

DEC Meeting Agenda Development Guide

1. Keep in mind that successful and effective DEC Alliances must incorporate the four following components:

IDENTIFY drug endangered
children and the environments to which
they are exposed

BUILD RELATIONSHIPS
among the multitude of community resources
that can assist them

**INTERVENE
COLLABORATIVELY**
on their behalf when they are identified

**SHARE INFORMATION,
EDUCATION AND TRAINING**
throughout the community to build awareness and
efficacy for their benefit

2. For each of the four components, think of activities that would benefit or further that component.

Identification of drug endangered children is vital, as in order to intervene on their behalf, we must be able to find them first. Drug endangered children can be discovered in a variety of environments and by a variety of professionals in different disciplines.

One of the most basic activities that benefits identification of drug endangered children is brainstorming additional organizations or groups that need to be included in the Alliance. Some examples include Housing Authorities, Code Enforcement, Schools, Probation, Parole, and Foster Parent organizations. As each community is different, different entities will play a role in identifying drug endangered children from area to area.

Taking the time to identify these organizations and assigning someone to make contact and get them to the table will ensure that there is one less gap in services through which a drug endangered child could fall.

Collaborative intervention is vital as well. Drug endangered children face not only a wide variety of risks (physical, emotional and sexual abuse, neglect, exposure to illegal activities, exposure to violence, modeling of unhealthy behaviors, and many more), but they often face many at the same time due to the nature of drug environments. These children require access to multiple community resources to address all of the short- and long-term physical, behavioral, social, emotional and cognitive challenges they may face.

Remember, we may never know all of what a drug endangered child has experienced, so in order to give that child the best chance of recovery and the best chance at breaking the cycle of addiction, we must ensure that they have easy, inter-connected and collaborative access to the wide variety of resources they require. This is the reason we create protocols. As such, two of the most basic collaborative intervention activities are

Collaboration Assessment review and protocol updates.

The DEC Collaboration Assessment form is a vital tool for Alliances as it creates accountability for the work being done on behalf of drug endangered children. The forms are intended to be used whenever an individual comes into contact with a drug endangered child. The forms contain no identifying information – the emphasis is not as much on the child(ren) in question but rather the collaboration between agencies on their behalf. In essence, the form is a record of just how effective your alliance is at identifying drug endangered children and working collaboratively on their behalf.

Each meeting, Collaboration Assessments from the previous period can be distributed among the group and discussed. Of greatest importance are the sections detailing the perceived positives and negatives of the collaboration and recommendations for the future. These sections give insight into where the established protocols are or are not working in practice. The other sections of the form have a variety of uses, as well. For instance, looking at who is collaborating regularly (and who is not) will help identify organizations that may need further training or may need to be brought to the table. Utilizing this form in its entirety will ensure that your protocols are as effective as possible and that your collaborative interventions on behalf of drug endangered children are effective as well.

The DEC Collaboration Assessment form can be downloaded from the Texas DEC website at www.texasdec.org/files/ (first file in the left column). Alternatively, Collaboration Assessments can be entered directly to TADEC at http://www.surveymonkey.com/s/DEC_CA or through a link on the TADEC homepage at www.texasdec.org. If you choose to use the second option and wish to obtain the data for your county, just let Justin Mazzeo know at jmazzeo@dallascouncil.org or 214-522-8600 ext. 256. He will be able to collect the data and present it to you whenever you would like to review it in an easy-to-read format.

Building relationships is perhaps the most underappreciated element of DEC Alliances and perhaps the most crucial to an Alliance's continued success. Collaborating effectively and sharing information requires first and foremost a level of trust. DEC Alliances allow faces to be put with organizations – it is not simply “Houston PD” or “CPS,” but rather individuals who have built a relationship over time by working together. These relationships allow agencies to work more easily together and more readily include each other in their efforts when intervening on behalf of drug endangered children. It is because of the lack of these relationships that these children often slip through the cracks in services between agencies. We do the children a disservice when we fail to work collaboratively on their behalf and connect them to all of the resources that they require.

Activities that promote relationship building are important to include in every meeting. Two of the most basic are soliciting agency overviews and new programs that may impact DEC. At the beginning of every meeting, for example, you may have an agency give a brief overview of what it is they do and how they interact with drug endangered children. Often times as we work in our own silos we are unaware of the other resources available in the community. What can be learned through an agency overview may result in a drug endangered child being connected to yet another resource to give them an even better chance at a healthy and safe future.

Agencies whose roles are already well-known can contribute by giving overviews of new programs or initiatives that may be of interest of the others at the table. For example, a police department may be beginning a “Knock and Talk” initiative over the following few months that may result in a larger number of DEC identified. CPS can

use this information to adjust ahead of time to the increased volume, perhaps by adding an additional on-call investigator while the initiative is in effect. By sharing this information ahead of time, possible frustrations are avoided and trust is further built, with the end result being a reduction in trauma and quicker access to the services for the children.

Sharing information, education and training is the final essential component of a DEC alliance. It is only through the sharing of information that we can truly address all of the needs a drug endangered child might have after they are separated from the dangerous environment.

Education and training is equally important – and this includes both cross-training within the Alliance as well as training out in the community. Ongoing training within the alliance is vital to ensure that the protocols for a specific discipline are disseminated to those who are working in the field but are not present at DEC meetings. In addition to training on the specific DEC protocols for a discipline, however, it is often important to take the time to educate between disciplines about the different roles they play in order to get a “big picture” understanding of the DEC protocols and how the children ultimately benefit. Neglecting either can often lead to a lack of motivation to follow established protocols, which ultimately results in children not receiving access to the services they require.

Training out in the community is equally important. Nearly a quarter of child maltreatment reports come from unknown, missing or anonymous sources. This means that no matter how wide-ranging a DEC Alliance’s membership is, one in four DEC children may still go unidentified if no attempt is made to spread awareness of drug endangered children throughout the general community. Health fairs, coalition meetings and social and Faith-based groups are just some of the avenues to explore when looking at ways to build awareness of DEC in the community. *Remember, the ultimate goal of a DEC alliance is to stop the cycle of addiction and substance abuse in a community – and it will take the community’s involvement to do so.*

Activities that can be done in a meeting include canvassing the group about upcoming conferences, coalition meetings and other training opportunities, and soliciting volunteers to present at them. An engaged community is an alert community, and the end result will be more drug endangered children identified.

All four components interact with each other, and an effective DEC Alliance gains additional benefits through this synergy. For example, a CPS investigator may get the opportunity to cross-train a patrol unit of the local police department (**Sharing information, education and training**). An officer in that unit may, as a result, build some basic trust for this investigator and get their business card and cell number to use in case he comes across a drug endangered child (**Building relationships**).

The following week, the officer happens to come across a child in the back seat of a car on a traffic stop where the parent was smoking crack cocaine. As a result of the training and the relationship, the officer identifies the child as drug endangered (**Identification**) and proceeds to call the investigator on their cell phone so they can respond quickly. The investigator then connects the child to any additional services as dictated by the DEC protocol (**Collaborative intervention**). The end result is the child is responded to more quickly, reducing trauma, is placed in a safe environment, and receives a wider breadth of services than he or she would without the DEC Alliance in place.

3. Develop an agenda. (See example on next page)

Your County Alliance for Drug Endangered Children

December 15, 2010 Meeting Agenda

I. Introductions

II. Organizational Highlights

Dr. Len Foster, St. Jude Medical Center
Marissa Chalmers, Recovery is Possible, Inc.

III. Collaboration Assessment Review

Multiple children at residence notification
Child behavior descriptions upon clinic intake

IV. Protocol Revision

Update response time guideline
Child Advocacy protocol addition

V. Training Opportunities

VI. Additional Organizations to Invite

VII. Next Meeting