



	Fundamentals for Improved Practice	Good Practice	Better Practice
Underlying Values & Principles	<p>Values and responsibilities of involved professions have been reviewed and recognized.</p> <p>Issues of professional views and biases regarding culture, family system, drug related criminal behavior, poverty, and lifestyle choices have been articulated in a multidisciplinary setting ending with compromise and agreement for practice.</p> <p>Discussions ensue on how to prioritize and respond to policy issues that will involve overlap between professions necessary to successfully implement a DEC response.</p> <p>Consideration of developmental and emotional needs of children remain central to the daily practice regarding a drug endangered child case; rights are recognized but responsibility is required of parents before custody decisions are made on behalf of children.</p>	<p>Involved systems have drafted and agreed upon common standards of practice and a Memorandum of Agreement regarding drug endangered children.</p> <p>Cross system and cross-discipline discussions and problem solving involves policy makers, administrators, and front-line workers.</p>	<p>Professional values are identified for all involved professions. These are available for review and stated in a clear manner so practice implications become clear.</p> <p>Systems have agreed upon individual and joint goals to serve the child within the family beginning with rescue, shelter, defend, protect and providing services that will recognize this child as one in need of services that will improve the lifelong trajectory of the child.</p>
Daily Practice: Collaboration on Drug Cases Involving Children	<p>Drug cases involving children have joint policy and decision-making regarding issues involving children including additional charges for child endangerment and recommended legal sanctions.</p>	<p>Roles are clearly identified and assessments are done by qualified professionals who have received training through a certified DEC course.</p>	<p>Screening and assessment roles are clear and have been negotiated with shared accountability maintained for each member.</p> <p>Quality assurance is determined by family and</p>

	<p>There is a jointly developed and implemented risk assessment protocol that involves review of parental drug history, criminal involvement, prior child protection involvement, truancy, mental health services, and need for more intensive addiction services according to history.</p>	<p>Case assessment plans identify cultural, mental health, adult victimization history and gender issues that may affect ability to successfully complete treatment.</p>	<p>child outcomes and proper implementation of procedures above and beyond the existence of role clarity and existence of Memorandums of Understanding.</p>
<p>Daily Practice: Protecting Children Discovered During Undercover Investigations</p>	<p>Agency representatives have developed policies regarding reporting of child abuse cases.</p> <p>Priority cases are determined by nature of case under investigation and associated risk to children which follows a previously agreed upon set of standards for mandated reporters.</p>	<p>A child abuse report is provided to child protective services that includes a description of harm to children. If it would impact the investigation, the report is made anonymously. An arrest date will be adjusted accordingly.</p> <p>Evidence of children is documented and monitored through use of video and photographic evidence.</p>	<p>At the appropriate time during the investigation, narcotics investigation, law enforcement and child protective services communicate about past child abuse histories and drug activity of members of the household in question. This results in early identification of past harm and future risk so children may be protected.</p>
<p>Daily Practice: Case Planning for Child Protection</p>	<p>Agency representatives will acquire understanding of what occurs when an adult or child comes into a facility for an assessment.</p> <p>No shows and other problems will be reported to the agency providing case oversight. Application of confidentiality clauses will be identified and proper releases of information and agency MOU's will be utilized.</p> <p>Safety and well-being of children will be central to the recovery goals identified within the plan.</p>	<p>Assessment results will be provided to the client and reported to the caseworker by telephone.</p> <p>The child will receive services at the same community mental health center as the parent so updates can be provided and treatment issues can be dealt with in an immediate fashion.</p> <p>Children will be assigned to a victim advocate who will coordinate with other special advocates and caregivers.</p>	<p>Case planning will involve input from the various agencies involved in the case to execute a proactive stance for child well-being. Additional issues examined will include exposure to domestic violence, risk of sexual abuse and other past victimization issues for children, and continued illegal activity within the family.</p> <p>The parent and child will receive individual counseling while also participating in a family program for children of addicts such as Celebrating Families! or the SAMHSA Children's Program Kit.</p>
<p>Daily Practice: Treatment Compliance and Retention</p>	<p>Agencies will commit to maintain records and identify points at which parents fail to follow through or do not fully comply with treatment services.</p> <p>Systems agree upon procedures for</p>	<p>Treatment agencies will immediately notify case management offices if treatment compliance is declining.</p> <p>Signs of relapse are identified early and adults are asked at intake to identify</p>	<p>Treatment professionals and case management specialists will meet together with the client to clearly outline expectations of compliance. Opportunities to split one agency against another will be reduced.</p>

	<p>missed appointments and relapses.</p> <p>Children are not punished for relapses yet consequences for parents are therapeutic and sufficient to increase motivation for compliance.</p>	<p>signs they are slipping or considering relapse.</p>	<p>A range of consequences for relapse will be previously agreed upon between agencies and will be implemented with consistency with clients.</p>
<p>Daily Practice: Services to Children of Substance Abusers</p>	<p>Systems take a developmental perspective to addressing the needs of substance abusers within their respective systems. Child safety is a central tenant of practice.</p> <p>Children who have experimented with drugs and alcohol are assessed while the victim issues and influence of the drug culture are considered and understood as critical issues when working with children of addicts.</p>	<p>Referrals are made to programs that meet the needs of children of addicts and their families.</p> <p>Each system recognizes and exercises the belief that child safety is critical and that substance abuse severely impacts adult ability to ensure safety and well-being for children.</p>	<p>All children of addicts will receive developmentally appropriate educational and mental health interventions that address identified risk factors, school performance factors, attachment issues, and issues of adult/child role reversal where children take on caretaking responsibility for drug involved adults.</p>
<p>Joint Accountability and Shared Outcomes</p>	<p>Each system has its' own outcome measures with beginning recognition of the overlapping issues with regard to case outcomes.</p> <p>Each system is responsible for its own measures of success but points of information are identified and reported by all agencies to increase the ability to count, track and treat children who are drug endangered.</p>	<p>Each system maintains responsibility for reporting numbers accurately within 24 hours of identification of the child.</p> <p>System integration methods are identified so that monthly reports may be generated.</p>	<p>Each system maintains responsibility for entering information about drug endangered children into their own system in a way that can be accessed for investigation purposes within five hours of identification of the child.</p> <p>System integration methods are in place and information is updated system wide on a daily basis. Systems use data summaries to inform policy leaders and to guide the development of additional training information to correct practice errors.</p>
<p>Information Sharing and Data Systems</p>	<p>All involved systems have documented the gaps in current client systems are begin the process of addressing them.</p> <p>Information about drug use is captured for each family and captures information about the service needs of these families.</p> <p>Data that overlaps will be available for other systems to use for programming and training purposes.</p>	<p>All involved data systems have agreed upon information systems that track family histories including arrest records, CPS involvement, school performance and attendance, treatment episodes and outcomes, involved services agencies and child health and custody status.</p> <p>Data on the overlap is consistently available while health information is</p>	<p>Children identified in one state as drug endangered may be tracked in case a move is made across state lines. This allows for continuity of care and greater assurance of child well-being.</p> <p>The systems have developed and are fully utilizing information systems that can be used to track parents and children through systems of law, child protection, and public services. This will allow monitoring of family and treatment outcomes and will make data available to guide</p>

	<p>The interagency process will identify confidentiality provisions that must be considered so that critical information be shared and the needs of families can be addressed.</p>	<p>available only to health providers and caregivers who are in need of this information.</p> <p>Interagency communication protocols and MOU's have been developed are used for the purpose of interagency communication.</p>	<p>decisions related to resource re-allocation and service overlap.</p> <p>Overlapping data will be actively used to make program decisions and to inform practice recommendations.</p> <p>Systems are motoring the outcomes as well as allowing for interagency information sharing.</p>
<p>Training and Staff Development</p>	<p>Commitment has been made to staff development within each of the critical groups involved with recognition, referral,</p>	<p>Training in each system is institutionalized with regular updates and is guided by a set curriculum that devotes adequate time to substance abuse and specific issues related to drug endangerment.</p> <p>Each training participant should return to work with a set of at least skills they can apply immediately upon return to work.</p> <p>Multi-disciplinary training is the recommended practice and has been implemented.</p> <p>Training modules for parents and foster parents are included and address substance abuse issues through utilization of parents' past experience. Celebrating Families! is an appropriate way for this goal to be met with this population.</p>	<p>The involved systems engage local colleges and universities and law schools to develop training materials that address cross-system issues that exist and may impact outcomes for drug endangered children.</p> <p>Systems monitor outcomes of the training by maintaining contact, collecting pre-and post-test evaluations and evaluation forms from all trainers.</p> <p>A train-the-trainer program is implemented with individual certifications offered for various levels of training. Training certification and subsequent updates may be offered at state conferences as well as an established and equipped training center.</p> <p>Training for parents and foster parents is treated as an equal priority as is professional training.</p> <p>Issues of cultural competency and services for the non-offending (non-drug involved) parent are included within the curriculum.</p>
<p>Budgeting and Program Sustainability</p>	<p>Systems develop and inventory of funding available for treatment of children and adults in need of addiction services.</p> <p>Systems continue the course of identifying innovative practices that merit sustained funding.</p>	<p>Various forms of public aid are used to fund medical and mental health services for parents and children.</p> <p>Local programs for targeted groups, such as Celebrating Families! are offered by programs to meet the needs of those with the concurrent issues of</p>	<p>A multi-year plan has been developed with financial commitments from justice, health, child protection and victim groups since the implications of familial substance abuse cross professional as well as generational lines.</p>

		child welfare involvement, criminality, and addiction.	
Working with Related Agencies	<p>A partnership with law enforcement is in place and is a part of practice as well as program philosophy. Child protection agencies and medical care facilities are also critical to the structure of a drug endangered child program.</p> <p>Systems recognize the overlapping and co-occurring needs of families and create the linkages between agencies to enhance the overall ability of states and communities to meet the needs of the drug involved family.</p> <p>Staff receive training and resources to make referrals and agency linkages that will improve outcomes.</p>	<p>Staff members address family needs as a barrier to treatment.</p> <p>Culturally competent practices are included for special groups such as Native Americans and minority groups who may have specific needs related to drug endangerment of children.</p> <p>All systems coordinate with local, state, and federal law enforcement, corrections, and child advocacy divisions to meet the needs of parents and children involved in a drug endangered environment.</p>	<p>All involved systems evaluate outcomes for children. If numbers of children do not match evaluation will be done to determine why this is the case.</p> <p>A fully collaborative process exists across systems with all resources included and offered by cooperating agencies. Identified need for additional services for advocacy, treatment, housing, or other issues that affect parenting, family stability, and risks to children are addressed in a proactive manner and are supported with data as well as experience from the field.</p>
Working with the Community and Supporting Families	<p>Community members and local professionals guide the planning and development process.</p> <p>Proactive responses may be implemented within the community including strategies for providing mandatory services for families identified as drug involved and through community awareness of drug endangered children issues at the community level.</p> <p>Civic and local groups may become active in DEC education teams and may be able to provide financial support for local efforts.</p> <p>Efforts may engage faith communities to provide additional support systems for families.</p>	<p>Environmental data collection including drug arrests, drug convictions, burglaries, child abuse reporting rates by area, and truancy statistics may provide guidance for the program development process.</p> <p>Mapping of Community Resources can help identify resources.</p> <p>Use of former clients as mentors may prove a successful process and improve outcomes and social support for drug endangered families.</p> <p>A formal mechanism will be more successful to gain support of the local community than less organized efforts and training and access to fact-based information and training is critical to long-term success.</p>	<p>Sober living and transitional living programs may improve individual success rates and safety of children.</p> <p>Community accountability systems can help Drug Endangered Child teams measure their effectiveness within the community.</p> <p>Substance abuse accounts for a majority of child abuse, domestic violence, and other violent crimes within communities. Recognizing and responding to this link demonstrates willingness to provide family support for the betterment of families and communities.</p>