



# Lessons Learned on How to Build a Successful DEC Team

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#### Agenda



How to Develop a DEC Team

Community Collaboration

Lessons Learned



#### Identify a Need

- Do you have a problem in your community with children being exposed to dangerous drug environments?
- What type of drugs? (meth, crack, heroin, etc)
- What are the hazards? (accessibility, accidental ingestion, fires, explosions, etc)
- Does your community have a plan to protect children from these hazards?



#### Our Need

- Increase in Meth Use
- Increase in Meth Labs
- Children exposed to Meth
- Unknown Hazards of Meth
- No Plan to Protect Children





- Local Statistics
  - FDLE Pensacola Regional Operations Lab
    - Meth Submissions
      - 1999 60 submissions
      - -2000 58 submissions
      - -2001 286 submissions
      - -2002 517 submissions
      - -2003 824 submissions
      - -2004 861 submissions
      - -2005 670 submissions

#### TOXIC WASTE





- Obtain DEC Training
  - Congrats!! You're Here!!
  - Our Timeline
    - Oct 2003 a couple of our folks attended the National DEC Conference
    - July 2004 National DEC Team provided training to our community
    - Feb 2005 developed NW Florida DEC Protocol



- Identify Team (Agencies/Personnel)
  - Team Composition town, city, county, parish, and/or regional level?? What will work best for your community??
  - Our Team Structure
    - Initially Developed around our CAC (Emerald Coast Children's Advocacy Center provides services to children in Okaloosa and Walton counties)



Identify Team (Agencies/Personnel)

Agencies – Law Enforcement (local, state, federal); Dept of Children and Families; Social Services; Fire Dept; Medical Services (emergency room personnel and EMS); Child Protection Team; Children's Advocacy Center; Dept of Environmental Protection; State Attorney's Office



- Identify Goals
  - Our Goals
    - Assemble a DEC workgroup consisting of representatives from all "applicable" agencies to discuss DEC issues and solutions
    - DEC workgroup to develop a DEC Protocol
    - Identify and train agencies/personnel involved in DEC matters (initial responders and follow-on investigative/social/medical/mental health services)



- Develop a DEC Protocol
  - Provides Direction to Team Members
  - Creates "Buy-In" from participating agencies (request agency heads sign the document in a public forum with media coverage)
  - Informs the community of the DEC issues and provides a coordinated plan toward resolution
  - Can be shared with other communities facing similar issues (a copy of our protocol is on www.floridadec.org website)





#### **Drug Endangered Children (DEC)**



#### Multidisciplinary Protocol

**Northwest Florida** 

**DEC Work Group** 

2005



- NW Florida DEC Work Group developed the Protocol
  - Representatives from law enforcement, DCF, CPT,
     CAC, DEP, medical, mental health, EMS, Fire
     Department, SAO, and USAF. "Multidisciplinary
     team prepared the document for a multidisciplinary
     team approach."
  - Protocol Objectives
    - Ensure safety of children found at scene
    - Determine need and provide medical treatment
    - Determine placement/services for children
    - Ensure safety of emergency, social service and medical



#### Multidisciplinary Approach

- All agencies share information and respond in a coordinated collaborative effort throughout the investigative process
- All personnel will follow their agency safety procedures when dealing with HAZMAT
- Known/Suspected Drug Lab
  - Law enforcement, DCF, EMS, Fire Department coordinate plan and have EMS and Fire Department in a "staging location" without compromising the criminal investigation
- Unknown Clandestine Drug Lab
  - DCF Discovery Remove children and notify law enforcement
  - Law Enforcement Remove all individuals, secure crime scene, and notify DCF (if children are present)



- DCF Investigation (On-Scene)
  - Children located at the scene should be placed in "protective custody"
  - DCF and Fire Department will DECON children
    - Children's clothing should be removed
    - DECON children using "Dry Method" (Baby-Wipes)
    - No personal items should be removed from scene
    - Coordinate for Urine sample within 2 hours
    - Coordinate for Forensic Interview at CAC (if available)
    - Interview parents for medical history, social history, HIPA, TANF



- Law Enforcement Investigation (On-Scene)
  - Responsible for securing the crime scene and conducting the criminal investigation
    - Photograph Everything
    - Identify the Hazards and Photograph
    - Measurements of Hazards to Children's Access
      - Heights (coffee table with drug materials)
      - Distances to children's belongings (drug paraphernalia near play pen)
    - Proximity of food to chemicals, drugs, and paraphernalia
    - Any previous or current fires caused as a result of drug production
    - Physical condition of the children and other occupants
    - Food supply in kitchen cabinets, pantry, refrigerator or freezer



- Law Enforcement Investigation (Continued)
  - Interview all witnesses and suspects
    - Children forensic interviews should be conducted at CAC (if available)
    - Conduct jointly with DCF and follow interview guidelines
  - Reports/Documentation
    - All occupants in the home (full-time and part-time residents) should be included in report
    - A listing of all drugs and chemicals (to include photographs) should be provided to DCF for their dependency action
    - List the children as Victims in the report (crimes compensation)
  - Notifications
    - Lab Safety Team (removal of chemicals and drugs)
    - Health Department (community safety)
    - Property Owner (responsible for HAZMAT clean-up)
    - Property Appraisal Office (disclosure to future residents)



- Medical Assessment/Treatment
  - Initial Medical Assessment
    - On-scene by EMS
    - Conduct assessment to determine if child needs emergency medical care
    - For obvious injury or illness, transport to nearest hospital (leave personal clothing and possessions at scene and DECON)
  - Immediate Care Protocol (Emergency Room/Pediatric Facility)
    - Conduct initial assessment
    - Administer tests and procedures, clinically indicated by findings
    - Obtain urine specimen (within 2-hours)
    - Call Poison Control, if clinically indicated
    - Complete Baseline Assessment and refer to pediatric facility for follow-up



- Medical Assessment/Treatment (Continued)
  - Baseline Assessment Protocol
    - To be completed within 24-hours after child removal (DCF should refer the child for evaluation to the child's provider, health dept, CPT)
    - Obtain medical history from parents and/or medical records
    - Perform complete pediatric physical examination and required tests
    - Perform developmental screening
    - Mental health screen and crisis intervention, if required
    - Follow-up with care for any positive findings
  - Follow-up Medical Care (Recommended)
    - 30-day follow-up
    - 12-18 month follow-up
    - Recommend a system be established to collect, analyze and report medical findings on children found at Meth Labs



# Is Meth The Only Dangerous Drug Environment to Children??





#### 9.2 million children

in the United States live in homes where a parent or other adult uses illicit drugs





# More than 35 million individuals used illicit drugs or abused prescription drugs in 2007

## Defining Drug Endangered Children (DEC)



The National Alliance for Drug Endangered Children 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.





Child abuse and neglect increase a person's risk of later substance use, and individuals with substance use disorders are more likely to abuse or neglect their children



#### Children at Risk

- Children whose parents abuse alcohol or drugs are:
  - 3 times more likely to be verbally,
     physically or sexually abused
  - 4 times more likely than other children to be neglected







- All drug endangered children are at risk
- How much risk and risk for what varies







Prenatal Risks

Postnatal Risks





The effects of prenatal drug exposure:

- Are difficult to isolate, owing to other variables such as poor prenatal care, poor nutrition, prematurity, and adverse postnatal environment
- Depend on the substance being used, frequency of use, duration of use and quantity







- Long-term cognitive and behavioral risk factors for children prenatally exposed to drugs:
  - Low scores in mental development
  - Low scores in psychomotor index







Infants exposed to drugs in utero are more likely to be reported as abused or neglected (30.2%)

- Kienberger Jaudes P, Ekwo E. Association of Drug Abuse and Child Abuse









#### Risk of Physical Abuse

- Erratic discipline
- Increased irritability
- Irrational rage







#### Risk of Neglect

- Lack of supervision
- Lack of necessities
- Lack of safe and nurturing environment

#### **Postnatal Risks**





#### Other Risks

- Exposure to violence
  - Domestic violence
  - Crime-related violence
- Overlay deaths
- Exposure and ingestion
- Sexual abuse
- Emotional Abuse





- When do we take action to protect children?
- Do we consider illicit drug activity alone justification to intervene?
- Do we wait until additional maltreatment circumstances arise?
- What if we wait too long?



### our Goal: Healthy, Happy & Safe Children 100%



#### How do we get to 100%?

- Understand the long-term needs of drug endangered children
- Implement appropriate and effective intervention strategies

# **Understanding the Long-Term Needs of DEC**



- Consequently, some children growing up in drug environments may experience:
  - Emotional problems
  - -Behavioral problems
  - -Cognitive problems







The earlier the intervention, the more efficient and effective the outcome

BUT ... research and clinical trends *also* support the potential for change throughout life



In other words...

It is **never too early** to intervene...

AND

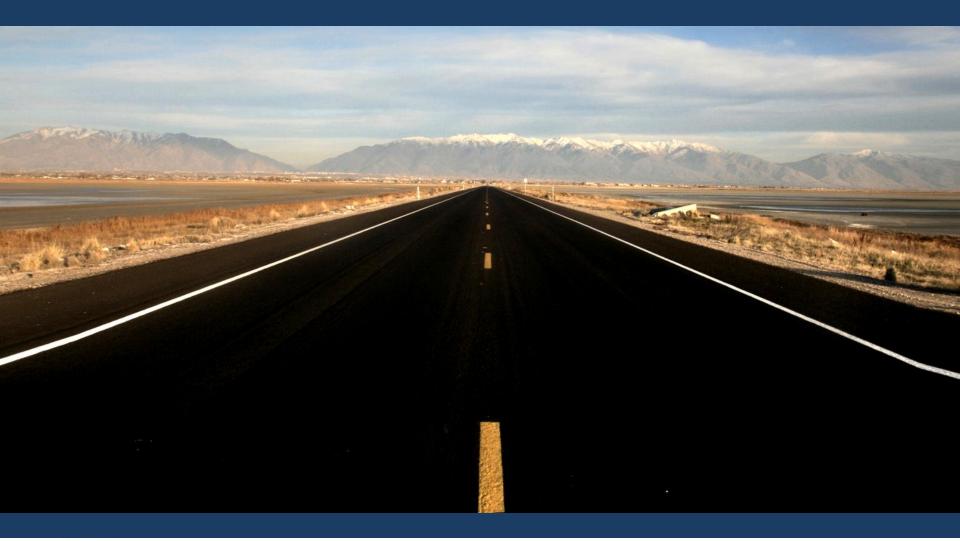
It is **never too late** to intervene!















No single entity can effectively or efficiently address the DEC dilemma on its own, especially over the long term





#### **COLLABORATION:**

The exchange of information, altering of activities, sharing of resources, and enhancement of the capacity of another for the mutual benefit of all and to achieve a common purpose.





What we know already:

Collaboration is challenging

What we may not know:

WHY collaboration is challenging





#### WHY collaboration is challenging:

- Competing goals
- Relationship issues
- Control issues
- Differing values
- Helplessness
- Un-channeled passion/energy

#### **Collaborative Mindset**



Child Protective Services

Law Enforcement

Drug Treatment

Medical

Education

#### **Collaborative Mindset**



Drug Treatment

Medical

Education

Law Enforcement

Child Protective
Services

DEC

Judicia





By collaborating, we increase the likelihood of success for the good of children and families









#### **Changing the Status Quo**

# Changing our attitudes and beliefs



#### Changing the Status Quo

- Common elements for change:
  - Recognition of an unacceptable situation
  - Shared vision for a desired outcome
  - Strong leadership
  - Guided activities of many
  - -Persistence!









#### Or do we change the status quo?















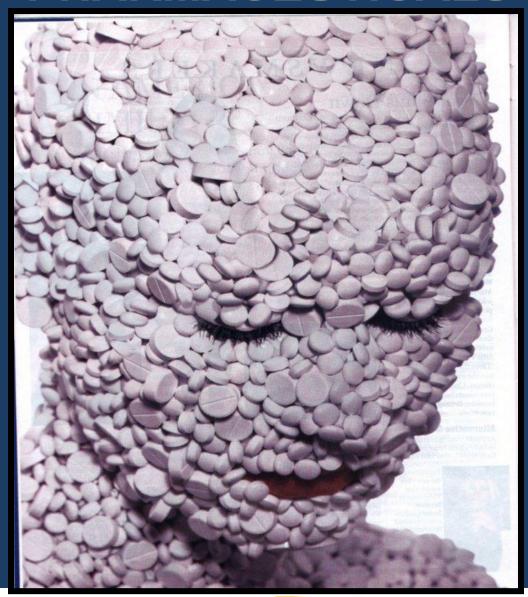




METH is not the only dangerous drug environment to children.

We need to change our Protocol (thought process) to address all substances (legal and illegal) that are being misused by caretakers and impacting their ability to care for children.

#### **PHARMACEUTICALS**





#### Marijuana





Child modeling Mom's behavior



Collaborate with community representatives outside the "First Responder" community. Need to include representatives from schools, daycares, mental health and faith community.



Don't just focus your efforts on crisis intervention. Need to plan for long term social change.



Don't develop your DEC Protocol and place on a shelf. The DEC Protocol needs to be reviewed annually by all agency partners. Protocol reviews encourage alliance sustainability.



When forming your DEC team, don't ask the agency partners to send a representative to the meetings (SLL). Recruit your team members with supervisor coordination.



"We live in a world of our perceptions"



## Perceptions/Misperceptions

LE Example

Team Example



# As A Rule of Thumb, Involve Everyone in Everything!!



"Establishing teams is easier said than done. Getting people to work together as a team in any professional environment is challenging. And at times, it's like trying ......"