DEC Approach focuses on forming community-based partnerships that engage professionals from multiple disciplines in a collaboration to identify, respond to, and provide services and support to children and families who live in environments where there is substance use or drug activity. This joint approach brings to the forefront the collaborative aspect of the duties of these various disciplines while also assisting in meeting these children's needs.

We work to strengthen community capacity by coordinating efforts among state, tribal, and local alliances and by providing training and technical assistance. We also connect practitioners to resources through our resource center, and with the support of government agencies, National DEC provides program assistance to communities across the United States.

We believe that success begins with identifying children at risk. Recognizing children as victims gives us all an opportunity to provide response, intervention, and support. By collaborating and leveraging resources, we can provide opportunities to drug endangered children to live in safe and nurturing environments, free from abuse and neglect.

National DEC, along with DEC professionals and DEC alliances throughout the United States, has worked hard to create effective collaborations at the national, state, tribal, and local levels and to institutionalize the DEC Approach to the benefit of drug endangered children and their families. We believe that being part of DEC efforts makes each of us part of a larger solution, connects us to other professionals working on the same challenges, and helps us advocate more effectively on behalf of children and families. Figure 1 on page vii shows how some of the organizations and entities involved in the DEC effort are connected.

Figure 1. Organizations and entities connected by the DEC mission



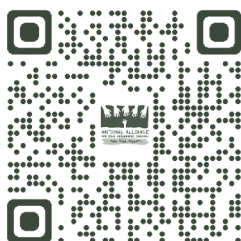
About this guide

DEC alliances are the cornerstone of the effort to identify and help drug endangered children. Contact National DEC staff at info@nationaldec.org for more information on current and upcoming DEC alliances or to get more information on how to establish yours. These multidisciplinary alliances have developed programs structured around the legislative statutes, drug trends, and partnerships in their state, tribe, or community to uniquely fit the needs of their community members and local DEC initiatives. Even though no two DEC alliances are exactly alike, they all have many similarities including a working partnership with National DEC, awareness campaigns, marketing strategies and branding, DEC trainings and conferences, and data collection.

National DEC and alliances at all levels across the country work hard to develop promising practices to help children and families impacted by addiction and substance use. Promising practices are those practices that have proven to be effective at achieving a specific aim and that hold promise for other organizations. The purpose of this guide is to share promising practices around drug endangered children to further the DEC mission. These promising practices are being used by DEC alliance leaders across the nation as they strengthen their DEC organizations and resources. They are also being used by current practitioners from various disciplines to implement and institutionalize their local drug endangered children initiatives.

We hope this guide will connect you to other state, tribal, and local DEC leaders as well as professionals in the field so you can leverage resources and take advantage of tools that have already been developed to strengthen DEC efforts in your area. National DEC intends to periodically revise this publication with updated information about DEC promising practices and new DEC developments. The QR code on this page will lead you to National DEC's website, www.nationaldec.org, and the appendices to this publication.

National DEC staff and the authors of this document, Carrie Jensen, Eric Nation, and Stacey Read, would like to thank all the alliances, professionals, and partners for sharing their promising practices and for their contributions to this guide. Without strong partnerships and collaboration, this work and this guide would be impossible. Together, we are truly stronger.



National DEC's Foundational Resources

We start by highlighting the foundational resources developed by National DEC. These resources are used by state, tribal, and local alliances as they build, strengthen, and grow their DEC efforts.

Training and technical assistance

We offer a range of trainings and technical assistance to communities and cater to local needs. Our foundational trainings include Core DEC Awareness, DEC Approach, Local DEC Development with the Roadmap and Toolkit, DEC Development Academy, DEC Train-the-Trainer, and Intersection of DEC and Human Trafficking. Other trainings include Early Identification, Evidence, and Information Collection and Tabletop Exercises. All of these trainings are offered both in person and virtually. National DEC offers other trainings by request on a variety of topics.

National DEC also has four self-paced online training modules; these are important baseline training for anyone who may encounter drug endangered children. The modules were developed through a partnership with the U.S. Department of Justice, Office of Community Oriented Policing Services (COPS Office). They are free and geared towards all disciplines and range from 30 to 45 minutes each. The course modules feature interviews with a wide array of experts from across the United States, interactive graphics, scenario videos, and a virtual tour of a home impacted by drug presence. The course descriptions are available on our website, www.nationaldec.org.

National DEC provides a wide array of technical assistance as well. We adapt and customize technical assistance based on each individual alliance's or professional's needs. Some of the many options we provide include assistance with data and information, coaching sessions, case scenarios, strategic planning, content and social media development, and "ask the expert." The technical assistance we offer can be provided both in person and virtually.

National DEC's website

The National DEC website, www.nationaldec.org, helps connect professionals to pertinent information that will help them in their efforts of identifying and helping children. The resources, articles, webinars, tools, and other resources provided include the following:

- **Roadmap and Toolkit.** With the support of the COPS Office in the U.S. Department of Justice, National DEC developed a Roadmap and Toolkit jump drive that is available through our website. It provides materials, resources, handouts, and guidelines for building a DEC alliance.
- **Online training courses.** National DEC hosts four training modules ranging in length from 30 to 45 minutes each.
- **Professional development webinars.** National DEC holds DEC-related professional development webinars that are available free of charge and accessible for later viewing.

- **Peer-to-peer call sharing.** Offered quarterly, our All Hands on DEC peer-to-peer call sharing provides networking and a chance to learn from others working on DEC efforts in their local areas. These virtual calls are held live, and the recordings are posted at the website for later viewing.
- **Online resource library.** National DEC's online Resource Center contains downloadable DEC-related research articles and resources.
- **Downloadable resources.** National DEC offers one-page resources, handouts, brochures, and other materials using current research and timely topics to address the requests of alliances and provide useful resources to help them in their local DEC efforts. Find them and the appendices to this publication at www.nationaldec.org or by following the QR code on page viii. Some of the available resources include the following:
 - A series of Working with Other Professionals in Drug Endangered Children Efforts one-page fact sheets (appendices 1–6 at the website) provides professionals with information about what other disciplines involved in DEC efforts can do and what they can offer to others' DEC efforts. These fact sheets were developed in partnership with the Office of Victims of Crime and have been made available to everyone.
 - An editable brochure on Drug and Alcohol Use During Pregnancy (appendix 7 at the website) is packed full of information to which you can easily add local resources.
 - A handout on Developmental Consequences of Fetal Exposure to Prenatal Drug Use (appendix 8 at the website) provides information on how drugs impact the fetus in utero with specific details about several types of drugs.
 - A series of one-page documents (appendices 9–11 at the website) defines drug endangered children, statistics, what you need to know, and who should be involved in DEC efforts.
 - In response to the COVID-19 pandemic, National DEC developed and published several fact sheets and supports (appendix 12 at the website) about recognizing and responding to drug endangered children during a pandemic through virtual interactions. National DEC partnered with Drug Free America Foundation, Inc. on these resources to broaden awareness and reach.

All these resources are designed to make DEC awareness, research, and training more accessible to more practitioners.



CheckDEC Mobile App

CheckDEC is a free mobile app that easily connects children, families, and professionals to a wide array of information, resources, related up-to-the-minute news articles, and hope-filled videos. The app is geotagged and provides resources within the user's ZIP code for easy access to local resources. Everything accessible on the CheckDEC app is also available at www.checkdec.org.

Users can select from a variety of categories and subcategories to find a resource or service specific to their needs. This app puts crisis resources and services in the palm of users' hands and connects children and families to help today.

Users can submit their own real-life journeys and messages of hope or support via video as well. This peer-to-peer sharing can be powerful and encouraging and may change the trajectory of others' lives.



**QR code to scan
and download the
CheckDEC app.**

CheckDEC also provides state, tribal, and local DEC alliances and professionals across the country with resources and services. They can use the information for themselves, share it with other professionals, or share with children and families they are helping. DEC alliances can also add resources and services to the mobile app to enhance information within their area code. Alliance members and professionals can participate in the training that the app provides in a variety of formats and can use the resources to help their efforts.



**CheckDEC mobile app
provides professionals
with resources, services,
and training.**

DEC Development Academy

National DEC partnered with the Mid-America Prevention Technology Transfer Center (PTTC) and ACT Missouri to develop the DEC Development Academy. The purpose of this academy is to support local communities in building their local DEC alliance by providing targeted and intensive training and technical assistance to a select group of community partners together in a cohort. In addition, this academy helps to build statewide capacity by creating a network of local DEC alliances, experts, and partnerships across states. Teams of community stakeholders representing different disciplines attend the academy together to learn from and support one another throughout the process. In the course of five to eight sessions, the academy builds the team's foundation of DEC knowledge, skills, and individual action plans for implementation. Peer-sharing and coaching sessions are included in the academy to foster new partnerships and collaboration and to help move efforts forward.

National DEC also offers an Advanced DEC Development Academy, featuring additional technical assistance sessions and training for communities that have completed the DEC Development Academy as they continue on their path of establishing a state, tribal, or local DEC alliance. For more information on the Advanced DEC Development Academy, contact our staff at info@nationaldec.org.

Certifying DEC trainers

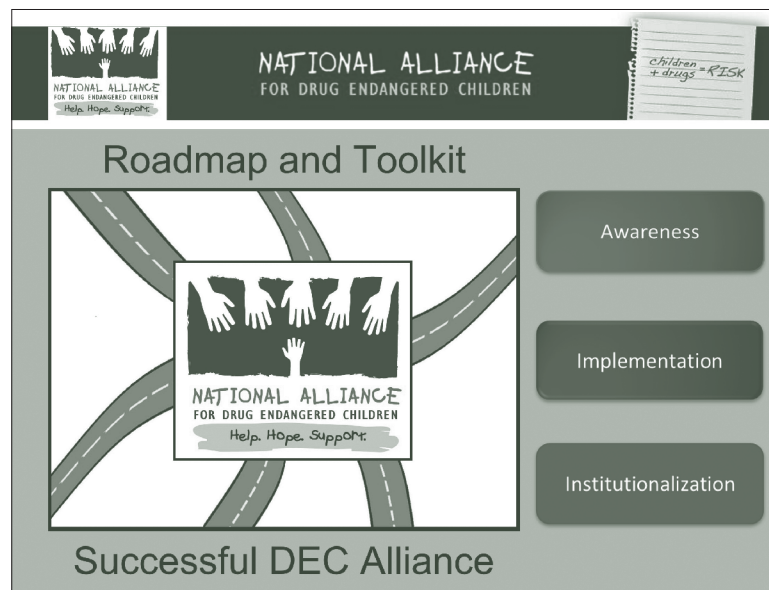
Through our Train-the-Trainer program, we partner with state, tribal, and local alliances to certify local professionals in National DEC's curriculum with both the Core DEC and DEC Approach trainings. The training takes several days and is offered both in person and virtually. Having local professionals trained in the curriculum allows for sustainability and self-reliance to provide the trainings when and where they are needed within the community. DEC-certified trainers spread the DEC mission by providing National DEC-approved and -supported curriculum. Attending a train-the-trainer class is the first step in becoming a DEC certified trainer; trainers then provide regular trainings in their local areas using the provided, approved

curriculum materials. Trainers work with National DEC staff to report data and information on the trainings. Certified trainers have opportunity to work one on one with National DEC staff as they move efforts forward within their communities.

Roadmap and Toolkit

National DEC created a Roadmap and Toolkit, along with the Roadmap and Toolkit jump drive, to assist in alliance development. These tools are designed to consolidate all the information needed to form a DEC alliance. They provide resources (including samples from existing alliances) to help the formation proceed smoothly. The Roadmap includes all three stages of developing a DEC alliance: *Awareness*, *Implementation*, and *Institutionalization*. The Roadmap and Toolkit are also readily available for state, tribal, and local partners and professionals on our website, www.nationaldec.org.

Building and sustaining an alliance takes continual effort and attention; many of the steps will be repeated and expanded over time as new people join, the community grows, and efforts advance.



Access the National DEC Roadmap and Toolkit
at www.nationaldec.org.



Awareness, Implementation, and Institutionalization—National DEC

The DEC mission has three main components:

- 1. Awareness.** Raising awareness about drug endangered children gets people on board and helps assistance efforts keep moving forward. It is important to raise awareness on a variety of topics, including substance use and addiction, their risks to children, the need for collaboration, and how people can help. It is also important to continue to provide awareness as staff turnover, staffing changes, and funding levels can all impact the work.
- 2. Implementation.** The next component is taking action and building the alliance. This is done by implementing a common vision, ongoing collaboration, and ongoing change, which is accomplished through the DEC Approach training. A common vision helps practitioners and community members share a common focus and end point, ongoing collaboration allows practitioners to continue asking themselves who is missing from the DEC alliance and allows for sharing information and making each discipline stronger, and ongoing change assists practitioners in responsively adapting the ways they do their jobs. The DEC Approach training and other resources help implement changes and put true collaboration into practice.
- 3. Institutionalization.** Sustaining DEC efforts is the institutionalization component. It is important to ensure current efforts will last and be effective. Institutionalization also involves staying aware of upcoming issues and preparing to address them. This stage is also when formalizing efforts with memoranda of understanding (MOU) and protocols and looking at policies and laws will be important.

The promising practices in this guide cover all three of these components and how to support and enhance them. All three components are interconnected—they overlap, and they are all essential for successfully breaking the cycles of neglect and abuse experienced by too many children and families in our communities.

Awareness

Awareness is the most important, and often underused, step in the Roadmap and Toolkit and in DEC efforts. Awareness should be used consistently and regularly throughout the whole DEC process, as there are always new members coming to the table, new community relationships built, and more aspects of every situation that need attention brought to them. As you move through Implementation and Institutionalization, continue to use pieces of the Awareness step; continually come back to it to strengthen and support your community and alliance.

National DEC has taken steps to build awareness throughout its national network. Here are several promising practices we have developed and used in building awareness around issues related to drug endangered children:

E-Updates. We provide monthly email newsletters with current research, news articles, and updated trainings and resources. The newsletters can be shared by professionals as part of providing awareness and education in their areas and helping alliance members and other professionals stay familiar with current DEC-related information.

Peer-to-peer sharing calls. The purpose of these quarterly calls is to bring DEC leaders together from across the nation to share their effective DEC efforts, exchange information, and learn from one another.

DEC videos. Videos are a great way to share a message, participate in training and awareness, and market DEC ideas. National DEC offers an archive of video clips and trainings we have created, led, and participated in.

- **Help, Hope, and Support videos.** We have several awareness videos that can be used as tools to help educate and encourage professionals, children, and families. These videos range from one to five minutes and can be used in awareness, education efforts, and other trainings. The videos are housed on our YouTube channel, the CheckDEC mobile app, and our website.
- **What's New in Blue: Season 2 Episode 5 | Drug Endangered Children featuring Lieutenant Eric Nation (retired).** This short video was developed with our partners at the COPS Office. Inspired by the approach used for TED Talks, *What's New in Blue* is a series of short videos intended to keep viewers informed about innovative developments and critical issues in law enforcement. The episodes feature informative discussions about ideas worth spreading throughout American policing in a format useful for viewing in roll call or training classes or sharing with colleagues and across social media. This episode is about drug endangered children and discusses how important DEC efforts are to children and families.
- **YouTube channel.** We have training, educational, personal journey, and public service announcement videos available on our YouTube channel. National DEC and professionals from across the country use these videos to provide awareness and hope to others. National DEC channel: <https://www.youtube.com/channel/UCEp42dkpvBV4TZ5JFPIdV0w>

Social media. National DEC is active on social media, sharing daily posts on relevant news stories and the great work of DEC alliances and professionals and spotlighting current research, data, and information. Social media provides an opportunity to reach audiences and individuals who might not otherwise have the opportunity to learn about drug endangered children and National DEC's mission. Find National DEC on the following social media platforms:

- Facebook: <https://www.facebook.com/NationalDEC4Kids/>
- Twitter: <https://twitter.com/NationalDEC>
- LinkedIn: <https://www.linkedin.com/company/national-alliance-for-drug-endangered-children>

Partnerships. National DEC has established collaborative partnerships with federal, state, tribal, and local partners and communities from numerous disciplines across the United States and internationally. Partnerships are a cornerstone of the DEC work being done at all levels around the world. “Together we are stronger” is a motto associated with DEC efforts.



DEC Awareness Day. The fourth Wednesday of April every year is designated by National DEC and our national network of state, tribal, and local DEC alliances and professionals as Drug Endangered Children Awareness Day. People from across the United States can come together for one day in their state or community to specifically raise awareness of drug endangered children. DEC alliances have been very creative in developing strategies to raise awareness on this day about the risks faced by drug

endangered children and what people can do to help the children and families. Activities have included governors’ proclamations, targeted and specific trainings, press releases, drives to collect items for drug endangered children, and more. Start planning today for the next DEC Awareness Day!

Podcasts. National DEC has leveraged technology and participated in many podcasts to spread awareness of the DEC mission. Podcasts and other streaming platforms allow for the DEC message to spread to audiences who otherwise might not be aware of the DEC mission. Examples of our podcast appearances can be found on our website at <https://nationaldec.org/resources-to-download/>.

Community assessment. A free community assessment (appendix 13 at the website, www.nationaldec.org, or follow the QR code on page viii) helps gather data already available within the community. We recommend completing this community assessment to gather and analyze current and relevant data and identify gaps, strengths, and areas to focus on. The assessment should be conducted through a local DEC alliance or by professionals working on DEC efforts to compile data from multiple disciplines to show how substance abuse is impacting children and families within communities.

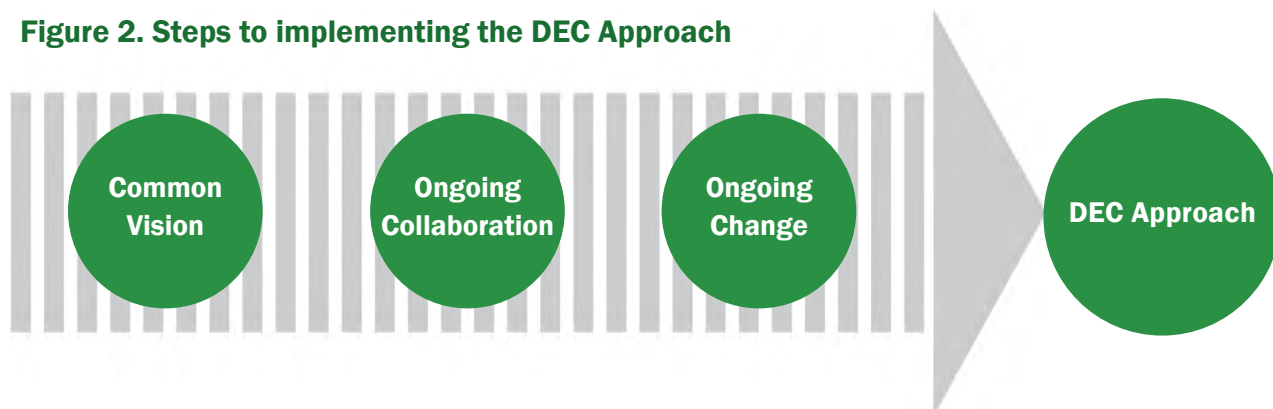
State, tribal, and local videos. National DEC assists alliances in creating short, informational public service announcement (PSA)–style videos to help advance the DEC mission. Alliance leaders work with the DEC staff on a script, images, and recordings to create a short video on the benefits of participating in local DEC alliances. Once National DEC staff finalize the PSA videos, they are posted on our YouTube page and shared with the DEC alliances to use in their awareness efforts.

Implementation

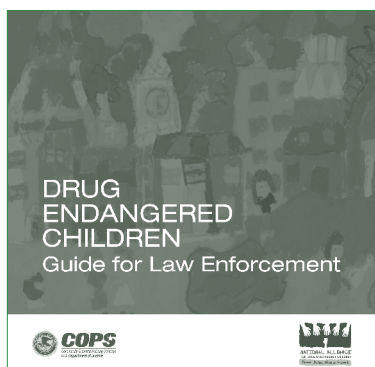
Because the DEC mission involves so many disciplines, agencies, and jurisdictions, implementing the DEC Approach can greatly enhance efforts to help drug endangered children and move them forward. The DEC Approach is a comprehensive strategy based on a common vision, ongoing collaboration between various disciplines and agencies, and ongoing changes in practice. This DEC Approach has proven to be effective

in improving the likelihood of better outcomes for drug endangered children. The DEC Approach is adaptable to fit each unique community's needs, allowing communities to implement approaches that will work for them. (See figure 2 to see the steps to implementing the collaborative DEC Approach.)

Figure 2. Steps to implementing the DEC Approach

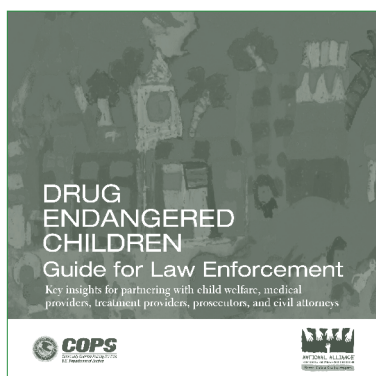


Here are some of the resources and supports National DEC offers to help DEC alliances implement applicable practices in their community to support the DEC Approach. They can all be found with the online version of this publication at the website, www.nationaldec.org, or by following the QR code on page viii.



DEC Guide for Law Enforcement. With support from the COPS Office, National DEC developed *Drug Endangered Children: Guide for Law Enforcement* (appendix 14 at the website), which highlights the drug endangered children mission and introduces the DEC Approach. This approach recognizes the risks that drug endangered children face and the likelihood of harm to them and focuses on engaging professionals from multiple disciplines in developing a collaborative response. It creates a mindset among all disciplines—not just law enforcement but also child welfare workers, medical professionals, teachers, prosecutors and judicial staff, treatment providers, and other practitioners—that together we can break the cycle of substance use as well as abuse and neglect. All disciplines play a vital part in the DEC Approach.

The COPS Office DEC Guide identifies the core elements as well as the benefits and challenges of the collaborative DEC Approach and is a tool used as part of the local DEC development by state, tribal, and local DEC alliances. It includes organizational issues, bylaws and protocols, communications, public awareness and support, and recommended steps and timelines.



DEC Guide for Law Enforcement: Key Insights for Partnering with Child Welfare, Medical Providers, Treatment Providers, Prosecutors, and Civil Attorneys. This guide (appendix 15 at the website) builds on the concepts, tools, and resources outlined in the first DEC Guide. It provides insights about how various practitioners can help drug endangered children and how they do their jobs. This guide also provides insights about how collaboration among law enforcement, child welfare professionals, medical providers, treatment providers, and attorneys leads to better outcomes for drug endangered children.

DEC Approach Training: Moving from Awareness to Action. This training is designed to expand on the ideas of creating a collaborative mindset and effective behavioral change as outlined in the Core DEC training and the COPS Office DEC Guide. The DEC Approach Training directly engages law enforcement, child welfare, medical professionals, teachers, prosecutors and other judicial staff, and many other professionals in developing DEC-oriented partnerships and helps participants gain a deeper awareness and understanding of each discipline's roles and responsibilities. It emphasizes that having more knowledge about our partner agencies enhances our response to children living in drug environments.

Peer-to-peer connections and sharing. Peer-to-peer connections and sharing are invaluable. Learning from how others have implemented their DEC efforts provides practical, real-life examples of DEC promising practices. National DEC proudly supports and connects peer-to-peer sharing in many ways.

- National DEC's All Hands on DEC quarterly calls bring the DEC community together to share what has been working in local areas and learn from one another. National DEC staff facilitate the calls while alliance members and professionals share and discuss different topics.
- National DEC showcases the promising practices of state, tribal, and local alliances through social media, monthly newsletters, and inviting guest speakers during meetings and trainings. This allows National DEC staff to share information across the country so professionals and alliances in DEC efforts can build on others' experience and prior hard work.

National DEC facilitates discussion around successes implemented by professionals and state, tribal, and local DEC alliances.

E-updates. Our monthly e-update not only builds a base for DEC awareness and knowledge but also continues to support the DEC community as alliances develop and grow throughout the implementation phase. E-updates spotlight how professionals and alliances are implementing their DEC efforts and share materials that alliances may find useful.

Sharing promising practices to help others implement. National DEC also provides opportunities through training and technical assistance to share promising practices across the country.

Institutionalization

Awareness and implementation are only part of the challenge; institutionalization is the key to sustainability. Institutionalization can take the form of changes to state laws, agency policies, and organizational procedures or even the creation of dedicated positions to oversee interagency coordination. National DEC provides support and ongoing efforts to create sustainable DEC alliances. Some of the ways we do this include the following:

Advanced DEC Development Academy. The Advanced DEC Development Academy provides alliances and professionals with a variety of in-depth and advanced training and technical assistance opportunities. These offerings can be targeted to meet the needs of the alliance and community or can be more broad-based. These advanced opportunities are offered on a variety of topics and with a variety of trainers, focusing on providing professionals with a wide range of information to be used in their community. They will help to advance the knowledge and skills of professionals across the nation.

Memoranda of Understanding (MOU). National DEC's Roadmap and Toolkit offers templates for MOUs. MOUs provide all organizations joining together for the DEC alliance with an understanding about what will happen and what information and resources will be shared among alliance members. State, tribal, and local DEC alliance should all implement MOUs.

National DEC develops formalized partnerships at every level through MOUs as well. For example the first state DEC alliance to sign an MOU with National DEC was the South Carolina Drug Endangered Children Alliance (SCDEC), which recognizes the establishment of the state DEC alliance and outlines the working partnership between SCDEC and National DEC. National DEC has since successfully implemented MOUs with alliances in many states.

Protocol worksheets to develop a DEC alliance. The Roadmap and Toolkit provides access to worksheets (appendix 16 at the website) designed to help establish a protocol when building a local DEC effort. The worksheets can assist a local community in formalizing the building of an alliance.

- The Building a DEC Protocol Worksheet goes hand in hand with National DEC's Identifying Key Disciplines and Individuals Worksheet. The first step in establishing a DEC alliance to help implement the DEC Approach in your community is to identify the key stakeholders who need to be involved at the ground level. Key stakeholders are those who
 - have opportunities to identify drug endangered children;
 - encounter drug endangered children on a regular basis;
 - provide access to resources that drug endangered children require;
 - could effect change in their organization or agency.

- One of the vital roles of a DEC alliance is to identify drug endangered children in the community. This identification is challenging because data recording practices regarding substance use vary so widely among organizations. Children and their caregivers are often identified by a primary indicator such as a drug charge for a parent or physical abuse or neglect to the child. Unfortunately, the substance misuse in the home—and its resulting impacts—is often minimized. These gaps in information lead to gaps in much-needed services for children exposed to these environments. By identifying the places and situations in a community where National DEC has a chance to discover drug endangered children, National DEC casts a wider net and close these gaps.

Grants. Grant funding allows us to provide our services, trainings, and technical assistance as well as expand our offerings. National DEC frequently co-writes grants with DEC alliances to expand the support, training, and technical assistance we can provide to the alliance and also to share these resources across the country. While grant funding is not necessary for DEC efforts, it allows for an easy expansion of efforts at all levels as well implementation of new ideas through DEC alliances across the nation.

Policies and laws. National DEC works to help those at all levels impact change. Such changes can be in policies and laws to help institutionalize DEC efforts. National DEC works with lawmakers and others on policies and laws both nationally and at the state and local levels.

Partnerships. National DEC works tirelessly to form partnerships to further the DEC mission across the country. These partnerships are the cornerstone of growth and expansion of the DEC mission and the chance to develop new ideas with new professionals. These partnerships exist at all levels and among all disciplines. National DEC also teaches others how to form and enhance their own partnerships in their areas.

Strategic planning. National DEC helps DEC alliances create an individualized strategic plan so they can continue to grow and expand their DEC efforts in measurable, achievable ways. Strategic plans provide structure and guidance to DEC efforts to meet and achieve the goals the alliance sets or that are laid out in a grant. With this guidance, alliances across the country achieve goals, implement ideas, and track data.

Logo. As MOUs and partnerships are established between National DEC and state, tribal, and local alliances, we provide the newly established alliance with an individualized, custom logo recognizing their alliance's name and creating a visual connection between the alliance and National DEC. This linkage to National DEC and DEC efforts across the country is powerful as we are stronger together.





Awareness, Implementation, and Institutionalization— State, Tribal, and Local Alliances

Awareness

Awareness is a very important phase that must not be missed or forgotten down the road; rather, awareness should always be brewing and should be made available to as many community members as possible. National DEC's Roadmap and Toolkit includes many suggestions about different ways to build awareness of drug endangered children. Using several strategies is very common for state, tribal, and local alliances; a particular awareness activity may succeed for one alliance and not for another. You may need to try several and implement different ways to bring awareness and address your community's drug concerns while targeting different audiences with different strategies.

The following are a few examples of awareness activities alliances have implemented. Additional ideas can be found in our Roadmap and Toolkit on our website, www.nationaldec.org.

Community assessment

What is a DEC community assessment, and why should a DEC alliance use it? A community assessment helps you examine your community's needs to identify specific issues to address and resources available to assist with DEC efforts. National DEC offers a simple assessment worksheet called Drug Endangered Children (DEC) Community Assessment (appendix 13 at the website) to help communities think about the next steps in their DEC efforts. The community assessment walks alliance members through ideas around collecting data, providing training and what trainings are needed, looking at community resources already in place, looking at gaps in services, and setting goals and objectives.

Successful use of a community assessment. The Confederated Salish and Kootenai Tribes (CSKT) used National DEC's Community Assessment worksheet to help establish a baseline of DEC efforts in their community. The community assessment opened the door for communication about topics that had not been addressed previously and brought awareness to the issues and voids in their community that the DEC alliance could begin to help address. This assessment helped to guide the tribes' efforts and keep them moving.

Infographics

What are DEC infographics, and why should a DEC alliance use them? Infographics show data in visually appealing ways. DEC alliances can gather a lot of information through community assessments and other data collections; it is important to share that information with partners and community members. Infographics draw readers in and allow them to understand impactful numbers and information at a glance.

Successful use of an infographic. Several local Kansas DEC alliances have created infographics in many of their awareness documents. (Examples can be found at appendices 17–19 at the website.) They use them to provide information on community data, which helps further engage the community in DEC efforts.

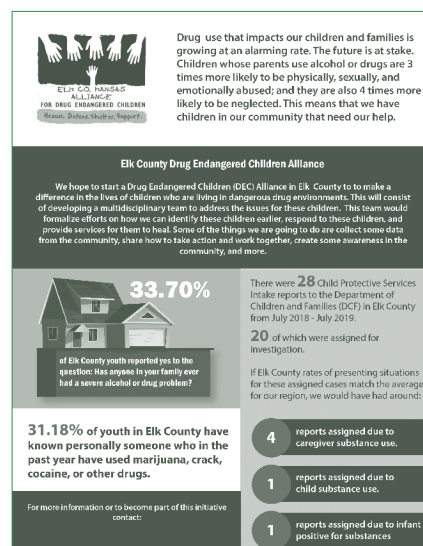
Training

What trainings should DEC alliances offer, and why? Training, by National DEC staff or certified DEC trainers, is an effective way to raise awareness about the risks faced by drug endangered children. *Core DEC Awareness* is our most highly requested training and is proven to be effective.

The Core DEC Awareness Training curriculum effectively highlights the risks faced by drug endangered children. The learning objectives include the following:

- Raising awareness regarding the problem of drug endangered children so that professionals interacting with these victims recognize the need to facilitate multidisciplinary, coordinated responses to better meet their needs
- Describing opportunities to identify children living in dangerous drug environments and encouraging intervention at the earliest possible point when endangerment is suspected to reduce physical and psychological harm to children
- Reviewing a multidisciplinary response that considers the unique and often limited resources within a community and how these resources can be coordinated and applied in a manner that allows the child to receive better care

The Core DEC Awareness Training also delineates a collaborative intervention response model that brings together local law enforcement, child welfare workers, criminal justice professionals, medical professionals, probation officers, and others. This training is being used throughout the country.



DEC alliances can gather and share important data and information through informational graphics which can further engage the community in DEC efforts.

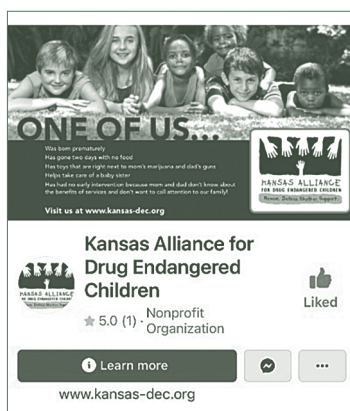
Successful use of the Core DEC Awareness training includes the following:

- Each year, thousands of professionals across the nation receive the Core DEC Awareness training delivered by DEC-certified trainers. Trainings take place in person and virtually.
- National DEC partnered with the Mid-America Prevention Technology Transfer Center (PTTC) and has provided the Core DEC Awareness training to hundreds of participants in Missouri, Iowa, Nebraska, and Kansas. Participants included substance misuse prevention professionals, law enforcement, child welfare workers, criminal justice professionals, medical professionals, probation officers, and teachers.
- The Confederated Salish and Kootenai Tribes (CSKT) of the Flathead Nation provided information to the community in various forms. They first started with the Core DEC Awareness trainings for many disciplines across the reservation and surrounding communities. The training, along with additional awareness efforts, helped the community move DEC efforts forward.
- The Wisconsin DEC Alliance recognized a need to coordinate and work with tribal entities to develop DEC alliances. Through the Core DEC Awareness training, all 11 tribes represented in Wisconsin have been given tools to establish DEC alliances in their tribal communities. Some tribes have operational DEC programs, and other tribes are continuing to work through the process.
- National DEC staff provided Core DEC Awareness training to more than 50 tribal professionals and community members at the Reno-Sparks Indian Colony Emergency Management Center. Immediately following the training, the Inter-Tribal Council of Nevada (ITCN) Executive Board resolved that all tribal communities in Nevada be trained in Core DEC Awareness and thus formed multidisciplinary groups that included law enforcement, prosecutors, public health professionals, first responders, housing officials, and child welfare to address the welfare of children endangered by drugs. A group of 13 tribal members were trained and certified in National DEC's Core DEC Awareness curriculum and were able to provide training to other professionals across Nevada's Indian country.
- National DEC staff and our network of certified trainers strive to never deny to a request for DEC training. DEC trainings have been provided at numerous conferences and meetings, including U.S. Attorneys' Protect Our Children Conference, the National Sheriffs' Association, the International Association of Chiefs of Police, the National Indian Child Welfare Association, Crimes Against Children, meth summits, Indian Nations Conference, Hazelden Betty Ford Foundation, American Professional Society on the Abuse of Children, state DEC alliance annual conferences, and National Rural Institute on Alcohol & Substance Abuse. DEC trainings are scheduled regularly in various parts of the country with the goal of making them accessible to all who are interested.

Social media

Why should a DEC alliance have a social media presence? Social media has become a way that many people get connected to information. Social media pages can reach diverse populations and provide up-to-date, current information and news stories. They help provide quick resources or data items, and professionals can click on the information to learn more and be directed to websites for more complete information.

Successful use of social media. Many DEC alliances have successfully used social media, particularly Facebook. See links to state, tribal, and local DEC alliances' social media accounts in the online version of Promising Practices for Helping Drug Endangered Children at www.nationaldec.org.

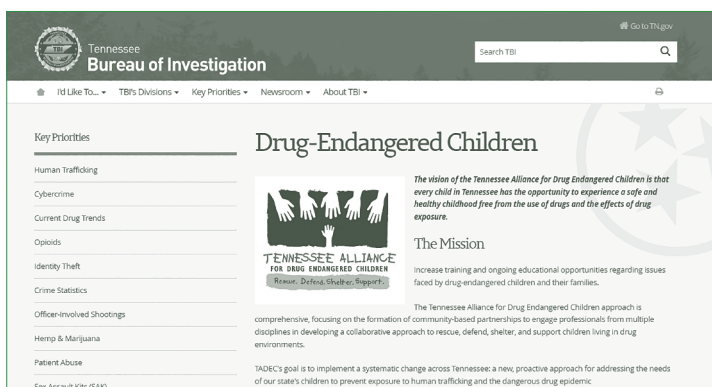
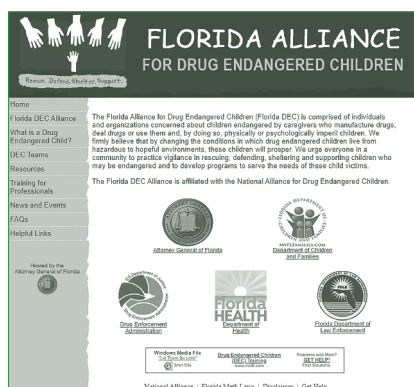


Two examples of successful use of social media by DEC alliances.

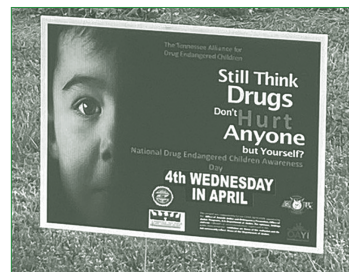
Websites

Why should a DEC alliance have a website? Websites connect professionals to pertinent information that will help them in their efforts of protecting children. Resources, articles, webinars and trainings, tools, and connections to state DEC leaders and events can be hosted on websites.

Successful use of a website. Some alliances have standalone websites, while others have websites that can be connected to through their local supporting organizations.



Two examples of successful use of a website by DEC alliances.



Tennessee DEC's yard signs and pinwheels as part of the effort to raise awareness of drug endangered children.

DEC Awareness Day

What is DEC Awareness Day, and why should an alliance participate?

DEC Awareness Day is the fourth Wednesday of April every year. Across the United States, people can focus one day in their state or community to raise awareness of drug endangered children and the efforts of the DEC alliance to address the issues. DEC alliances have been very creative in developing strategies to raise awareness on this day about the risks faced by drug endangered children.

Successful DEC Awareness Day events and activities include the following:

- Kansas DEC, Iowa DEC, Washington DEC, Nevada DEC, and Colorado DEC Alliances have had the governors of their respective states sign proclamations or promote awareness at their state capitols.
- Nevada DEC, Washington DEC, and Illinois DEC have provided specific DEC training on that day.
- Tennessee DEC developed and provided yard signs and red pinwheels and balloons to raise awareness, had cities turn lights red for drug endangered children, and provided information pamphlets to raise awareness.
- Wisconsin DEC, in partnership with the Wisconsin Attorney General, has done a press release around drug endangered children and the efforts taking place in Wisconsin.
- Missouri DEC conducted legislative visits and provided DEC informational sheets.
- Washington DEC collects shoes and socks for children who are receiving services for child protective services in Washington.

National DEC's foundational resources help educate and bring awareness to alliance members throughout the awareness phase. Our Roadmap and Toolkit, Trainings and Technical Assistance, websites, and CheckDEC app offer the tools and resources needed to educate and bring awareness around drug endangered children issues.

Implementation

No two DEC alliances are alike. Communities may be similar in demographics, and similar drugs may be prevalent within a community, but how each DEC alliance comes together to address their specific needs will be unique. National DEC's foundational resources and Roadmap and Toolkit provide many templates and ideas of how to address efforts to help drug endangered children. Use the ideas that will work for your community; implement strategies that you are able to support and sustain. The following sections discuss some examples of what has worked for some DEC alliances.

QR codes

What is a QR code, and why would a DEC alliance want to use it? A QR (quick response) code is a pixelated image that can be scanned with a mobile device to access information on a website. They can be created online and printed on handout materials, banners, and PowerPoint trainings or included in email



QR code to scan and download the CheckDEC app.

signatures. QR codes are quick and easy for the user to access and get connected to more specific, in-depth information and resources. Scan our CheckDEC QR code here to download the app.

Successful use of a QR code. A local alliance in Florida used a QR code to connect professionals to emergency information; over time, the destination has been adapted and now connects people to additional information and resources. The QR codes are printed on a 3"x5" card that can be used as a sticker and attached to a field patrol clipboard or other paperwork that is brought into the field by other disciplines. The QR code links officers and other professionals to resources in the community; it includes what the organization offers, times of day they are available, and phone numbers. The QR code also uses links to connect the professionals to more specific information about the resource.

DEC implemented in Field Training Officer program

Why should law enforcement consider adding DEC to their field officer training? Field Training Officer (FTO) programs help officers convert what they learned in the academy into practical, real-life uses in the field. When drug endangered children training is incorporated into the already established and required training for law enforcement officers, each officer becomes DEC trained and aware of the procedures to use when identifying and responding to situations where drug endangered children may be present. It also helps to connect the children and families with resources as well as keep the officers up to date on local resources.

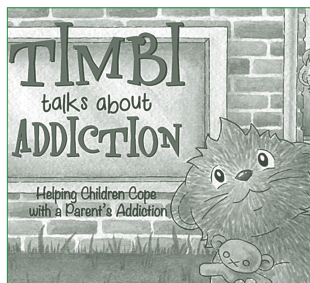
Successful use of including DEC training in the Field Training Officer program. The Polson (Montana) Police Department has successfully implemented DEC training in its FTO program, which means every one of their officers has had DEC training and is better prepared than before to identify drug endangered children and respond.

DEC officer

What is a DEC officer, and why should law enforcement consider adding one? A DEC officer is an expert officer, similar to other crime-specific officers, assigned to address drug endangered children's needs and to be deployed on drug endangered children cases.

Successful use of a DEC officer. Chief Mike Broadhead of the Riverton (Wyoming) Police Department created a DEC officer position when he realized he had animal control officers but did not have officers assigned to children impacted by familial substance use. These officers work hand in hand with child welfare and other disciplines to investigate drug crimes including child abuse and neglect crimes along with getting the families the help that they need to heal. The Great Falls (Montana) Police Department

and the Cascade County (Montana) Sheriff's Department learned of the DEC officer position and saw the benefits happening in Wyoming and have been able to add similar positions in their departments. These officers and deputies work closely with the local DEC alliances to have a multidisciplinary approach to children and families in need.



Children learn strategies to help mitigate the devastating effect of adverse childhood experiences with the help of Timbi.

Timbi Talks about Addiction *children's book*

What is *Timbi Talks about Addiction*, and why would a DEC alliance want to use it? The children's book *Timbi Talks about Addiction* by Trish Luna provides children who have a parent struggling with a substance use disorder (SUD) with evidence-based tools and trauma-informed resources to protect against the effect of adverse childhood experiences (ACE). Children learn strategies to help mitigate the devastating effect of ACEs. Resilience-building and agency-promoting concepts and practices are introduced and explored in language that is accessible to young children. Those responding to drug endangered children may find it useful to provide the children with a book and stuffed animal to help provide some comfort during the possibly scary and unknown situation they are currently in.

Successful use of *Timbi Talks about Addiction*. Children's Advocacy Centers and response teams provide the book and stuffed animal to kids. Cayuga County Counseling in New York has the book in its reading nook available for children to read, learn from, and even enjoy while at their center. The Tennessee DEC Alliance is implementing use of the book by having it as a resource for each DEC alliance across the state, and they are also working with author Trish Luna to have her read the books in schools statewide. National DEC is helping to spread the word about Timbi and its benefits so that all children impacted by a parental SUD have access to this book and stuffed bear to help them through this difficult time.

Handle with Care

What is *Handle with Care*, and why would a DEC alliance want to have this tool? Handle with Care is a DEC tool aimed at ensuring that children who are exposed to violence in their homes, schools, or communities receive appropriate interventions to help them succeed in school. Trauma can undermine children's ability to learn, form relationships, and function appropriately in the classroom. It often leads to school failure, truancy, suspension or expulsion, dropping out, or involvement in the juvenile justice system. Improved communication and collaboration between law enforcement, schools, and mental health providers has led to great advances in assistance to children exposed to violence.

Handle with Care is one example of this improved communication. It provides the school with a "heads up" when a child has been identified at the scene of a traumatic event, such as a drug arrest or search warrant at their home, a domestic violence situation, a shooting in the neighborhood, witnessing a malicious wounding, etc. Police are trained to identify the children present, find out where they go to school, and send the school a confidential email or fax that simply says, "Handle this child with care." That's it. No other details. Handle with Care is simple: Help kids succeed in school so they will stay in school and graduate.

Successful use of Handle with Care. In conjunction with the U.S. Attorney General’s Defending Childhood Initiative focused on children exposed to violence, West Virginia DEC’s involvement with this initiative is showing significant results and is an example of the value of cross-disciplinary and cross-agency collaboration that considers the full range of issues challenging the well-being of drug endangered children. DEC alliances across the country are implementing this tool during the implementation phase of alliance development, as it can be helpful for law enforcement to identify previously unidentified drug endangered children. DEC alliances are also getting creative and authorizing practitioners of additional disciplines to notify schools; this allows for earlier and more comprehensive identification of Handle with Care children, as not all children and families needing help are involved with law enforcement.

One-page resources

Why would a DEC alliance want to create and use a one-page resource? One-page resources can help professionals have specific, quick information readily available for themselves and for the families they serve. Infographics can be incorporated into one-page resources. DEC alliances are familiar with the local drug-related issues, so they can create resources specific to their communities. National DEC provides many one-page resources, some editable and adaptable to include local resources, on our website at www.nationaldec.org.

Successful uses of one-page resources include the following:

- The Carbon County, Wyoming, DEC Alliance created and implemented a safety checklist for law enforcement to use onsite to help determine best steps for the safety of children. This checklist helped to bridge the gap between law enforcement and child welfare professionals and build collaborative efforts.
- Illinois DEC provides one-page resources called “slicks” full of infographics, information, and resources to families they serve.
- The Polson (Montana) Police Department provides information to families and caregivers about what they should know about drug endangered children. They also connect them to local information and resources.

Training/Facilitation

How can DEC alliances use training and facilitation? Certified DEC trainers teach the Core DEC and DEC Approach trainings in their local communities. They provide trainings in their law enforcement academies and to child welfare, to community coalitions and groups, and to many others. Training brings awareness and knowledge of drug endangered children and recognition of the local DEC alliance and its efforts to connect with all disciplines to help change the trajectory of children’s lives.

Successful use of training and facilitation. All Certified DEC trainers train in their local communities on a regular basis. Connecticut has incorporated a DEC 101 training (appendix 20 at the website) as part of the training curriculum at the state police academy and at every local Peace Officer Standards and Training

(POST) Academy. The state Department of Children and Families includes a section on drug endangered children in its practice guide, further demonstrating the collaborative approach taught in the Core DEC and DEC Approach trainings.

Therapy dogs

Why would DEC alliances want to incorporate therapy dogs? Therapy dogs are trained to provide comfort and support. They have been used in Children's Advocacy Centers, courthouses, hospitals, and police departments. Offering a child or family the comfort of a therapy dog during their time of stress and crisis can bring some calm, which can allow the child to think more clearly and help lessen their trauma.

Successful use of therapy dogs. The Okaloosa County, Florida, DEC Alliance uses a therapy dog at their local Children's Advocacy Center. Therapy dogs are also used with DEC alliances in Cayuga County, New York, and in Montana.

National DEC's foundational resources continue to help educate and support alliance members throughout the implementation phase. The foundational resources offer the tools needed to develop, expand, and implement promising practices in serving drug endangered children.

Institutionalization

State, tribal, and local alliances across the nation have institutionalized their DEC efforts. Institutionalization is key to help ensure DEC efforts continue when their initial champion leaves their position. Building awareness, implementing efforts, and then institutionalizing those efforts takes time and planning. Some approaches to take in institutionalizing your DEC efforts will include the following.



MOUs

What are MOUs and why is it important for DEC alliances to have them? MOUs are an important way for DEC alliances to outline the partnerships among their multidisciplinary team members. An MOU provides guidelines and processes so that all members are aware of and agree on how the DEC alliance will function, and it defines how collaborations will take place. MOUs are also in place between the DEC alliance and National DEC.

Successful implementation of MOUs. The following are examples of state, tribal, and local DEC alliances establishing successful MOUs to develop collaborative relationships and move DEC efforts forward.

- Michigan DEC, Wisconsin DEC, and Tennessee DEC have all signed MOUs with local and tribal alliances and partners.
- With support from National DEC and great efforts within their tribal community supported through grant funding, the CSKT Tribe was able to establish a statewide MOU (appendix 21 at the website) among both tribal and non-tribal partners and the state of Montana.

- Mat-Su Valley, Alaska, has also established an MOU between the tribe and National DEC.
- Many successful MOUs among local alliances across the nation document the partnerships of all involved. A few examples include City of Polson, Montana; Cayuga County, New York; and Worcester County, Massachusetts.

Protocols

What are protocols and why should DEC alliances have them? Protocols help each discipline know what the other disciplines are doing and how they do it: They help get everyone on the same page, working toward the same goal with a better understanding of how all the partners will help achieve the goal. Protocols define the procedures and steps professionals will take as they work together to make a difference in the lives of drug endangered children. At www.nationaldec.org, under the Roadmap and Toolkit's Institutionalization page, worksheets are available on how to build a DEC protocol and example protocols to help alliances in this process.

Successful implementation of protocols. Many DEC alliances have successful protocols that help guide and direct their efforts, such as Okaloosa County, Florida; Jasper County, Iowa; Mat-Su Valley, Alaska; and Great Falls, Montana.

Data collection

What is data collection and why should a DEC alliance do it? Having DEC and other data available and accessible is crucial to providing checks and balances to ensure that children are identified as soon as possible, referrals are made when appropriate, interventions and services are offered as needed, and partnerships are developed and enhanced. Data can show where DEC efforts are lacking and where they are succeeding. Data sharing can be incorporated into MOUs and protocols so alliance members can share the applicable information with the rest of the alliance.

Examples of successful implementation of data collection include the following:

- In Cayuga County, New York, the local DEC alliance collects ACE information on all drug endangered children who come through their center as part of their intake assessment. This allows the alliance to see how children are being impacted and gives them a baseline for services. Every alliance partnering with National DEC is given information on our data collection worksheets that can help their communities and alliance gather pertinent data to address the specific needs of their communities. These data can help alliances move efforts forward successfully.
- The Tennessee DEC Alliance collects data from DEC response teams throughout the state. They report monthly on referrals to treatment for juveniles and adults, overdoses, Narcan distributions, DEC allegations, children in foster care, and referrals to community services. They also collect data on the number of trainings, meetings, participants, and materials distributed.

Grants

Why would DEC alliances write grants? Grant funding allows alliances to develop or expand services and projects. It can help support a position or a specific project or need. Several federal grants have open applications in line with DEC efforts and promising practices such as the Office for Victims of Crime (OVC), the Bureau of Justice Assistance (BJA), and Office of Juvenile Justice and Delinquency Prevention (OJJDP). State and local grant funds are also available, as are private foundation grants. Even local grocery stores may have grant funding possibilities to support local efforts.

Examples of successful grant applications and awards include the following:

- In Montana, the CSKT of the Flathead Nation wrote a three-year U.S. Department of Justice Consolidated Tribal Assistance Solicitation (CTAS) grant to develop a Community Strong Drug Endangered Children Alliance. CSKT recognized the substance abuse issues that were afflicting their community, and they wanted change. The grant allowed CSKT to partner with National DEC to receive training, facilitation, and technical assistance focusing on drug endangered children.
- CSKT's Community Strong-Drug Endangered Children Project developed a single reservation-wide DEC alliance. It implemented a collaborative community-wide response to substance abuse by providing technical assistance and training to tribal and non-tribal agencies and members of the community, improving community safety regarding the impacts of substance abuse on the tribal justice system, families, and drug endangered children.
- The tribe continues to commit resources to the Tribal Action Plan and the Community Strong Drug Endangered Children's Program. Through this program, the tribe and its partners have expressed willingness to address substance abuse and its impact on children. By design, the action plan is a working document that the alliance can evaluate and modify through continued alliance meetings and partnerships to meet the challenges ahead. Their action plan is intended to be the beginning of an ongoing process and will be evaluated regularly.
- In partnership with National DEC, the state of Michigan received a grant to help build a state DEC alliance and develop local alliances across the state. The grant includes trainings by National DEC staff, including the DEC Academy and Train-the-Trainer. Coaching sessions with Michigan's state DEC coordinator are also included in the grant to help local alliances become established.
- The state of Tennessee received a grant to support and grow its state DEC efforts and to help establish, start, and grow local DEC alliances. Training and technical assistance, including coaching sessions and support from National DEC, were included in the grant.

Laws

Why should DEC alliances get involved with the legislature and laws? DEC alliances can play a key role in educating lawmakers about the DEC issues and efforts specific to your area. Laws protecting and supporting drug endangered children can have a powerful impact on the trajectory of their lives. Laws allow for different interventions that may not always be possible without them.

Examples of successfully incorporating DEC-specific information into law include the following:

- The Oklahoma DEC Alliance, in partnership with the Oklahoma Bureau of Narcotics and with the assistance of the Oklahoma Department of Human Services, worked with the Oklahoma Legislature in the 2012 legislative session to pass House Bill 2251, “Children; modifying drug endangered children’s provisions.” This bill modified Oklahoma Title 10-A: Children and Juvenile Code and put forth a protocol regarding child abuse and neglect. The legislation included a definition for a “drug-endangered child:” “a child who is at risk of suffering physical, psychological or sexual harm as a result of the use, possession, distribution, manufacture or cultivation of controlled substances, or the attempt of any of these acts, by a person responsible for the health, safety or welfare of the child, as defined in paragraph 51 of this section. This term includes circumstances wherein the substance abuse of the person responsible for the health, safety or welfare of the child interferes with that person’s ability to parent and provide a safe and nurturing environment for the child. The term also includes newborns who test positive for a controlled dangerous substance, except for those substances administered under the care of a physician.”¹
 - In addition to adding a DEC definition to Oklahoma’s state statutes, the legislation specified that when the state Department of Human Services receives a report that a child may be drug endangered, that department must conduct a safety analysis, forward the report and findings to the district attorney’s office with jurisdiction, and—if the child meets the definition of a “drug-endangered child”—conduct an investigation and evaluate the circumstances and respond accordingly.
 - The legislation regarding drug endangered children passed unanimously in both the Oklahoma House and Senate. Governor Mary Fallin signed the bill into law on April 18, 2012. The Oklahoma Department of Human Services has several policies that coincide with and support this law to ensure safety of drug endangered children.²
- Nevada DEC has developed a key partnership with the state Attorney General’s Office, including the creation of an Office of Statewide Coordinator for Children Who Are Endangered by Drug Exposure with a full-time coordinator position. The duties of the coordinator include helping communities and local governments in establishing programs for children who are endangered by drug exposure and public education about children who are endangered by drug exposure.
 - In 2013, Nevada also defined “child who is endangered by drug exposure” in state law:
 1. A child who is born affected by prenatal illegal substance abuse or who has withdrawal symptoms resulting from such abuse or has experienced other complications at birth because of such abuse as determined by a physician.

1. Okla. Stat. tit. 10A-1-1-105, 22 (2012), <https://law.justia.com/codes/oklahoma/2012/title-10a/>.

2. “Library: Policy 340:75-3-450 Drug-endangered child,” Oklahoma Human Services, last modified April 9, 2019, <https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-75/subchapter-3/drug-endangered-child.html>.

2. A child who illegally has a controlled substance in his or her body as a direct and foreseeable result of the act or omission of the parent, guardian or other person who exercises control or supervision of the child; or
3. A child who is allowed, in violation of NRS 453.3325, to be present in any conveyance or upon any premises wherein a controlled substance is unlawfully possessed, used, sold, exchanged, bartered, supplied, prescribed, dispensed, given away, administered, manufactured, or compounded in violation of any of the provisions of NRS 453.011 to 453.522, inclusive.³

Writing this definition into state law has helped significantly to institutionalize the DEC mission and make it sustainable, as has housing the Nevada State DEC Alliance and its full-time coordinator in the Attorney General's Office. The results of this institutionalization include statewide DEC training across disciplines, creation of local DEC alliances in most Nevada counties, and a partnership with the Statewide Tribal DEC Alliance. The Nevada DEC Alliance's State Law DEC Definition and DEC Coordinator Position are available at appendix 22 at the website.

- A multidisciplinary workgroup including Iowa Department of Human Services, DEC alliance members from across the state, law enforcement, legislators, county attorneys, mental health therapists, Blank Children's Hospital, Prevent Child Abuse Iowa, and Office of Drug Control Policy worked together to create a bill (HF 543), which was later signed into law (available at appendix 23 at the website), defining drug endangered children in Iowa and setting procedures for investigating cases related to them.

National DEC's foundational resources should be used as ongoing tools in the institutionalization phase. The resources support the promising practices that are being developed and implemented for success of the DEC alliance.

3. Nev. Rev. Stat. 228.700 (2013), <https://www.leg.state.nv.us/nrs/nrs-228.html#NRS228Sec700>.

Conclusion

Working on behalf of children is one of the most rewarding experiences a professional can have. When practitioners have a common mission with children's best interest at the forefront, the incentive to collaborate, share resources and knowledge, and work through conflict takes on a greater importance.

National DEC's state, tribal, and local DEC alliance members bring together a variety of practitioners and disciplines with different perspectives and skills, and together they find creative solutions to enhance efforts to help drug endangered children.

There is no single path to success for the DEC mission. By focusing on and repeatedly using National DEC's foundational resources, DEC alliances will find success as they bring awareness to the DEC issues in their communities, work to implement promising practices that are sustainable for them, and institutionalize DEC efforts in their organizations and areas they serve.

National DEC's unique position as a national training, technical assistance, and resource center offers the ability to develop and share innovative promising practices from communities across the United States and internationally to enhance DEC efforts. National DEC is committed to working with communities to continue to develop additional promising practices until 100 percent of children, families, and communities are free from the negative impacts of substance misuse and drug activity.

Together we are stronger. Together we can bring help, hope, and support to children, families, and communities.

About National DEC

The **National Alliance for Drug Endangered Children (National DEC)** is a national training, technical assistance, and resource center with extensive knowledge of substance misuse and addiction issues impacting children, families, and communities. National DEC exists to make a difference in the lives of drug endangered children across the nation by providing *HELP*, *HOPE*, and *SUPPORT*. National DEC's vision is for every child to be safe, healthy, and free from the negative impacts of substance misuse and drug activity. National DEC staff have decades of combined hands-on experience working with professionals across the nation, in tribal and non-tribal communities, to help address this impact and to change the trajectory of drug endangered children's lives.

National DEC has proven competency in

- developing and providing basic and advanced professional in-person and virtual trainings to thousands of professionals each year;
- delivering technical assistance to professionals, communities, and tribes on numerous topics, challenges, and successes;
- creating training curriculums, training materials, and training activities on numerous topics to increase the knowledge and skills to address the drug crisis in the United States;
- developing and disseminating relevant information, materials, tools, and resources in a variety of formats on a variety of platforms;
- developing innovative technologies to increase access, resources, and information to victims and professionals;
- conducting an extensive multidisciplinary national conference to inform, educate, and bring people together from across the nation to share and network;
- developing and enhancing partnerships at every level to assist in DEC efforts and to help children and families across the nation;
- developing an extensive national network of professionals from all disciplines that support multidisciplinary efforts;
- partnering with and using subject matter experts to enhance knowledge and skills in all trainings and technical assistance;
- and in working with federal/national, state, local, and tribal professionals, alliances, and organizations as well as in underserved and marginalized communities across the nation.

National DEC wants to work with you in your efforts to identify and help drug endangered children by

- providing trainings to professionals and community members;
- assisting in gathering data in the community and completing a community assessment;
- developing and spreading awareness throughout your community;
- helping bring others to the table to discuss solutions and changes in the community;
- developing and disseminating materials for training and awareness;
- identifying, developing, enhancing, and implementing promising practices;
- developing multidisciplinary efforts where silos are broken down so true collaboration can occur;
- conducting peer-to-peer sharing opportunities in your community both in person and virtually;
- developing a multidisciplinary alliance or an addition to an existing coalition, team, or task force;
- providing technical assistance along the way to help as questions or challenges arise;
- institutionalizing efforts through MOUs, protocols, regular meetings, and more!

All of National DEC's information, training, technical assistance, resources, webinars, can be accessed through the National DEC website at www.nationaldec.org and through their staff at info@nationaldec.org.

Information about training events, conferences, technical assistance, webinars, as well as stories about the impact of substance use and drug activity on children, families, and communities is also available by following National DEC on social media:

- Facebook: <https://www.facebook.com/NationalDEC4Kids/>
- Twitter: @NationalDEC
- LinkedIn: National Alliance for Drug Endangered Children <https://www.linkedin.com/company/27197259/>

Together we are stronger . . . and together we can change the trajectory of drug endangered children's lives in community across the nation.

About the COPS Office

The **Office of Community Oriented Policing Services (COPS Office)** is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources.

Community policing begins with a commitment to building trust and mutual respect between police and communities. It supports public safety by encouraging all stakeholders to work together to address our nation's crime challenges. When police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources.

Rather than simply responding to crime, community policing focuses on preventing it through strategic problem-solving approaches based on collaboration. The COPS Office awards grants to hire community policing officers and support the development and testing of innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders, as well as all levels of law enforcement.

Since 1994, the COPS Office has invested more than \$14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing. Other achievements include the following:

- To date, the COPS Office has funded the hiring of approximately 130,000 additional officers by more than 13,000 of the nation's 18,000 law enforcement agencies in both small and large jurisdictions.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations and the COPS Training Portal.
- Almost 500 agencies have received customized advice and peer-led technical assistance through the COPS Office Collaborative Reform Initiative Technical Assistance Center.
- To date, the COPS Office has distributed more than eight million topic-specific publications, training curricula, white papers, and resource CDs and flash drives.
- The COPS Office also sponsors conferences, roundtables, and other forums focused on issues critical to law enforcement.

COPS Office information resources, covering a wide range of community policing topics such as school and campus safety, violent crime, and officer safety and wellness, can be downloaded via the COPS Office's home page, <https://cops.usdoj.gov>.

The National Alliance for Drug Endangered Children (National DEC) has developed resources that state, local, and tribal DEC alliances can use to fit the particular needs of their communities and their local initiatives to help children who are endangered by drug use. To help further the DEC mission, this updated guide outlines these resources and shares promising practices that state, local, and tribal DEC alliance leaders are using as they strengthen their DEC organizations. It is meant to help connect other state, local, and tribal DEC leaders as well as other professionals in the field so they can leverage resources and take advantage of tools to strengthen their DEC organizations and DEC efforts.



COPS

Community Oriented Policing Services
U.S. Department of Justice

US Department of Justice
Office of Community Oriented Policing Services
145 N Street NE
Washington, DC 20530

To obtain details on COPS Office programs, call the
COPS Office Response Center at 800-421-6770.

Visit the COPS Office online at cops.usdoj.gov.



National Alliance for Drug Endangered Children
9101 Harlan Street, Suite 245
Westminster, CO 80031

www.nationaldec.org

Appendices 1-6





Working with Child Welfare Professionals in Drug Endangered Children (DEC) Efforts

The child welfare system in all states is complicated. Professionals working with child welfare as partners should understand how their system works in their state to reduce frustrations, increase efficiency, and increase effectiveness when working together. Child welfare workers have substantial responsibilities and play an important role in helping children and families by:

- Investigating child abuse and neglect
- Identifying/assessing the safety of children
- Identifying and assessing the risks to children
- Gathering and analyzing information and evidence to inform decisions
- Providing targeted services
- Ensuring child safety and well-being
- Providing permanency to children

The first line of contact with child welfare that many professionals experience is often the child abuse and neglect hotline. Other professionals should make themselves knowledgeable on the questions that will be asked of them prior to making a child abuse hotline call. Child welfare agencies often use an information-gathering sheet to assist in determining whether it has enough evidence to meet state law requirements for initiating an investigation. Rather than providing brief information, all professionals should shift their focus to providing as much information as possible to aid child welfare in determining whether it can and should investigate. All professionals become a collaborative partner with child welfare in identifying children who have been abused or neglected or are at significant risk.

The information provided to child welfare at any point can help illustrate potential child maltreatment. Detailed information, pictures, and videos from professionals may be critical in enabling child welfare to help the child(ren) and family. The more information provided, the better equipped child welfare is to make decisions about whether to or how best to intervene with the children and families involved.

The type of information that should be included in a report to the hotline typically include:

- *Name, age, sex, & address of the child*
- *Nature & extent of the child's injuries or condition*
- *Name & address of the parent or other person(s) responsible for the child's care*
- *Any other information relevant to the investigation.*

Depending on the requirements under state laws, child welfare time frames to see the alleged child victims may include:

- Immediate response: The child is in imminent danger/risk of harm or has already been harmed.
- 24-hour response: The child is not in imminent danger/risk of serious harm, or the child is at moderate risk.
- Multiple-day response: There are no current safety threats; there is lower risk to the child.
- No response: There is not enough information regarding abuse or neglect.

Child welfare often does not have a lot of time to complete a child abuse and neglect investigation. The time frames to close an investigation vary from 30 days to six months or more, all of which is dependent on state law and policy. Cases can be open longer as needed to keep children safe and with services in place.



Working with **First Responders** in Drug Endangered Children (DEC) Efforts

The Homeland Security Act of 2002 defines first responders as individuals who protect life, evidence, property or the environment during the early stages of an emergency (www.dhs.gov). Fire fighters, EMS, law enforcement personnel, medical personnel, utility workers, and public health professionals are examples of first responder professionals.

First responders are often the first to arrive on scene; first to interact with children and families; first to gather information; and first to see things other disciplines may not. What is documented during any phase of their response could be impactful to not only the situation, but those impacted by the situation, including the children.

Some of the most inconsequential items observed, documented and identified, could be valuable information for:

- Medical professionals who are treating a victim who is injured or ill
- Child welfare in making decisions about the safety of the child and services for the family
- Law enforcement and prosecutors who may be building a case
- Service providers that may work with the child and family
- Other professionals helping the child and family, whether short or long term.

First responders may have the opportunity to identify children at risk or families in need of help. For example, fire/EMS responding to a drug overdose should be aware of children living in the residence or on scene. Or when there an intoxicated driver involved in an accident, law enforcement and medical can identify children at risk due to a parent's substance misuse. This identification is key in getting children and families the help they need.

First responders may have information on:

- *What risks were present at the scene: drugs, weapons, intoxicated people, dirty house, lack of food, lack of supervision, etc.*
- *Signs of substance use or drug activity: lab materials, pipes, drug residue, etc.*
- *Signs of drugs and paraphernalia*
- *Information on who was present and who lives in the home*
- *Signs of children: toys, car seat, etc.*
- *Reactions and interactions of children and adults on scene: fearful, cooperative, etc.*
- *Statements made by children and adults*

First responders may need training and information on:

- *What to look for when on scene: signs of children; signs of abuse and neglect; signs of substance use and drug activity; signs of risks to children*
- *Mandatory reporting: what to look for; what to report; how to report; who to report to; when to report; the importance of reporting; how reporting impacts children and families*
- *Risks to children of parental substance use and drug activity*
- *Long-term impact to children of parental substance and drug activity*
- *What they can do to help: gather information; pass information along to others; provide information on scene*



Working with **Law Enforcement** in Drug Endangered Children (DEC) Efforts

Law enforcement traditionally focuses on public safety and criminal activity, including drug arrests, drug seizures, and asset forfeitures. At times this can lead to an arrest; but it can also lead to the identification of a child at risk due a parent's substance use or drug activity. Law enforcement can be integral in the identification of drug endangered children as well as helping intervene in the child and family's life.

Law enforcement has the unique ability to sometimes see things that other disciplines are not able to see. For example, on a search warrant, law enforcement officers may see signs of drug use, a house that is filled with risks to children, drug paraphernalia lying around, and small children playing in the home. This information and evidence is vital to other disciplines when doing their investigations and making decisions around child safety and wellbeing as well as providing services to the children and family.

Law enforcement's information and evidence can assist other disciplines in making decisions around services for the children and family, cases, and investigations, and identifying children. The information needed from other disciplines could include:

- Pictures and video of the house or the scene
- Pictures of drugs and paraphernalia
- Picture of risks in the home or at the scene
- Information about statements made by children and caregivers
- Information on the behavior of the children and caregivers
- Criminal activity, charges, and convictions

Law enforcement can assist other disciplines in various training and education including:

- Drug identification and trends
- Criminal laws
- Criminal data

Other disciplines can train and educate law enforcement on the following:

- The risks to children of parental addiction and drug activity
- Signs of children
- Long term impact to children due to parental substance use and drug activity
- Signs and impact of trauma on children and their development
- Child development

Law enforcement can benefit from information and evidence that other disciplines can provide including:

- *Information about children in a residence*
- *Layout of the residence*
- *Information about who lives in the residence*
- *Information about prior history with child welfare or others*
- *Statements made by the child(ren) or caregivers*
- *Pictures of the residence*
- *Information on the behavior of the children and caregivers*



Working with Medical Professionals in Drug Endangered Children (DEC) Efforts

Medical professionals, such as pediatricians, ER personnel, general physicians, and nurses, all play an important role in helping drug endangered children. Medical professionals can identify drug endangered children; treat children and families; and help gather information that may be helpful to other disciplines. Some medical professionals, such as Child Abuse Pediatricians and Sexual Assault Nurse Examiners (SANE), are specialized medical professionals with experience and training in areas such as child abuse and neglect and child sexual abuse/assault. They often work closely with law enforcement and child welfare to ensure the child is safely examined and interviewed in a child-friendly environment in order to determine next steps in helping the child and the family.

Medical professionals may be able to provide other professionals:

- Information and evidence about child abuse and neglect
- Information on how the child(ren) and family acted and interacted
- Statements made by family and the child(ren)
- Ongoing or new medical concerns
- Results from drug tests, including through urine, hair follicle, meconium, and fingernails

In the DEC Approach, it is beneficial for professionals to share evidence and information with medical professionals regarding children and their living environment. This can include:

- Types and quantity of drugs and paraphernalia
- Chemicals and substances used in the cultivation or manufacturing of drugs
- Ways in which the drugs were stored or found, such as crushed, in syringes, uncapped bottles, tin cans, or baggies
- Condition of the home including whether feces, garbage, bugs, or rodents are present
- Other risks to the children, such as accessible fiberglass insulation, make-shift wiring, odd smells, lead in the home, or unknown substances
- Photos or videos of the scene, home, or life of the child to assist in providing a better understanding
- Statements made by the children and others
- Observations of children and parents, such as abnormal behavior, developmental delays, possible intoxication, reaction to professional involvement, or possible medical or mental health conditions
- Medication at the scene or within the residence

With this additional information, medical professionals can then decide, for example, whether to test for infectious diseases because of needle exposure, whether to test for drugs in the child's system because drugs were found in the house and because of the child's behavior, and whether to look for further signs of abuse and neglect. Without this shared information, medical professionals may not have reason to look for or treat these things.

Data privacy laws such as personal health data protection under the Health Insurance Portability and Accountability Act (HIPAA) are complex and may impact the exchange of information between medical professionals and others. But HIPAA has exceptions, and there are circumstances under which medical and health information can be exchanged, particularly if there is an active investigation; the information is needed to prevent injury or harm to others; or when it pertains to child abuse or neglect.



Working with Service Providers in Drug Endangered Children (DEC) Efforts

Service providers play an important role in identifying children in need as well as helping children and families to heal and grow. Service providers can have backgrounds in many different areas including addiction and recovery, mental health, alternative modalities, faith, and counseling/therapy. Any or all of them may be involved with a family that has a substance use disorder and may be called to help the children and the family in a variety of ways including:

- Helping keep children safe in their home
- Providing in-home intensive services
- Helping keep children near their support system of friends, family, school, and extended family
- Providing prevention services when early identification is made
- Helping children work through recent and past trauma
- Helping parents with substance use disorders and/or mental health issues
- Completing assessments to guide treatment options
- Making referrals to other targeted services
- Providing parenting classes

These service professions often have their own set of laws, regulations, and policies under which they abide and work. And sometimes exchanging information with them will be difficult as much of it is protected by strict confidentiality laws. But in most states, service providers are mandatory reporters that can assist in providing child welfare and others with needed information around the safety and well-being of children in order to keep children safe and support engagement of families in targeted services.

Even though service providers' information may be confidential at times, they can still offer necessary pieces to other professionals including:

- Education on the signs and symptoms of trauma
- Education on addiction and recovery as well as mental health issues
- Information on what information and evidence can be helpful in treating and providing services to children and families impacted by addiction
- Information about what services are needed, necessary, and available.

Service providers will also need information and evidence from other disciplines that will be helpful in being able to provide the best services to children and families. This can include:

- *Pictures or videos of the inside and outside of the child(ren)'s residence*
- *Pictures of drugs and paraphernalia as they pertain to the impact to child(ren) and families*
- *Statements made by the child(ren) and family*
- *Information about child abuse and neglect*
- *Information about drug exposure and ingestion*
- *Reports about incidents that have occurred that impact the child(ren)*
- *Information about criminal history or behavior as it pertains to their impact to the child(ren)*



Working with **Victim Advocates** in Drug Endangered Children (DEC) Efforts

Victim advocates are specifically trained to support victims of crime, and often children and families are considered victims. Therefore, victim advocates can provide these children and families with a variety of information, support, resources, and assistance. Some victim advocates are paid positions, and some are volunteers depending on the demographics and needs of the community they are serving. Victim advocates may also be called victim service providers, victim/witness coordinators, or victim/witness specialists. Many jurisdictions also have court appointed advocates that assist the courts in recommending what is best for the children. These advocates are called Court Appointed Special Advocates (CASA).

Victim advocates' responsibilities vary depending on their job description and what discipline they may be housed under. Typically, advocates can provide:

- Crisis intervention
- Assistance with Crime Victims Compensation application and funding
- Emotional support
- Information on the criminal justice process
- Information on the civil justice process
- Assistance in navigating systems
- Information on available services
- Referrals for victim services
- Assistance at the scene of crimes
- Assistance finding shelter and transportation
- Assistance in gathering information and making recommendations

Victim advocates are a valuable resource for DEC efforts. Children are often the first impacted by a parent or caregiver's use/overdose/death, yet they are often not identified and helped. And they may have little resources for assistance and little support. Victim advocates can assist them. Depending on the laws and policies, the advocates may also help provide details about the plans and actions the child and caretakers are taking, where they can be located and any additional pieces of information about the environment that has been shared with them by the child and caretaker. They can also pass relevant information about the case on to the family.

How Advocates Work with Victims

"Advocates offer victims information about the different options available to them and support victims' decision-making. Advocates do not tell victims what to do. Advocates are committed to maintaining the highest possible levels of confidentiality in their communications with victims. However, the level of confidentiality they can observe depends on their position, education, licensure, and the laws in each state. An advocate in a police department may have to share any information related to an investigation with officers. Yet an advocate at a domestic violence program may be able to keep most victims' confidences private. However, all advocates must report certain types of information to the authorities. For example, they have to report any type of threat to a person (such as clients threatening to hurt themselves or someone else), and they have to report the abuse or neglect of children. It is important for victims to ask about confidentiality rules before they begin working with an advocate" (<https://victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/what-is-a-victim-advocate->).

Appendix 7





STATE Alliance for Drug Endangered Children

Contact Us

Phone: Local DEC Alliance

Email: Local DEC Alliance

Web: Local DEC Alliance

Drugs and alcohol taken during pregnancy can harm your baby. Public health statistics suggest that prenatal substance exposure continues to impact a significant number of pregnancies. And yet it is a topic that we often do not talk about.

So, let's talk about it!

**Because there are
things you can do to
help your baby!**



**DRUG &
ALCOHOL
USE DURING
PREGNANCY**

Let's Talk About It



What can happen to *my baby's body* if I use drugs/alcohol during pregnancy?

Low birthweight: Babies born weighing less than 5 pounds, 8 ounces are considered low birthweight babies. This can impact the baby's lung function, intestines, immune system, and more.

Reduced head circumference: Some babies will have smaller than normal head size due to substance exposure in utero. This can impact brain-related and neurological functioning.

Birth defect: Birth defects change the shape or function of one or more parts of the body. They can cause problems in overall health, how the body develops, or in how the baby's body works.

Infections (including hepatitis C, HIV, and Zika): Viruses can be spread through shared needles, sexual contact, and other ways. Moms can pass these infections to their babies during pregnancy or at birth.

Sudden infant death syndrome (also called SIDS): Using drugs during pregnancy can increase the risk of SIDS in infants.

Neonatal abstinence syndrome (also called NAS): NAS can happen when a baby is exposed to an opioid drug during pregnancy and then has signs and symptoms of abstinence after birth. Many of these signs can also be seen in babies exposed to drugs other than opioids.



SOMETIMES THE LITTLEST
THINGS TAKE UP THE MOST
ROOM IN YOUR HEART.

~WINNIE THE POOH



What are possible long-term consequences to my baby if I use drugs or alcohol during pregnancy?

Learning & Processing Disorders

Behavioral Problems

Emotional Difficulties

Slower-than-normal Growth

Sensory Integration Deficits

Resources for Help

- 1) Resource 1, phone number, website
- 2) Resource 2, phone number, website
- 3) Resource 3, phone number, website

Appendix 8





Developmental Consequences of Fetal Exposure to Prenatal Drug Use



Information adapted by National Alliance for Drug Endangered Children from <https://www.nature.com/articles/npp2014147#f3>

Appendices 9-11



National Alliance for Drug Endangered Children: What you need to know



The National Alliance for Drug Endangered Children (National DEC) exists to help make a difference in the lives of children who are being impacted by their caregiver's substance misuse or addiction by bringing professionals and communities together to address the issue in unprecedented ways.

How can we help?

- Provide education and training
- Provide technical assistance
- Develop and provide resources and information
- Develop curriculum, videos, mobile apps, podcasts, online training, etc.
- Provide a DEC Roadmap and Toolkit to assist in building and strengthening multidisciplinary alliances/efforts
- Provide real life examples and experiences
- Provide knowledgeable multidisciplinary network of professionals

Who should be involved?

- Law enforcement
- Child Welfare
- Faith based agencies
- Prevention workers
- Medical personnel
- First responders
- Teachers & school staff
- Treatment Providers
- Behavioral health
- Judicial staff
- CASA/GAL's
- Probation/Parole
- Service Providers
- Community members
- Families

Early identification
Response and Intervention
Services and Support



NATIONAL ALLIANCE
FOR DRUG ENDANGERED CHILDREN
Help. Hope. Support.

www.nationaldec.org



Drug Endangered Children Efforts: important information

The National Alliance for Drug Endangered Children (National DEC) exists to help make a difference in the lives of children who are being impacted by their caregiver's substance misuse or addiction by bringing professionals and communities together to address the issue in unprecedented ways.

DEC Efforts:

- Can be driven by any discipline
- Includes ALL disciplines
- Is community-based; meet the community where they are at
- Provides a proactive approach
- Includes early identification of children, response and intervention, & services & support to children & families
- May not always include a removal of children
- Includes all disciplines collaborating in best interest of children and families

How does DEC efforts help?

- Brings disciplines and community together
- Provides a foundation
- Provides each disciplines with more information
- Increases knowledge
- Brings in national network to assist
- Provides promising practices from others
- Assists in better outcomes for children

Early identification
Response and Intervention
Services and Support



www.nationaldec.org

Who are Drug Endangered Children?



National DEC defines drug endangered children as children who are at risk of suffering physical or emotional harm as a result of legal and/or illegal drug use, possession, manufacturing, cultivation, or distribution.

They may also be children whose caretaker's substance misuse interferes with the caretaker's ability to parent and provide a safe and nurturing environment.

1 in 8 children
live in households
with at least
one parent who has
a substance
use disorder

1 in 10 children
live in households
with at least
one parent who has an
alcohol use disorder.

1 in 35 children
live in households
with at least
one parent who has
an illicit drug
use disorder.



Get more information at:
National DEC website www.nationaldec.org

DEC Roadmap and Toolkit:
<https://nationaldec.org/resources-to-download/road/>

Appendix 12



HELPING CHILDREN DURING THE CORONA VIRUS MAY LOOK DIFFERENT

Every household across America has been impacted in some way by the Corona Virus.

This may be due to stay-at-home orders, school cancellations, social distancing, a positive COVID-19 test, or an exposure to a person with a positive COVID-19 test. Youth who would normally be in the classroom could now be in a situation where they are exposed to parental or caregiver substance use, possession, distribution, manufacturing, or cultivation of both legal and illegal drugs. Many states have allowed liquor stores and marijuana dispensaries to remain open as essential businesses, increasing access and availability at a time when many individuals are facing uncertainties.

During this difficult time, professionals are adapting quickly and connecting with children virtually. Through this process they can identify children who may be at risk in a time when no one may have eyes on them.

What can professionals do to help children at risk?

- 1 connect with the child and siblings via Zoom or other virtual platform so a visual can be made
- 2 ask to talk to and/or see child(ren) if you are at their residence or they are in your office (law enforcement, doctors, service providers, etc.)
- 3 talk with parents on Zoom or virtual platform calls
- 4 connect with children via email as necessary or available
- 5 connect with children you feel are at risk more frequently
- 6 if you see signs of children (sidewalk chalk, toys, bottles, etc.), ask to see or talk to them

What to look or listen for when on a phone call or Zoom or other virtual platform call

- 1 Is what see in the background dangerous?
- 2 Are there hazards in the background such as drug paraphernalia, disarray or broken items?
- 3 Is the child acting out or acting different than they normally act?
- 4 Does the child appear to be afraid? (Are they shifting in their seat? Are they making eye contact?)
- 5 Can you hear yelling in the background?
- 6 Can you hear inappropriate conversations in the background?
- 7 When a parent or caregiver walks within view, is the child's behavior the same or does the child act differently?

Be aware that these issues can make a difference for endangered children.

If you are a professional and suspect that a child may be at risk of harm in a household due to substance abuse or drug activity, you have a mandatory duty to contact your child welfare hotline and report. If you do suspect child abuse or neglect, contact 911 if you believe the child(ren) is in immediate danger. Otherwise, contact your local child welfare or law enforcement office to make a report. For a list of child abuse and neglect reporting toll-free numbers by state, visit:

www.childwelfare.gov/organizations

Resources: Whether you are looking for assistance on how to talk to children about this pandemic or need tips on how to engage them, check out these resources:

Guidance on communicating with children about COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>
A local perspective on "How to Talk to Children about the COVID-19 Crisis" https://actmissouri-my.sharepoint.com/:v:/g/personal/dclousson_actmissouri.org/EXEkgMov6nlCr5PWp0HuPVwBVK87Ihlyos2s2mWj6Qu3JQ?e=tvu6GF Tips on helping kids adjust to online learning during COVID-19 <https://www.unicefusa.org/stories/helping-kids-adjust-online-learning-during-coronavirus-pandemic/37106>

Additional Resources: Here are some additional resources to assist professionals:

Ways to connect with National DEC: <https://www.nationaldec.org/connectwithnationaldec> or www.nationaldec.org Ways to connect with Drug Free America Foundation: <https://www.dfaf.org/> Ways to connect with ACT Missouri: <https://actmissouri.org/> Children at Risk: Evidence Sheet <https://www.nationaldec.org/nationaldecchildrenatriskevidence> Drug Endangered Children Online Training Modules <https://www.nationaldec.org/training>



Appendix 13

Contact National DEC for information
on how to access to their DEC
Community Assessment at
info@nationaldec.org.



Appendix 14

DEC Guide for Law Enforcement available at:

<https://nationaldec.org/wp-content/uploads/DEC-Guide-to-Law-Enforcement-Volume-1.pdf>



Appendix 15

DEC Guide for Law Enforcement: Key insights for partnering with Child Welfare, Medical Providers, Treatment Providers, Prosecutors and Civil Attorneys available at:

<https://nationaldec.org/wp-content/uploads/DEC-Guide-to-Law-Enforcement-Volume-2.pdf>



Appendix 16

Contact National DEC for information on how to access to their Building a DEC Protocol Worksheet at info@nationaldec.org.



Appendices 17-19

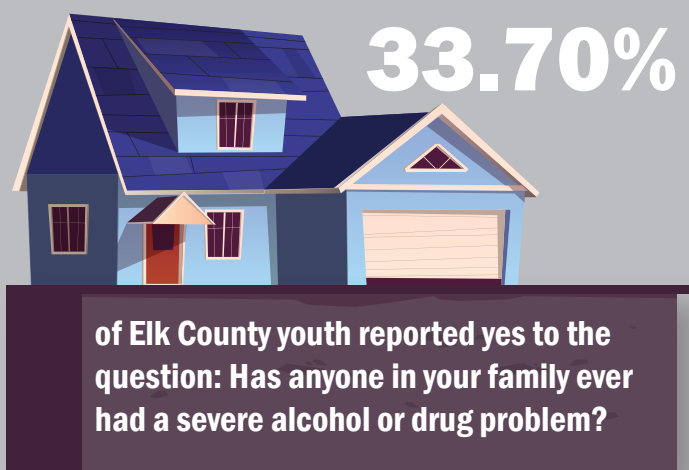




Drug use that impacts our children and families is growing at an alarming rate. The future is at stake. Children whose parents use alcohol or drugs are 3 times more likely to be physically, sexually, and emotionally abused; and they are also 4 times more likely to be neglected. This means that we have children in our community that need our help.

Elk County Drug Endangered Children Alliance

We hope to start a Drug Endangered Children (DEC) Alliance in Elk County to make a difference in the lives of children who are living in dangerous drug environments. This will consist of developing a multidisciplinary team to address the issues for these children. This team would formalize efforts on how we can identify these children earlier, respond to these children, and provide services for them to heal. Some of the things we are going to do are collect some data from the community, share how to take action and work together, create some awareness in the community, and more.



31.18% of youth in Elk County have known personally someone who in the past year have used marijuana, crack, cocaine, or other drugs.

For more information or to become part of this initiative contact:

There were **28** Child Protective Services Intake reports to the Department of Children and Families (DCF) in Elk County from July 2018 - July 2019.

20 of which were assigned for investigation.

If Elk County rates of presenting situations for these assigned cases match the average for our region, we would have had around:

4

reports assigned due to caregiver substance use.

1

reports assigned due to child substance use.

1

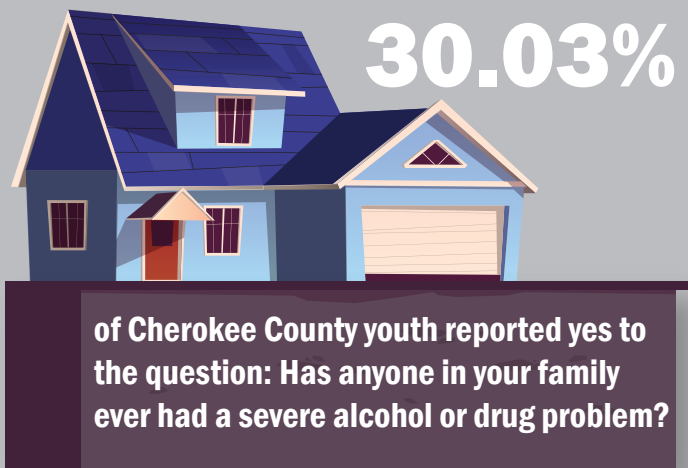
reports assigned due to infant positive for substances



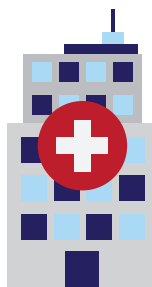
Drug use that impacts our children and families is growing at an alarming rate. The future is at stake. Children whose parents use alcohol or drugs are 3 times more likely to be physically, sexually, and emotionally abused; and they are also 4 times more likely to be neglected. This means that we have children in our community that need our help.

Cherokee County Drug Endangered Children Alliance

We hope to start a Drug Endangered Children (DEC) Alliance in Cherokee County to make a difference in the lives of children who are living in dangerous drug environments. This will consist of developing a multidisciplinary team to address the issues for these children. This team would formalize efforts on how we can identify these children earlier, respond to these children, and provide services for them to heal. Some of the things we are going to do are collect some data from the community, share how to take action and work together, create some awareness in the community, and more.



In 2018, Cherokee County had a rate of 4.06 per 1,000 residents for non-fatal drug overdose emergency department visits.



For more information or to become part of this initiative contact:

There were **694** Child Protective Services Intake reports to the Department of Children and Families (DCF) in Cherokee County from July 2018 - July 2019.

489 of which were assigned for investigation.

If Cherokee County rates of presenting situations for these assigned cases match the average for our region, we would have had around:

101

reports assigned due to caregiver substance use.

17

reports assigned due to child substance use.

15

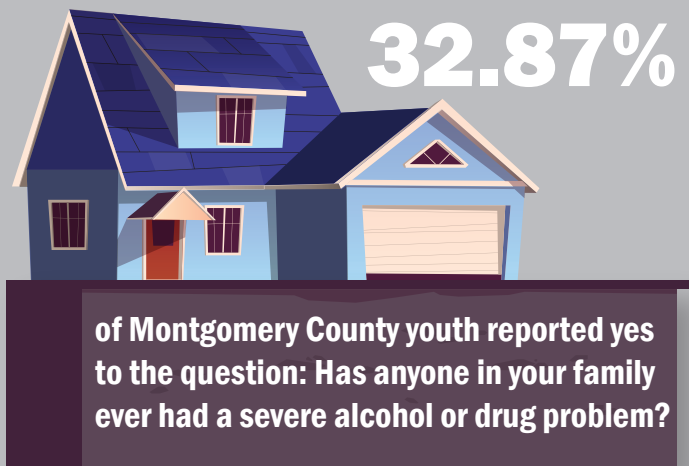
reports assigned due to infant positive for substances



Drug use that impacts our children and families is growing at an alarming rate. The future is at stake. Children whose parents use alcohol or drugs are 3 times more likely to be physically, sexually, and emotionally abused; and they are also 4 times more likely to be neglected. This means that we have children in our community that need our help.

Montgomery County Drug Endangered Children Alliance

We hope to start a Drug Endangered Children (DEC) Alliance in Montgomery County to to make a difference in the lives of children who are living in dangerous drug environments. This will consist of developing a multidisciplinary team to address the issues for these children. This team would formalize efforts on how we can identify these children earlier, respond to these children, and provide services for them to heal. Some of the things we are going to do are collect some data from the community, share how to take action and work together, create some awareness in the community, and more.



In 2018, Montgomery County had a rate of 4.55 per 1,000 residents for non-fatal drug overdose emergency department visits.



For more information or to become part of this initiative contact:

There were **1,057** Child Protective Services Intake reports to the Department of Children and Families (DCF) in Montgomery County from July 2018 - July 2019.

668 of which were assigned for investigation.

If Montgomery County rates of presenting situations for these assigned cases match the average for our region, we would have had around:

138

reports assigned due to caregiver substance use.

23

reports assigned due to child substance use.

20

reports assigned due to infant positive for substances

Appendix 20



Neglected, Abused or Missing Children**a. Neglect and abuse cases**

Unlike other laws concerning juveniles, abuse or neglect laws pertain to children and youths up to the age of eighteen years.

(1) Troopers are mandated reporters (Sec § 17a-101 et seq.):

- (a) Whenever a trooper has reasonable cause to suspect or believe that any child under the age of eighteen years has been abused or neglected, has had nonaccidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child or placed in imminent risk of serious harm, an oral report by telephone or in person shall be made to the Commissioner of the Department of Children and Families as soon as practicable, but not later than twelve hours.
- (b) Whenever a law enforcement agency receives an oral report, it shall immediately so notify the Commissioner of the Department of Children and Families.

(2) Reporting will be concerned with actual or suspected:**(a) Abuse, including:**

- 1. Non-accidental injury to a child, which regardless of motive, is inflicted or allowed to be inflicted by the person responsible for the child's care;
- 2. Injuries inconsistent with the explanation provided for them;
- 3. Failure to protect from abuse.

(b) Maltreatment, including:

- 1. Malnutrition;
- 2. Sexual abuse;
- 3. Sexual exploitation;
- 4. Deprivation of necessities;
- 5. Emotional maltreatment; and
- 6. Cruel punishment.

(c) Neglect, including:**1. Abandonment**

Which includes leaving a child under the age of twelve unsupervised for a period of time that represents a substantial risk to the child's health or safety;

[a] In a place of public accommodation or a motor vehicle; a Class A misdemeanor (Sec. § 53-21a, C.G.S.).

[b] In a place of public accommodation holding a liquor license; a Class D felony (Sec. § 53-21a, C.G.S.).

[c] In a place of public accommodation or a motor vehicle between the hours of 8:00 P.M. and 6:00 A.M.; a Class C felony (Sec. § 53-21a, C.G.S.).

2. Denial of proper care and attention physically, educationally, or morally;
3. Living under conditions, circumstances, or associations, which are injurious to well-being; and
4. Otherwise being abused or at risk of abuse.

(3) **Filing oral and written reports**

Whenever an oral report of abuse is made to a law enforcement agency by a mandated reporter, the Commissioner of the Department of Children and Families shall be notified immediately by the trooper, who shall also follow-up with a written report within forty-eight hours, in accordance with Connecticut General Statutes Sec. § 17a-101c.

- (a) Oral reporting shall be made by telephone to the Protective Services Division of the Department of Children and Families (DCF) district regional office with jurisdiction over the town where the child resides. Regional office locations are listed on the bottom of the report.
- (b) A written report DCF-136 (Report of Suspected Child Abuse/Neglect) shall follow the oral report within forty-eight hours if the oral report did not include the following information, if known:
 1. Names and addresses of the child, and his parents or other person responsible for his care;
 2. The age of the child;
 3. Gender of the child;
 4. Nature and extent of the child's injury or injuries, maltreatment or neglect;
 5. Approximate date and time the child's injury or injuries, maltreatment or neglect occurred;
 6. Information concerning any previous injury or injuries to, or maltreatment or neglect of the child or his siblings;
 7. The circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter;
 8. The name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect; and
 9. Any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment or neglect.
 10. Whatever action, if any, was taken to treat, provide shelter or otherwise assist the child. (Sec § 17a-101d, C.G.S.)

- (c) If a written report on Form DCF-136 was submitted:
 - 1. Write the department case number on the upper left corner of the form;
 - 2. One copy of the form will be forwarded to the Department of Children and Families, a second will remain with the investigative report.
- (d) If a trooper, acting as a mandated reporter has reasonable cause to suspect or believe that any child has been abused or neglected by a member of the staff of a public or private institution or facility that provides care for such child or a public or private school, the mandated reporter shall report the incident to the Commissioner of the Department of Children and Families or the Commissioner's designee.
(Sec. § 17a-101b(d), C.G.S.)
- (4) **DCF HOTLINE**
If a serious case of abuse or neglect occurs during evenings, nights, or holidays and the Department of Children and Families (DCF) assistance is required during these hours, use the HOTLINE at 1-800-842-2288.
- (5) **Applicable criminal charges**
The following criminal charges may be applicable to an offender involved in abuse or neglect incidents:
 - (a) Cruelty to persons, Sec. § 53-20, C.G.S.;
 - (b) Risk of injury to a minor, Sec. § 53-21, C.G.S.;
 - (c) Abandonment of child under the age of six years, Sec. § 53-23, C.G.S.
- (6) **Related procedures**
 - (a) Whenever a trooper reasonably believes that a child or youth has been the victim of a crime of violence by a family or household member, the trooper shall complete and submit a DPS-230-C (Family Violence Offense Report) to the Family Violence Reporting Program of the Crimes Analysis Unit.
 - (b) Whenever a child or youth is the victim of a crime and is intellectually disabled, a report shall be made by DCF to the Office of Protection and Advocacy for Persons with Disabilities.
- (7) **Investigating child abuse or neglect cases**
 - (a) Connecticut General Statutes Sections §§ 17a-101h, 17a-105a, 17a-106 and 17a-106a mandate cooperation among agencies investigating child abuse, and requires state police involvement in some circumstances. These statutes provide for a coordinated multidisciplinary response to cases of suspected child abuse and allow for the sharing of information between the Department of Children and Families (DCF) and law enforcement concerning these joint investigations.
 - (b) Troopers should coordinate with their regional multidisciplinary team when dealing with these cases. Specially trained Major Crime detectives are available in each district and when practical, should be consulted prior to initiating contact with the alleged victim or the alleged victim's family.

- (c) There may be instances when time does not allow for a team response to an emergency report of child abuse. In these cases, DCF or Law Enforcement will begin their initial investigation alone. In such event, troopers shall:
1. Respond to the call in an appropriate manner (commensurate with the urgency of the call), stabilize the crime scene, provide for appropriate medical care, and take initial statements as appropriate from adult witnesses. First responders should be aware of the need to minimize the number of times a child is interviewed and every effort should be taken to gather information needed from parties other than children.
 2. In cases where an alleged sexual assault has occurred within the preceding seventy-two hours, the child should be referred to an appropriate facility for medical evaluation and completion of a sexual assault evidence collection kit.
 3. Cross-report all suspected and alleged cases of child abuse to the Department of Children and Families (DCF).
 4. Take photographs, collect and preserve physical evidence (e.g., trace evidence or instruments used in the assault) at the scene.
 5. Document the conditions within the home.
 6. Refer the case to your regional multidisciplinary team for a forensic interview of the child victim and/or child witnesses.
 7. Consideration should be given to recording the interview if feasible and practicable.
- (d) Troopers may inquire into the DCF registry of reports to determine if there have been other reports of abuse or neglect concerning presently involved individuals by using the HOTLINE number (800-842-2288).
- (e) Troopers and supervisors should consult with the subject matter experts within their respective Major Crime Units, as well as their local prosecutor who handle child abuse cases, should they have any questions regarding these investigations.

(8) **Assisting DCF to remove a child**

DCF personnel may request a trooper to aid in the removal of one or more children from a home without the consent of the parent pursuant to a ninety-six hour hold authorized by the Commissioner of the Department of Children and Families (DCF) or a court order transferring custody of the child to DCF, in the least coercive manner possible under the circumstances.

b. **Request authorization for removal of children - DCF HOTLINE**

- (1) If a child is in imminent risk of physical harm from his surroundings so that immediate removal is necessary to ensure the child's safety, the Commissioner of the Department of Children and Families (DCF) or the Commissioner's designee may authorize the trooper to remove the child without consent from a parent or guardian. (Sec. § 17a-101g(e))
- (2) Request authorization shall be made through the DCF HOTLINE 1-800-842-2288.

c. **Drug Endangered Children**

The National Alliance for Drug Endangered Children, and the Connecticut Alliance for Drug Endangered Children, define drug endangered children as "Children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution. They may also be children whose caretaker's substance misuse interferes with the caretaker's ability to parent and provide a safe and nurturing environment."

- (1) In an effort to ensure positive intervention, State Police personnel and local officers under the operational control of the State Police shall contact the Department of Children and Families (DCF) when conducting investigations that identify drug endangered children as defined above.
- (2) When a child or youth under the age of eighteen years is suffering from abuse, neglect, maltreatment or is at **risk** thereof, state police personnel and other law enforcement personnel under the operational control of the state police shall identify them as "drug endangered children."
- (3) If a criminal charge of Risk of Injury is warranted, all investigative efforts will be made to document the crime to include, as warranted, the use of photography, identifying the location of the illicit evidence relative to the proximity of a child and/or where a child could have access to the illicit item(s), videotaping of evidence, and obtaining witness statements.
- (4) If a child is not physically present at the time of police involvement, it does not lessen the likelihood of endangerment, and a DCF referral shall be made.
- (5) All State Police supervisors and commanders shall ensure that:
 - (a) Assigned personnel are proactive in the identification and reporting of drug endangered children to the Department of Children and Families (DCF);
 - (b) Investigative support requested by the Department of Children and Families is granted when practicable;
 - (c) All personnel shall make every attempt to identify those children who are endangered in drug environments and that DCF is notified as required in each case.
 1. When completing and forwarding the DCF-136 (Report of Suspected Child Abuse/Neglect), State Police Personnel and the local officers under their operational control, shall include the following in the remarks section; "**Drug Endangered Child (DEC) Referral**".
 - (d) Once an investigation has identified a drug endangered child, DCF shall be notified as soon as practicable, preferably while still at the scene to allow DCF investigators to take immediate action if necessary. When contacting the DCF Hotline number (800-842-2288) personnel shall identify the referral as a **DEC Referral**.

- (6) When practicable, supervisors shall contact DCF prior to execution of search and arrest warrants when it is known and/or likely that children will be present at the scene. This notification shall be made through the DCF HOTLINE number or through the local DCF Drug Endangered Children Liaison, which has been established at each DCF office. If the DCF Hotline is notified, they will in-turn contact on-call personnel and make notification to the appropriate area office on the next business day.
- (7) Supervisors may contact the DCF area office Drug Endangered Child Liaison directly if the supervisor believes that immediate assistance by DCF is necessary.
- (8) Under circumstances described above, **no child** shall be placed in the custody of any adult without first:
 - (a) Making an oral report to the DCF HOTLINE by providing a name, date of birth, and other identifying information so that DCF personnel may perform appropriate internal checks of their databases relative to the adult in question.
 - (b) Conducting a FILE 05 wanted persons check on the adult in question;
 - (c) Conducting a records check (SPRC) on the adult in question;
 - (d) Receiving written, or verbal, approval from DCF to leave the child with the adult in question. In the case where verbal approval is provided, investigating personnel should note the name of the DCF Hotline operator within their investigative report.
- (9) If DCF personnel respond to the scene, all checks and fitness determinations shall be made by the Department of Children and Families. In these cases, any assistance within state police parameters will be given.
- (10) DCF referrals will also be made whenever state police personnel or the local officers under their operational control, have reason to believe that a suspect has/had routine contact with children. This may include routine caretakers of children who may or may not, be related to the child.
- (11) To ensure proper follow up, Commanders will assign a supervisor to maintain liaison with DCF offices and DCF/DEC Liaison personnel serving local Troop areas.
- (12) Supervisors and Commanders will ensure that the number of DCF Drug Endangered Child referrals and the number of children referred in each case is noted in their monthly report to District Headquarters.

Department of Children and Families

Drug Endangered Children Practice Guide

The National Alliance for Drug Endangered Children and the CT Alliance for Drug Endangered Children define drug endangered children as children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution. They may also be children whose caregiver's substance use/misuse interferes with their ability to provide a safe and nurturing environment.

The CT Alliance for Drug Endangered Children approach for addressing the needs of children in dangerous drug environments focuses on the formation of community-based partnerships that encourage agency personnel from across multiple disciplines to coordinate their mutual interests, resources, and responsibilities.

Members of a Local DEC Team / Alliance

DEC members are those engaged in all aspects of substance use and child well-being including: law enforcement, child protection, parole, probation, courts, social services, medical professionals, treatment providers, schools, public health workers, prevention specialists, crime victim advocates, and other community leaders working together to craft policies and strategies aimed at rescuing and protecting children endangered by substance use/misuse.

Benefits

- Information sharing prior to a law enforcement action provides a better representation of the child(ren)'s situation.
- Early notification of the law enforcement action to DCF allows DCF DEC Liaison to assess and prepare a response.
- Collaboration improves the working relationship between law enforcement and its DCF DEC Liaisons.

DEC Notification Process



*Social Workers will only enter the scene after law enforcement has cleared the site.

Confidentiality

All information gathered prior to the law enforcement action

- will be maintained confidential and not be shared outside of the designated DCF staff
- will not be documented until the Careline report is made after the event occurs.

Appendix 21

Contact National DEC for sample
Memoranda of Understanding
(MOUs) and assistance
info@nationaldec.org.

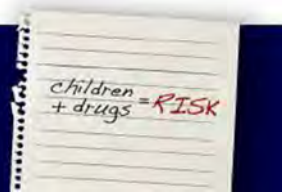


Appendix 22





NATIONAL ALLIANCE FOR DRUG ENDANGERED CHILDREN



Nevada:

NRS 228.700 “Child who is endangered by drug exposure” defined. As used in this section and NRS 228.710 and 228.720, unless the context otherwise requires, “child who is endangered by drug exposure” means:

1. A child who is born affected by prenatal illegal substance abuse or who has withdrawal symptoms resulting from such abuse, or has experienced other complications at birth as a result of such abuse as determined by a physician;
2. A child who illegally has a controlled substance in his or her body as a direct and foreseeable result of the act or omission of the parent, guardian or other person who exercises control or supervision of the child; or
3. A child who is allowed, in violation of NRS 453.3325, to be present in any conveyance or upon any premises wherein a controlled substance is unlawfully possessed, used, sold, exchanged, bartered, supplied, prescribed, dispensed, given away, administered, manufactured or compounded in violation of any of the provisions of NRS 453.011 to 453.552, inclusive.

(Added to NRS by 2009, 1531)

NRS 228.710 Creation; appointment of Statewide Coordinator; Statewide Coordinator in unclassified service.

1. The Office of Statewide Coordinator for Children Who Are Endangered by Drug Exposure is hereby created in the Office of the Attorney General.
2. The Attorney General shall appoint a person to serve as Statewide Coordinator who is knowledgeable about the legal and societal aspects of children who are endangered by drug exposure.
3. The Statewide Coordinator is in the unclassified service of the State.

(Added to NRS by 2009, 1531)

NRS 228.720 Duties of Statewide Coordinator; acceptance of gifts, grants and other money.

1. The Statewide Coordinator for Children Who Are Endangered by Drug Exposure shall:
 - (a) Provide necessary assistance to communities and local governments in establishing programs for children who are endangered by drug exposure.
 - (b) Provide education to the public concerning children who are endangered by drug exposure.
 - (c) Perform such other tasks as are necessary to carry out his or her duties and the functions of his or her office.
2. The Attorney General may accept grants, gifts, donations, bequests or devises on behalf of the Office of Statewide Coordinator for Children Who Are Endangered by Drug Exposure which must be used to carry out the duties of the Statewide Coordinator.

(Added to NRS by 2009, 1531)

Appendix 23



House File 543 - Enrolled

House File 543

AN ACT

RELATING TO CHILD IN NEED OF ASSISTANCE AND CHILD ABUSE CASES
INVOLVING CERTAIN DRUGS AND OTHER SUBSTANCES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 232.2, subsection 6, paragraph p, Code 2017, is amended to read as follows:

p. Whose parent, guardian, or custodian, or other adult member of the household in which a child resides does any of the following: unlawfully uses, possesses, manufactures, cultivates, or distributes a dangerous substance in the presence of a child; or knowingly allows such use, possession, manufacture, cultivation, or distribution by another person in the presence of a child; or in the presence of a child possesses a product containing ephedrine, its salts, optical isomers, salts of optical isomers, or pseudoephedrine, its salts, optical isomers, salts of optical isomers, with the intent to use the product as a precursor or an intermediary to a dangerous substance in the presence of a child; or unlawfully uses, possesses, manufactures, cultivates, or distributes a dangerous substance specified in subparagraph (2), subparagraph

division (a), (b), or (c), in a child's home, on the premises, or in a motor vehicle located on the premises.

(1) For the purposes of this paragraph, "*in the presence of a child*" means in the physical presence of a child during the manufacture or possession, the manufacture or possession occurred in a child's home, on the premises, or in a motor vehicle located on the premises, or the manufacture or possession occurred or occurring under other circumstances in which a reasonably prudent person would know that the use, possession, manufacture or possession, cultivation, or distribution may be seen, smelled, ingested, or heard by a child.

(2) For the purposes of this paragraph, "*dangerous substance*" means any of the following:

(a) Amphetamine, its salts, isomers, or salts of its isomers.

(b) Methamphetamine, its salts, isomers, or salts of its isomers.

(c) A chemical or combination of chemicals that poses a reasonable risk of causing an explosion, fire, or other danger to the life or health of persons who are in the vicinity while the chemical or combination of chemicals is used or is intended to be used in any of the following:

(i) The process of manufacturing an illegal or controlled substance.

(ii) As a precursor in the manufacturing of an illegal or controlled substance.

(iii) As an intermediary in the manufacturing of an illegal or controlled substance.

(d) Cocaine, its salts, isomers, salts of its isomers, or derivatives.

(e) Heroin, its salts, isomers, salts of its isomers, or derivatives.

(f) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate.

Sec. 2. Section 232.68, subsection 2, paragraph a, subparagraph (7), Code 2017, is amended to read as follows:

(7) The person responsible for the care of a child ~~has~~,

in the presence of the a child, as defined in section 232.2, subsection 6, paragraph "p", manufactured unlawfully uses, possesses, manufactures, cultivates, or distributes a dangerous substance, as defined in section 232.2, subsection 6, paragraph "p", or in the presence of the child knowingly allows such use, possession, manufacture, cultivation, or distribution by another person in the presence of a child; possesses a product containing ephedrine, its salts, optical isomers, salts of optical isomers, or pseudoephedrine, its salts, optical isomers, salts of optical isomers, with the intent to use the product as a precursor or an intermediary to a dangerous substance in the presence of a child; or unlawfully uses, possesses, manufactures, cultivates, or distributes a dangerous substance specified in section 232.2, subsection 6, paragraph "p", subparagraph (2), subparagraph division (a), (b), or (c), in a child's home, on the premises, or in a motor vehicle located on the premises.

Sec. 3. Section 232.77, subsection 2, Code 2017, is amended to read as follows:

2. a. If a health practitioner discovers in a child physical or behavioral symptoms of the effects of exposure to cocaine, heroin, amphetamine, methamphetamine, or other illegal drugs, or combinations or derivatives thereof, which were not prescribed by a health practitioner, or if the health practitioner has determined through examination of the natural mother of the child that the child was exposed in utero, the health practitioner may perform or cause to be performed a medically relevant test, as defined in [section 232.73](#), on the child. The practitioner shall report any positive results of such a test on the child to the department. The department shall begin an assessment pursuant to [section 232.71B](#) upon receipt of such a report. A positive test result obtained prior to the birth of a child shall not be used for the criminal prosecution of a parent for acts and omissions resulting in intrauterine exposure of the child to an illegal drug.

b. If a health practitioner involved in the delivery or care of a newborn or infant discovers in the newborn or infant physical or behavioral symptoms that are consistent with the effects of prenatal drug exposure or a fetal alcohol spectrum

disorder, the health practitioner shall report such information to the department in a manner prescribed by rule of the department.

LINDA UPMAYER
Speaker of the House

JACK WHITVER
President of the Senate

I hereby certify that this bill originated in the House and is known as House File 543, Eighty-seventh General Assembly.

CARMINE BOAL
Chief Clerk of the House

Approved _____, 2017

TERRY E. BRANSTAD
Governor