

Iowa children confirmed abused on the basis of exposure to dangerous drug environments has grown rapidly. 1,354 children tested positive for illicit substances in 2005, double the number in 2001 but down 26.5% from the all-time high in 2004. Manufacturing meth in a child's presence declined by 74% between 2004 and 2005, to 2001 levels. But the level of Denial of Critical Care cases, the largest category of abuse, increased by 8.9% during this overall period.

As Iowa policymakers seek to find solutions to this disturbing trend, some numbers continue to rise. As of December 31, 2006, Iowa narcotics and drug enforcement officials have reported seizing 345 methamphetamine labs since the beginning of the calendar year, down from 764 in 2005. Unfortunately, the methamphetamine manufactured in clandestine methamphetamine labs represents only a small portion of the methamphetamine problem in Iowa. Large quantities of methamphetamine are imported into the state, and other controlled substances, such as cocaine and heroin, continue to ravage the lives and families of users. Acriminal justice system over-burdened with a disturbing rate of drug convictions coupled with a dramatically rising number of terminations of parental rights in underlying problem is substance which the abuse makes a compelling case for a strong response to the problem of drug addiction in Iowa.

The Iowa Drug Endangered Children Program recognizes that children are often the innocent victims when their parents are involved in drug manufacturing and use, and that intervention is needed to assure safety and health for these children. The Iowa Drug Endangered Children program (DEC) proposes to establish Best Practices in the State of Iowa to assist local communities in their efforts to address the growing problem of vulnerable children and their exposure to toxic chemicals and illicit substances. The DEC program emphasizes strong multi-disciplinary collaboration in provision of treatment services and medical intervention, and further strives to track the health outcomes and long-term safety of children exposed to drugs.

Children need immediate intervention from the harm of the abuse and/or neglect that comes with parental drug activity. They need to be taken out of environments that jeopardize their physical, developmental and psychological well-being. Environments where methamphetamine is being manufactured are particularly dangerous because they expose children to methamphetamine contamination, volatile and toxic chemicals, and the possibility of injury or death caused by fire and explosion. What can be done to rescue and support children found in such environments?

# Promote DEC and Build Support from Key Leadership

Organize and lead discussion about the problem of drug-related child endangerment in your community. Involve in these discussions professionals who work with children and families and are passionate about this problem in your community. Include key persons in leadership within your community, and build their support for a community approach to solving this problem. Include the County Sheriff, the police chief, the County Attorney, leadership from the local medical society, the Superintendent of the local School District, DHS supervisory staff, Correctional Services staff, professionals involved with substance abuse treatment and other key agency heads. Leave no one out as you plant the seeds for this program.

#### Decide on the Focus of Your DEC Team

Recognize that children are endangered by the manufacturing of methamphetamine, but they are also endangered by the much larger problem of parental chemical dependency. It will be

necessary to define the purpose and scope of your community's DEC team before recruiting members.

• Level I (Active Meth Lab) DEC Cases:

Examine the current state and magnitude of your community's meth lab problem. If this continues to be an issue, then your community needs a plan to address the children impacted. Children found at clandestine labs where meth is manufactured are in grave and imminent danger of burns from flash-fires and explosions. They also are at great risk for potentially serious and adverse health effects from the toxicity and pervasiveness of precursor chemicals used to make methamphetamine. Children are contaminated by these chemicals by simply breathing the air and touching surfaces in the home, including their own toys. Meth labs are both life-threatening and are also known to yield weapons and pornography, making them high risk environments for murder, assault and sexual abuse.

Level II (children endangered by parental substance abuse) DEC Cases:

Children living in homes where parents are struggling with drug addiction suffer profound neglect and physical abuse and are removed from their homes at startling rates. These children live in chaotic environments, go without proper medical care and completely lack parental supervision. They also struggle with behavioral issues and are unprepared for the structured environment and expectations that schools offer.

#### Pull Together the Team

Identify which agencies will need to be on board to make the DEC team effective in your county or cluster of counties, and recruit members with an interest in the issue of drug endangered children and commitment to teamwork.

• For Level I (Active Meth Lab) Teams:

You will need to include DHS child protective workers, juvenile and criminal prosecutors in the county attorney's office, local law enforcement officers involved with the local drug task force, and key medical personnel from the local hospital -- particularly a pediatrician, hospital nursing staff and the director of the hospital's emergency room.

• For Level II (children endangered by parental substance abuse) Teams:

You will need to include all of the professionals needed for a Level I team (DHS, County Attorney, Law Enforcement, and Medical), plus individuals from mental health, substance abuse treatment, education, Early Access, AEA, youth shelters, and any agency that provides services to children and families.

Schedule regular times for team meetings and decide how you will all communicate (i.e., email, phone, fax, interoffice mail, etc.). Consistently structured meetings are initially needed to develop team cohesion and establish working relationships. Clear communication and participation with agency supervisors and signed Memoranda of Understanding (MOU's) are usually required.

#### Cross-Train Your Team Members

Cross-train among team members so each member has a clear sense of what other team members from different disciplines do. Familiarize yourselves with the philosophies, departmental policies, and hierarchies of your own and other team member agencies. Each team member needs answers to the following: What are Team goals? What is each member required to do when arriving at a drug scene? When encountering a child? What are team priorities in handling a case?

## Adopt Protocols that Help Children

Adopt protocols as a team for what should happen during an intervention at a home where children are found to be endangered. Several good protocols have been developed and can easily be adapted to fit your community. These are available on <a href="www.iowadec.net">www.iowadec.net</a>. All existing core agencies' protocols must be gathered, reviewed, and analyzed to see what is already in place. What needs to be changed to facilitate the Team's work? What might impede Team goals? With buy-in, approval of each agency, the Team should then develop a unified DEC Team protocol.

Distribute draft protocols among agency colleagues for input/feedback. Revise protocols with reviews and comments. Re-review FINAL DRAFT protocol with all relevant agencies. Finalize protocol with approval by Core Team member agencies. Publish the protocol with a date and caveat that it will be modified as experience and circumstances demonstrate the need to do so.

#### Staff Cases

A key aspect of a DEC team is the ability to work as a multi-disciplinary team (MDT) to share information about children impacted by drug abuse and to make recommendations that will assist

each of the team members in providing meaningful, unduplicated services that will benefit the drug endangered child and his or her family.

## Provide Additional Training

Identify Team member needs for additional formal and informal training (i.e., shadowing/ridealongs with police, etc.). Seek additional assistance and training from relevant agencies and outside sources.

Identify key "auxiliary" agencies that your Team wants involved in DEC cases that need DEC training. These may include medical/health care providers, mental health providers, fire personnel, emergency medical services, hazardous materials team staff, foster parents, probation/parole officers, school personnel, drug treatment providers, domestic violence service providers, criminal and juvenile court personnel. Meet with identified parties to explain DEC and schedule and provide training.

#### Outreach to Other Organizations

Outreach to service providers to assist DEC children and families and be aware of service delivery gaps in your community. Establish additional MOU's with auxiliary agencies to better serve DEC cases and build support for multidisciplinary and comprehensive interventions.

Develop a locally relevant training module that DEC team members can present to non-DEC agencies and organizations for outreach and/or education at the local level to build community support for DEC Team work and to assist in prevention efforts.

## Track the Cases/Keep Records

Maintain a spreadsheet showing all children impacted by the interventions of the team. Keep track of their ages, drug exposure, health issues, services provided to them, and other important information. Develop a way to monitor the progress of your program, the effectiveness of your protocols, and intermittently discuss how the DEC process can be improved. Discuss what is working well and provide praise. Look at what is not working and make the necessary adjustments.