



# Promising Practices for Helping Drug Endangered Children

PATHS TO A COMMON VISION



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



**NATIONAL ALLIANCE**  
FOR DRUG ENDANGERED CHILDREN  
Rescue. Defend. Shelter. Support.





# Promising Practices for Helping Drug Endangered Children

PATHS TO A COMMON VISION



This *Promising Practices for Helping Drug Endangered Children: Paths to a Common Vision* was developed by the National Alliance for Drug Endangered Children (National DEC) with the support of cooperative agreement numbers 2010-CK-WX-K014 and 2012-CK-WX-K004 awarded by the Office of Community Oriented Policing Services (COPS Office), U.S. Department of Justice. The opinions contained herein are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice. References to specific agencies, companies, products, or services should not be considered an endorsement by the authors or the U.S. Department of Justice. Rather, references are illustrations to supplement discussion of the issues.

The Internet references cited in this publication were valid as of the date of this publication. Given that URLs and websites are in constant flux, neither the authors nor the COPS Office can vouch for their current validity.

Recommended citation:

National Alliance for Drug Endangered Children. 2014. *Promising Practices for Helping Drug Endangered Children: Paths to a Common Vision*. Washington, DC: Office of Community Oriented Policing Services.

ISBN: 978-1-935676-67-6

Published 2014

Cover images: bartzuza/Shutterstock, Inc. (*top*)

Andresr/Shutterstock, Inc. (*far left*)

Digital Media Pro/Shutterstock, Inc. (*far right*)



# Contents

- Letter from the Director ..... 3
- About The National Alliance for Drug Endangered Children ..... 4
  - Who we are and what we do ..... 4
  - Our history ..... 5
  - Our organization and partnerships ..... 5
- About This Guide..... 7
- Building a State, Tribal, or Provincial DEC Organization ..... 8
  - DEC alliance development guidelines ..... 8
  - The DEC mission has three main components..... 9
- Raising Awareness about the Risks Faced by Drug Endangered Children..... 11
  - What DEC training is available to help raise awareness about the DEC problem, and how it is being used?..... 11
  - What other work is being done to help bring awareness to the DEC problem?..... 15
- How Do We Implement the Collaborative DEC Approach?..... 16
  - How do we learn about implementing the collaborative DEC Approach?..... 16
  - What are some examples of MOUs, protocols, and guidelines that help implement the DEC Approach?..... 17
  - What other tools and resources have been developed to implement the DEC Approach? ..... 25
- How Do We Sustain and Institutionalize the DEC Approach?..... 30
  - Are there any alliances that are institutionalizing the DEC Approach?..... 30
- Conclusion ..... 36
- Appendix A. Arkansas DEC Alliance – MOU..... 37
- Appendix B. Nevada DEC Alliance – State Law DEC Definition and DEC Coordinator Position ..... 39

Appendix C. Connecticut DEC Alliance – State Police Operations Manual on DEC.....	<b>40</b>
Appendix D. Connecticut DEC Alliance – Connecticut Police Chiefs Association: Model Policy and Procedure .....	<b>42</b>
Appendix E. Iowa DEC Alliance – Jasper County Protocol.....	<b>45</b>
Appendix F. Ontario, Canada – DEC Law Enforcement Checklist.....	<b>46</b>
Appendix G. Texas DEC Alliance – Local DEC Alliance Development Worksheet.....	<b>49</b>
Appendix H. Washington DEC Alliance – Collaborative Community Response for DEC .....	<b>50</b>
Appendix I. South Carolina Drug Endangered Children Alliance – MOU with National DEC.....	<b>51</b>
About the COPS Office.....	<b>54</b>

## Letter from the Director

Dear colleagues,

It is estimated that more than 9 million children live in homes where a parent or other adult use illegal drugs. The impact on children growing up while surrounded by illegal drugs is devastating. They are three times more likely to be verbally, physically, or sexually abused and four times more likely to be neglected. It is not easy to find and protect these kids.

Fortunately, organizations like the National Alliance for Drug Endangered Children and their affiliated state and local DEC alliances have made great strides in establishing training and resources that help law enforcement, social workers, teachers, community groups, and others track and assist children growing up within such tragic circumstances. They regularly demonstrate that we can provide a powerfully visible alternative to the neglect and violence that are part of the daily lives of 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.

Identifying and responding to drug endangered children through trauma-informed approaches has not yet become a central part of law enforcement's mission to serve and protect. However, this collection of promising practices shows that there are communities already working to change the way we do business in order to make a difference in the lives of children. I hope reading these examples help you and your agency in collaborating with others in the community to identify and serve these children at risk and to make it a part of your daily routine. Every child deserves to grow up in a home that is free from abuse and neglect. Together, we can make that a reality.

Sincerely,



Ronald L. Davis, Director  
Office of Community Oriented Policing Services



## About The National Alliance for Drug Endangered Children

National DEC helps break the cycle of abuse and neglect by empowering practitioners to identify and respond to children living in dangerous drug environments.

### Who we are and what we do

The National Alliance for 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 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.

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 abusing 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. We call this collaborative effort the “DEC Approach.”

The DEC Approach is a comprehensive approach that focuses on the formation of community-based partnerships that engage professionals from multiple disciplines in developing a collaborative approach to rescue, defend, shelter, and support children who live in drug environments. This joint approach brings to the forefront the collaborative aspect of the duties of these various disciplines, while also assisting in meeting the needs of these children.

The mission of the National DEC is to break the cycle of abuse and neglect by empowering practitioners who work to transform the lives of children and families living in drug environments. We provide training and technical assistance to state, tribal, and provincial DEC alliances and all those in the community who assist and care for drug endangered children.

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

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

## Our history

The first official DEC effort was launched in 1993, in Butte County, California, by Sue Webber-Brown, Mitch Brown, and their colleagues. Nurtured by their enduring passion, the movement gained momentum. In 1996, the California Governor's Office awarded the first grants to establish DEC teams, a multi-disciplinary approach that involved law enforcement, social services, prosecutors, and medical providers who would work together to identify children living in hazardous drug environments.

By 2002, 12 states had joined together to share information about drug endangered children in their own communities and to coordinate efforts to establish a national alliance, and in 2003 a steering committee was formed. In 2004 a grant from the Office of Community Oriented Policing Services of the United States

Department of Justice (COPS Office) funded the first annual National Alliance for Drug Endangered Children Conference, which was held in Denver, Colorado.

## **Children plus drugs equals risk**

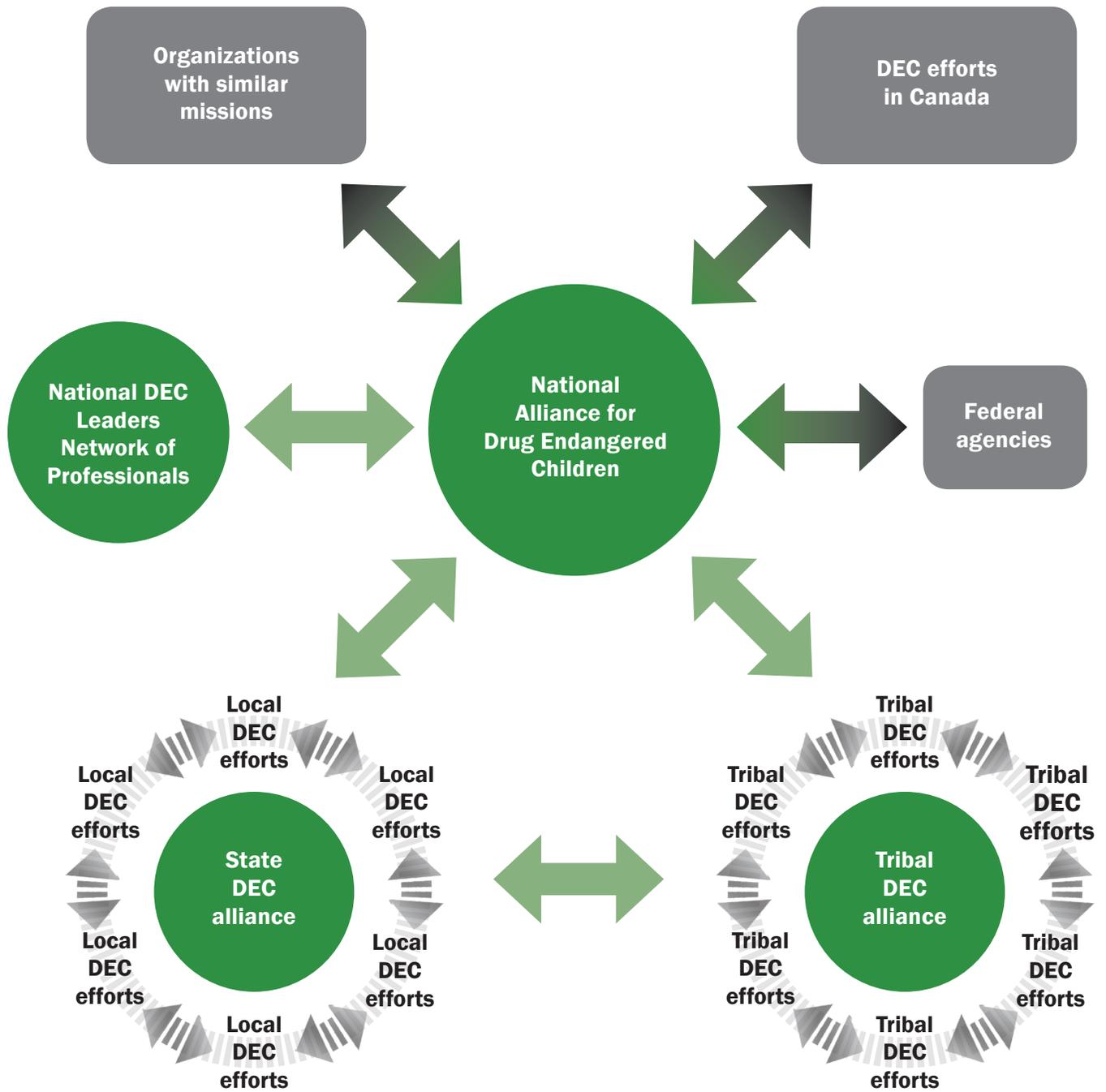
In 2006 National DEC was officially incorporated as a charitable 501(c)(3) non-profit organization led by its board of directors. Today National DEC includes a full-time staff, a board of directors, and hundreds of talented, knowledgeable, and dedicated professionals who are volunteer members of our DEC Leaders Network. To promote best practices, strengthen collaboration, and increase awareness at all levels, we developed a unique, groundbreaking online DEC resource center. We also host an annual national conference, bringing together practitioners from across the nation and from a variety of disciplines aligned with our mission.

## Our organization and partnerships

National DEC and the DEC mission have two fundamental components. One is the drug endangered children organizations—the state, tribal, provincial, and local DEC alliances that develop promising practices that provide support to local DEC efforts. The second component is the drug endangered children effort—the professionals in the field who develop promising practices that support the implementation and institutionalization of the DEC Approach.

Advocates throughout the United States and Canada have worked hard to create effective collaborations at the national, state, provincial, tribal, and local levels and to institutionalize the DEC Approach to the benefit of drug endangered children. We believe that being part of the DEC movement 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 6 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

There are currently 25 state DEC alliances, a number of tribal DEC alliances and coalitions, and a DEC alliance in the Province of Ontario, Canada. There is also a growing interest in DEC alliances, with many more in development. The current state DEC alliances are located in Arizona, Arkansas, California, Colorado, Connecticut, Florida, Iowa, Kansas, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nevada, North Dakota, Oklahoma, Oregon, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, and Wyoming. In addition, there is a statewide tribal DEC alliance in Nevada and an alliance in Ontario, Canada. Contact information for each of these DEC alliances is available on National DEC's website: [www.nationaldec.org/statesites.html](http://www.nationaldec.org/statesites.html).

These state, tribal, and provincial DEC alliances are the cornerstone of the drug endangered children effort. As such, these alliances have developed programs that uniquely fit the needs of their community members and their local DEC initiatives and are structured around the legislative statutes, drug trends, and partnerships within the state, tribe, or province. Even though no two state, tribal, or provincial DEC alliances are exactly alike, they have many similarities, including a working partnership with National DEC, marketing strategies and branding, DEC conferences, and the delivery of DEC training, to name a few.

Promising practices are those practices that have proven to be effective at achieving a specific aim and hold promise for other organizations. The purpose of this guide is to share promising practices in the area of drug endangered children in order to further the DEC mission. These promising practices are being utilized by state, tribal, and provincial DEC alliance leaders as they strengthen their DEC organizations and resources. These promising practices are also being used by current practitioners from various disciplines in order to implement and institutionalize their local drug endangered children initiatives.

We hope this guide will connect you to other state, tribal, and provincial DEC leaders as well as professionals in the field so you can leverage resources and take advantage of tools that have already been developed in order to strengthen DEC organizations and DEC efforts in your area. National DEC intends to periodically revise this publication, which was initially published in 2014, with updated information about the DEC promising practices and information about new DEC developments.

# Building a State, Tribal, or Provincial DEC Organization

## DEC alliance development guidelines

The first promising practice we want to highlight is the state, tribal, and provincial DEC alliance development guidelines. This chart of stages of DEC alliance development (see figure 2) was created by the National DEC Leaders Network, which is a group of professionals from multiple disciplines across the nation, committed to the evolution of the drug endangered children efforts. The guidelines identify key phases in establishing a DEC alliance: start-up, operational, effective, and sustainable. Each phase then highlights key components that act as a guide for state, tribal, and provincial DEC alliances to help measure their progress over time. You will find examples of many of these key components in this guide as well as on our website in the A to Z Resources Library at [www.nationaldec.org](http://www.nationaldec.org).

**Figure 2. State, tribal, and provincial DEC alliance development guidelines**

<b>START-UP → OPERATIONAL → EFFECTIVE → SUSTAINABLE</b>			
Awareness of the problem	Organizational structure completed (board of directors/advisory board/steering committee)	Able to gather/track statistics/data	Performance measures/effectiveness, returns on investment
Identified leadership	Multi-disciplinary support	Business plan completed	Continued funding and support
Identified shareholders	Government/policymakers participation	Has success stories	Flexibility and ability to change and grow as needs change
Stakeholders (multiple disciplines) who are interested and committed	Goals and objectives defined	Strong relationships with state, tribal, and community leaders	Recognition, leader in the field
Regularly organized meetings	Memorandums of understanding (MOUs), protocols, guidelines	Promising practices developed and shared	Cannot be champion dependent

**START-UP → OPERATIONAL → EFFECTIVE → SUSTAINABLE**

Identifying goals and objectives	Dedicated staff (i.e., FTE or coordinator)	Utilizing marketing tools to gain awareness/ website	Institutionalized DEC philosophy and practice
Basic awareness training	Increased awareness training	Multi-agency DEC training offered	Training/TA for local efforts
Needs and resources assessment	Promising practices in development	Local DEC programs in development	Local DEC programs established
Organizational structure in development (Bylaws/ Sample MOUs)	Budget/funding	Anchored/Continuity, formalized to some degree	DEC in statute/code/ official documents
Business plan/action plan in development	National DEC connection	Diversity; people being served are represented	National DEC connection
National DEC connection		National DEC connection	

Source: National DEC Leaders Network

### The DEC mission has three main components

1. Raising awareness about the risks faced by drug endangered children
2. Developing collaborative efforts and implementing the DEC Approach
3. Sustaining and institutionalizing the DEC Approach

The promising practices in this guide cover all three components of the DEC Mission and they also reveal how the DEC organizations support and enhance these components. 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. The remainder of this guide will describe the promising practices that are actually being used in the field to move the DEC Mission forward. These include:

- DEC Awareness Training
- Designating a DEC Awareness Day

- Training in the Collaborative Multidisciplinary DEC Approach
- Creating DEC memorandums of understanding (MOUs), protocols, guidelines, and worksheets
- Establishing collaborative partnerships
- Creating DEC notification, tracking, and data collection systems
- Developing apps to share contacts and enhance communication
- Including a DEC definition in state statutes
- Adding a DEC definition to child welfare case management systems
- Including DEC protocols in state law enforcement administrative and operational manuals
- Requiring law enforcement agencies that receive drug enforcement funds to be trained in DEC
- Incorporating the DEC Approach and DEC protocols into law enforcement training academies

In the following pages, you will learn about all of these promising DEC practices and more. As the DEC movement grows and expands, more and more promising practices are being developed by practitioners and DEC alliances. National DEC will continue to work closely with these efforts. And we will publicize the creative ideas and promising practices that enhance awareness about the risks faced by drug endangered children, facilitate the implementation of the DEC Approach, and sustain and institutionalize the DEC effort to break cycles of neglect and abuse.



***We will publicize the creative ideas  
and promising practices that enhance  
awareness about the risks faced by  
drug endangered children.***



## Raising Awareness about the Risks Faced by Drug Endangered Children

### What DEC training is available to help raise awareness about the DEC problem, and how it is being used?

#### *Core DEC awareness training*

National DEC developed and utilizes a Core DEC Awareness Training curriculum that effectively highlights the risks faced by drug endangered children. The learning objectives include: 1) Raising awareness regarding the problem of drug endangered children so that professions interacting with these victims recognize the need to facilitate multi-disciplinary, coordinated responses to better meet the needs of these children; 2) Describing opportunities to identify children living in dangerous drug environments and encourage intervention at the earliest possible point when endangerment is suspected to reduce physical and psychological harm to children; and 3) Reviewing a multi-disciplinary 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 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 utilized throughout the country and in Canada. Here are some examples:

- **Certifying Core DEC trainers:** More than 340 professionals have been certified by National DEC as Core DEC trainers and can deliver the Core DEC training within their communities. These trainers represent 35 states across the nation (AK, AR, AZ, CA, CO, CT, DC, FL, GA, IA, ID, IL, KS, MD, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NM, NV, OK, OR, SC, SD, TN, TX, UT, WA, WI, WY) to include more than 120 professionals within tribal communities. Training DEC trainers helps spread the DEC Approach.
- **Training partnership with the Executive Office of United States Attorneys:** National DEC is partnering with the Executive Office of U.S. Attorneys to provide Core DEC Train the Trainer sessions for tribal community members and others from across the country. The first of several expected trainings was held in Columbia, South Carolina, at the National Advocacy Center in March of 2104. With 102 participants, more than 30 states and 40 tribal communities were represented. These newly certified trainers include judges, defense council, corrections officers, police officers, prosecutors, sheriffs, other law enforcement representatives, state/local task force officers, treatment professionals, child welfare workers, medical providers and victim advocates. Several of these certified Core DEC trainers are already delivering DEC training in various communities.
- **Training practitioners:** More than 25,000 professionals across the nation have received the Core DEC Awareness training which was delivered by certified Core DEC trainers. Additional training opportunities are regularly scheduled.
- **Training rural law enforcement executives:** The University of Arkansas Criminal Justice Institute and the National Center for Rural Law Enforcement (NCRLE) integrated the National Core DEC Awareness

training into the Rural Executive Management Institute (REMI). Through REMI, the NCRLE brings excellence in management education to the chief executives of rural law enforcement. Bringing DEC Awareness training to this level of law enforcement is a critical step to success in implementing the DEC Approach.

- **National regional tribal DEC trainings:** National DEC is partnering with Lamar Associates to provide regional tribal DEC trainings. These trainings have been held in Arizona, Washington, New Mexico, and Tennessee with additional trainings scheduled. National DEC collaborates with the state DEC leader in each host state where the training is held to provide an opportunity to talk about the DEC efforts taking place in their state and tribal communities.
- **Tribal community partnerships with Wisconsin DEC:** The Wisconsin DEC Alliance recognized a need to coordinate and work with the tribal entities to develop DEC programs for each of the 11 tribes represented in the state. Through the DEC training, all of the tribes represented in Wisconsin have been given tools to establish a DEC program in their tribal communities. Some tribes have operational DEC programs, with at least five joining Wisconsin DEC and other tribes continuing to work through the process.
- **Tribal communities DEC trainings with Washington DEC:** The Washington DEC Alliance provides Core DEC training directly to tribes within the state. These trainings focus on providing DEC information to all of Washington's tribal communities and assisting some attendees at the trainings to become certified Core DEC trainers.
- **Partnerships and trainings with Nevada Tribal DEC and Nevada DEC:** In 2013, National DEC staff provided Core DEC 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 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. In July 2013, a group of 13 tribal members were trained and certified in National DEC's Core DEC curriculum and have since provided training to other professionals across Nevada's Indian country.
- **Statewide DEC training with West Virginia DEC:** The West Virginia Alliance for Drug Endangered Children has been in existence since December 2005. Through DEC training, they strive to spread the message that substance abuse is a component in more than 90 percent of child maltreatment cases in West Virginia and it is vital to understand the dynamics of addiction and treatment in order to be able to work these cases. Law enforcement, Child Protective Services, prosecutors, and hospital staff are all important components in addressing the children's issues. Each discipline is vitally important. The West Virginia Drug Endangered Children Alliance meets quarterly to gather information from the field and from managers about the problems and solutions in working child abuse cases in West Virginia. The information gathered is translated into training initiatives around the state for all disciplines. West Virginia DEC has an Annual Drug Endangered Children Conference, which reaches around

200 multidisciplinary attendees every year. Drug endangered children training is presented in an annual law enforcement tour which reaches more than 500 law enforcement officers in seven locations in West Virginia. DEC training is also included in the Annual Children's Justice Act Crimes Against Children Conference and Regional Trainings which draw an average of 750 attendees each year.

By highlighting the connection between child maltreatment and substance abuse, working closely with practitioners, and providing multiple opportunities for DEC training, West Virginia DEC is successfully using training to implement the DEC Approach statewide.

- **Drug endangered children training partnerships with Missouri DEC:** Missouri DEC Alliance has partnered with the Missouri Juvenile Justice Association and National DEC to provide a 12-hour DEC track at the Missouri Juvenile Justice Association Statewide Conference. At this conference in 2013, more than 60 professionals attended the DEC track, including professionals from children's services and child welfare, law enforcement, judicial, probation, and more. Missouri DEC Alliance also partnered with the Missouri Sheriff's Conference to provide Core DEC training to sheriffs from across the state. By forming key partnerships with other statewide organizations to provide DEC training, Missouri DEC is significantly advancing the DEC mission.
- **Drug endangered children training upon request at national, tribal, regional, state, and local conferences, trainings, and other events:** National DEC staff and our network of certified trainers strive to never say "no" to a request for DEC training. DEC trainings have been provided at numerous conferences, including: U.S. Attorneys Protect Our Children's 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, Committee of Youth Officers of Ontario Canada, American Professional Society on the Abuse of Children, state DEC alliance annual conferences, National Rural Institute on Alcohol & Substance Abuse, and many others. DEC trainings are scheduled regularly in various parts of the country with the goal of making them accessible to all who are interested.

### *National DEC's website and online resource center*

National DEC's website and online resource center contain a wealth of DEC information, including the following:

- **Online Core DEC Training:** Face to face DEC training with professionals is the preferred method because it allows direct interaction between the various disciplines involved. However, technology can facilitate very effective DEC awareness and greatly expand training opportunities. National DEC has a 90-minute version of its Core DEC Training available on its website: [www.nationaldec.org/training/coredectraining.html](http://www.nationaldec.org/training/coredectraining.html).
- **Professional development webinars:** National DEC holds monthly DEC-related professional development webinars that are available free of charge and accessible for later viewing. Approximately 70 full-length webinars are available on our website: [www.nationaldec.org/training/trainingdownloads.html](http://www.nationaldec.org/training/trainingdownloads.html).

- **Online resource library:** National DEC's online Resource Center contains more than 1,400 downloadable DEC-related resources: [www.nationaldec.org/resourcecenter/resourcecenter.html](http://www.nationaldec.org/resourcecenter/resourcecenter.html).
- **COPS Office DEC resources CD:** With the support of the Office of Community Oriented Policing Services (COPS Office) in the U.S. Department of Justice, National DEC developed a DEC Resource CD that includes the 90-minute Core DEC Awareness presentation and dozens of other DEC resources. This CD is available through the COPS Office and National DEC.

All of these resources are designed to make DEC training more accessible to more practitioners. National DEC's state, tribal and provincial DEC alliance partners also strive to expand training opportunities using technology.

### *Tribal Core DEC Awareness online training*

National DEC, in partnership with Lamar Associates, is developing online training for the Tribal Core DEC Awareness Curriculum. With support from the U.S. Department of Justice Bureau of Justice Assistance and in partnership with Lamar Associates and the United States Attorneys' Executive Office, National DEC is developing tribal DEC training to help raise awareness and train professionals in the DEC Approach in tribal communities across the country. National DEC and the state DEC alliances, in partnership with tribal communities, strive to help implement the DEC Approach in Indian country.

Through this partnership with Lamar Associates Indian Country Training, National DEC is developing and delivering online training modules focusing on Indian country child endangerment issues, with a primary focus on substance abuse. The online learning courses will address the building of collaborative partnerships, drug endangered children protocols, and other problem solving strategies to address drug endangered children, with a focus on child welfare in Indian country.

This online learning will enhance National DEC's capacity to offer quality training to an increased number of participants across Indian country. Further, online learning will

- develop the leadership capacity and expertise of a large group of tribal professional community service providers;
- integrate technology more effectively into learning environments focusing on tribal child endangerment issues;
- provide access to the highest quality training available for rural, remote, and isolated Indian country areas;
- offer time flexibility that makes it possible for more professional community service providers to receive meaningful professional development;
- create a community that can work together toward a common goal of using technology to connect programs;
- provide hands-on experience that makes it realistic for professional community service providers to translate training experiences into casework practice.

The online Tribal Core DEC training curriculum will be fully available by the end of 2014.

## What other work is being done to help bring awareness to the DEC problem?

### *Annual DEC awareness day*

The fourth Wednesday of April every year is designated by National DEC and our national network of state DEC alliances as National Drug Endangered Children Awareness Day. This is a day when people from across the United States and Canada can focus one day in their state or community to raise awareness on drug endangered children. State DEC alliances have been very creative in developing strategies to raise awareness on this day about the risks faced by drug endangered children. Here are some examples:

- Governor's proclamations: Kansas DEC, Iowa DEC, Washington DEC, and Colorado DEC have had the governor sign a statewide proclamation and/or promoted awareness at their state Capitol.
- DEC trainings: Nevada DEC and Washington DEC have provided specific DEC training on that day.
- DEC press releases: 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.
- Meetings with policymakers: California DEC has joined with state and local agencies at the state capitol to speak and answer questions on drug endangered children. Missouri DEC conducted legislative visits and provided DEC informational sheets.
- Providing clothing to drug endangered children: Washington DEC collects shoes and socks for children who are receiving services for child protective services in Washington.
- Development of the DEC Awareness Community Planning Toolkit.

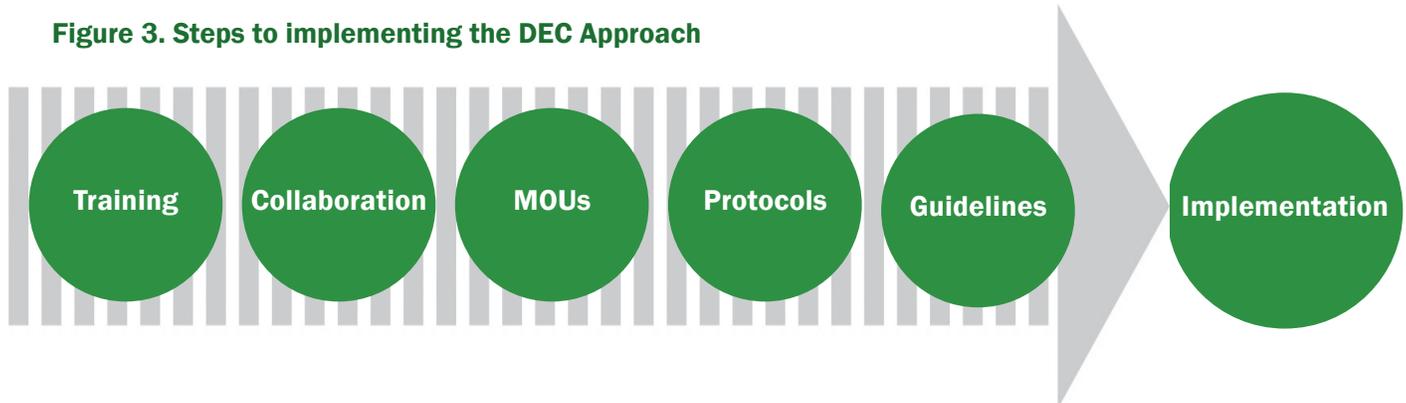
The Kansas Alliance for Drug Endangered Children developed the Community Planning Toolkit as a template for other states to use when planning events for National DEC Awareness Day. This toolkit is for community DEC advocates planning a Drug Endangered Children Awareness Day. It provides advice on issuing proclamations, hosting press events and town hall meetings, conducting DEC training, and utilizing social media. This toolkit also includes advice on working with different groups and community resources, such as bookstores and libraries, faith communities, schools, neighborhood organizations, and parents and families. Sample documents include a proclamation, press release, newsletter article, personal story, social media messages, and DEC educational materials. The Community Planning Toolkit can be found in the National DEC Resource Center ([www.nationaldec.org](http://www.nationaldec.org)) in the A to Z Resources Library under "Drug Endangered Children Awareness Day Community Planning Toolkit." It is also available at [www.nationaldec.org/goopages/pages\\_downloadgallery/download.php?filename=19546.pdf&orig\\_name=774.pdf](http://www.nationaldec.org/goopages/pages_downloadgallery/download.php?filename=19546.pdf&orig_name=774.pdf).



## How Do We Implement the Collaborative DEC Approach?

Because the DEC mission involves so many disciplines, agencies, and jurisdictions, developing collaboration and implementing the DEC Approach can be greatly enhanced through training and by the development of DEC protocols, guidelines, and Memorandums of Understanding (MOU) (see figure 3 to see some of the steps to implementing the collaborative DEC Approach).

**Figure 3. Steps to implementing the DEC Approach**



### How do we learn about implementing the collaborative DEC Approach?

#### *COPS DEC law enforcement guide*

With support from the COPS Office, National DEC developed the *Drug Endangered Children: Guide for Law Enforcement* (COPS DEC Guide), which highlights the drug endangered children mission and introduces the DEC Approach. This Approach recognizes the likelihood of harm and the extensive risks that drug endangered children face, and focuses on engaging professionals from multiple disciplines in developing a collaborative response. It creates a mindset among law enforcement, child welfare workers, prosecutors, and other practitioners that together we can break the cycle of abuse and neglect. All disciplines play a vital part in the DEC Approach.

The COPS 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 provincial DEC alliances. It includes organizational issues, bylaws and protocols, communications, public awareness and support, and recommended steps and timelines.

These local alliances of various practitioners directly change the processes and practices for handling cases involving children at risk of maltreatment; they have the best opportunity to impact children's lives. This collaborative approach is effective in dealing with the full range of risks and challenges faced by drug endangered children, including neglect and abuse, exposure to violence, trauma, and child development issues. The COPS DEC Guide for Law Enforcement can be found on the National DEC website in our online A to Z Resources Library at [www.nationaldec.org/goopages/pages\\_downloadgallery/download.php?filename=26003.pdf&orig\\_name=1280.pdf](http://www.nationaldec.org/goopages/pages_downloadgallery/download.php?filename=26003.pdf&orig_name=1280.pdf).

### *National DEC's discipline specific training*

Under a U.S. Department of Justice, Bureau of Justice Assistance grant, National DEC developed Discipline Specific DEC Training. 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 DEC Guide. Our Discipline Specific DEC Training directly engages law enforcement, child welfare, prosecutors, and 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.

The training includes “Key Insights” about various disciplines that have proven to effectively change the perspectives and practices of practitioners in the field. As an example, most states in the United States formalize the process of assessing risk by using some type of structured decision-making tool which generally includes broad categories related to abuse and neglect. Before child welfare agencies intervene with families, they are generally required to identify maltreatment or risk of maltreatment using these tools. When law enforcement has an understanding of this assessment process and when they recognize that it is a critical part of child welfare’s work, it highlights the importance of evidence collection. When law enforcement officers document evidence of risks a clearer picture is painted about the life of the child living in a drug environment. For more information on Discipline Specific DEC Training, contact our National DEC staff.

### **What are some examples of MOUs, protocols, and guidelines that help implement the DEC Approach?**

#### *Arkansas — statewide DEC Approach*

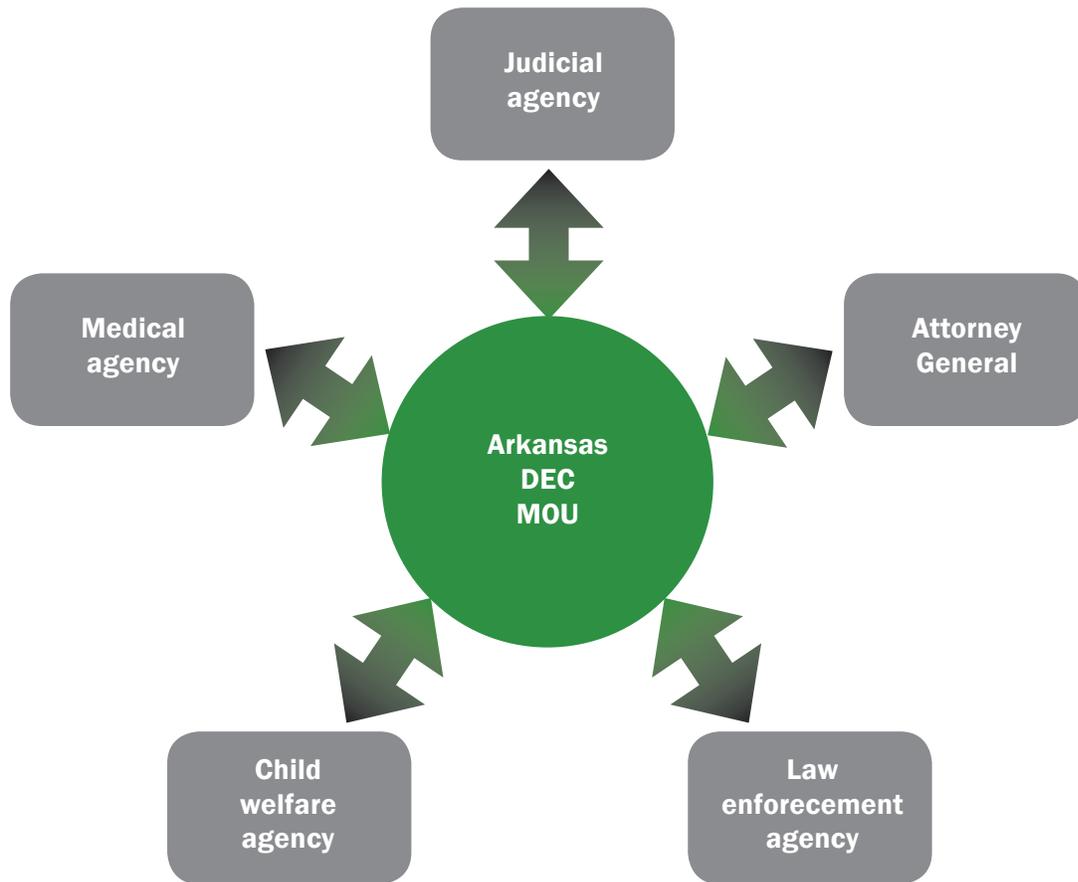
##### **Statewide DEC MOU with Arkansas DEC**

In 2010 Arkansas DEC became the first state to establish a formal statewide partnership between state and federal leaders to implement the DEC Approach (see figure 4 on page 18). This partnership was formalized with the signing of a Memorandum of Understanding by the leaders of 11 state and federal agencies and organizations. Through this formal partnership, agencies representing law enforcement, social service, judicial, and medical professionals who play a key role in identifying and protecting drug endangered children have agreed to work together to ensure a unified response to cases of child abuse and neglect. By sharing resources and information, these partnering agencies are attempting to reduce duplication in efforts, ensure the efficient use of limited resources, and ultimately sustain this important initiative.

In addition to Arkansas DEC and the University of Arkansas Criminal Justice Institute, other agencies formally committed to this partnership include the Office of the Arkansas Attorney General; the Arkansas Division of Children and Family Services; the Office of the U.S. Attorney—Eastern District of Arkansas;

Arkansas Children’s Hospital’s Center for Children at Risk; the Arkansas State Police—Crimes Against Children Division; the Arkansas Commission on Child Abuse, Rape and Domestic Violence; the Administrative Office of the Courts—Juvenile Courts Division; the Office of the Arkansas Drug Director; and the Drug Enforcement Administration. (See appendix A for text of the MOU.)

**Figure 4. Formal partnership with Arkansas DEC and state and federal leaders**



**Arkansas MOU created formal partnerships with key stakeholders to implement the DEC Approach statewide**

**Implementation of the DEC Approach through statewide collaboration**

Arkansas DEC is using a strategic, tiered approach to spread the DEC mission throughout the state of Arkansas. Arkansas DEC is based in the University of Arkansas System, Criminal Justice Institute (CJI). The Arkansas DEC initiative has long prescribed to an implementation model that works on identifying and understanding the unique issues impacting drug endangered children and the professionals who serve them. This model is designed to best address the needs of drug endangered children and identify and focus on local community resources. Throughout the past eight years, a multi-phased, multidisciplinary approach was developed and implemented within local communities. This work has resulted in an established three-tiered model of implementation of DEC practices across the state by judicial district.

The Arkansas DEC strategy includes local, county, and state law enforcement and the Department of Children and Family Services in a collaborative approach. In addition, local judicial representatives and support organizations that serve families and volunteer groups are often included to work collaboratively with law enforcement and human services. The first tier of the model involves gathering the local executive and management level personnel in the area and introducing them to the Arkansas DEC concept, learning about specific issues, and securing their commitment to the Arkansas DEC effort. The second tier focuses on local supervisors, to provide them with a basic awareness of DEC and to emphasize the important role of supervision and leadership in this initiative. The third tier is the foundational Early Identification and Collaboration Workshops for law enforcement and social service professionals, which provide advanced knowledge and practice to break down the barriers that inhibit collaboration in order to enhance working relationships that benefit drug endangered children. Early identification and collaboration among DEC professionals has been the key focus of the Arkansas DEC initiative since 2006. By using a strategic approach to engage agencies in the DEC effort, Arkansas DEC has been able to build and sustain the DEC mission with current resources, while planning for more resources for future efforts.

### *Nevada – tribal DEC alliance*

#### **Resolutions and MOUs in Nevada that established the first statewide tribal DEC alliance to implement DEC in tribal communities**

In 2013 two resolutions were passed to implement DEC in tribal communities in Nevada—the first in May 2013 with the Inter-Tribal Council of Nevada (ITCN) and the second in August 2013 with the Reno-Sparks Tribal Council. Both resolutions support the creation of DEC protection programs and the development of a Nevada Tribal Alliance for Drug Endangered Children to provide leadership to all tribal DEC efforts in Nevada Indian country. Due to the fact that there are 27 tribal communities in Nevada, the most effective way to develop response guidelines is to have a separate Nevada Tribal Alliance for Drug Endangered Children to address the varying levels of readiness for adopting response guidelines in each tribal community.

The ITCN executive board resolved that tribal communities be trained in DEC awareness and DEC investigation. In July 2013 a group of 13 tribal members were trained and certified on National DEC's Core DEC curriculum and have since provided training to other professionals across Nevada's Indian country.

On November 14, 2013, a Memorandum of Understanding was signed by the Nevada attorney general and the executive director of the Statewide Native American Coalition creating the Nevada Tribal Alliance for Drug Endangered Children. On January 24, 2014, the Nevada Tribal DEC Alliances held their first meeting and began setting up their basic by-laws, purpose, goals, and objectives. They identified one community, Reno-Sparks Indian Colony (RSIC), to do their outreach. They identified Officer Wyatt as the official DEC officer for RSIC, and he will be working on connecting with the Law and Order committee to get them on board to enhancing Tribal Code to include DEC.

The MOU on National DEC's website is available at [www.nationaldec.org/goopages/pages\\_downloadgallery/download.php?filename=28468.pdf&orig\\_name=8143.pdf](http://www.nationaldec.org/goopages/pages_downloadgallery/download.php?filename=28468.pdf&orig_name=8143.pdf).

## *Nevada — state DEC alliance*

### **Nevada DEC Alliance development and county signed MOUs**

The Nevada Alliance for Drug Endangered Children was formed in 2011 based on a 2009 recommendation from the Governor's Methamphetamine Working Group. The Office of Drug Endangered Children was created by the legislature in 2009 and placed within the office of the attorney general. Once funding became available in 2011, a statewide coordinator was hired and the Nevada Alliance was formalized.

Representation on the Nevada Alliance Steering Committee is multidisciplinary. Members include state executive branch agencies (social services, mental health, and health); regional law enforcement; the judicial system; and statewide private organizations concerned with children and family issues. The group has developed a mission statement, leadership structure, bylaws, goals, and operating plans.

As of February 2014, all but two counties in the state of Nevada have signed MOUs with the Nevada DEC Alliance and also have DEC protocols in place. The Nevada DEC Alliance is working with the two final counties to complete these as well. The Nevada DEC Alliance also worked with the Inter-Tribal Council of Nevada to form the first tribal DEC alliance. Nevada DEC's MOU language was based on the Arkansas DEC MOU and the language used in their DEC protocols was drawn from the Jasper County, Iowa, Protocol. This is a great example how states have taken advantage of tools already created by other states to advance their own DEC efforts.

## *Iowa — DEC protocols county-wide*

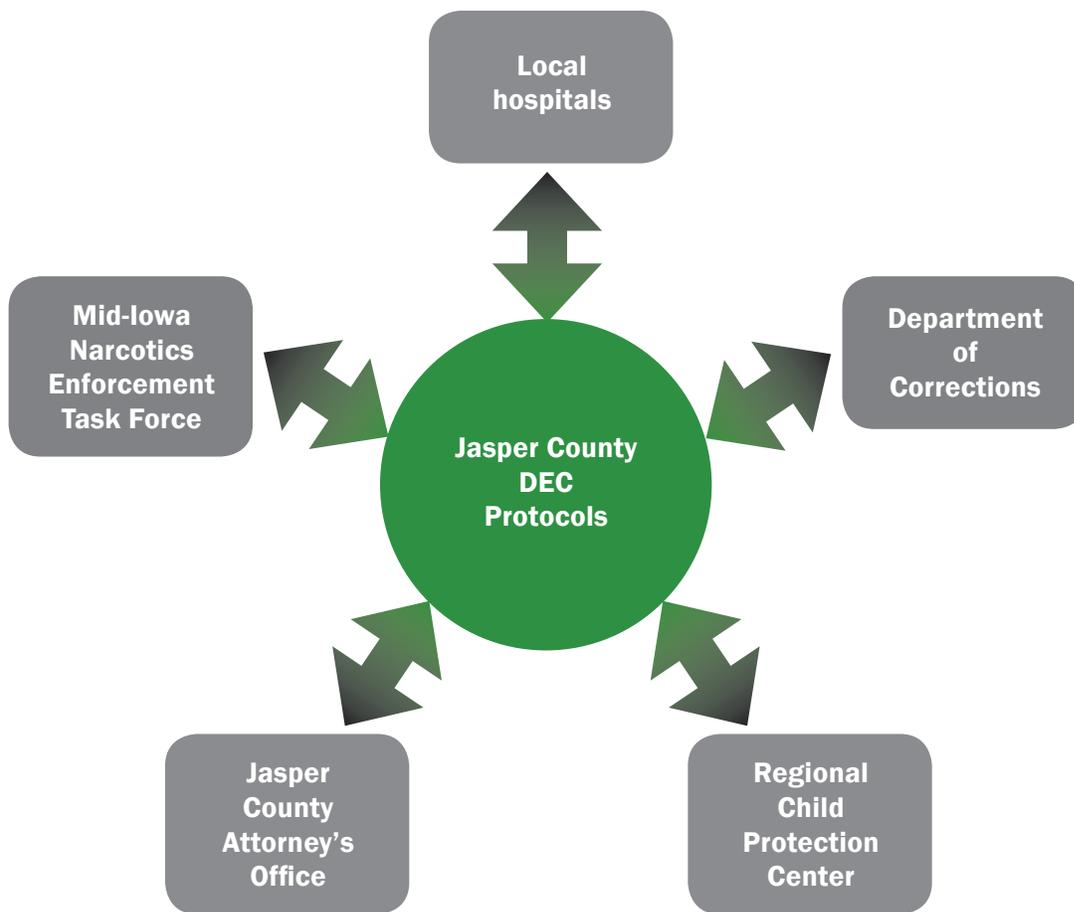
### **County-wide DEC protocols to implement the DEC Approach in Jasper County, Iowa**

After listening to presentations and obtaining information at the National DEC annual conference in Kansas City in 2007, members of the Jasper County Sheriff's Office returned home to Iowa with a mission to significantly change the way drug cases involving children are handled. The Jasper County Sheriff's Office brought together the county attorney's office, Department of Human Services, Mid-Iowa Narcotics Enforcement Task Force, local hospitals, the Regional Children Protection Center, and the Department of Corrections to form the Jasper County DEC Alliance. This local DEC alliance developed the Jasper County DEC Protocol (see figure 5), which formalizes a collaborative approach to identifying and rescuing drug endangered children. Their mission is to provide protection and services to drug endangered children in Jasper County and to discourage the production, possession, and use of illicit drugs in the presence of children. The protocol outlines the roles and responsibilities of each discipline when responding to a drug arrest in which children are involved.

During drug cases, law enforcement in Jasper County collaborates with child welfare, probation/parole, medical personnel, and other professionals that may come in contact with drug endangered children. The DEC protocol includes suggested questions and topics to engage the child and make him/her feel protected and at ease.

As a result of this county-wide effort and DEC protocol, more practitioners are identifying and reporting situations in which children are at risk. These include ambulance and EMS personnel, firefighters,

**Figure 5. Jasper County DEC Protocol formalizes a collaborative approach**



**Jasper County DEC Protocol formalizes a collaborative approach to identifying and rescuing drug endangered children.**

doctors and emergency room workers, and from home visits by corrections and probation. The drug-related caseload of the county sheriff's office has doubled because more children at risk from drugs are being identified. This is the result of a comprehensive approach utilized by a local DEC group in Iowa—designed to help ensure the well-being of the child. (See appendix E for text of the Jasper County DEC protocols.)

### *Washington — collaborative response*

#### **A DEC guideline that developed a collaborative community response with Washington DEC**

Washington DEC has developed and implemented a collaborative response and DEC guideline that involves multi-disciplinary response teams to bring change to children, families, and the community. The entire concept of addressing drug endangered children issues as a collaborative community response began with the initial DEC Project in Spokane County in 2003 and resulted in 10 years of funding for implementation of that collaborative community response as a promising practice. This project was

funded by U.S. DOJ's Office of Juvenile Justice and Delinquency Prevention and then had ongoing funding from the Bureau of Justice Assistance. Not only has it been replicated statewide, many of the collaborative strategies were also replicated in other states and tribal entities. Both the logic model and the guidelines were updated in 2011. The DEC guidelines that were developed and implemented became the basis for policies, procedures, and guidelines of other organizations, as well as for the practice of child protective services in responding together with law enforcement. The Logic Model that was developed visually demonstrates the collaboration among the members of the community response team members and has been used as an example of collaboration by others, including several certified Core DEC trainers who have made presentations in Indian country. (See appendix H for an excerpt from the collaborative community response.)

### *Connecticut — DEC inclusion to state police manual*

#### **A state police manual that incorporates a DEC MOU, DEC definition, and a general order covering duties and responsibilities for a DEC response with Connecticut DEC**

The Connecticut State Police Manual covers every detail of state police duties and responsibilities, and all employees of the state police are subject to the policies and procedures it contains. The manual includes a chapter on neglected/abused children and the proper methods for interacting with the Connecticut Department of Children and Families. That chapter now includes Connecticut DEC's MOU language, which was based on the Arkansas DEC MOU, and which commits the member agencies to implement DEC. The chapter also includes a definition of drug endangered children and protocols that define what every state

trooper and local police officer under operational control should do whenever they encounter a drug endangered child. (See appendix C for an excerpt of the state police operations manual.)

***The chapter also includes a definition of drug endangered children and protocols that define what every state trooper and local police officer under operational control should do whenever they encounter a drug endangered child.***

### *Texas — first step worksheet*

#### **A worksheet designed to identify key community stakeholders when establishing a local DEC effort with Texas DEC**

Texas DEC developed a worksheet that outlines the first step in establishing a DEC alliance in a local community, which is to identify key community stakeholders.

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 for the alliance to succeed. Key stakeholders are those who

- come into contact with drug endangered children on a regular basis;
- provide access to resources that drug endangered children require;
- have the ability to affect change in their organization or agency.

One of the vital roles of a DEC alliance is to be able to identify drug endangered children in the community. This is challenging because data recording practices regarding substance abuse vary so widely between organizations. Children and/or their caregivers are often identified by a primary indicator such as a drug charge for a parent or physical abuse to the child. Unfortunately, the substance abuse in the home—and its resulting impacts—is minimized. These gaps in information lead to gaps in much-needed services for children exposed to drug environments. By identifying the places and situations in a community where we have a chance to discover drug endangered children, we cast a wider net and close these gaps. (See appendix G for an excerpt from the Texas DEC - Local DEC Alliance Development Worksheet.)

### *Florida — incorporating a DEC pilot project*

#### **Incorporating DEC protocols into a city and county as a pilot project with Florida DEC**

The Florida DEC Alliance, with the support of top leadership within the community, piloted the drug endangered children efforts in Gainesville, Florida, to see if it was a model that could be replicated in other cities and counties across the state.

In 2011 Florida DEC, and professionals who had received the Core DEC training provided by National DEC staff, approached the sheriff of Alachua County regarding the development of a local DEC task force. The sheriff, as well as many of her staff, immediately committed their time and energies to the children of Alachua County affected by their caretakers' drug use. Together they identified stakeholders who helped start the Alachua County DEC Task Force.

The sheriff supported bringing National DEC staff in to Gainesville to conduct a “Core DEC Train the Trainer” session. The Florida DEC Alliance identified 20 professionals representing different disciplines, including law enforcement (municipal and county), child welfare, and treatment providers to receive this training. These professionals also represented different levels of supervision within each organization to ensure overarching support of the DEC efforts.

The certified Core DEC trainers have since trained all the sworn law enforcement personnel for both the Alachua County Sheriff's Office and the Gainesville Police Department. Additionally, each of these trainers has trained within their own agencies to help develop local collaborations. The Alachua County DEC Task Force meets quarterly to update members on information regarding drug endangered children and to disseminate information to be used in their work. The task force is currently planning to convene a panel in June and October 2014 to educate the community about the implications for children regarding legalization of medical marijuana. Florida DEC has identified this approach for developing local DEC efforts as a model they would like to use across the state.

In 2013 the National Alliance for Drug Endangered Children (National DEC) and the Florida Alliance for Drug Endangered Children recognized Sheriff Sadie Darnell for her efforts on behalf of children in Florida to help break the cycle of abuse and neglect by empowering first responders and practitioners to identify and respond to children living in dangerous drug environments.

## *Wisconsin — state and tribal community partnerships*

### **Developing state and tribal community partnerships to implement DEC protocols with Wisconsin DEC**

The Wisconsin DEC Alliance works with all of the Wisconsin tribal communities to develop DEC programs for each of the 11 tribes represented in the state. It can be challenging to provide assistance to the tribes in a manner that honors the tribal culture and customs. In Wisconsin, there is the Native American Drug and Gang Initiative (NADGI), which is a partnership between the Wisconsin Department of Justice—Division of Criminal Investigation and the Tribal Law Enforcement Agencies. The Wisconsin DEC Alliance contacted the tribal police chiefs who are part of the NADGI group and Indian Child Welfare Workers (ICWA). The invitations were extended to the tribes through their tribal chairperson, tribal president, or tribal leader. Once a relationship was established and trust was built, the Wisconsin DEC Alliance began inviting the tribes to attend a training on how to establish a DEC program within the tribe.

Through this grant-funded effort, the Wisconsin DEC Alliance offered DEC training to all Wisconsin tribal entities to establish individualized tribal DEC programs. Mainly, these tribal DEC programs establish protocols to identify and provide services to drug endangered children. Additionally, the tribal DEC programs coordinate the efforts of tribal and local government law enforcement and human services. Through the DEC training, all of the tribes represented in Wisconsin have been given tools to establish a DEC program. Some tribes have operational DEC programs and other tribes continue to work through the process. Wisconsin DEC's outstanding relationship and work with the tribal entities is a promising practice and one that other state DEC alliances are working to replicate, including Washington DEC.

## *South Carolina Drug Endangered Children Alliance – MOU with National DEC*

### **Developing a formal partnership with National DEC**

The recently established South Carolina Drug Endangered Children Alliance has moved quickly to bring many partners to the table for their statewide DEC efforts, including state agencies, the state attorney general, the United States Attorney, non-profit organizations, and other entities. The alliance is housed in the Children's Law Center at the University of South Carolina. South Carolina DEC has entered into a formal MOU with National DEC, which recognizes the establishment of the state DEC alliance and outlines the working partnership between SCDEC and National DEC. Not only are both parties committed to working together to spread the DEC mission, but SCDEC becomes part of a national network of passionate DEC practitioners and DEC alliances. See appendix I for the wording of this MOU.

## What other tools and resources have been developed to implement the DEC Approach?

### *Colorado – DEC Tracking System*

#### **Developing a DEC tracking system to share information with Colorado DEC**

In 2011 the United States Department of Justice, Office of Community Oriented Policing Services (COPS Office) awarded a grant to Colorado DEC to work in partnership with the National DEC to implement the Drug Endangered Children Tracking System (DECSYS) in select counties in five additional states. As of March 2014, DECSYS has been implemented in Colorado, Tennessee, Nevada, West Virginia, and Wisconsin.

***The information sharing made possible through DECSYS helps to ensure that drug-endangered children are recognized as quickly as possible.***

DECSYS is a secure, web-based application developed by Colorado DEC for use by law enforcement and child welfare agencies to improve interagency communication and to capture statistics on impacted children. DECSYS offers law enforcement and child welfare agencies a streamlined and automated process for quickly sharing information regarding potential drug endangered children. Whenever a felony drug arrest occurs, regardless if children are

known or present, law enforcement electronically enters certain information—such as the people arrested, addresses, and names of the children, and a brief narrative, and submits a notification to their local child welfare agency. The child welfare agency then takes the notification and cross references the suspect information with their own child welfare database to determine if children who may be impacted can be identified.

The information sharing made possible through DECSYS helps to ensure that drug endangered children are recognized as quickly as possible, that appropriate agencies are involved, and that fewer endangered children go unnoticed. Using DECSYS does not fulfill the mandatory reporting requirement of law enforcement; rather DECSYS is utilized as one mode of communication between law enforcement and child welfare agencies, which facilitates and enhances collaboration and increases the amount of information being shared between agencies.

As one Colorado law enforcement user described it, “DECSYS prompts communication” between their office and child welfare. Similarly, child welfare users attest that, “information sharing helps coordinate efforts better.”

During a two-year six-county pilot in Colorado, 60 percent of children identified through DECSYS were not present at the scene at the time of the arrest, meaning DECSYS was responsible for a 150 percent increase in the number of children brought to the attention of child welfare. These results indicate that many drug endangered children are not present at the scene during a caregiver’s arrest, making it even

more difficult to identify children at risk and to make the appropriate referrals. With DECSYS, children who may have otherwise gone unnoticed may be identified and receive the resources and services they need.

### *West Virginia – Smartphone App*

#### **A smartphone application that gives professionals in the field contact information in an instant with West Virginia DEC**

West Virginia Alliance for Drug Endangered children in partnership the West Virginia Children’s Justice Program has developed a smartphone application (app) called WV HELP, which provides quick access to contact information for various offices involved with protecting children and dealing with substance abuse. Both programs are housed in the West Virginia Prosecuting Attorney’s Institute, which is a state agency. WV Interactive provides eGovernment services to the state of West Virginia. WV Interactive, with the assistance of the West Virginia Children’s Justice Program, designed this app for quick and easy access to information at a professional’s fingertips. This app is especially helpful to anyone working with child abuse or maltreatment. WV HELP provides information for each of West Virginia’s 55 counties, and also at the state and federal level. This app is free and available in the iTunes store, and is downloadable for iPhones, as well as Android and Windows phones.

To use the app, the user simply selects a county, chooses a resource, and hits call to be connected to the given resource. WV HELP allows practitioners to save resources as “favorites” to provide even faster access in the future. This app is strongly recommended for law enforcement, child protective services, prosecutors, victim advocates, teachers, and child advocacy centers. To illustrate how this app can help:

**The scenario:** It’s 4:00 in the afternoon and the fire department has been called to a fire in an apartment complex. Upon arrival, the first responders find a meth lab and a battered mother and child. Law enforcement and child protective services need to be called immediately. A domestic violence advocate would be very helpful. The meth lab needs to be reported to the West Virginia Bureau for Public Health Clandestine Laboratory Remediation Program for testing and clean up. The neighbors on either side need to leave because of the contamination. They can take nothing with them and they have no money. The WV Crime Victims Compensation fund could help with relocating expenses, but the victims need a live person right now. These people will be out on the street tonight.

**The answer:** Presto...the WV HELP app will assist with instant contact information for all of the offices involved.

### *West Virginia – “Handle with Care”*

#### **Trauma informed care for children exposed to violence**

Professionals involved with the DEC mission know that drugs and substance abuse are only part of the picture in the lives of drug endangered children. There is often criminal behavior, exposure to violence, loss of parents to arrest and incarceration, abuse and neglect, and other trauma from all that they have

experienced. In conjunction with the U.S. Attorney General’s “Defending Childhood Initiative” focused on children exposed to violence, West Virginia DEC is working with key partners to implement “Handle with Care,” which is a program aimed at ensuring that children who are exposed to violence in their home, school, or community receive appropriate interventions to help them achieve academically at their highest levels despite whatever traumatic circumstances they may have endured. The Charleston Police Department launched “Handle with Care” in September 2013 following training of supervisors and roll calls with all patrols officers. The initiative is currently being piloted at Mary C. Snow West Side Elementary School in Charleston, West Virginia.

The goal of the program is to help kids be successful in school. Regardless of the source of trauma, the common thread is the school. Research now shows that 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. Huge strides have

been made to assist children exposed to violence through improved communication and collaboration between law enforcement, schools, and mental health providers.

***“Handle with Care”  
provides the school  
with a “heads up”  
when a child has been  
identified at the scene  
of a traumatic event.***

“Handle with Care” provides the school with a “heads up” when a child has been identified at the scene of a traumatic event. It could be a meth lab explosion, 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 Johnny with care.” That’s it. No other details.

Teachers are incorporating many interventions to mitigate the negative impact of trauma for identified students, including: sending students to the clinic to rest when a “Handle with Care” notice has been received and the child is having trouble staying awake or focusing; re-teaching lessons; postponing testing; offering small group counseling by school counselors; and making referrals to counseling, social service or advocacy programs. The school has also implemented many school-wide interventions to help create a trauma sensitive school (e.g., greeters; pairing students with an adult mentor in the school; utilization of a therapy dog; and “thumbs up/thumbs down” to indicate if a student is having a good day or a bad day).

When identified students exhibit continued behavioral or emotional problems in the classroom, the counselor or principal refers the parent to a counseling agency. There are two partnering agencies providing trauma-focused therapy on site at the school in a room provided by the Family Care Health Center housed within the school. Once the counseling agency has received the appropriate approval, students can receive on-site counseling.

“Handle with Care” is simple: help kids succeed in school so they will stay in school and graduate.

West Virginia DEC's involvement with this initiative, which although only in its early stages is showing significant results, is an example of the value of cross-disciplinary and cross-agency collaboration that takes into account the full range of issues that challenge the well-being of drug endangered children.

### *Washington — Video Training*

#### **Using videos to help train and educate practitioners on implementing the DEC Approach with Washington DEC**

The Washington Alliance for Drug Endangered Children is using video to help train and educate practitioners. Washington DEC is involved in a collaborative effort among law enforcement, child protective services (CPS), and other professionals whose work involves children. After attending National DEC trainings where they viewed videos of local drug raids, Washington DEC members concluded that showing videos of local homes where drug raids had taken place is an effective tool for visually demonstrating that the drug problem is right in the backyards of all communities.

***On-scene videos taken by law enforcement are incorporated into training session to help understand the different perspectives of different professionals regarding the scene.***

On-scene videos taken by law enforcement are incorporated into training sessions to help CPS and others acknowledge and understand the different perspectives of different professionals regarding the scene. Using video, the sessions also address the implications of providing evidence for CPS and/or law enforcement in order to establish probable cause to place or refer a child who is identified as drug endangered.

The process, regarding collection of evidence and other duties, is now the routine for CPS. This implemented collaborative effort between law enforcement, child protection, and other professionals is an example of an effective community

policing strategy in action. Using video to show drug-filled environments and teach practitioners how to investigate a case is a promising practice that can be replicated in many areas of the country.

Washington DEC has also seen success in implementing Core DEC training, with a focus on providing information to all of Washington's tribal communities. They assist the attendees at the trainings to become certified Core DEC trainers and learn to network state-wide and nationally via the Washington DEC website with others involved in DEC issues. Washington DEC also offers resources and technical assistance for the attendees to develop DEC teams in their own communities.

## *California – SART Centers*

### **Identifying that service providers must be skilled in issues related to DEC with San Bernardino County DEC**

Drug endangered children are a significant worry in San Bernardino County, California. Concerned about its drug problem, the county participated in a study (2004–2007) examining prenatal substance exposure. The study found that 41 percent of randomly screened deliveries were born exposed to a substance (e.g., illicit drugs, alcohol, or tobacco). The concern for the vast numbers of drug endangered children was, in large part, the impetus that prompted various child providers in San Bernardino County to act on an initiative to identify and appropriately treat this population.

As a result, San Bernardino County stakeholders, including child welfare, child mental health providers, medical and allied health providers, regional/assessment centers, Department of Behavioral Health, education, county officials, legal/judicial representation, nonprofits, funding agencies, and others, meet monthly to address the needs of and collaborate on behalf of the high risk children, ages 0–5 years, in San Bernardino County. Their premise is that drug endangered children are a high risk population with special needs, which will require specialized and trans-disciplinary care. They understand that serving the 0–5-year-old at-risk population in San Bernardino County requires the provision of services that address the needs of drug endangered children. It is estimated that approximately 80 percent of high-risk children in out-of-home placement have been affected by substances. The county held that drug endangered children deserve and require service providers that intervene with specialized training and care. They concluded that at a minimum, providers must have an understanding and be skilled in issues related to neurodevelopment, attachment, sensory integration, speech/language, effects of trauma, and drug effects on pre- and post-natal development.

Three ‘SART Centers’ (Screening, Assessment, Referral, and Treatment) were developed in the county to specifically train personnel to provide trauma and DEC informed care, and offer trans-disciplinary care for 0–5 year olds. Further, via a county MOU authorized by family court, the SART centers work collaboratively and share information with each other, Child Welfare, Dependency Court, Child Assessment Center (Forensic Medical Team), regional centers, and others.

In addition to monthly meetings, to ensure that individually targeted care was delivered as seamlessly as possible the county provided the community stakeholders with resources to build treatment capacity to serve the 0–5-year-old population. The county continues to provide trainings which center on “Trauma and DEC Informed Care.” In order to further their commitment, the county also funded a pediatric neurodevelopmental psychologist with expertise in DEC and trauma, available to each center to provide training and case consultation. This professional and a pediatrician are also contracted by the SART centers to provide medical and neurodevelopmental assessment of those children with significant DEC and trauma backgrounds. The Department of Behavioral Health has been integral in supporting—via these evaluations—the most appropriate mental health treatment that can be offered to the children.



## How Do We Sustain and Institutionalize the DEC Approach?

Implementation is only part of the challenge—institutionalization is the key to sustainability. Institutionalization can take the form of changes to state laws, agency policy, and organizational procedures, or even the creation of dedicated positions to oversee inter-agency coordination.

### Are there any alliances that are institutionalizing the DEC Approach?

#### *Incorporating the DEC definition into state law*

##### **Oklahoma Alliance for Drug Endangered Children**

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, which was titled: *Children; modifying drug endangered children provisions.*



**Implementation is only part of the challenge—  
institutionalization is the  
key to sustainability.**

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” to mean: *“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, with the exception of those substances administered under the care of a physician.”*

In addition to adding a DEC definition to Oklahoma State Statutes, the legislation specified that when the state Department of Human Services receives a report that a child may be drug-endangered, the 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. The bill was signed into law by Governor Fallin on April 18, 2012. Governor Fallin was a keynote speaker at the 2013 National DEC Conference in Oklahoma City, Oklahoma, hosted in partnership with the Oklahoma Center on Child Abuse and Neglect. The governor talked about the importance of this legislation in protecting drug endangered children and supporting collaborative efforts.

## **Nevada Alliance for Drug Endangered Children**

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 providing assistance to 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 put a definition in state law of a “child who is endangered by drug exposure” to mean:

- 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. [Nevada Revised Statutes 2013, 228.710]

Having the Nevada State DEC alliance housed in the Attorney General’s Office, having a full time DEC coordinator, and having a DEC definition in state law helps significantly with the sustainability and institutionalization of the DEC mission throughout Nevada. The results include statewide DEC training across disciplines, creation of local DEC alliances in the majority of Nevada counties, and a partnership with the Statewide Tribal DEC Alliance. (See appendix B for more information on Nevada DEC.)

### *Incorporating the DEC Approach into policy and procedure*

#### **California Alliance for Drug Endangered Children – requiring agencies to commit to the DEC Approach to receive grant funding**

In 1993, a law enforcement officer in Butte County, California, initiated the Drug Endangered Children Approach and helped establish the DEC mission nationally. After years of utilizing various strategies for implementing DEC in California, in 2008 California DEC revitalized their efforts by working with the California Emergency Management Agency (Cal EMA) of the governor’s office, which is responsible for giving drug enforcement grants to counties. Based on positive past performance of DEC training programs, California DEC Training and Advocacy Center successfully advocated within the governor’s office that any

agency that accepts government funding for drug enforcement must commit to the DEC Approach as a strategy. As a result, all 58 counties in California are currently required to have a functioning DEC program/strategy based on Cal EMA requirements.

The California DEC Training Program includes one-on-one or small group sessions for Cal EMA funded multi-jurisdictional task forces (MJDTF) in all 58 counties, with the purpose of standardizing the DEC procedures and programs for all of them. The DEC Training includes a review of the MJDTF's current DEC protocol: a discussion of the DEC-related barriers faced by the MJDTFs and how to overcome them; how to reach out to agency heads to share the importance of their involvement with DEC; how to write a proper DEC-focused incident report; and the Penal Code Sections under which DEC-related charges may be filed. A grant supported the development and maintenance of a DEC Resource, Training, and Technical Assistance Center to offer continuing technical assistance to MJDTFs throughout the state.

Recently, the Bureau of Justice Assistance inspected and audited what Cal EMA was doing with their drug enforcement funds. The program manager who evaluated the DEC program that Cal EMA funded gave a positive report about the program and recommended continued and additional funding. This positive evaluation may result in future funding opportunities for other states, as other states, federal agencies, or other organizations interested in the DEC Approach review the results of this program.

### **Connecticut Alliance for Drug Endangered Children – incorporating DEC protocols into the state police administration and operations manual**

Connecticut DEC successfully completed the incorporation of DEC protocols into the Connecticut State Police Administration and Operations Manual by issuance of a State Police General Order. This manual covers every detail of state police duties and responsibilities and all employees of the state police are subject to the policies and procedures it contains. It covers everything from the basic components of a thorough criminal investigation to the manner in which police officers conduct Internal Affairs investigations and disciplinary procedures. This manual has been the controlling document of the Connecticut State Police for more than 25 years.

The Connecticut State Police Manual includes a chapter on neglected/abused children and the proper methods for interacting with the Connecticut Department of Children and Families. That chapter now includes Connecticut DEC's MOU language, which was based on the Arkansas DEC MOU, and which commits the member agencies to implement DEC. The chapter also now includes a definition of drug endangered children and protocols that define what every state trooper, and local police officers under operational control, should do whenever they encounter a drug endangered child. It outlines the responsibilities of state police supervisors and commanders. It also establishes a DEC liaison sergeant at every state police barracks and requires that DEC investigations are reported through the chain of command to the state police headquarters. Incorporating the DEC policies and protocols into the State Police Manual will ensure that they become institutionalized within the Connecticut State Police.

The Connecticut DEC Alliance also had 34 professionals certified as National Core DEC Trainers. These professionals represent different disciplines, including law enforcement (state and municipal), child welfare, probation, and parole. These professionals also represented different levels of supervision within each organization to ensure overarching support of the DEC efforts. These certified Core DEC trainers have trained more than 4,300 professionals in the state of Connecticut, including 1,937 law enforcement officers, 222 child welfare workers, 763 victim advocates, 708 educators, 86 medical providers, and more than 700 others. (See appendix C for an excerpt of the state police operations manual.)

### **Connecticut Alliance for Drug Endangered Children – adding a DEC designation to a state agency case referral form**

As part of Connecticut’s Alliance for Drug Endangered Children, the Connecticut Department of Children and Families (DCF) has added a DEC designation to the state agency’s case referral form, which is

filled out whenever child welfare is contacted about potential child maltreatment. As mandated under the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 and similar to other states, Connecticut DCF practitioners use the Statewide Automated Child Welfare Information System (SACWIS). This system is used for the entire duration of a case, from referral to close, and again for any subsequent agency involvement with a family and/or child. The form that has been added to the SACWIS uses the National DEC definition of a drug endangered child. National DEC defines 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.”

***Adding the DEC designation capability at the time of referral has supported a greater recognition of the DEC situation.***

This DEC designation at the time of referral, along with the DEC definition, allows child welfare to identify and follow cases where the allegation of a drug endangered child has been identified. This also allows the Connecticut child welfare practitioners to generate reports on more than 300 elements related to each individual case. They are able to pull data that ranges from basic statistics (e.g., number of DEC referrals in a given time), to deeper statistics (DEC referrals by town/city/substantiations), and more intensive statistics such as outcomes for DEC referred children.

According to the Connecticut DEC Alliance, adding the DEC designation capability at the time of referral has supported a greater recognition of the DEC situation. This is reinforced by using National DEC’s definition of drug endangered children. How a case is viewed can change when the DEC label is attached. It has also impacted Connecticut DEC Alliance’s partners, as they have recognized that the adoption of

National DEC's definition has led to them making referrals with a clearer understanding of whether the Department of Children and Families (DCF) sees the situation as one to report.

The data benefits can be far reaching. On the surface, Connecticut DCF can identify areas with higher incidences of DEC cases and then evaluate service accessibility, etc. If need be, Connecticut DCF can contract for services if they find there is a lack of services in the area. Connecticut DCF can also recognize areas where there should be DEC referrals but they see none, e.g., a major city that has no or very few DEC referrals may raise a red flag if drug arrests are common occurrences but the corresponding referrals don't exist. This information can be used to identify where the DEC alliance needs to do additional outreach and training. Basic data sort functions can also be used to identify who is regularly referring cases and who isn't. This may include whether there is a DEC partner with mandated reporters, but no referrals from their staff. All this data helps Connecticut DEC identify who is on board with the DEC mission and whether they need to foster buy-in with others.

### **Connecticut Alliance for Drug Endangered Children – Police Chiefs Association model DEC policy**

The Connecticut Police Chiefs Association has adopted a Model Policy and Procedure for Endangered Children in Drug Environments. The purpose of the model policy is to provide guidelines for police personnel when they encounter drug endangered children. The policy recognizes that children exposed to drug environments are victims in need of proactive intervention. The policy indicates that the Department of Children and Families (the Connecticut child welfare agency) should be contacted whenever police have reason to believe a child is drug endangered. The policy requires a thorough investigation to identify any evidence or information that indicates risks to drug endangered children. Under the policy, police personnel are also required to contact child welfare in connection with drug investigations. (See appendix D for more information on the Connecticut Police Chiefs Association model policy and procedure.)

### **Connecticut Alliance for Drug Endangered Children – a platform for collecting and evaluating DEC data**

The Connecticut State Police use the NEXGEN platform of computer-aided dispatch / records management system (CADRMS). Among other things, this tool allows the state police to collect DEC information relative to referrals made either by state police troopers or local officers assigned to several state police task forces (Narcotics being one such task force). The information that is collected can be very basic, or in cases where the trooper/officer is very conscientious and invests more time, there can be a wealth of information. Only certain required fields are mandatory for completion and submission of the report.

The data that is collected is available from any NEXGEN CADRMS terminal, so any law enforcement officer with access can log into the system and read the report of a DEC referral made anywhere in the state—as long as it was made by a trooper or a local officer assigned to one of the task forces. However, not every police department in Connecticut uses the NEXGEN system of CADRMS, so they don't all have access

to the same data. According to the Connecticut State Police Department, having DEC data available and accessible is crucial to providing checks and balances to ensure that referrals are being made when appropriate.

### **Ontario, Canada Alliance for Drug Endangered Children – incorporating DEC protocols into a police college**

In Canada, the DEC efforts have been championed by the Royal Canadian Mounted Police (RCMP). Representatives from the RCMP have attended several of the National DEC conferences over the last decade and from there took back tools, guidelines, protocols, and MOUs to support the development of DEC efforts in Canada. A corporal from the RCMP approached the Ontario Police College (OPC) about incorporating DEC principles in the curriculum and the college administrators agreed. OPC trains officers who have already been hired by police departments, regional police services, and the Ontario Provincial Police (OPP). The officers attend OPC for three months of basic training and also subsequent trainings, and now their basic training includes DEC training. Every police officer in Ontario who receives training is being exposed to DEC.

Using many of the National DEC publications, members of the RCMP helped develop a DEC resource guide, a DEC law enforcement checklist, and a law enforcement DEC protocol to supplement a DEC presentation. The law enforcement checklist can be found in appendix E. All three resource items have been approved and supported by the Ontario Association of Chiefs of Police (OACP). The chief instructor at OPC now incorporates the DEC resource guide, checklist, and protocol into the training for all new officers. The DEC resource guide contains information on drug crimes in Canada, children living in drug-filled homes, and the DEC Approach. The guide describes how to identify a drug lab and children at the scene, and it also provides various fact sheets for officers to use. The DEC checklist can be carried by all officers and be completed at the time of an investigation. When the officers complete the DEC checklist, a copy is forwarded to Children's Aid intake for follow up. (See appendix F for a DEC law enforcement checklist.)

### **Montana Alliance for Drug Endangered Children – incorporating DEC training into a law enforcement academy**

Montana DEC has worked to implement a two hour DEC training within the Montana Law Enforcement Academy. Starting in 2013, this DEC training is provided to all law enforcement professionals attending this academy.

## 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 provincial DEC alliance members bring together a tremendous variety of practitioners with different perspectives and skills, and together they find creative solutions to help drug endangered children. These promising practices include everything from developing online training for rural practitioners to incorporating the DEC definition into law and many other innovative practices that are expanding the DEC mission. These creative solutions are shared, and over time, become promising practices that other state DEC alliances use and enhance.

There is no single path to success for the DEC mission. The promising practices highlighted in this publication all function to identify, protect, and serve drug endangered children.

# Appendix A. Arkansas DEC Alliance – MOU

*The following passage is an excerpt from the Arkansas DEC MOU page 41.*

## Introduction

The Arkansas Alliance for Drug Endangered Children, established in May of 2005, is a coalition of professionals assisting local communities to effectively and efficiently identify and protect children endangered by caregivers who produce, distribute or use illegal drugs such as methamphetamine, cocaine and heroin. The Alliance exists to serve the professional community that serves Arkansas' drug endangered children population.

A drug endangered child (DEC) is defined by the Alliance as a child from birth to 18 years of age who lives in, is exposed to, or found in places where controlled substances are sold, manufactured, processed or used. Drug endangered children are at increased risk of injury or death, physical and sexual abuse and nutritional, educational, supervisory and emotional neglect. These children are also at risk of perpetuating the cycle of drug and child abuse.

## I. Purpose

The ultimate goal of the Alliance is to help professionals break the cycle of drug and child abuse in their communities.

The key objectives of the Alliance are to:

1. Promote collaboration among professionals serving drug endangered children (DEC).
2. Serve as a statewide resource on DEC issues to equip DEC professionals, local communities, policy makers and other advocacy groups with accurate information.
3. Provide guidance and resources to assist statewide and local DEC efforts.
4. Promote evidence-based and outcomes-focused approaches to DEC issues.
5. Promote research and data collection for the benefit of drug endangered children and those professionals who assist them.
6. Provide networking opportunities.

## II. Commitment

- The parties to this agreement are committed to a cooperative and collaborative approach to efforts needed to identify and protect Arkansas' drug endangered children. All parties promise and agree as follows: To coordinate and cooperate for the benefit of drug endangered children in Arkansas.
- To work together to achieve maximum benefits from available resources.
- To reduce duplication of effort.

- To work toward sustainability and institutionalizing the identification and use of effective and efficient approaches that benefit drug endangered children and their families.
- To agree to sharing of information and resources needed to facilitate the goals of the Alliance and abide by the confidentiality restrictions as contained in federal and state law.

The organizations represented by those who signed this MOU are Arkansas DEC, U of Arkansas Criminal Justice Institute, Arkansas Division of Children and Family Services, U.S. Attorney – Eastern District of Arkansas, Arkansas Attorney General, Arkansas Drug Director, Arkansas Commission on Child Abuse, Rape and Domestic Violence, Arkansas Juvenile Courts Division, Arkansas State Police – Crimes Against Children Division, Center for Children at Risk, U.S. Drug Enforcement Administration – New Orleans Field Division.

## Appendix B. Nevada DEC Alliance – State Law DEC Definition and DEC Coordinator Position

**“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 C. Connecticut DEC Alliance – State Police Operations Manual on DEC

*The following passage is an excerpt from the Connecticut State Police Manual.*

### **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.
  - (d) 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**”.

- (e) 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.

# Appendix D. Connecticut DEC Alliance – Connecticut Police Chiefs Association: Model Policy and Procedure

## Endangered children in drug environments

### I. PURPOSE:

The purpose of this policy is to provide guidelines to police personnel when they encounter or anticipate an encounter with children or endangered children in drug endangered environments.

### II. POLICY:

This agency recognizes that children exposed to drug environments are victims in need of positive and proactive intervention because often times their developmental needs (physical, neurological, social and moral) are neglected. Children in drug-endangered environments are subjected to exposure to unsafe storage and access to illicit and dangerous drugs, hazardous materials and potentially firearms. Therefore, in an effort to foster the safest atmosphere for the child while providing the highest quality law enforcement services, police personnel should contact the Department of Children and Families (DCF) while conducting police drug investigation operations when they have reason to believe that a child or youth under the age of 18, who is not the subject of their investigation or an accomplice, is in such an environment.

### III. DEFINITIONS:

A. Drug Endangered Child (DEC): (1) Circumstances and facts uncovered during an investigation in which a juvenile or youth is permitted to enter or allowed to remain in any structure or vehicle in which dangerous drugs are possessed by any person, (2) A juvenile or youth who resides or is present in a location where an imminent law enforcement action is planned by police related to: the manufacture, sale or possession of illegal substances or illicit drug related activities.

### IV. PROCEDURES:

#### A. Investigations:

1. DCF should be contacted, whenever police personnel have reason to believe that a juvenile or youth under the age of 18 is suffering from abuse, neglect, and maltreatment or is at risk. All officers of this agency are mandated reporters under CGS Section 17a-101 and Section 17a-101b to the Department of Children and Families (DCF).
2. Recognizing that illicit drug investigations pose significant risks to officers and the timing of any such notifications should never jeopardize the safety of those conducting these investigations, whenever these investigations yield information that identifies children who are in drug endangered situations, who are not the subject of the investigation or an accomplice, officers should be proactive in incorporating DCF into strategies which remove the drug endangered child from this environment.

3. Being proactive requires the officer to thoroughly investigate, to the extent possible, those facts and circumstances that would endanger a child. Endangerment could be but is not limited to the following factors:

- a. Evidence of physical, sexual, mental abuse of children
- b. Poor overall hygiene including dental hygiene
- c. Inappropriate or insufficient clothing
- d. Paraphernalia associated with the use of drugs
- e. Weapons, guns and knives
- f. Pornography
- g. Sex paraphernalia
- h. Chemicals
- i. Unusual strong odors
- j. Food availability in refrigerators and cupboards
- k. Sleeping conditions and or arrangements
- l. Fire hazards
- m. Pest and animal hazards
- n. Building code violations
- o. Exposed wiring
- p. Broken windows
- q. Holes in flooring and walls
- r. Non-functional utilities
- s. The presence of mold or mildew
- t. Evidence of or lack of school attendance

B. Drug Investigations:

4. Police personnel when conducting investigations that identify environments which are drug endangered and in which children are located, who are not the subject of their investigation or an accomplice, should document, to the extent possible, evidence which will lead to the arrest of those individuals who may have or could have exposed children to harm or risk as identified in our Child Protection statutes.

5. Police personnel should contact DCF when their investigation has identified a drug-endangered child and a police interdiction has taken place and when that notification does not compromise the investigation.
6. Police personnel executing a search or arrest warrant may contact DCF, when feasible, when their investigation has identified a drug-endangered child and an imminent police action is planned. DCF may be requested to respond and safely stage while the search warrant or arrest warrant is executed. DCF personnel may be requested to assist, and to safely place or take into protective custody when necessary, those children who would be considered Drug Endangered Children.
7. Each DCF area office has designated a DEC liaison that should be the primary point of contact for all such police investigations.
8. If no DCF collaboration has occurred prior to the police intervention, police personnel should contact DCF through the DCF Hotline as soon as is feasible.
9. Multi-interdisciplinary teams (MIT) should be used to debrief, interview and obtain information from children, who are not the subject of their investigation or an accomplice, according to the protocols of the MIT. When practical, Drug Endangered Children should not be interviewed more times than is necessary regarding their observations.

# Appendix E. Iowa DEC Alliance – Jasper County Protocol

*The following passage is an excerpt from the Jasper County DEC Protocol.*

## **INTRODUCTION**

Home environments with parental substance abuse present many undesirable risks to children. Specific known risks include lack of parental support, social isolation, emotional deprivation, serious neglect, exposure to noxious agents, exposure to environmental hazards, inability of caretakers to meet the ongoing needs of the child, and failure to protect children from accidental injury with potential for serious injury or death.

Perceived harm to children living in drug endangered homes include risk of exposure to infections such as hepatitis, HIV and tuberculosis; risk of inadequate immunizations leading to outbreaks of infectious diseases such as measles and polio; risk of developmental delays due to toxic smoke exposure; risk of pulmonary problems such as apnea, asthma, and chronic lung deficiency; risk of liver failure from toxins in ether or ammonia and risk of lead exposure and poisoning that may result in mental retardation.

Prior to the creation of this program there had been no formalized collaborative efforts to address the needs and problems related to Drug Endangered Children in \_\_\_\_\_ County.

## **MISSION**

The mission of the \_\_\_\_\_ County Drug Endangered Children initiative is to provide protection and service to Drug Endangered Children in \_\_\_\_\_ County and to discourage the production, possession, and usage of any illegal scheduled controlled substances in the presence of children.

## **PROJECT GOAL/PURPOSE**

The Drug Endangered Children initiative has developed a multi-disciplinary cooperative effort involving the \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, (list as many as apply) serving the \_\_\_\_\_ County area, to address Drug-Endangered Children's issues. These agencies will work in a collaborative effort to facilitate a coordinated response to promote the health and safety of children found in places where controlled substances are kept or sold.

The primary goal of the DEC initiative is to establish a multi-disciplinary methodology for the appropriate diagnosis and treatment of children who have been exposed to a dangerous environment as a result of manufacturing, distributing or use of drugs by a parent or caregiver, and to prosecute all individuals responsible for endangering children. Appropriate diagnosis and early treatment are imperative so that the psychosocial and physical needs of these children are effectively addressed.

DEC partner agencies will work closely together to improve the relationship and cooperation between organizations and to train local law enforcement and DCFS agencies in the successful DEC case investigations and response.

# Appendix F. Ontario, Canada – DEC Law Enforcement Checklist

The following form was developed by Ontario DEC for use by law enforcement for DEC cases:  
Drug Endangered Children Law Enforcement Investigative Checklist (Protected A)

(FORM TO BE USED FOR LAW ENFORCEMENT REPORT WRITING AND CHILD PROTECTION  
INVESTIGATIONS - SOME ITEMS WILL NOT APPLY IN EVERY CASE)

Investigator: \_\_\_\_\_ File #: \_\_\_\_\_

<b>Risk of Physical/Sexual Abuse – Indicators:</b>	
<p><b>Child/Children</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previously reported abuse (if known)</li> <li><input type="checkbox"/> Burns: from a cigarette or in a pattern that looks like an object (e.g., iron)</li> <li><input type="checkbox"/> Unexplained bruises, welts, or cuts</li> <li><input type="checkbox"/> Flinches at sudden movements</li> <li><input type="checkbox"/> Inappropriate sexual behaviours (e.g., knowing more about sex than expected, sexual actions with other children or adults that are inappropriate)</li> <li><input type="checkbox"/> Withdrawn or overly aggressive</li> </ul>	<p><b>Parent/Caregiver</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Irrational thinking</li> <li><input type="checkbox"/> Impulsive, aggressive behaviors</li> <li><input type="checkbox"/> Discipline that is unpredictable/inconsistent</li> <li><input type="checkbox"/> Out of proportion anger or rage</li> <li><input type="checkbox"/> Drug use and withdrawal = increased irritability</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signs of violence (e.g., holes in the walls)</li> <li><input type="checkbox"/> Threats of violence (e.g., notes, pictures, violent posters)</li> </ul>

**Risk of Neglect – Indicators:**

**Child/Children**

- Child cries very little
- Child does not play with toys or notice people
- Child left alone to fend for self; no supervision or inappropriate supervision
- Lack of basic necessities (e.g., food, clothing)
- Bad diaper rash (if visible) or other skin problems
- Dirty or unwashed (poor hygiene)
- Sick or have untreated illnesses or injuries
- Child does not react to sudden presence of law enforcement during an unannounced entry
- Runs away from home
- Child has a lot of adult responsibility at home due to a lack of parenting
- Bedding soiled, dirty or no sheets
- Educational delays
- May be very demanding of affection or attention from others

**Parent/Caregiver**

- Impaired caregiver or inappropriate caregiver
- Concerned more with own self than the child
- Indicates that the child is hard to care for, hard to feed, describes the child as demanding

**Environmental**

- Air quality issues
- House/unsanitary - health risks (e.g., rodents, roaches)
- Exposed or uncovered electrical wiring
- Plumbing not working
- Heating, cooling, utilities not working
- Residence is cluttered and hazardous (e.g. garbage overflowing, moldy food)
- Chemical or synthetic cooking evidence in the area the child resides in
- Unsafe living environment (e.g., Booby traps, weapons)
- Feces and/or urine in the home

**Risk of Exposure to Illegal Activities – Indicators:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Caregiver allows drug users into the home</li><li><input type="checkbox"/> Controlled substances in the home</li><li><input type="checkbox"/> Drug buys happen with child present</li><li><input type="checkbox"/> Child committing crimes to support the drug use of their caregiver or to survive (e.g., to eat, pay bills)</li><li><input type="checkbox"/> Child is traded for drugs or is a victim of kidnapping because of the drug activity</li><li><input type="checkbox"/> Child used as a decoy during drug deals</li><li><input type="checkbox"/> Child witnesses violence (domestic or other)</li><li><input type="checkbox"/> Child witnesses other illegal activities (e.g., car theft, shoplifting, burglary, forgery, robbery)</li><li><input type="checkbox"/> Child has too much knowledge of drugs</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Child exposed to sexual abuse, sexual violence, sex trade/prostitution</li><li><input type="checkbox"/> Evidence of synthetic drug lab</li><li><input type="checkbox"/> Evidence of a marihuana growing operation</li><li><input type="checkbox"/> Caregiver allowing drug dealers, cooks, parolees, probationers, sex offenders, other unknown people who may pose a risk to the child into the home</li><li><input type="checkbox"/> Controlled substances accessible to child [children are creative and can find ways to reach things that many adults think are out of reach]</li></ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Evidence Attachments:**

- |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Scene photographed / described in detail</li><li><input type="checkbox"/> Full body photograph of victim</li><li><input type="checkbox"/> Photograph injuries</li><li><input type="checkbox"/> Seized drugs / evidence of drug activity</li><li><input type="checkbox"/> Seized firearms, ammunition or other weapons</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Seized related documents</li><li><input type="checkbox"/> Seized clothing</li><li><input type="checkbox"/> Warrant utilized</li><li><input type="checkbox"/> Copy 911 or OCC tape</li></ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Additional Comments:

**Indicators are the signs, symptoms or clues which may mean that a child has been abused or may be at risk for abuse as a result of the parent or caregiver’s substance misuse or abuse, and/or illegal drug manufacturing and trafficking.**

**March 2013**

## Appendix G. Texas DEC Alliance – Local DEC Alliance Development Worksheet

*The following passage is an excerpt from the Texas DEC Alliance Development Worksheet.*

The first step in establishing a Drug Endangered Children (DEC) alliance in your community is to identify the key stakeholders who can need to be involved at the ground level for the alliance to succeed. Key stakeholders are those who:

- Come into contact with DEC on a regular basis
- Provide access to resources that DEC require
- Have the ability to affect change in their organization or agency

One of the vital roles of a DEC alliance is to be able to identify DEC in the community. Because data recording practices with regard to substance abuse vary so widely between organizations, children and/or their caregivers are often identified by a primary indicator (i.e. a drug charge for a parent or physical abuse to the child) and the substance abuse in the home – and its resulting impacts – is minimized. These gaps in information lead to gaps in much-needed services for children exposed to drug environments. By identifying the places and situations in a community where we have a chance to discover DEC (Question 1), we cast a wider net and close these gaps.

Some of the required resources in a DEC alliance (for example, child advocates, drug court personnel, and in some cases foster parents) do not play a role until after the child has been identified as a DEC. This does not mean, however, that their inclusion in the DEC alliance is not vital, as their services provide a much-needed link in the chain of collaborative care that DEC require for healing. These resources are identified in Question 2. There will likely overlap between the answers to the first two questions. The goal is to come up with a comprehensive list of those who play a part in rescuing, defending, sheltering and supporting DEC in your community.

Now that we have a good idea of the community agencies and organizations that need to be involved, our task becomes getting them to the table. Question 3 deals with identifying the individuals who need to be invited to the preliminary meeting. These are the “power players” in their respective organizations and the community – those whose support is necessary to get not only their own agency’s involvement, but others as well. For example, the Sheriff’s Office may not get involved if the District Attorney’s Office is not at the table, or vice versa.

Questions:

1. Where in our community do we discover drug endangered children?
2. What resources are available to help drug endangered children in our community?
3. Who in our community has the opportunity to affect change in the ways that we intervene on behalf of drug endangered children?

## Appendix H. Washington DEC Alliance – Spokane County Collaborative Community Response for DEC

*The following passage is an excerpt from the Collaborative Community Response.*

The project's purpose is to implement and evaluate a collaborative response among law enforcement, prosecutorial, medical, social service, and prevention and education professionals to the needs of children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution, including prescription drugs, throughout Spokane County. 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. The DEC Project's activities include:

1. Scheduled monthly meetings to coordinate team members' work programs, including intra- and cross-agency training and individual case staffing;
2. Creation and utilization of tools to identify and address children's needs from a medical, legal, psychosocial, and developmental perspective;
3. Revise Drug Endangered Children (DEC) guidelines for use in collection of evidence to effectively prosecute cases in the criminal justice system; and
4. Systematic evaluation of the three previously described activities to assess the extent to which the project was successful in meeting its goals.

ACKNOWLEDGEMENTS: This project was supported by Award Number 2008-DD-BX-0574 awarded to the Spokane County Sheriff's Office by the Bureau of Justice Assistance of the Office of Justice Programs at the U.S. Department of Justice and Cooperative Agreement Number 2003-JS-FX-K083, awarded to the Spokane County Sheriff's Office by the Office of Juvenile Justice and Delinquency Prevention of the Office of Justice Programs at the U.S. Department of Justice. Points of view or opinions are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

# Appendix I. South Carolina Drug Endangered Children Alliance – MOU with National DEC

## **The Purpose of this MOU is to:**

1. Recognize the establishment of the South Carolina Drug Endangered Children Alliance;
2. Formalize the inclusion of South Carolina DEC as a National DEC affiliated State DEC Alliance; and
3. Acknowledge the on-going partnership between National DEC and South Carolina DEC.

## **Whereas:**

The National Alliance for 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 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.

The mission of National DEC is to break the cycle of abuse and neglect by empowering practitioners who work to transform the lives of children and families living in drug environments. National DEC works to strengthen community capacity to help drug endangered children by working to establish a national network of Local, State, and Tribal DEC alliances, and coordinating with these alliances on the provision of training and technical assistance and other resources.

National DEC provides training and technical assistance to all those in the community who assist and care for drug endangered children. By working together and leveraging resources, we can provide drug endangered children opportunities to live in safe and nurturing environments free from abuse and neglect.

Key to this effort is the growing number of State Drug Endangered Children Alliances. These alliances provide DEC training and conferences, help establish local DEC alliances, develop protocols and guidelines, and bring practitioners together to create effective collaboration that changes how cases involving drugs and children are handled in our communities.

## **And, Whereas:**

Dedicated individuals and key members of Local, State, and Federal agencies and entities in South Carolina:

- have worked diligently to raise awareness about the problem of drug endangered children;
- have identified leadership for a statewide DEC effort;
- have established multi-disciplinary and multi-jurisdictional support;
- have gained participation of policy-makers;
- have developed an organizational structure;

- have established a working partnership with National DEC and both parties desire. an on-going joint effort; and,
- are committed to furthering the DEC mission throughout South Carolina to the benefit of drug endangered children and families.

**Now, Therefore, the parties to this MOU agree as follows:**

- The South Carolina Drug Endangered Children Alliance is established as a functioning statewide alliance;
- The South Carolina Drug Endangered Children Alliance is a National DEC affiliated State DEC Alliance; and
- National DEC and South Carolina DEC will work in partnership to advance the DEC mission within South Carolina and throughout the nation.

**Furthermore, the parties to this MOU agree that:**

They will support each other in every way possible, including but not limited to the following:

- South Carolina DEC will be listed with contact information on National DEC's website as an established State DEC Alliance;
- South Carolina DEC and Local DEC Alliances within South Carolina will utilize the National DEC Logo on websites, stationary, and other written and visual materials;
- National DEC will provide training, technical assistance, and other resources to help the development of South Carolina DEC as with other State DEC Alliances;
- South Carolina DEC will share promising DEC practices with National DEC's network, grantors, and affiliated State, Tribal, and Local DEC alliances;
- National DEC will share promising DEC practices, potential funding sources, DEC resources, and staff expertise with South Carolina DEC;
- South Carolina DEC will participate in National DEC's monthly "DEC Connect" calls and, as resources allow, DEC Leaders' Summit meetings to help develop a national network of DEC professionals and alliances;
- South Carolina DEC will notify National DEC of changes in Leadership and will submit information to National DEC annually for inclusion in a "State DEC Alliance Annual Report";
- National DEC will share the accomplishments of South Carolina DEC with our DEC Network, potential grantors, and national partners.

**Further, the parties to this MOU agree that:**

Nothing in this MOU will be construed as limiting or affecting in any way the authority or legal responsibility of either party, or as binding a party to perform beyond its available resources. Each party retains the sole discretion to determine its ability to comply with the terms of this MOU. This MOU is not a contractual agreement and does not impose any liability on either party for non-compliance.

This MOU shall be effective when signed by both parties; may be modified by mutual written consent; and may be formally terminated by either party following 30 days written notice to the undersigned representative or successor representative of the other party. The two parties will confer at least annually on the terms of the MOU to maximize the effectiveness of the working relationship.

**Agreed to and accepted by:**

**For the National Alliance for Drug Endangered Children:**

\_\_\_\_\_ Chuck Noerenberg, President  
On behalf of the National Alliance  
for Drug Endangered Children

\_\_\_\_\_  
Date

**For the South Carolina Alliance for Drug Endangered Children:**

\_\_\_\_\_ Candice Lively, State DEC Leader  
On behalf of the South Carolina Alliance  
for Drug Endangered Children

\_\_\_\_\_  
Date

## 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, territory, and tribal law enforcement agencies through information and grant resources.

Community policing is a philosophy that promotes organizational strategies that support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.

Rather than simply responding to crimes once they have been committed, community policing concentrates on preventing crime and eliminating the atmosphere of fear it creates. Earning the trust of the community and making those individuals stakeholders in their own safety enables law enforcement to better understand and address both the needs of the community and the factors that contribute to crime.

The COPS Office awards grants to state, local, territory, and tribal law enforcement agencies to hire and train community policing professionals, acquire and deploy cutting-edge crime fighting technologies, and develop and test innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders and all levels of law enforcement. The COPS Office has produced and compiled a broad range of information resources that can help law enforcement better address specific crime and operational issues, and help community leaders better understand how to work cooperatively with their law enforcement agency to reduce crime.

- 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.
- To date, the COPS Office has funded approximately 125,000 additional officers to more than 13,000 of the nation's 18,000 law enforcement agencies across the country in small and large jurisdictions alike.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- To date, the COPS Office has distributed more than 8.57 million topic-specific publications, training curricula, white papers, and resource CDs.

COPS Office resources, covering a wide breadth of community policing topics—from school and campus safety to gang violence—are available, at no cost, through its online Resource Center at [www.cops.usdoj.gov](http://www.cops.usdoj.gov). This easy-to-navigate website is also the grant application portal, providing access to online application forms.



The numerous state, tribal, and provincial DEC alliances, which form the cornerstone of the drug endangered children effort, have developed programs that uniquely fit the needs of their community members and their local DEC initiatives. These programs are structured around the state, tribe, or province's legislative statutes, drug trends, and partnerships. Even though no two DEC alliances are exactly alike, they have many similarities, including a working partnership with National DEC, marketing strategies and branding, DEC conferences, and the delivery of DEC training. To help further the DEC mission, this guide shares promising practices that state, tribal, and provincial DEC alliance leaders are using as they strengthen their DEC organizations and resources. Thus, this guide is meant to help connect other state, tribal, and provincial DEC leaders as well as other professionals in the field so they can leverage resources and take advantage of developed tools to strengthen their DEC organizations and DEC efforts.



U.S. 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 [www.cops.usdoj.gov](http://www.cops.usdoj.gov).



**NATIONAL ALLIANCE**  
FOR DRUG ENDANGERED CHILDREN  
Rescue. Defend. Shelter. Support.

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

[www.nationaldec.org](http://www.nationaldec.org)