

NCJTC- Fox Valley | Introduction to Drug Endangered Children (DEC) Awareness: Identifying Drug Endangered Children - A Collaborative Approach

Welcome, everyone, to the National Criminal Justice Training Center webinar, Introduction to Drug Endangered Children Awareness-- Identifying Drug Endangered Children, A Collaborative Approach. Presenting today's webinar is Stacey Read and Eric Nation from the National Alliance for Drug Endangered Children. My name is Joann Joy, and I will be facilitating today.

Part of the webinar series for the Bureau of Justice Assistance Comprehensive Opioid Stimulants and Substance Abuse Program, otherwise known as COSSAP, and the Indian Alcohol and Substance Abuse Program for Coordinated Tribal Assistance Solicitation, Purpose Area 3 grantees and non-grantees focused on responses to alcohol and substance abuse. These projects are supported by the grant awarded by the Bureau of Justice Assistance Office of Justice Programs, US Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this webinar are those of the contributors and do not necessarily reflect the views of the Department of Justice.

Let's try our first poll question. This is a simple question to find out who is joining us today. Which of the following best describes your role? Please select one of the following choices-- probation, parole, community corrections, law enforcement, victim services, child welfare, and/or advocacy center staff, treatment provider; to include mental health or substance abuse or other.

In a summary of our poll results, it appears as though approximately 37% of our attendees work in victim services, child welfare, and/or advocacy center staff. Our next largest chunks selected other, and we have an equal distribution of 15% between probation, parole, and community corrections and treatment providers. This sounds like an excellent mix. Thank you for participating.

Our learning objectives today, as they are viewed, are listing basic techniques to organize and identify drug endangered children; explaining the risks drug endangered children face; we seek to describe the needs to facilitate multidisciplinary collaborative responses to better meet the needs of these children; we seek to identify opportunities to identify children living in dangerous drug endangered environments and the benefits of intervention at the earliest possible point in order to reduce physical and psychological harm; and certainly, to describe what a multidisciplinary collaborative response looks like and how it incorporates the unique and often limited resources within a community.

I am pleased to introduce you to our presenters from the National Alliance for Drug Endangered Children, Stacey Read and Eric Nation. Stacey Read is the Director of DEC Network Development. She

provides technical assistance to National DEC Network and is an integral member of the training team, and has participated in curriculum, online training, and publication development.

Eric Nation is the Director of Training and Development. He is a certified core DEC instructor, and has been involved in the training of thousands of professionals across the United States as a trainer for the National DEC. With that, Stacey and Eric, I'll turn the time over to you.

Well thank you, and thank you to all the participants for attending today. As many of you may know, DEC efforts have been around for a really long time, but they've changed over the years. So where did we start? Well we started years ago in the early 2000s when meth labs were really popular. It was a law enforcement-driven mission, and then it expanded to prosecuting caregivers and removing children from the home.

But we've come a long way for a variety of reasons. Now it's not a law enforcement-driven mission, it can start with any discipline. It can start with a teacher, it can start with prevention, it can start with child welfare, any discipline that can come in contact with these children. It's a community-driven mission because we know that it is going to take all of us getting involved to change the trajectory of these children's lives. It's not response-driven, it's proactive or can be proactive. Oftentimes, it's the identification piece that is important upfront.

It's expanded to include all disciplines coming to the table to finding solutions to just discussing things together. It includes identifying children at the very earliest point, responding in some way and providing intervention and services. And it may not include a removal of the child unless that obviously is important in keeping those children safe. That includes all disciplines working together in the best interest of children and families.

So National DEC's mission is to change the status quo by empowering practitioners to identify and respond to children living in dangerous drug environments. You guys already respond and identify in some way. What we're hoping to do today is to get you to think about-- thinking outside the box as to how we can identify these children earlier and respond differently.

So this is what we call the why video, and this is a fatality out of the state of California. It's not a fatality that was recent and we do not show it to you because it's a fatality, we show it to you because this is often the reality of some of these children's lives, and I'm not talking about just the fatality. You're going to hear people talk about the abuse, the neglect, the trauma that these children often endure.

[VIDEO PLAYBACK]

- So the innocent victims, of course, are the children. I mean, one of the things that we in this country have got to do is start paying a whole lot more attention to what's happening with the children of drug abusers. Those children need as much or more treatment than the mothers did or the fathers did.

- Instead of doing simple discipline, they get carried away with the discipline, and that's what happens with somebody when they're on speed. And so once you hit the person, it actually feels good, because it's a release of the tension. So you feel good in doing it and you forget about what you're doing and you just do it, and that's why the child abuse is a lot worse than it would be probably normally.

- We know that in child abuse homicides and domestic violence homicides that it's not just an explosion of violence, that violence is escalating over a period of time.

- One example is a little girl who was scalded to death in a tub of hot water. And you read a story like that you see it on the news and you say, wait a minute, what is happening to society?

- Obviously a four-year-old is outmanned, outgunned, is defenseless. And she stayed with her aunt and her uncle for the last six months of her life. Unfortunately, prior to that six months, she had lived with her mother, and her mother had to give her up because of methamphetamines. And somehow this little child, Jenny Rojas, ends up with her aunt and uncle, and they also were chronic methamphetamine users. They'd used it all their lives. They'd never had a job, yet they had six children, and they lived in filthy conditions, not even feeding their own children because the meth was more important to them than what we know is humanity.

The utter condition of the apartment with cockroaches and lice and-- it was just utterly disgusting. It was the worst crime scene I had ever seen. These people were on a binge for three or four days. During this use of meth, they were also torturing and mutilating little Jenny Rojas. And it is unfathomable and unimaginable the types of torture they inflicted on her little body. They burned her with a blow dryer or curling iron or hung her in a closet or stuffed her in a box, and finally, on the last fateful day of her life, they immersed her in a tub of boiling hot water and literally burned the skin off of her body. And then took another hit of meth and let her die.

[END PLAYBACK]

We know that these cases are in everybody's community-- they're in my community, they're in your

community. And I'm not just talking about the fatality, I'm talking about the abuse, the neglect, the trauma, the deplorable conditions that these children often endure on a daily basis. We as professionals and as community members have opportunities to do this different.

So a National DEC formalized DEC efforts years ago. We knew that we had to bring people together with a common definition for what a drug endangered child is. So we define it as children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution.

And when we first started, we thought that that encompassed all drugs. And what we realized that there are legal substances and drugs that also impact parenting and place children at risk. So we defined-- we added that they may also be children whose caretakers' substance misuse interferes with the caretakers' ability to parent and provide a safe and nurturing environment.

So moving forward, when we talk about DEC or drug endangered children efforts, we're talking about any substance that impacts parenting and places children at risk whether legal or illegal.

So this slide talks about our vision, and our vision is 100% healthy, happy, and safe children. When we talk about that 100%, I want you to think about how close to that number you are in your community. Are you at 100% of your children being healthy, happy, and safe, and what can you do as a community that is different in order to get closer? Because I really honestly feel that we are not even halfway there in the majority of the communities around the nation, we have to start looking at this different, coming together, collaborating, and doing things different in order to provide for these children.

So when we talk about drug endangered children, how many children are being impacted? How many children are we looking at? So we know that one in eight children live in households with at least one parent who has a substance use disorder, one in 10 children live in households with at least one parent who has an alcohol use disorder, and one in 35 children live in households with at least one parent who has an illicit drug use disorder. But keep in mind that these are only the children that I've been identified by one of your systems.

And here we have our second poll question. The question is, what do you think is the most common risk drug endangered children experience? Your choices-- neglect, to include lack of supervision, lack of food, lack of shelter, lack of attachment, et cetera; child abuse, to include black eyes, bruises, burns, and broken bones; or sexual abuse.

Looking at our results, over 90% of our participants selected neglect, 6% selected child abuse, and 4%, sexual abuse. Thank you for participating. Eric, you may continue.

So thank you for participating in that poll. We want people to understand that children whose parents and caregivers use alcohol and other drugs are three times more likely to be verbally, physically, or sexually abused. And oftentimes when we talk about that physical abuse, that verbal abuse, and sexual abuse, we're familiar with what we're discussing.

We all understand what physical abuse the majority of the time looks like. Physical abuse is that bruising, the broken bones, the obvious marks. But when we talk about the physical abuse, we also need to be considerate and understanding that not all physical abuse is obvious. For example, if you would reach out and grab a kid by a shoulder and have a conversation with them and they would pull away from you, them pulling away from you is a sign. Why are they scared of your touch? What is going on? Or if you actually do make contact with their shoulder and they wince in pain, what is going on underneath that area that you have just touched that might be hidden?

We talk about sexual abuse. Sexual abuse is oftentimes a very hidden thing. And it's for obvious reasons, not that it should be, but it's that shame and the guilt and stuff like that that comes with it, but it's also oftentimes suppressed and not talked about. But once we understand that sexual abuse has occurred, we start understanding the impact that it has on the kids.

And we talk about verbal abuse. I guarantee, many of you have been to a ballgame for your kid or your grandkid or your neighbor, your niece or nephew, and you're sitting at that ballgame and you're listening to the parent or the caregiver that's screaming and yelling at their child to do better, run faster, jump higher. And you're thinking to yourself, man, if this is happening in public, what in the world would be happening in the privacy of their home?

We also know that these children are four times more likely than other children to be neglected. So for me as a law enforcement officer in my career, which I spent 20 years in, I looked at this and I knew these children were more likely to be neglected. What I didn't understand is what neglect was. Everybody on this webinar has their own definition of neglect, and as a law enforcement officer, I had my definition as well.

My challenge to you would be this-- do you know the definition of neglect by the discipline standard that assesses risk and safety around neglect? So we know that child welfare professionals assess that risk and safety and they are the experts in and around neglect, and they assessed that risk and safety as I said. So my question to you is this-- how many of you know the definition of neglect by your child

welfare standards? And if not, why not?

So that was a question I had asked myself early in my law enforcement career. And the answer to that question was we had no idea what their definition was. But I can also say that we had a ton of frustration because we felt like we reported neglect all the time, and the cases never got taken or the follow-through never happened.

What we come to find out is, we had no understanding of what the true definition was by the professionals that were handling these cases. So we took this opportunity and we took an in-service training and we had a child welfare expert come in and educate our narcotics staff on what neglect looked like by their standards. I will tell you, it was one of the best trainings we had ever received.

But with that training did come some problems. Following that training, we had an increase to our child welfare hotline that was substantial. And basically what it boiled down to is, for the first time in many of our careers, we understood what neglect looked like from our partner's standpoint, and therefore, our reporting greatly increased out of guilt and just better understanding.

So the next thing that we learned is we was going to have to learn how to become better reporters. Even though we felt like we were really good reporters as professionals, we knew we had to get better at that, and we had to report what was needed for the intake hotline to either accept or not accept the calls. So we then rescheduled another training with child welfare, at which point that they taught us the proper way and the things that they were looking for on that intake call, which was a great benefit moving forward.

We also know that children of parents with substance use disorders have a higher likelihood of developing substance use problems themselves. We all know this to be true. This doesn't shock any of us on this call. It's that multigenerational cycle of abuse and neglect. So I want to take us all on a small field trip here in our minds, and I want us all to get together-- I think there's about 600 people on the webinar. I want us all to get together and I want us all to go stand by a busy roadway.

And as we stand by this busy roadway, we've been blessed to be-- in our presence to have an eight-year-old child with us. Well, actually, we could make it a six-year-old child. We have a six-year-old child with us. The child is with us and we're standing by this busy roadway. At some point, as we all know, these six-year-old children get a little rambunctious. So this child is going to get rambunctious, and at some point, the child's going to decide to start walking for the roadway.

My question is to you, what are you going to do as a professional as the child starts walking for the

roadway and you look to the left and you see a school bus traveling 55 miles an hour heading your direction? And you look to the right, and you see another school bus traveling at 55 miles an hour heading in our direction?

Every one of us is going to stop the child somehow, some way from entering the roadway. We're going to grab the child and we're going to tell the child, hey, you cannot do that. We're going to yell, hey, stop, don't do that. We're all going to do this because we know the risks and the safety concerns that would happen if the child walked into the roadway.

So my question to you is this-- when it comes to substance abuse, why is it often times we do nothing? I can tell you as a professional pre-DEC, before I started operating under the definition, I was that professional that would pick the child up, and as we got ready to hand them off to the caregiver or got ready to hand them off to the child welfare experts, I would look at these children and think to myself, I'll see you in 15 years. You're going to be no different than your mama, you're going to be no different than your daddy, you're going to be no different than your grandpa or grandma.

I did not take the opportunity to intervene in these children's lives. I didn't take the opportunity to stop the child from getting hit by the substance abuse bus that I knew was going to happen, because that is the multi-generational cycle of abuse and neglect that I had seen throughout my entire career. Why is it when it comes time to substance abuse, we oftentimes do nothing?

So when we talk about the risk, we know that children plus drugs equals risk, and when we are talking about children, we're talking about any age child, and when we're talking about drugs, remember, we're talking about any substance or drug activity. Anytime you have children plus drugs, you have some type of risk.

So what is risk? Risk is the chance of something going wrong. So if I'm at a residence and I have children in my presence and I know that there's substance abuse or drug activity, what is the chance of something going wrong when I leave, whether it's five minutes after I leave, five weeks, five years? What is that chance?

We know that all drug endangered children are at risk, but how much risk and risk for what varies. We know that it might not be your job to assess if the risk is low, medium, or high. What it is your job to do as a community member and as a professional is to gather the information around that risk and pass it along to the folks that can utilize that information to help these children as well.

So we're going to talk a little bit about both prenatal and postnatal risks. The effects of prenatal drug

exposure are difficult to isolate due to a variety of reasons that include poor prenatal care, poor nutrition, prematurity, adverse postnatal environment. But we also know that it depends on the substance being used-- the frequency, the duration, and quantity. We know that it makes a difference if mom uses marijuana versus alcohol versus methamphetamine versus prescription drugs. We know that it makes a difference if mom uses in the first trimester versus the third trimester. We know that it makes the difference if mom uses throughout her pregnancy.

The idea is that we want people, professionals and parents themselves, to understand is that anything that mom puts in her body will also impact that child not only in utero when mom is pregnant, but throughout their entire life. So oftentimes drug endangered children end up dealing with these impacts their entire life, not just as a child.

So some of the issues that do result from the prenatal exposure to drugs are language difficulties, cognitive deficits, long-term delays in development, behavior concerns, ADHD, oppositional defiant disorder. Obviously this is a very short list, but just trying to give you some ideas of what these children will experience after birth and throughout their life.

We do know according to research that infants exposed to drugs in utero are more likely to be abused or neglected. It increases by about 30%. So if you think about high-risk parenting because there is substance abuse, also high-risk babies because these babies are oftentimes very difficult babies after birth, those two together increase that risk of being abused or neglected after birth. So just thinking about how your community or how your discipline or how your drug endangered children alliance is going to assist and support these mothers in these families when babies are born into these families and are going to go home eventually.

So talking about postnatal risk examples, here are some risks of substance abuse and drug activity after birth.

So I'd like to begin by talking about the environmental chaos. We know oftentimes, these children live in chaotic environments. Many of you probably have been in and out of these homes and understand the chaos that they're involved in. We point out these things in this list because we want disciplines to start documenting, whether it be photographs, videos, or just in reports, some of the activity that these kids are seeing.

We talk about environmental chaos, and one example of environmental chaos as you walk into a house, you see the disorganization, you see the chaotic environment that's occurring, keeping in mind that a lot of these kids are then going to school. By documenting this and sharing this

information amongst the disciplines in your community will better help these children.

For example, these are the children that then go to school, and once they go to school, they're expected to function in a very non-chaotic environment, and oftentimes they struggle doing that. And oftentimes they're then labeled as the bad children or the children that are acting out, when in fact, they're just trying to recreate the environment that they're used to.

Lack of supervision. Hopefully, depending on what discipline you're in currently, you're thinking about what you've experienced or seen with lack of supervision in these families. And the idea of DEC efforts is that you guys all have a different lens on. So each discipline we'll see lack of supervision in all of these examples actually differently, which is what we want to happen.

So lack of supervision can be a child left home alone, taking a nap because mom needs to go buy drugs. It could be that mom or dad or a caregiver is intoxicated and can't care for the child, so the child is not supervised at that time. It could be that a two-year-old child is observed in the middle of the street in the middle of the night in the middle of winter and we're trying to figure out where this child belongs, and it actually belongs to a family where there's drug use and the parents are passed out. So lack of supervision can look a variety of different ways depending on which discipline you are.

And we talk about lack of supervision, I'd love to challenge law enforcement on this. I want them to think about the last time that they conducted a traffic stop and during that traffic stop it was decided that they were going to have to arrest the caregiver. And when they arrest the caregiver, the caregiver is the only person in the vehicle, but as they do a vehicle inventory form, they come across the items that are consistent with that of children being in the residence or children being in the car.

When we find those items and we make that connection that children are a part of their lives, how often do we go looking for those kids? How often do we talk to the caregiver and say, hey, where's the child at? And they tell you it's at Uncle Tim's house? Do we go to Uncle Tim's house? Do we check? Do we reach out to the other disciplines to make sure?

I bring this up because this is something that we faced. We've made an arrest, we did the vehicle inventory, and we were told that the child was at Uncle Tim's house. We actually went to Uncle Tim's house to follow up and guess what? This child wasn't there. The next spot that we went to look for the child was the residence. When we got to the residence, we ended up in a non-gun standoff with a five-year-old child. The child, every time we'd knock on the door, would look out the window. We would ask the child to open the door, the child refused to answer the door.

This went on for a little bit of time until we finally had to breach the door. We breached the door and we found out that this child was left home alone. If we wouldn't have followed up, how long would this child have been left at home alone as its caregiver was placed into custody and then to jail at the time? Stacey normally brings up, imagine if this was a five-month-old that couldn't look out the window.

So we also talk about lack of necessities. When we talk about lack of necessities, this is another time for you to reach out to other disciplines in your community, especially like child welfare. What are the standards that child welfare goes by that is deemed necessities? Getting educated on what those necessities are are going to make us all better investigators and better information collectors.

So violence and domestic violence. We know that there is a correlation between domestic violence or violence in the home and substance abuse. So if you are there for one of those reasons or working with a family for one of those reasons, we really should be looking for and asking questions about both, because if we don't know about something, we can't provide an intervention or a service or a support for that.

And then when we talk about overlay deaths, we're talking about co-sleeping deaths or positional asphyxiation deaths. Oftentimes they are related to or caused by substance abuse. So if a caregiver is using marijuana, alcohol, heroin, any type of drug and rolls over and smothers the baby or places the baby in an inappropriate sleep position or an inappropriate sleep area, that can cause an overlay death or a co-sleeping death or a positional asphyxiation death.

And we bring this up because we've definitely seen an increase over the years in these. We just want people to be aware that these are happening and that substance abuse can be an underlying cause, and we should really be looking for that and ruling that out as a community and as professionals.

We also want to look at loss. We know these children experience a ton of loss. But we have to quit looking at it from our perspective, we have to look at it from the children's perspective. It might be as simple as a teddy bear or a blanket or a friend or an animal or just their home. We have to identify the loss that these children are experiencing and make sure that we're documenting that somehow.

We also talked about ingestion and exposures. We've seen an increase in ingestion and exposures across the United States. Drugs are accessible. Drugs are made to look like candy to entice children. The exposure to the substances, especially during times like the COVID times, are greatly increasing because children aren't in school or outdoors.

We also want to make the connection between human and sex trafficking. As human and sex trafficking has been around for years, we've now started identifying it as a major issue. And with that, we have to understand that we're dealing with the same population. The children involved in human and sex trafficking are those that are at risk commonly due to substance misuse by the parents and caregivers.

So we want to go through a few examples with you. We want to talk about use and possession, we want to talk about distribution and manufacturing and cultivation. The first example that we want to go through is an example out of Salt Lake City, Utah. When law enforcement made entry into the residence, they identified two caregivers rocking up crack cocaine. Once the officers entered the two bedrooms, they also discovered two children. As you can see, there is one child on the left photo that is in a Pack N Play with the door over the top of it with items on top of that essentially creating a cage.

The other child on the right is essentially naked, backed up into the corner being guarded by a very vicious dog shaking uncontrollably out of fear. Are these children at risk? The answer is yes, these children are at risk, and we have to learn to start identifying them and making sure we've document it in our reports or in our evidence and information collection.

So we also want to move on to drug distribution. We know that children become victims of the drug trade in many, many ways. If you have drugs and you have money, you increase the likelihood of home invasions. You increase the likelihood of abductions. Kids also being taken for ransom.

And as you might think that, man, we haven't had an abduction or kidnapping in our area forever, please keep in mind, these are oftentimes not reported for the crimes that you think they are. Oftentimes the reports that you're going to get is, hey, my child has ran away, my child is missing. And oftentimes, it is not those cases specifically. But it's really awkward to make a 911 call and say, hey, somebody has taken my child because I owe a drug dealer \$15,000. So oftentimes that we see that the crimes are reported differently as I previously suggested.

We also know that drugs are transported in children's items. Drugs are transported in baby bottles, baby formula, backpacks, school bags-- you name it, you guys could probably teach a class on it, drugs are transported using kids' items. We also know that children are brought on drug buys. Our challenge to you as a community is this-- what's more important, the child or the drug deal? Or can we make a compromise to make both work?

We also know that children are victims of human and sex trafficking as we previously discussed, and we also know that kids are used as decoys during drug transactions. But we also know that children

are used to do the drug transactions themselves.

So here's an example of a human in sex trafficking case out of the state of Ohio. The mother was actually sentenced to life in prison. She would take her 11-year-old daughter and trade her for sex in exchange for heroin. Mom would inject the child with heroin first, drop her off at the drug dealer's house, and pick the child and the drug up later on. Obviously the 11-year-old is now living with relatives and receiving a lot of services, but imagine the impact to this child that will be lifelong.

So the prosecutor on this case said this case is exhibit A for how devastating heroin is to our communities. When we talk about addiction and how strong it is for people, this is what we're talking about.

So I want to bring up manufacturing and cultivation briefly. And the main reason for bringing up manufacturing and cultivation is because oftentimes professionals get confused that when we talk about manufacturing, we're talking about manufacturing methamphetamine. And it's actually up and beyond that as well. We are now manufacturing butane hash oil, it's a manufacturing process. Rocking up crack cocaine is a manufacturing process.

And we talk about cultivation, a lot of people get stuck that it's the cultivation of marijuana. It's also the growing of the mushrooms. But keeping in mind that just because the manufacturing and the cultivation process is not occurring in the residence does not mean that these children aren't at risk.

The decontamination-- or the contamination that occurs during the manufacturing or the cultivation process embeds into the clothing of the individuals participating in the process. And when you come home and you pick up a child and you put them on your shoulder, if it's an infant or a younger child that might suck on your shirt, you then get that ingestion and that exposure that might then affect the child.

So how do we get to that 100% that we talked about earlier? Well we have to understand the long-term needs of drug endangered children and implement appropriate and effective intervention strategies. We know that these children growing up in these environments experience a lot of different things and they are impacted in different ways and they will also display their impact in different ways.

And some of these are through emotional problems, which can include anxiety, post-traumatic stress disorder or PTSD, complex emotions which can be shame and guilt, oftentimes children don't know what to do with these emotions. It can also be through behavioral problems, sexually acting out,

acting out what they've seen. Children see, children do.

Also in cognitive problems, the inability to pick up on social cues, difficulty paying attention, being delayed. Oftentimes, the cognitive problems are picked up when the children enter school, and we know that there are free services prior to school age that these children would qualify for and benefit from. So we have to think outside the box as to how we can identify these children who are having these issues from being in these environments and how we can help them at the earliest point.

[VIDEO PLAYBACK]

--manufacturing or distribution or use of illegal substances in the home or in the place of residence that the child is living in really gets in the way of a parent or a caretaker being able to provide-- we need to provide for children.

And a lot of kids growing up in those environments, they've mastered a way of being very secretive about what's going on in the home and very protective. Kids that have grown up in chaotic environments where there's been illegal drug use and other issues going on in the house, they really need to know that even if their parents are not able to get off of drugs or alcohol, that they potentially can heal from the effects of growing up and that kind of a situation.

[END PLAYBACK]

So we know that these children are impacted, but what we also know is that these children are also resilient, and it is going to be up to you as professionals and as community members to help with that resiliency, to help foster that, to help give them examples, and to also be a positive role model or a positive caring adult who can also show these children that there is hope.

So the importance of intervention. We know that a report of child abuse neglect is made every 10 seconds, keeping in mind that that's a report. We know that there is abuse and neglect happening more often than every 10 seconds. Children who experience child abuse and neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, 30% more likely to commit violent crime, and two-thirds of the people in substance abuse treatment reported being abused or neglected as children.

So we're talking about the multigenerational cycles of child abuse and neglect as well as substance abuse, and we have the opportunity to change the revolving door, to stop that multigenerational cycle by doing things different.

So I want to share a story. It's actually a personal story, a pre-DEC for myself about the importance of intervention. On this day, it was the daughter's 10th birthday. The daughter went to school and the daughter informed her school teacher that her caregivers were participating in drug sales. The teacher, by protocol, reached out to the school resource officer and advised the school resource officer of the information that the teacher had received. And then by protocol, the school resource officer was required to reach out to the task force on-call officer in which that did occur.

Unfortunate in this case, the on-call detective happened to be myself. I remember taking this call and being very excited at the time-- keeping in mind, this is a pre-DEC case-- because the gentleman in the picture was a gentleman that we had been trying to arrest and be involved in and apprehend for quite a while. We had arrested him previously, he had went to jail and he'd got back out. We had arrested him again, he'd went to jail and got back out. He actually ended up going to prison and ended up getting out for time served.

We knew with the information that the girl had provided and the current information that we were receiving on the street and through citizens that we had enough to apply for a search warrant. The application for the search warrant was completed by myself and it was presented to a judge at which time the judge did grant the search warrant application.

It was decided that we would execute the search warrant later that evening, about 9 o'clock. And we actually didn't execute the warrant in the evening for any tactical reasons or any threat matrix type things, we executed the warrant later that evening for convenience to myself. I had missed a ton of my daughter's softball games throughout my career and I wasn't about ready to miss another one.

So we decided that we were executing the warrant about 9 o'clock at night. I would tell you that post-DEC, the warrant would never have been executed in the evening hours. And the reason is, is we came to find out, post-DEC, from working with the other partners and disciplines in our community that we unintentionally, when we executed a warrant, and children were present, if we could all avoid it, we would because we caused unnecessary trauma.

We also wouldn't have executed it in the evening because we had wanted the child to be at school where they had somebody that they could trust or talk to, and we would have child welfare involved so the child would have a support system. But unfortunate for this girl, we executed the warrant that evening. Once we made entry into the residence, everything played out like she said it would. We found a large amount of drugs and we found a substantial amount of cash.

And at the time, we were very excited, and the celebration began. We started celebrating our victory

with high fives and fist bumps, because the bust was yet another good bust. The thing we didn't think about was the celebration occurred right in front of this 10-year-old girl. So something that this girl had went to her teacher and went out on the limb for to get help, we were now celebrating our victory, which was something that was very traumatic for her, in front of her.

We decided that we were arresting dad. As I was transporting or walking dad out to the van to be transported to jail, I'll never forget halfway through the green lawn, dad was one of those clients that couldn't keep his mouth shut and was calling names and doing his thing, and I spun around in the front lawn of this residence and I looked at the dad eye to eye, and I told the dad, we wouldn't be here if it wasn't for your daughter. Keep it in mind, this is all pre-DEC, not having the children as our focus.

The dad got in the van and the dad was transported to jail. Once at jail, this is the very first phone call that the dad made.

[AUDIO PLAYBACK]

- --from jail, Richard phoned his daughter, venting his rage in a message monitored by police.

- Are you there?

- Ya.

- How does it feel to know you just sent your dad to prison for a long time?

- Sorry.

- No, you're not [BLEEP] sorry. You had no business saying [BLEEP] to anybody! All you had to do is say something to me or grandma. What [BLEEP] business do you have going running your [BLEEP] at school?

- Sorry.

- No! No sorry my ass! This is no sorry to it. Answer my question! Why did you go run your [BLEEP] mouth at school?

- I had no business.

- No, you didn't have no business, but thanks to you, I'll be spending a lot of time in prison. I'm done talking to you, bye!

[END PLAYBACK]

So I share this example not because it's something that I'm proud of. Actually, it's just the opposite. I'm embarrassed on how we conducted ourself pre-DEC. I share this example to show the impact that we have as professionals. This girl was reaching out on her 10th birthday for help. She got help all the way to the point that it entered a detective's hands that was only focused on what our mission was and not about the broad mission of our community and our families that we were serving.

We all have the ability to impact children both in a positive and a negative way. So you might ask yourself, where does a kid like this end up? Well this 10-year-old girl years later did exactly what we said or thought to ourselves every time that we made an arrest. Keep in mind, I told you, when we handed these children off to the child welfare professionals, constantly and commonly what went through my brain was, I'll see you in 15 years. And sure enough, that's the 10-year-old girl on the other end of the phone. That multigenerational cycle of abuse and neglect. We had the ability to look at this girl and say we're going to change the trajectory of your life starting today, and I chose not to.

So the great thing about it is, we know the importance of intervention is important. We know the earlier the intervention, the more efficient and effective the outcome. But thank goodness, research and clinical trends support change throughout life. So in other words, it is never too early to intervene in a child's life, but it's also never too late, and this is a motto that I held onto for the rest of my career. That just because we've done it this way forever does not mean we have to continue to do it this way today.

And now we have our final poll question. We would like you to indicate if you agree or disagree with the following statement. The statement is, my community needs DEC efforts to assist in addressing the impact that substance abuse is having on children and families. Your options are before you is strongly agree, agree, not sure yet, disagree, strongly disagree. Let's look at our results.

Almost 60% of our participants strongly agree that their communities need DEC efforts to assist in addressing the impact that substance abuse is having on children and families. 31% agree and approximately 8% are unsure. Thank you for participating.

We wanted to give you some information about National DEC too to assist you in your efforts in your community. So we are a national non-profit organization. We function as a training technical assistance center and a resource center for professionals and communities across the nation. We work at every level-- so with federal partners, state partners, local partners, and tribal partners. We

really work to institutionalize DEC efforts from that identification piece through the response piece, through services, and obviously support for these children and families.

We assist with development of promising practices along with the dissemination, how we share things across the country. So for example, if you're doing something great and develop something that works for you in your community or your tribe, we will then bring it to other communities and other tribes to see if it works there instead of having everybody do some-- everybody reinventing the wheel. We partner on grants and help with funding, and we really have been focusing on our local support and development over the years as well. So developing those alliances to institutionalize efforts as well.

So what we also did over the years is we realized that people needed kind of a guide as to how to do this. What do we do next? Where are the tools and examples? And so we built a road map and toolkit that is on our website at nationaldec.org, and what we provide for that for you for free to download or to look at or to utilize, is a guide to help you get to where you want to go in your DEC efforts.

So with that-- so the roadmap and toolkit goes through three different phases. It goes through awareness, implementation, and institutionalization of DEC efforts and building alliances. So that awareness piece is really making the more people aware of the problem and that's something that you're going to continuously be doing, no matter if it's five years from now or 50 years from now, because we want to make more people in our community aware of what the issues are.

And so some examples from across the country, lots of people using social media in different ways. I know here at National DEC, we do a lot of social media posts. We do a lot of sharing of data, sharing of [INAUDIBLE] information. Just really trying to get people aware of what the different issues are. QR codes are those funny-looking squares that you can click your camera on and it sends you to an immediate website or URL to provide information.

We have a DEC alliance out of the state of Florida who connect people with QR codes because they have stickers on the back of police cars and EMS and fire trucks, so in an emergency or when people are dealing with law enforcement or first responders or child welfare, they can click on that and it will send them crisis information immediately and send them great information to get them connected. Phone applications or mobile applications are becoming more and more popular because we want information at our fingertips.

Fact sheets, brochures, training. Obviously we're having to think outside the box due to the uncertain times that we're in now, so a lot of things have gone virtual. Don't let that lessen than your impact or

your awareness because there's lots of different ways to do training and information dissemination.

And then another great thing about awareness is that we have a lot of communities utilizing our community assessment that we developed. And we're not talking about reassessing your community, we're really talking about utilizing this form to gather different data points from various disciplines to show the impact of where it's impacting the children and families in the community in your area. So it can also guide some of the planning around DEC efforts as well.

On the implementation phase of the roadmap and toolkit, we start to identify what can help. What can help our community? We want to start looking at what disciplines should we be collaborating with? Keep it in mind that we're not talking about networking, cooperating, or coordinating, we're talking about true collaboration.

And when we start collaborating with all these disciplines, we have to think outside the box. What disciplines have the opportunity to impact or intervene or identify these children? And then as we do that, we want to start developing and looking at cheat sheets, worksheets, and developing promising practices that Stacey talked about. Implementing the QR codes, implementing protocols and MOUs to be able to start utilizing.

So when we get to that institutionalization phase, it's really about sustaining the efforts, because what we saw years ago is that folks would do lots of training and awareness, but didn't institutionalize the effort, so it never left that phase. So people were just getting information but didn't know what to do. That institutionalization phase is really putting things into place that will outlive the epidemic.

So Eric mentioned MOUs and protocols, so the development and implementation of those that will help institutionalize your efforts so when you leave your position, the next person coming in can just pick up where you left off because there's a signed MOU and there's a formalized protocol. And we have a protocol worksheet on our website as well to assist in developing that.

Changing laws and policies, we have states across the nation and tribes across the nation that are really looking at how our laws are impacting what they can do and how they can change those. And setting up multidisciplinary alliances to continue to address the issue. What we know is National DEC and what we're seeing across the nation is that we have to start coming together and continuing to come together collaboratively within these communities or efforts tend to fizzle. So that collaborative alliance response and identification is what keeps things going.

With that, we want to thank you for watching, I think we're going to move into the question and

answer period.

Thank you, Eric and Stacey. We are now moving into the question and answer portion of our webinar. Let's also move to this slide so we can see Eric and Stacey's contact information, which will be displayed while we do the question and answer portion of the webinar. Stacey and Eric, one of the questions that we have received is, where can I get more information such as tools and one-pagers?

On our website at nationaldec.org, under the roadmap and toolkit, we have all of what they just asked for-- tools, checklists, forms and sheets to get them started, to keep them going, the community assessment worksheet is there, how do I identify key disciplines, that worksheet is there.

We also provide a lot of really great examples. Because each community does it a little bit different, we've provided examples of MOUs, protocols, bylaws, different brochures and pamphlets from around the country, that these can be utilized in a way that benefits your community. So if you like Missouri's DEC brochure but obviously you don't want Missouri's DEC logo on it, put your logo on it, put your information in it. We try to provide things in a way that can be helpful for other people, but they don't have to recreate that document themselves, we tried to do that already so they can just add in their own information.

Wonderful. Thank you, Stacey. One of the questions that I'm seeing and I think it's important is more localized, that one of our attendees has asked if she needs to contact DEC in, say, the Milwaukee area, is there a main contact person? So perhaps the question to be asked is, is there a listing of state representatives or local representatives for the DEC program?

Yes. If you look at our website once again, there is a spot on there that talks about our state DEC alliances. We try to keep those updated with the best information that we have that is provided from the states, but that is on our website too. I don't remember exactly what tab it's under, but there are a list of the state contacts within each state.

So keep in mind, too, that if your state doesn't have a state DEC alliance, because not all of them do-- no, the majority of them do, but if you come from a state that doesn't have one, you can contact us. Oftentimes, we'll have a contact somewhere in your state or helping somebody building that state DEC alliance already.

But even if you do have a state DEC alliance leader, you can always reach out to ask for information or connections or whatever, we're always happy to assist you as well as the state and local and tribal DEC alliances.

Thank you. And Leshan, I just want to let you know, on another note, that for the state of Wisconsin, I believe it is still Cindy Giese, she works for the Wisconsin Department of Justice. I will make a note of your information and reach out to you directly with some contact information. I think that would be a good starting point. Let's look at other questions.

What are the most prominent examples of DEC interventions that do not involve removing the child?

So I could give some personal examples and then our work across the United States that kind of sets to that. A lot of times when we were on scene as law enforcement, very few of our cases actually resulted in removal. A lot of them ended up in just participation with child welfare and all the other disciplines that were allowed to come in to work with the children.

We obviously know that children do best when they're at home if that environment is safe for them, but for an example, some of our work up with the Confederated Salish Kootenai Tribe and Melanie Smith up there when we started our DEC alliance. They were working not only within the tribe, but also with Polson Police Department, and a lot of the cases that they were getting were just referrals of activity that they thought that there should be an intervention that came in place with the children. So coming out of the schools, coming through law enforcement, coming out of fire and EMS. Stacey, you might have a few more.

Yeah, I was just going to say that what we're seeing across the country, which I think is-- what we're pushing for and training on is that we're putting together these alliances for folks to think outside the box. So we're seeing folks sit at the table together who may have never sat at the table together and really focusing on solutions and seeing that how can we better serve families, how can we not do a removal, what can we put in place, are there mentors within the community that can help support the family, are there different services, is there treatment that will come to the home instead of having mom or dad have to leave the home for an extended period of time or leave their job?

I think that there's a lot of talk about different types of promising practices or services or those kinds of things that are being thought about in a different way because we want children to obviously be safe, but also be with parents, because that is in the end where they do best.

Excellent answer, thank you. Our next question comes from Julie Flannery-- do you have a suggestion on how we engage our local DEC alliance if we are having trouble getting a response from them?

Well that's a really great question. So I don't know what discipline you are, but I think it may not matter. So I would definitely-- worst case scenario, you can connect with us and we can help connect

you with them, maybe set up a call or reach out to them. It may be that your email, if you're trying to email, is getting stuck in-- like the not the garbage thing, but the--

Spam?

Spam, yes, thank you, I can't think of that word. So maybe reaching out in different ways via social media if they have social media accounts or through their website if there's a website that they have, or maybe even through phone contact. But if you're really struggling with it, there may be an issue with some of the emails, so you might connect with us and we can try to help get you connected as well.

And that would be my suggestion, either reach out and connect with us if you can't do it via other means, or you can reach out to your state DEC alliance as well and see if they can get you referred to your local alliance.

Wonderful. Thank you for that answer. And our last question that we will be addressing today, what do you think would be the best first steps to getting this implemented in a community? Thank you, Maria Febreze.

Well I always think that the first initial stage is getting started on some of the awareness pieces. So if you're the lone person in your community to get it started, you can start by educating other folks within your discipline, within your office, talking about it, getting people information, starting with that awareness piece because you can't start any other way. That could look different depending on where you're at.

If you have a group of people that are already meeting, maybe it's doing a presentation to say, hey, this is the information I have, this is a website, these are some things that I've downloaded, starting with that information dissemination. If you already have a group of people that you're already meeting with and talking about DEC efforts already, then maybe it's really looking at what the data is, so that community assessment, and then maybe it's looking at the roadmap in toolkit to see where you guys are and what some of those next steps are.

And then you can always connect with us because we can always get on a call with your group or with you, we can always provide you with some other folks who are starting out or who have been there, done that and who've been doing it for years that can maybe give you some pointers as well. So, it just kind of all depends on how much you want to do to get started and where kind of-- where you guys already are and where things-- how far you want things to go and how fast.

I think I would definitely tell people to be really patient during this time because all of us are in a-- we're struggling, I think, getting-- having contacts with people. So I would just say to be patient but be persistent, because in these times, I think that's the two things that we definitely need to learn and implement with all of ourselves.

And I think the only other thing that I would add to that is like Stacey said, if you look on the website, there are four online modules that if you want to spark interest. One of the modules is an awareness piece, is maybe send those modules out with a little bit of discussion that will make people or allow people to get more familiar with the mission that you're speaking about.

Excellent. Thank you, Stacey and Eric. We are now concluding the question and answer session of our webinar. In closing, we would like to share brief information on additional training and technical assistance opportunities. NCJTC is a training and technical assistance-- otherwise known as TTA-- provider for Coordinated Tribal Assistance Solicitation Purpose Area 3 grantees and non-grantee tribal agencies focused on implementing system-wide strategies to address crime issues related to alcohol and substance abuse in tribal communities.

We are also a TTA provider assigned to assist tribal comprehensive opioid, stimulant, and substance abuse program grantees focused on developing, implementing, or expanding comprehensive efforts to identify, respond to, treat, and support those impacted by illicit opioids, stimulants, and other drugs of abuse.

TTA services for both programs include customized on-site virtual training, regional trainings, conferences, webinars, peer-to-peer support, on-site or virtual meeting facilitation, written resources, community planning, justice system collaboration, and sharing grantee best practices. For additional information on general TTA services, links to featured offerings, and to request ETA, please visit our program website as shown on the screen for more information. Please follow the on-demand link if you-- upcoming webinars and a robust library of webinar recordings and self-paced online training opportunities.

Another valuable resource is the COSSAP Resource Center which is shown here along with the web link. Featured resources available include funding opportunities, COSSAP grantee site profiles with a data visualization tool, information about demonstration projects, peer-to-peer learning, and recordings of all previous COSSAP webinars covering a range of substance use disorder-related topics and strategies.

Of particular significance is the ability to request training and technical assistance whether you are a COSSAP grantee or not. The COSSAP TTA program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and project and building and sustaining multidisciplinary responses to the nation's substance abuse crisis. For more information, you can contact the COSSAP program at cossap@iir.com.

Thank you again, Stacy Reed and Eric Nation, from the National Alliance for Drug Endangered Children for the exceptional presentation today and for sharing your time and expertise. Please remember to complete your evaluation. Thank you, attendees, for attending, and have a wonderful day.