



NATIONAL ALLIANCE FOR DRUG ENDANGERED CHILDREN

Rescue. Defend. Shelter. Support.

First Edition Winter 2007

ALSO IN THIS ISSUE

Upcoming Events

Work Group
Meetings
February 2008

NADEC Conference
October 2008
Salt Lake City, UT

Reference Articles

National Alliance:
Strategy to Tools

Working Group
Contacts

State Alliances

The Bulletin Board

Managing Editor

Susannah Carroll

Editorial Staff

Deon Mahaffie

Chuck Noerenberg

Marjean Searcy

Melva Steps

Becky Swift

Institutionalizing Best Practice

Building bridges between programs and disciplines, creating system alignment and developing meaningful measurements with clear outcomes, will increase success and produce positive results for children; however, getting to that stage will take time and energy.

By: Commander Lori Moriarty

It seems like yesterday when a handful of professionals from across the nation came together with the desire to change the lives of children living in environments where their parents were abusing illegal drugs. It was a grassroots movement and how we would accomplish our goals wasn't always clear. However, the passion for the work was relentless. Following the lead of Butte County, CA Investigator Sue Webber-Brown, the group called themselves the National Alliance for Drug Endangered Children (NADEC). Before long, this handful of professionals turned into hundreds. Today thousands of professionals have come together, working to make a difference in the lives of drug endangered children.

In 2006, NADEC officially became a non-profit organization and I was honored to be selected as the Executive Director. With financial support from the Office for Victims of Crime, we established a national office, hired staff and developed working groups.

Stages of Change

The growth and development of NADEC over the last year has been amazing, but for me there have been quite a few "ah-ha" moments. In particular, I remember when Dr. Brian

Mattson, NADEC Deputy Director, and I were discussing the power of addiction and how it is destroying the lives of these children and their families. Mattson began explaining the "Stages of Change" by DiClemente and Prochaska. Like any good cop, I nodded politely as he described the process.

The five stages of change have been conceptualized for a variety of problem behaviors. They are precontemplation, contemplation, preparation, action and maintenance. **Precontemplation** is the stage at which there is no intention to change behavior in the foreseeable future.

[Continued on Page 2]

MESSAGE FROM EXECUTIVE DIRECTOR

"The growth and development of NADEC over the last year has been amazing, but for me there have been numerous 'ah-ha' moments."



Commander Lori Moriarty

[Continued from page 1]

Many individuals in this stage are unaware or under aware of their problems.

Contemplation is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to take action. **Preparation** is a stage that combines intention and behavioral criteria. Individuals in this stage are intending to take action in the next month and have successfully taken action in the past year. **Action** is the stage in which individuals modify their behavior, experiences, or environment in

overcome their problems. Action involves the most overt behavioral changes and requires considerable commitment of time and energy.

Maintenance is the stage in which people work to prevent relapse and consolidate the gains attained during action. For addictive behaviors this stage extends from six months to an indeterminate period past the initial action.

After several minutes of silence passed while I absorbed this information, I asked, "Are you talking about the addict or all of us working on these drug endangered children efforts?" He smiled, which I assumed meant that I was a good listener and at least grasping the concept and said, "Both." He went on to explain that if we are going to reach "social change" we will probably go through the "Stages of Change" to get to institutionalizing

better practices when we respond to the needs of drug endangered children.

Building bridges between programs and disciplines, creating system alignment and developing meaningful measurements with clear outcomes, will increase success and produce positive results for the children; however, getting to that stage will take time and energy.

NADEC's purpose is to provide leadership to improve the wellbeing of drug endangered children. NADEC envisions a future where all children whose caregivers are abusing substances are provided opportunities to live in safe and nurturing environments, free from abuse and neglect.

NADEC's solution focuses on the formation of state alliances and community-based partnerships encouraging existing agency personnel to coordinate their mutual interests, resources, and responsibilities to meet the needs of these children. NADEC advocates intervention on behalf of these children and supports state alliances and local communities by helping to build efficient and effective strategies, tools, and resources that better leverage existing resources to assist these child victims.

To reach "social change" we will probably go through the "Stages of Change."



Loretta Wyrick Severin, Julie Ray and Cristi Cain: Organizers of the 2007 NADEC Conference in Kansas City, MO.

Too Many Children Are at Risk of Substance Abuse

By: Chuck Noerenberg

Most of us cannot imagine neglecting or abusing a child –it breaks our heart and makes us angry at the same time. Unfortunately, parents and other caregivers who abuse drugs or alcohol, and especially those in the grips of addiction, often lose their instincts and ability to care for and nurture children. In such situations, children become innocent victims and their worlds cease to make sense. They are filled with fear and uncertainty, and they suffer the risk of emotional or physical abuse. A child who would normally face each day with a sense of wonder and hope instead must create their own set of rules to try to

navigate the irrationality and danger of their circumstances. In too many cases, this involves turning to abuse of drugs and alcohol themselves, establishing an on-going cycle of mistreatment of self and others.

A 2005 Study by the National Center on Addiction and Substance Abuse at Columbia University (CASA) found that nearly 13% of children in the United States live with a parent or other adult who uses illegal drugs. This adds up to about 9.2 million drug endangered children. In addition, 24% of children – about 17 million - live in a household where a parent or other

[Continued on Page 5]

National Alliance: Strategy to Tools

Officers recognized that children living in drug homes, especially homes with meth labs, are at severe risk of physical and emotional harm.

By: Susannah Carroll

Before a builder lays the foundation of a house, an engineer must create a blueprint of the house's design and measurements. NADEC created its own *Blueprint* of the steps involved in preventing and intervening in cases involving children in dangerous drug environments. This Blueprint provides the foundation for states to create and sustain state DEC alliances.

Drug endangered children cases are handled locally by law enforcement, child protection workers, prosecutors and others.

The first piece of the Blueprint is the Comprehensive Community Response Process (CCRP) (see Figure 1), which shows the process for managing drug endangered children

cases. The CCRP is a model for exploring the various roles and responsibilities of each discipline working with drug endangered children and their families. The CCRP highlights the major decision points, roles and responsibilities, decision-making criteria, and the options available to the decision makers that provide a common understanding for planning and innovation.

Step 1: Prevention – Successful efforts to prevent children from being

Endangered by substance abuse, and save them from the risks of abuse and neglect.

Step 2: Identification - Identifying drug endangered children in various circumstances as soon as possible is critical.

Step 3: Assessment and Initial Response When a child endangered by substance

Step 6: Transition – Caregivers and children who participate in various efforts to diminish and eliminate their substance abuse (such as substance abuse prevention programs and activities) eventually must transition back into a more conventional home, school, and work environment.

Step 7: Sustainability – To truly protect children from the dangers of substance

abuse, recovery from addiction and abuse must be sustained. This step focuses on the efforts needed to provide that sustain ability.

Each of these steps involves unique and challenging issues for practitioners and policy-makers. Identifying and solving these issues are a key aspect to

rescuing and protecting children endangered by substance abuse. Drug Endangered Children alliances are well-suited to perform this role.

To develop an effective Drug Endangered Children alliance, states must identify each of the disciplines, entities, and jurisdictions that need to be represented to provide a truly comprehensive analysis of the issues. These will range from local practitioners to state level policy-makers. Each participant will bring their unique perspective and experience to the table.

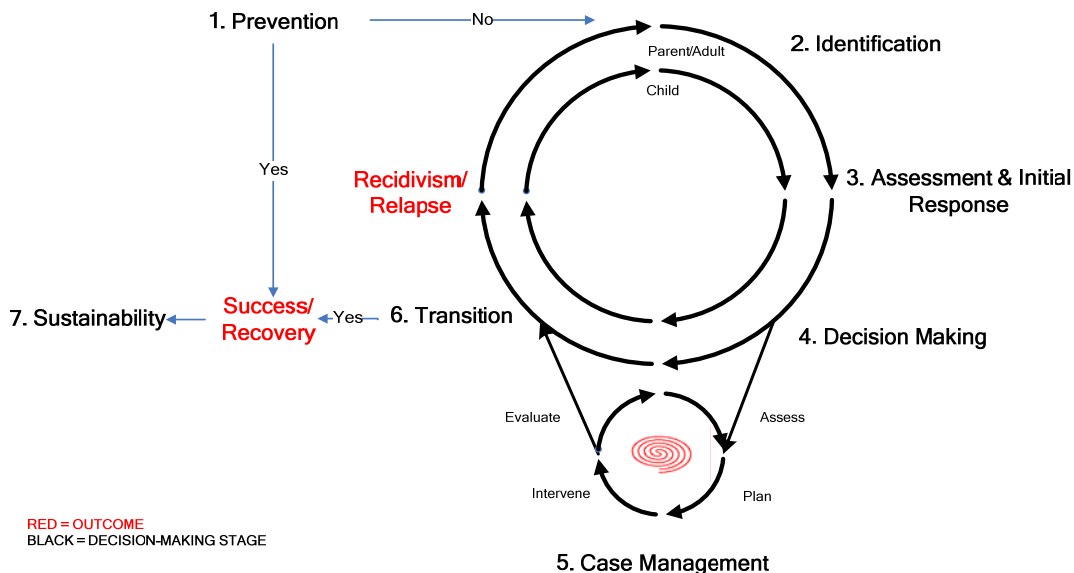


Figure 1 – Comprehensive Community Response Process to Rescue and Protect Drug Endangered Children

abuse is identified, an assessment of the risks leads to an initial response to minimize the potential harm.

Step 4: Decision Making - This step involves various professionals determining the course of action to protect drug endangered children from further harm.

Step 5: Case Management – In this step, the strategy identified in Step 4 is implemented and managed. This may involve multiple efforts and phases.

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Once the stakeholders are identified, states can bring them together as in the Shared Practice Framework (SPF) diagram (see Figure 2). The diagram illustrates the knowledge, information and tools that each of these disciplines are

The goal of sharing all of this information is to identify better solutions to the problems faced by drug endangered children.

Participating disciplines sharing their processes and procedures when working with DEC is the next step in the Blueprint, which is the Learning Process Model.

It includes a detailed Community Response which delegates roles and responsibilities for each step of the process. The Shared Practice Framework Model illustrates the power of sharing information and experiences across disciplines and jurisdictions. Finally, the Learning Process Model demonstrates the continuing evolution of best practices to rescue and protect drug endangered children.

The Blueprint can be used by communities to gather what they know and share their knowledge with the state alliances. There is a wealth of information among experts working in the drug endangered field and by using the Blueprint, that information can be most effectively collected, shared and applied.



Figure 2 – Shared Practice Framework Model

already using. Sharing this knowledge and experience is crucial to eliminating silos and developing collaborative efforts. The SPF demonstrates the relationship among the different disciplines involved with drug endangered children cases. By learning more about how these disciplines work together, states gain valuable information about what’s working, what gaps in service exist, and what needs to be improved.

Using the NADEC Community Resource Assessment survey will help state alliances gather information and gain an understanding of the knowledge and tools people are using in their respective fields. Contact NADEC for a copy of the Community Resource Assessment.

States can use the Learning Process Model (see Figure 3) to understand how the information gathered from the Community Resource Assessments creates change in the four interconnected applications. For example, scientific information that is gathered will influence changes in policy and in practice. Changes in policy will affect how programs and protocols are implemented.

States can use the gathered information to build a library of resources and materials for local communities to use. The Learning Process Model illustrates the ongoing nature of developing best practices.

The National Alliance for Drug Endangered Children Blueprint is a tool and an illustration of the steps needed to develop a strong Drug Endangered Children alliance.

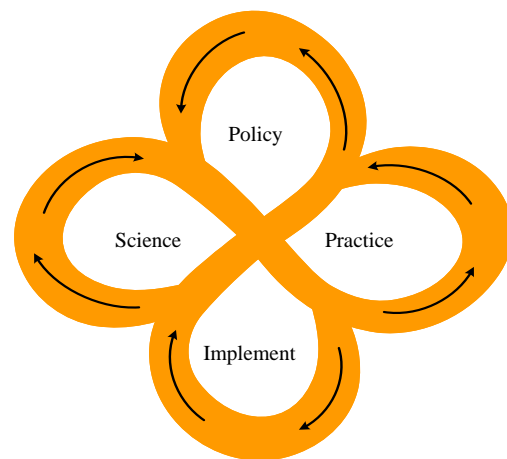


Figure 3—Learning Process Model

Please visit NADEC’s web site (www.nationaldec.org) for more resources on building your state alliance.

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adult is a binge or heavy drinker of alcohol. Not all of these children are neglected or abused, but CASA estimates that substance abuse is a factor in 70% of all reported cases of child maltreatment. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2006, 9.8% of youths age 12-17 were current illicit drug users. An estimated 1.62 million persons under age 18 tried illicit drugs for the first time in 2006 and 4.0% of pregnant women ages 15-44 reported illicit drug use.

These stark numbers provide a glimpse of the risks faced by children throughout the country. Rescuing and protecting children endangered by substance abuse is the primary goal of the National Alliance for Drug Endangered Children. This data demonstrates why this is a compelling and urgent mission for all of us.



The Bulletin Board

Save The Date!

**2008 NADEC Conference, October 6-8
Salt Lake City, UT**

NADEC Update

**2008 National Alliance for
5th Annual Drug Endangered Children Conference**

October 6-8, 2008
Radisson Hotel
Salt Lake City Downtown
215 West South Temple
Salt Lake City, Utah 84101

The 5th Annual National Alliance for Drug Endangered Children Conference is a three-day event providing training on the latest research and best practice strategies for Drug Endangered Children efforts at the community, state and federal level. The conference will include topics related to child welfare, environmental health, medical, prevention, the judiciary and drug courts, substance abuse and mental health, continuum of care and topics specific to Tribal Nations.

Target Audience: Health Professionals, Child Protection Workers, Drug Court Personnel, Hospital Social Workers, Judges, Law Enforcement Personnel, Nurses, Paramedics, Pediatricians, Prosecutors, Public Health Workers, Substance Abuse and Mental Health Professionals, Child Welfare Professionals, Educators, Court Professionals, Probation Workers, Prevention Specialists, Emergency Department Personnel, EMTs, Government Officials, Tribal Leaders, Tribal Administration and Program Directors, Non-specific Professionals, and Community Members.

NADEC News

The NADEC will be published quarterly and is developed by NADEC staff and dedicated volunteers. We plan to provide articles and updates on the latest developments in DEC.

If you're interested in submitting articles or have suggestions/comments for the newsletter, you can contact Susannah Carroll at scarroll@nationaldec.org

NADEC 2008

NADEC will select five states to focus on developing their comprehensive drug endangered child effort. This will align local & state strategy with the national movement. NADEC will send out more information out this project in the first quarter of 2008.

Be on the lookout for work group updates in the Spring Edition of the NADEC newsletter.

For additional information, please contact:
Beckie Furner at Pediatric Education Services
Beckie.Furner@intermountainmail.org
801-662-3501 or 800-910-7262

State Alliances

Arizona
Arkansas
California
Colorado
Florida
Georgia
Idaho
Illinois
Iowa
Kansas
Kentucky
Michigan
Minnesota
Montana
New Mexico
Nevada
Oklahoma
Oregon
Pennsylvania
South Dakota
Tennessee
Texas
Utah
Washington
Wisconsin

Find your state alliance in our user friendly map!

Go to : www.nationaldec.org and click State.



Working Groups of the National Alliance for DEC

The National Drug Endangered Children Strategy & Working Group Planning Session occurred on April 4-6, 2007. Representatives from Tribal Lands and seventeen states participated in a strategic planning process which included establishing work group and contact leaders. The Working Groups will convene again in January 2008.

Work Group Contacts

Building a State DEC Alliance: Marjean Searcy

Education & Training Environmental & Medical: Dr. Cheryl May

Environmental & Medical: Dr. John Martyny and Dr. Penny Grant

Initial Response, Assessment & Decision Making: Mitch Brown

National Conference: William Benson

Needs Assessment & Data Collection: Dr. Sandra Wells

Neurodevelopmental and Psychosocial Assessment & Intervention:
Dr. Kiti Freier and Peggy Schuermann

Prevention: Cristi Cain

Treatment & Case Management: Nicholas Taylor

Tribal Nations: Diane Payne & DuWayne Honahni, Sr.

NATIONAL ALLIANCE

Core Purpose & Values

The core purpose of the National Alliance is to provide leadership to improve the wellbeing of drug endangered children while adhering to the following core values:

Integrity
Continuous Improvement
Innovation
Collaborative Approaches
Respect at All Levels