



ADMINISTRATION FOR **CHILDREN & FAMILIES**

TANF Children Endangered by Drug Use

Regions V, VI, VII, and VIII Tribal TANF 2014 Webinar Series: Addressing the Needs of Children

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Transcribed by Pearl Interactive Network, Inc.

[female announcer]: Good day and welcome to the Office of Family Assistance, Regions V, VI, VII and VIII webinar: TANF Children Endangered by Drug Use. Today's conference is being recorded. At this time I would like to turn the conference over to Larry Brendel. Please go ahead, sir.

[Larry Brendel]: Thank you and good afternoon, or good morning for those of you on the west coast. My name is Larry Brendel, the TANF Program Manager at the Office of Family Assistance, in Region VI, Dallas. My colleagues in regions V, VII, and VIII (Chicago, Kansas City and Denver) and I are pleased to announce today and next Wednesday we will be sponsoring a series of a couple webinars for our Tribal TANF and Tribal Native Employment Works grantees on the subject of addressing the needs of children.

Today's webinar will address the growing issue of protecting children in environments of increasing drug use. Key topics that will be covered include how to identify that drug use is occurring in the home, implementing processes for addressing the needs of drug endangered children, and strategies for keeping a child's life stable when his or her family is unstable. Next Wednesday's webinar will address some of the TANF child-only family's issues, specifically issues around grandparents raising grandchildren.

In talking with some of our Tribal TANF grantees, they suggested that not all drug use issues are the same for all tribes. Some tribes deal with significant meth issues, while other tribes have a greater challenge due to the use of alcohol, while others experience a prevalent cocaine issue. Again, in talking with some of our tribal partners, they are interested in best practices on how to effectively work with parents and children when the parents are drug dependent or addicted; the role or responsibilities and challenges of a protective or a representative payee; how can case managers effectively help children with alcohol or other drug dependent parents through the use of a multi-disciplinary approach or other strategies; how do growing children respond to substance use in the home; and how can we help children acquire survival skills and the resiliency to heal and to move forward with their lives in a positive way.

I believe we must recognize that families are critical supports for use and substance abuse prevention and recovery. And they can also be either the biggest asset or a significant obstacle. This afternoon, we are looking to our presenter to address the need for creating a supportive home environment, while taking into account the historical and ongoing trauma of many American Indians, and Alaskan Native communities' struggles.



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Today, we have with us Stacey Read. Stacey is currently an adjunct professor for the graduate Social Work program at Metropolitan State University in Denver, and the Director of DEC Network Development [at] The National Alliance for Drug Endangered Children. At National Drug Endangered Children, she has conducted national, tribal, state, and local trainings to thousands of professionals on drug endangered children, drug issues, alliance development, and collaboration. Stacey is also involved in curriculum and training development, publication writing and development, and state, tribal, and local alliance development and technical assistance. Stacey has spent 16 years working in the child welfare field, holding positions at various levels. She has extensive experience in child abuse and neglect investigations and reviews, including child fatalities, serious bodily injury and substance abuse and misuse investigations. Stacey is currently the lead on the development of a four-module online tribal drug endangered children curriculum and training in conjunction with Lamar Associates and the Bureau of Justice Assistance. Stacey has also recently conducted a tribal Train-The-Trainer program for over 100 people from over 40 tribes in conjunction with the U.S. Department of Justice. We're certainly lucky to have Stacey with us today, and looking forward to her sharing some of the information that she has in her curriculum with us today. So Stacey, I'll turn it over to you.

[Stacey Read]: Well thank you very much. I appreciate the opportunity to be here today and discuss some of these issues. I know that we're all here because these issues are really important, and travelling across the nation and talking with professionals such as yourselves, we know that these are issues that are not in one tribe, or one community. They're everywhere. But like the speaker before me said, they're different in every community. So just keep that in mind, that if something that I'm presenting doesn't apply in your community, it probably will likely apply in the community or the tribe that you have contact with as well.

So, with that being said, a lot of what I'm going to present is going to be a lot of education and information just on drug endangered children and those kinds of things, and a little bit of what to look for. But we want to make sure that you have a really good understanding of what exactly we're talking about when we're talking specifically about drug endangered children. I think a lot of people have an idea, but I want to make sure we're all on the same page moving forward.

So our goal is healthy, happy, and safe children 100% of the time. And this is kind of a tough concept. But I feel like we have to have a goal of 100% because we don't want to have to leave any children out. I know when I present this in front of people, I usually have people show me a hand of how many people have children. I know the majority of people in the field usually have children, and if we don't drive for that 100%, I know I don't want to leave my children out of that 100%. If we strive for 75%, is that going to be my children left out? Or your children left out? Your neighbor's children left out? If we don't have the goal of 100% healthy, happy and safe children, then we're never going to get there. And I know that everyone is busy, everyone has large caseloads. You know the child welfare system is busy. Law enforcement is busy. But we have to have this goal because we don't want to miss children. And I really do think that someday in the future, maybe not in my lifetime, that we will reach that goal.



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So in understanding the risk to children, we know that 2.1 million children in the United States live in homes where one parent uses illicit drugs. So if you think about one parent in a household that uses drugs, and think about the households that you're dealing with on a daily basis, the families that you have contact with, it's not usually just one person using in the household. It's usually more than one person. Mom or dad has a friend over, or they have the dealer stop by, or somebody down the road stops by. It's usually more than one person. So the 2.1 million children is just with one person using. If we add another person to that, that statistic climbs from 2.1 to 9.2 million children live in homes where parents or another adult uses illicit drugs.

So keep in mind too, that data, in my mind, and what we're finding across the nation can tend to be on the low side. And part of the reason for that is that it's really only as good as the people that are reporting it. And if you think about the people that are using illicit drugs, they're not usually coming forward to say, "Oh, I use this, and this is how much." They're usually the people that are being arrested, that are entering treatment, that have contact with child welfare.

And so the data is really being collected in those various ways. And we know that there are folks that do not report obviously. They will lie about it, and we know that happens. But there are also people that are using that haven't yet been caught by law enforcement or been arrested, or had contact with law enforcement. They're people that are not in treatment or have had contact with treatment. And they're people that maybe have not had any contact with professionals.

So, we know that 9.2 million children gives us an estimate, gives us sort of an idea of how many children. But we know there are more children out there that are living in homes where there is illicit drug use. So we have to know that American Indians and Alaska Natives have the highest rate of current illicit drug use. We know that is across the board. So thinking about your community, and your tribe, and the folks that you come in contact with. Just keeping this in mind as well [sic].

I'm going to go back—I apologize, I'm clicking a little bit fast. This is probably one of my favorite stats: children whose parents abuse alcohol or drugs are three times more likely to be verbally, physically, or sexually abused and four times more likely than other children to be neglected. So if you think about the caseload and the people that you have contact with on a daily basis, or the people that your caseworkers or TANF workers have contact with, if we're not looking at all of these, then we have to likely think that we are missing something. And I can tell you as an investigator of child abuse and neglect for many, many years, I think I probably missed some things—not knowing at that time that, in my initial years of investigating, that there was that correlation between substance abuse and physical, sexual, and verbal abuse as well as neglect. I may not have asked the right question. So if you're seeing a parent, or you know a parent that is abusing drugs or alcohol, you really should be looking for signs of physical, sexual, or verbal abuse, whether that's in your office, or passing in the hallway, or at a client's home or an appointment—and also that they're four times more likely to be neglected. So we need to be looking for those indicators of neglect as well. And we're going to go through some of those here in a



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little bit. But we know that there's a correlation. So from here on out, if you didn't know this before, you know it now. And you should be thinking about "if this—we should be looking for this."

So also know that children of parents with substance abuse disorders have a higher likelihood of developing substance abuse problems themselves. So, we're going to see a video here in a minute called, "Children See Children Do." And keep in mind that if you do have children, you know that if you possibly say a swear word, they're likely to pick up on that and do as the parent does. Or if you sit down as a family for dinner every day, because that's important to you, you know that your children are more likely to do that as an adult as well, or with their children. So children really are noticing things that we're doing as parents. And I'm a parent of two small children. I definitely see that sometimes they take the tone of my voice, or my words, or my actions into their play, or into their lives, and replay those.

So keep that in mind when you have parents who are using substances, or you think that they're using substances in the home, whether legal or not legal, that those children are likely to show some of those behaviors. And what is normal in our home may not be normal in a home of a substance-abusing parent. So take for example, if marijuana use is prevalent in a home, that becomes a normalized behavior for a parent, and that child is going to normalize that behavior as well, and think that, "Well my parents are doing that, so it's okay for me to do it too." It lessens that intensity of consequences or repercussions.

So, just keeping that in mind as you watch this video—And the video is somewhat funny, but it definitely should give you some examples of both positive and negative.

[\[video starts\]](#)

[guitar strumming]

[singing] "It looks like rain again today, dark clouds gather, fill the sky. Don't know how to talk to you, just know how to say goodbye."

[numerous scenes of domestic violence with yelling and screaming]

[video ends]

So, this video really shows, obviously, the very negative side of, what children see, children often do; but at the end, gives a little clip of the very positive side of, if a child sees something positive in their life, that they're likely to replicate that behavior as well.

So, going back to the 100% healthy, happy, safe children, you can also look at it as when you have contact with a family or a child, that you also give 100% of yourself, whether that's in five minutes, or five hours that you spend with that child. It might be the only positive contact that that child has in its lifetime, or in that year. There's no guarantee that there will be anybody else that will be positive in their lifetime is what we're often being told out in the field. So keep that in mind as you're having contact with families as well; that you can be that positive side of "Children See, Children Do."



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So The National Alliance for Drug Endangered Children came up with the definition, and defines Drug Endangered Children, or DEC, as “children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution.” So that encompasses the illegal aspects of drug use. So what we also know is that alcohol is legal. I live in Colorado and right now marijuana is legal [there] as well as in Washington. So we know that there are legal aspects of drug use that are harmful and tend to pose a risk to children as well—as well as prescription drug abuse. So we wanted to encompass that. So we added that “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.”

So as we move forward, when we’re talking about drug endangered children, we’re really talking about the misuse and abuses of any medication, or any drug, or anything that would be legal, or illegal. It includes alcohol, the marijuana use, the medicinal marijuana, prescription drug abuse—those things as well. (Sorry, I’m clicking a little bit fast.)

So understanding risk. If we can all agree on this, and you can take away this today, that would be fantastic, because this is probably, in my mind, one of the most important things in this training: “Children + Drugs = RISK.” If you can think in your mind of a scenario where that doesn’t apply—we’ve not come across that ever and I’ve been in child welfare for a long time and can’t think of an example of where that if we have children, and we have drug use, whether—and we’re talking here about illegal drug use. because obviously you can have—And actually, I’ll take that back. So we’re talking about Children + Drugs, and that’s going to be any of the drugs, whether legal, or illegal, that they do pose some risk. And we’re not saying that it’s going to be a removal or anything like that. But children plus any type of drug poses some type of risk to those children.

So when we talk about risk, we’re talking about the chance of something going wrong. So in my mind, if I leave this house, or if the client leaves my office, and I know that there’s drug use in the home. I know that there is a chance of something going wrong in the future to that child. But when we’re talking about risk—so we’ve talked about all drug endangered children are at risk [sic]; but for how much risk, and risk for what, is going to vary. So if I have a drink of wine, or a glass of wine, it poses some risk to my child, because I may not know what effect that has on my body, or I may decide to get into a car which would increase that risk to my child. But is that low risk, or is that high risk? Likely, it probably tends to be on the low side. Obviously if I get into my car and I’m intoxicated, then that tends to be on the higher side. So the risk is going to vary. Take for example a meth lab. I think we can all probably agree that a meth lab is probably going to be high risk to any child, at any age, at any moment. And we’re talking probably about any meth lab.

So the risk is really going to vary, but what we can agree on is that there is some type of risk, no matter what. If we have children and drugs, we always have some type of risk. So child’s welfare’s job, and law enforcement’s job, is to figure out what that risk really is and how that poses harm to that child, or possible harm to that child.



So some of the risks that we're talking about are risk of physical abuse, risk of neglect, risk of exposure to illegal activities, and then some of the other risks: overlay deaths, exposure and ingestion, sexual abuse. And I'm going to give you some more examples of these as well because I just think it's important to provide some examples. I have some pictures in here too. But sometimes when we're talking about these things, your idea of something might be different than mine and vice-versa. And I think that's great because I think the collaborative minds together—and putting those together is fantastic, but I want people to think outside the box. This definitely is something that we need to be looking for and may not be as known as what we thought, or had anticipated.

So risk of physical abuse. We're talking about erratic discipline. Are you seeing the mom, the erratic in her discipline in your office, or is the child talking about that? Are you viewing the child—a small child, maybe age three, who dropped his Sippy cup and spilled something, and the mom just flips out and starts screaming and yelling, and the child cowers because the child is afraid? Is that a risk of physical abuse? Absolutely. If the mom is doing that in front of you, who knows what she is doing at home. Is it absolutely going to say that *if this*, then it's physical abuse? Absolutely not, but we know that there is this increased risk. Increased irritability. Increased rage. If you're seeing those things, you know you might need to be asking more questions. And we know that when people are using substances or illegal drugs, or even prescription drugs, there is that increased irritability with withdrawal. We know that increases the risk to children as well. So keeping those things in mind.

So what about risk of neglect? We know that the majority of child welfare findings, or founded or substantiated cases, or investigations, are used to report neglect. We also know that the majority of fatalities are due to neglect. But a lot of times, our definitions of neglect are different. And you're going to find when you're dealing with law enforcement or treatment probation parole, if you have contact with those folks, that their definition of neglect is going to be very different as well.

So when we're talking about neglect, we're talking about a lot of different things. The lack of supervision. Is the child two-years-old running down the street in the middle of the night because Mom is a nurse somewhere, or Mom is partying and passed out? So I mean there's definitely some more investigation and more questions that need to be asked around those situations. What about a lack of necessities? Are Mom and Dad or the caretaker spending money on food for the child, or formula, or are they spending money on drugs? A lot of times law enforcement will go into a home and they will find that there is a ton of money because they are distributing or selling drugs, but there is very little appropriate food for the child in the house. And those are concerns, and things we need to be looking for.

The lack of safe and nurturing environment. We know that when we're talking about substance abuse in the home, or we're talking about dealing going on, or anything—any drug environment, the manufacturing, the cultivation—we know these environments are chaotic. And by chaotic, if you've never been in one of those environments, it would be—I wish I could show you a video of how chaotic things can be. We're talking about loud noises, we're talking about people in and out. The traffic in and



out, the dangerous people, the violence in the home, the anger in the home. Things being dirty, unclean. Things being hazardous. And we'll talk a little bit more about those as well.

There are different dangers in the home as well, and those dangers can vary. And we're talking about risk, so we're talking about low and high. So, dangerous homes can just be that there are weapons in the home, and they are accessible to children. It could also be that there are paraphernalia sitting out in front of the child, or accessible to the child. You'd be amazed at how many investigations got done where you ask the child, because they brought up drugs or something suspicious in regards to drugs, and you ask them, "Well, where does mom keep that?" And they're like, "Oh, it's in the blue box, I get that from her, you know every time she smokes the grass that she smokes. And it's, you know, up in the top closet where she, you know, she hides it from people." And kids are really astute at—they understand those things. They're visual people, and they understand what's going on probably more than what we give them credit for. So keeping those things in mind.

Incapacitated caregiver. That's [something], it's not likely that child welfare or yourselves are not going to see very often. It's very rare that we have clients come into our office intoxicated, or that we go to a house where they're incapacitated or passed out with a needle sticking out of their arm. But we have to at least be aware of the signs, and understand what to look for. And if we are suspicious, then we need to have a plan with our agency, or a policy within our agency, as to what to do from there. And that definitely varies across the nation. We have some agencies that will—it's an automatic call to the police. And we have some agencies where we do A, B, and C. So, it definitely varies, and we can talk further on that if there are questions on that later. I'm happy to do that.

So there's obviously more risk of neglect. It could be that there are dogs in the backyard, or in the house, that are violent. There could be the cockfighting with that imposing some violence within the home and things to look for. We're talking about, you know, dangerous home—if there's domestic violence. If the child is saying there's holes in their wall, or you're seeing that there are holes in the wall, that those are things to give you—the hair on the back of your neck stand up a little bit and to raise some red flags, that maybe there is something different going on in the home that maybe we should be asking more questions about. Or maybe we should be contacting an investigator, an assessment worker with child welfare, to work with them in trying to figure out what these things are together.

So here is a picture of the lack of necessities and an unsafe environment, or a lack of a safe environment. So that is where the child was sleeping at the time of a law enforcement search warrant, where it was executed. And I wish you could see the video on this, because it's actually—the whole house is cluttered with things. The crib is broken. There's feces on the door. There's flies everywhere. So these may not be things that you are seeing if you're not in the home. But you may see signs of these things, or you might be talking with a mom or a child and working with the family, and they might be talking about some of these things. "Well, my bed, I can't sleep on it, because there's so much stuff on it," or "I couldn't find that because it was under all this type of work, and you know, our house is



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messy.” Just red flags. And we’re not saying that every messy house is a neglectful house, or a neglectful parent, but it should at least give you some idea that there might be something going on in the home.

We do find that parents who are using substances or drugs will tend to not clean up after themselves or kind of focus on the drugs. If you talk to substance-abusing parents or folks, you will hear people say, and we’ve heard this across the nation, that drug use is a 24/7 job. They’re either looking for it, they’re craving it, they’re using it, they’re high, they’re coming off of it. It is a 24/7 job. And if it’s a 24/7 job, and you have children—I think children are difficult not having a drug job. And to be intoxicated, or impaired, or speaking of drugs, or looking for your next fix, or trying to find a dealer—imagine what happens within the home, that is, sometimes possibly not being seen outside of the home. But imagine what’s happening in that child’s life and the chaoticness [sic] of all of that.

So, what about gun use? And these are all real pictures—we don’t pose anything—but these are pictures from our network. So, if you notice there is a gun in between the mattress—and that tends to be common. We see that a lot if there’s drugs or money in the home, or if there is a “grow” or a lab, people want to protect their profit. People want to protect those things. So, just know that you could be walking into a home that has weapons in them [sic], and it’s rare that we see people keep the weapons and the ammunition not in the same spot, and they’re both locked up because they want to make sure that they get to things pretty quickly.

Here’s the story out of Utah. This was an example of an incapacitated caretaker. Yes, that is a playpen or a pack-and-play. So, a portable crib with a door on top of it, and the things on top. So this was a search warrant executed by law enforcement and these are two children who were found. Both under the age of five, both in different rooms of the house, but parents had locked them up so they could—so they were “rocking up” crack cocaine is what was going on. And the parents were, in their mind, keeping their children safe because you know, the little boy was in the bedroom locked up, and the little girl was in the pack-and-play, so they couldn’t be around the drug use. These are pictures that child welfare and other agencies, and possibly yourselves, that—“We’re never going to walk into these situations.” So we have to rely on other agencies such as law enforcement because they can enter houses after a search warrant that we’re never going to be able to enter because we don’t have that capability. They’re able to see these things that other agencies are not able to see. So the collaboration piece is going to be very big in regards to the DEC approach which I’ll talk about.

So just keeping these things in mind. These things happen. And I know that sometimes we’re often in denial of the worst-of-the-worst things that can happen to children. But you’d be surprised as we travel the country, and there’s probably not a place that we’ve been that folks haven’t said, “Oh, I have a story just like that,” or “Oh, I’ve been in the house and I’ve talked to law enforcement, and this was kind of the situation.” So keep in mind that these horrible things do happen to children in regards to drug use.

So some of the risk of exposure to illegal activities—and I’m sorry about the overlap there—but exposure to violence or domestic violence, drug dealing, drug transporting, kidnapping, home invasion. These things, or several of these things seem like things that, “Oh, they don’t happen in my community.”



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Well, they may not happen in your community that you're aware of. But keep in mind that if somebody steals my drugs, I'm not going to call law enforcement and say, "You know, I think my neighbor stole my pound of methamphetamine, and I'd like for you to get it back for me." There is not usually people that are going to do that. So keep in mind that these things, a lot of this, there are going to be things that are happening within our communities, within your tribe, that we don't know about. But I can tell you that a lot of times, the children will know about it. Or you may be at Walmart and see something, or another store and see something suspicious, and think that maybe something is going on, but these things are happening in every community, and in every tribe. These aren't things that just happen in one section or within one culture. It's everywhere. So just being aware—And if you want to know about some of these things—contacting your law enforcement, contacting probation, parole and talking with them. A lot of times if you make those relationships, they will talk to you about these things and tell you where these things are happening or what specifically that's happening around your community.

So here's a story of a father and a girlfriend who are arrested for distribution. And basically what happened is the father had visitation every other weekend. And what dad would do is he'd put the kids in the car—there were two of them—and they would drive from California, all the way over to the East Coast between Friday and Sunday. And it just so happens that they had a pickup truck full of marijuana; and obviously on the way back, they had a pickup truck full of money. They were selling it. The father was arrested in one of the Midwest states, and the children taken into protective custody. These are drug endangered children; but these are drug endangered children that oftentimes get missed, because we don't think about this aspect of drug endangered children. So this is just an example of trying to get people to think outside the box, that yes, there is drug use, and we deal probably more with that. But there is definitely drug endangered children that are maybe involved in the drug transportation or these types of things, so just keeping those things in mind. And these things are happening across the nation, probably more frequently than you'd like to admit.

So some other risks. Overlay deaths—not everybody calls them that—they're when a parent rolls over on the child while the child is sleeping. And it's an accident. It is a horrible situation. What we're seeing though is that a lot of the overlay deaths, or many of them—we may be missing the drug endangered child because we are not testing the mom, or looking into the fact that there was substance abuse that could have contributed to the fact that the mom didn't hear the child cry when she rolled over on the child. So, I know that there's a study being done out of West Virginia in regards to overlay deaths. They're going back and looking at those. And I think what we're going to find is that we probably missed some drug endangered children there, that maybe we could have given services to the mother or to the other children that are in the home. So just keeping those things in mind, that overlay deaths could possibly be due to substance abuse.

Exposure and ingestion—I'll talk about that in a second.

Sexual abuse and emotional abuse. We talked a little bit about this. But keeping in mind that oftentimes, you know, the people coming in and out of a "grow" or a lab or a house where there's dealing, or



whatever it may be, that oftentimes if Mom and Dad are incapacitated, there might be sexual predators that are at the house. Whether they are buying or using together, whatever, that it increases the risk of sex abuse when a parent is incapacitated, or, if the parent leaves the child with somebody that they don't know, which is oftentimes what we see.

Emotional abuse. It goes back to kind of the yelling, the screaming, the erratic discipline—those kinds of things in the house as well.

So here's an example of a heroin-using couple. They had a 14-month-old baby that had shown up with second-degree burns from the stove. When they did a full skeletal or—not everybody calls them full skeletal—but an x-ray of the body, they found a broken hypodermic needle in the baby's buttocks. And the baby was malnourished. The parent's weren't taking care of the baby. They weren't feeding him properly, so the baby's hair was falling out. And obviously, you're going to have your own stories in your own communities. So this is just an example of one dad's—I believe it was out of the East Coast—but these things happen, and sometimes we need to look a little bit further to make sure that the children are okay. Maybe we missed the fact that they looked a little bit malnourished. And we maybe should ask questions around that, or talk with another provider in regards to that. But if the hospital wouldn't or the doctor's office wouldn't have done the full skeletal, then they may not have noticed the broken hypodermic [sic] needle in the buttocks. So just things to keep in mind, that we all need to work together with different agencies in regards to drug endangered children as well, or we could miss something.

So just another example of a statistic that we're seeing increase over the years: so over 113,000 emergency department visits for accidental ingestion of drugs. Seventy-seven thousand of those involved children that were under the age of five. So you think that that's—a pretty large number in regards to accidental ingestion. Keep in mind that this is 25 times higher than the rate of accidental ingestion for adults. Kids get into things, and we need to make sure that—it'd be great to be able to decrease these numbers but I think—I'll give an example of the marijuana edibles, or the THC edibles that we're seeing come out of states such as Colorado, and possibly Washington and other states—that we might see an increase in this. The edibles tend to be look like candy, look like cookies. They tend to look like things that everybody would eat. And if you have an edible that looks like a sucker, my child would eat the whole thing, and would probably eat the whole bag if there was a bag of them around. So there is that definite increase of ingestion if you're talking about an incapacitated parent and caretakers and those kinds of things. So keeping those things in mind.

Educating our medical staff. If you have a clinic in your community or within your tribe, educating them as to what to look for or getting the information out. Maybe they're seeing an increase of a certain drug coming through their ER or ingestion [sic], and just having that collaborative effort to get that information from them. Sometimes they have more information than we realize. So back to the collaboration pieces is huge [sic].



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So how do we get to that 100%? It's really about understanding the long-term needs of drug endangered children, and the implementation of appropriate and efficient intervention strategies.

So some of the long-term needs. We know that these children are denied fundamental developmental experiences. They experience neglect; daily chaos; lack of safety; and disruption of the relationship, child's sense of trust, and child's sense of belonging. And inevitably, we know that they also experience emotional problems, behavioral problems, and cognitive problems that we may not see right away, but we may see down the road. So keeping some of those things in mind. If you're seeing some of these it might raise a red flag to you that maybe we have something else going on in the home. Maybe this child was exposed to something such as substance abuse, or a dangerous drug environment.

Just some examples of emotional problems: attachment disorders, anxiety, depression. A lot of times the attachment disorders are what we may notice first. A lot of times it's going to be the behavioral aspects that we see first. The inappropriate sexual behaviors, eating disorders at times, interpersonal problems. 'Could be explosiveness; the child just explodes. Those are things that maybe would raise a red flag as well.

The cognitive problems. Just some examples—and these lists are not all inclusive. We have lists of hundreds of different things for each one, so you'll see different things, but these are probably the ones that people are saying that they see the most: difficulty paying attention, difficulty remembering, they're often behind—often the ones that have trouble picking up on social cues, don't learn from their mistakes or their own experiences. So if you are seeing these things, or hearing about a mom or a caretaker parent talking about these, it may be something that you look further into or get more information on.

So when we talk about collaboration, which is what the DEC efforts are all about, that really long road with the mountains off in the distance is sometimes how that long road feels. Collaboration you know, is difficult, and it can be really challenging at times, but that long road, you'll get there. And you know, National DEC is also there to help people get through some of the challenges of that long road. But keep in mind that long road will come back every once in a while too.

So the definition of collaboration for us is the "Exchange of information, and the enhancement of the capacity of another for the mutual benefit of all." So we're really talking about, I give you something and make you stronger, and you give me something and it makes me stronger. It's really not just having a conversation. It's that sharing of resources, sharing of information. It's calling on each other, educating each other. It's really that collaborative approach, when we talk about collaboration.

So, "The expertise and resources of multiple professional agencies and communities combine to improve interventions for children and families." And so what we're talking about is that you can do DEC efforts, you can identify drug endangered children. But what we want people to do, is we really want people to collaborate with other agencies in regards to gathering information or sending information off, whether that's to an investigator, or law enforcement, probation parole, or gathering information



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from educators, medical, those kinds of people. It can't just be one of us. It can start with us, but it has to be all of us within our community, within our tribe, that really works [sic] together to make sure that we're not just identifying drug endangered children, but we're actually intervening to change the trajectory of their life. And we have that opportunity. And that's where the 100% comes in as well. We want to change the trajectory of these children's lives.

So the DEC approach is basically, an approach based on collaboration and changing the status quo, but changing how we do things, changing what is normal day-to-day business for us. It means that we have a common vision. You have a common vision, because you are on the phone with me today. You want to make sure that your community and your tribe, the children, are safe, and they're not drug endangered. You know you're going to need insight about your partners. Do you know what law enforcement does? Do you know what an investigator does when they go out? Do they know what you do? Because a lot of people don't even know what TANF is, or what it stands for, or what you all do or provide for families. So, providing that education and asking questions, and giving people information about what you do and what your capacity is—And then the commitment to change our practices. The DEC approach doesn't take any money. It's just changing the mindset of, "I'm going to look for children that are drug endangered. I'm going to identify them, and I'm going to do something with that." And that's what the DEC approach is all about. It's actually doing something with that information, and not just doing something yourself if you're not able to.

So basically what we're talking about is: "More Information = More Informed Decisions = Better Outcomes" for our children. And that's where we get to the 100%. We want better outcomes for our children. And whether that is me passing my information along to somebody else, or me gathering more information—if I have more information on a family, or a child, I'm able to make more informed decisions for that child and that family. And that's where those better outcomes come from.

I talked about that collaboration is challenging, but I didn't talk about why it's challenging. And if you think about all of the time you've collaborated or tried to collaborate, and it's failed, or it's difficult, here's some of the reasons why it can be challenging:

Competing goals. If you think about your goals as a TANF worker, director, or supervisor versus law enforcement, versus parole, versus probation, versus educators or teachers, we all have competing goals, and we all have different jobs. And nobody's asking in the DEC approach to change that, because we have to focus on different things. But what we can all agree on is that we want our children to be safe within our communities.

Relationship issues. There are always going to be those people that are very irritating or that you just don't click with, you don't like. And that's okay. We're human. And that's perfectly okay to struggle with those relationships. But in the DEC approach, we have to get past some of those relationship issues as well, and some of them is just the education piece. For example, law enforcement and child welfare have definitely struggled over the years in every community—and it seems like in every tribe, in every

area—with getting along. Part of that is that we don’t understand what each other does and why. So the education piece, insight about our partners, is very big.

Control issues. We all want to be in charge of the child. We all want to make the decisions first, and better, so those control issues can be challenging as well.

Differing values. Because we come from different areas, different backgrounds, different experiences.

And helplessness. What do I do now? What are you going to do? Oh this is hopeless. We’ll never get to 100%. And we all have dealings with that sometimes, and that’s okay. But that’s why we have to call on other people as well, to kind of help us with the helplessness as well.

And un-channeled passion. For example, getting off this call and being pumped and ready to go do something, but then are like [sic], “I don’t know what to do.” And that’s okay too, because informing multi-disciplinary teams or collaborating with other folks, it’s going to be difficult; but you’re going to have to figure out where you can channel some of your passion. And that may be something as simple as educating other people, or going to your boss and providing information and getting other people involved.

So I know that this is a little bit difficult on a webinar, but if you notice that it’s a picture of a lady. And some of you are going to notice that the lady is an old lady; and some of you are going to see that the lady is a picture of a young lady. And the idea of this picture is, we all see things differently. TANF workers are trained to do your job. You’re not trained to do law enforcement’s job, or to be an investigator of child abuse and neglect, or to be a doctor. You’re trained as your job title. You’re going to see things differently than those other disciplines. And sometimes you’re going to see things different than the people within your discipline because you have a different background and different experiences. And the point of this is, that’s okay; we want all of those backgrounds and experiences. We want all of the different perspectives, because we need them. It goes back to that “More information = More informed decisions = Better outcome.” But keep in mind that sometimes that’s why it’s so challenging, is that we see things very differently than maybe even the person you’re sitting next to right now, or have your office next to. And that’s okay, but you have to keep that in mind.

So this is not a video that I’m able to show, but I’d like to show the coordinating, the DEC efforts video here because I think it will kind of give you an idea of how this works. And I apologize for this video. Folks want to see this video. I can get it out to folks as well.

[\[video starts\]](#)

[Marjean Searcy, Utah Alliance for DEC]: Back in 1998 when we brought together some 30 agencies to really focus on methamphetamine, we knew that it wasn’t just methamphetamine that we were going to be looking at; that we were going to be looking at all substances, all drugs of abuse, all illicit drugs. And so when we brought that group together, we had some experts from social service agencies, adult protective services, and child protection services, and substance abuse treatment



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and other agencies that are involved with methamphetamine and other dangerous drugs—you know, everyone who had a piece of the problem, but also had a piece of the solution. And we brought them together and started developing Utah’s endangered children effort.

[Deputy Chief Julian Bernal, Dallas Police Dept.]: The types of challenges you’re going to find in putting together this process is that it’s cumbersome to get the word out. It’s difficult to keep people involved in the process.

[Utah Governor Jon M. Huntsman]: You might think you’re well equipped as an elected person, or as a department head to deal with these kinds of issues, but the fact of the matter is, they’re so cross-cutting in so many different ways, and so multi-dimensional, that it takes a team. It takes a multi-disciplinary effort, running the gamut from education right up to the law enforcement and the mental health services right on through, to really deal with it effectively. So for those who are thinking that they are going to tackle the issue and are not thinking in terms of the multi-disciplinary approach, I would say take a step back and rethink it. And consider the team that you need, that covers the totality of issues that are covered in a situation like this, and all of the issues that affect the child, and then proceed with that in mind. And anyone who does that will conclude that, really, it is a team effort that is the only way to get through these kinds of issues.

[Sheriff Lou Vallario, Garfield Country, CO]: It’s difficult, but I think it’s important that local communities do this. I wouldn’t expect the federal government, wouldn’t expect the state of Colorado to come into Garfield County and do that for us. I would certainly look for assistance in the form of data, expertise and certainly funding, if it were a funding issue.

[Alison Watros, Texas Alliance for DEC]: Knowing the national direction on where the National is going and being on board with that and being connected to what they’re doing. I mean they have an amazing website. And just learning and collaborating with the other states; that’s one of the great things about this is seeing what other states are doing, and I can e-mail somebody in another state, over in Kansas, and say, “Hey, what are you doing about this, or how do you handle this?” And it’s the collaboration again.

[video end]

[Stacey Read]: The DEC approach really focuses on that collaboration piece, but we see really great results with multi-disciplinary piece [sic] where folks come together and sit it down at a table and really discuss cases. And it doesn’t have to be as formal as that. It can just be that you have a protocol or a memorandum of understanding or an MOU, something like that. Or it could be something even less formal that you have verbal agreement as to what you all are going to do with different disciplines, or even in your own department.

And that’s okay. The idea is, “By collaborating, we increase the likelihood of success for the good of children and families.” So that collaboration piece is huge. We can definitely start with one discipline,



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but we definitely have to get as many disciplines and community members on board as well. A lot of communities—and tribes are small communities, and where everybody knows everybody—And the collaboration, you're going to want to involve some of the community members as well because oftentimes, they're going to be the folks that have the most amount of information on these families.

So do we let children accept this reality? Or do we change the status quo? And part of that status quo is— I'm not sure if anybody remembers the cigarette commercial that used to be on TV, but I can remember as a child seeing the Flintstones, or the Camel guy, smoking a cigarette. And for some reason that's not okay anymore. We don't ever see that on TV anymore. People don't smoke on television for those you know, kid commercials anymore, because somebody took a stand and said, "This is not okay for our children. We're not going to do this to our children." But that's the status quo that we have to change with drug abuse and substance abuse. That status quo of drug endangered children is not okay, and we have to do something.

And that something is that, "We all have an intervention and prevention role to play in the lives of drug endangered children." And we also have to change the attitudes and beliefs of the people around us, and the people we work with, and in other disciplines, and other community members. And you have to, "Believe in the future and create the reality," because you have that opportunity as professionals. Because if we don't do that, we'll never reach the healthy, happy and safe children goal of 100%.

So that's a lot of information, and some of it's a little general, but it's important to understand what you're looking for, and what you as a person within your agency, within your community, within your tribe can do for those children as well in regards to policies within agencies and those kinds of things. But also know that you're not alone. That long road we'll help you with. Know that national DEC supports state, local, and tribal DEC alliances. And those alliances can be formal or informal. We don't have a requirement as to how they're set up.

But being part of the DEC movement, or the DEC effort makes you part of a larger solution. You don't have to reinvent the wheel. There are people across the nation in different tribes that are doing these things and making these work. These DEC efforts work for children. and they're changing the trajectory of children's lives on a daily basis. It connects you to other professionals working on the same challenges. We have a network of over 10,000 people across the nation that we can connect people with. We help you advocate more effectively on behalf of children and families, knowing that you are not alone in this. And I know we have different regions that are listening to the call today. And know that those regions have maybe other people who are doing DEC efforts as well that can assist you if there are questions. And with that being said, every community and every tribe is going to have different issues, but the end result is really the DEC approach because we know that the multi-disciplinary approach works. Working together to change this trajectory of kids' lives works.

So just a little bit of background on National DEC—is that we were formed in 2003 by state DEC leaders, people who were just passionate about the DEC efforts and changing the lives of children. And then we



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were incorporated into a non-profit in 2006 to basically do just that: to help make a difference in the lives of drug endangered children. And that's where we remain today.

So we have state alliances. We also have a state tribal alliance in Nevada. We also have local alliances and other tribal alliances. So we definitely spread the gamut of different types of alliances that we have. We also have a DEC leader's network. We have a network of over 10,000 people of various professionals [sic], some tribal, some not, from all disciplines that you can possibly think of. I believe we even have code enforcement in our DEC leader's network, so people that have contact with children or in houses that maybe we didn't think we could connect with, housing authorities, folks.

So just to kind of give you an example—uh-oh. (So, I can't see the screen, but I can go on.) We also provide training and technical assistance. And with that being said, those are all things that we can provide you to help in this mission. But we also want to make sure that you connect with the website that we have. We have other people who we connect with, such as NICWA and other tribal folks as well. So utilize those resources and webinars that are on our website, because they're free. I'm not trying to sell anything. Just know that you have access to everything that is on our website, because we do have things that I think will help you forward in your DEC efforts, whether you're just starting, or whether everything I've said on here you already knew. But we can definitely help with that, and that's what we're here for. We can connect you with people within your area, or within the state that you're in as well. Just know that we're here. We also have a monthly call that we can connect folks with. So, we want to make sure that we're available for folks. The idea is that we don't want people to feel alone in this mission, because it really has to be a collaborative mission across tribes, across communities, across the nation.

So with that being said, that is all I have. And I just want to thank everybody again. If there's more information that you guys would like in regards to any of the areas—this is usually an eight hour training, so to squeeze it in a little bit of time is difficult—so we definitely have more information that I can send out in e-mail or whatever, quite possible. So, I just appreciate the opportunity, and thanks everybody.

[Patrick Heiman]: Thanks, Stacey. That was very informative. At this point we will open the webinar up for Q&A. If you notice on the webinar screen there is a Q&A box in the center bottom of your screen. Feel free to type in a question and then the—Stacey will respond. So, we'll give folks a few minutes to type in their questions.

[Patrick Heiman]: Let's give folks one more minute.

[Patrick Heiman]: And okay. We have two or three questions, and some comments about, how that was great. The first question is—

[Patrick Heiman]: Are you able to see that initial question? For some reason I can't get the full screen—there we go. Okay. Sorry.



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First question: Could you show the website again? Okay, do you see that? Next question—trying to maximize to see. This question is: “how do we obtain our local sources besides tribal?” And there’s a follow-up to that. Some of their districts are in different counties.

[Stacee Read]: So I can answer that by saying it depends on the state. Some states have some really great systems set up through different agencies that meet—child welfare, some like Colorado and some other states have certain areas where they have a phone call where you can get different resources. I’m happy to assist with that. Sometimes if there is a state DEC alliance or a tribal DEC alliance or a local alliance within the area, we have connections with folks who can get some information from you. A lot of times it is if you are looking for resources that are outside, the internet is probably the best route to go if we can’t connect you with other people. I can’t imagine not having the internet. Such a great resource. But sometimes, we don’t have access to it all the time. Sometimes we don’t have access at all. So there are those situations too, where maybe we can help connect folks to other people too. So, you know I’m happy to help with that. I’m happy to send out a list, or you can look on our website as well as to what states have somebody who may be able to help with that. And it’s—if you’re in a state that doesn’t have that, we have contacts in almost every state and if we don’t have a contact there, we have one of our network folks will have contact either within the state, within the county, or within the tribe.

[Patrick Heiman]: Great. We have a few questions. So, somebody wants clarification around, I think she heard from Stacee, that the majority of the founded allegations and child fatalities are due to neglect. Are these tribal statistics, or throughout the nation, all populations?

[Stacee Read]: It’s my understanding it’s throughout all populations. So keep in mind that the information coming in may not encompass every tribe. I think that that’s part of the issue in regards to some of the data that we’re unfortunately not collecting it and encompassing everybody, but that should be across the board. It’s a significant difference between neglect and abuse allegations, or the founded substantiation of them. It’s not even remotely close, and neglect outnumbers abuse by a lot. And so it’s across the board.

[Patrick Heiman]: Great. And there’s quite a few folks asking about whether or not the presentation will be available at a later date, and yes, the slides we will post on the Peer TA network probably in a couple of weeks. If you need the presentation, or a copy of the presentation any sooner, tell us your e-mail address and we’ll can send those to you directly.

Okay, another question. Okay and again, this other question. Same point: transcript of the webinar will also be posted to Peer TA. So, transcript and a copy of the presentation will be available to everyone, again, probably a couple of weeks.

Any other questions? Now would be the great time to ask. We’ve got a few more minutes.

[Larry Brendel]: Patrick or Stacee, this is Larry. I have a question here from someone. Can they ask it?

[Patrick Heiman]: Yeah, by all means.



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[Carol]: This is Carol in Larry's office. You know that sometimes the family has the houses if they're dealing drugs, or have a meth lab in the house, so it would be trashed. If a worker feels that there may be a drug issue in a family, maybe we could address the steps that a worker needs to take in terms of collaboration so that the worker is safe, and can do a safe intervention.

[Stacee Read]: Absolutely, and I think that what we're seeing across the nation and in everywhere is that there are those houses, and there are those news stories, that you know we've seen, where the worker gets killed or is injured. And obviously that's something that doesn't happen very often, but we know that there's that potential. So, it's definitely worth talking about protocols as to if there is substance abuse known prior to the worker going out into the home. Who do they take, and when do they take them? A lot of times, meth labs are the easiest thing because we all know that there's that explosive factor. They're dangerous. We know that that's the risk to those. But those are the easy times where we take law enforcement, or we know not to go in. The more difficult times are when we suspected or when we're not sure, but we've heard about it, or the child says that there's something in the house; or, you think that you see a booby trap or anything like that. And I think that those are the times where it's better to be safe than sorry. We don't want workers to be injured or put their lives at risk.

So, the protocols might be a great way to go to. And I can send out some sample protocols of other both tribal and non-tribal, different verbiages in different ones, that might be helpful to kind of give people examples of what protocols look like in regard to drug endangered children cases. And they're really different across the nation. But I know that Nevada Tribal Alliances really worked hard to put some great protocols together, as well as MOUs, to kind of clarify some of those issues in regards to when we take law enforcement in, or go with a second worker, or supervisor, or whoever. So I think that's a great question and something that moving forward, workers should have definitely an understanding of what to do and because they need to be safe [sic]. And I think that's a good opportunity moving forward. If you don't have those within your agency or community, then I can send those out to folks and provide that to assist if that's helpful.

[Patrick Heiman]: Yeah, definitely. Any accompanying resources: the presentation, the transcript, we can post that on Peer TA as well so you can access that through the essential hub. Thanks Stacee, and I think that's all of our questions. So if there's no more questions, I'm going to turn it back to Larry. Larry?

[Larry Brendel]: Thank you Patrick, and certainly thank you, Stacee. You have provided us lots of good information, lots of food for thought, lots of potential red flags and things for caseworkers and everyone to be aware of, the need for the multi-disciplinary strategies and talked about and everything [sic]. And so, we thank you for spending the last hour and for sharing that with us. Also, thanks participants for the time you took in joining us today. We hope that we have hit the mark and that this has been helpful for you, for your staff and we certainly invite you to join us next Wednesday, August 20, same time. You can go to the Welfare Peer TA website if you have not, and register for that webinar which will discuss grandparents raising grandchildren and other child-only issues. Some of this that we've talked about



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today certainly may be the reason for some of those cases, and it's kind of a safe way into that issue. And what we want to provide on that webinar are some strategies for addressing the needs of the growing population of grandparents who are raising their grandchildren, particularly those with child-only TANF-eligible grandchildren. Again, thank you all, and that's basically what I have. 'Appreciate it, and I'll turn it back to the webinar coordinator.

[female announcer]: And that concludes today's call. Thank you for your participation.