



Michigan Alliance for Drug Endangered Children State Alliance Protocols

Definition

Drug endangered children are defined as those whose parents/caregivers' legal or illegal substance misuse interferes with the parent/caregivers' ability to provide a safe and nurturing environment. They may also be children who are at risk of suffering physical, mental, or emotional harm due to legal or illegal substance misuse, possession, manufacturing, cultivation, or distribution.

Introduction

One of the most alarming yet consistent findings regarding parent/caregiver substance misuse is that it is correlated with both child abuse and neglect and frequently exists as a co-occurring issue (Child Welfare Information Gateway, 2014; Fortson et al., 2016; Victor et al., 2018). Parent/caregiver substance misuse is often accompanied with the need for other services, such as domestic violence and mental health services (Victor et al., 2018). The original Centers for Disease Control and Prevention-Kaiser Permanente study of adverse childhood experiences (ACEs) found that 26.9% of participants had been exposed to a household member's substance misuse as a child (Centers for Disease Control and Prevention, 2022). More recent data indicates that 177,665 children across Michigan—roughly 8.5%—live or previously lived with someone struggling with substance misuse (Child and Adolescent Health Measurement Initiative, 2019-2020).

Parents/caregivers with substance misuse issues are three times more likely to physically or sexually abuse their child and four times more likely to neglect their child; studies have shown that between one-third to two-thirds of child maltreatment cases across the United States involve some degree of substance misuse (Lander et al., 2013). In Michigan, nearly 40% of child removal cases in 2018 involved parent/caregiver substance misuse (Governor's Task Force Plan of Safe Care Protocol, 2021). Drug

endangered children may experience a variety of negative consequences due to their exposure to substance misuse and their increased risk of being abused or neglected. Children whose parents/caregivers struggle with substance misuse are at a higher risk for mental and behavioral disorders and have more academic, social, and family functioning difficulties than children whose parents/caregivers do not struggle with substance misuse (Child Welfare Information Gateway, 2014; Lipari & Van Horn, 2017).

A 2016 study found that maternal, paternal, and both-parent substance misuse are significant predictors of mental health disorders in adolescents, and these results were substantiated even after the researchers controlled for variables such as other adverse childhood experiences, parental education, and the child's gender (Jääskeläinen et al., 2016). Moreover, drug endangered children are more likely than other children to engage in substance misuse (Lander et al., 2013; Child Welfare Information Gateway, 2014; Jääskeläinen et al., 2016; Lipari & Van Horn, 2017). The same 2016 study found maternal, paternal, and both-parent substance misuse to be significant predictors of harmful substance misuse in children ages 13-17 (Jääskeläinen et al., 2016). Drug endangered children whose parents/caregivers exhibit parenting deficiencies due to substance misuse also have a higher chance of experiencing mental health issues, such as depression, anxiety, and other trauma-related symptoms (Child Welfare Information Gateway, 2014). The family environments of these at-risk children also tend to have greater life stressors, such as parent/caregiver instability and marital dysfunction (Solis et al., 2012).

Both nationally and statewide, the number of drug endangered children is likely underestimated due to a lack of uniform data collection and communication between agencies. While some state agencies, such as Children's Protective Services (CPS), do collect data on parent/caregiver substance misuse, this information is not uniformly collected through one source. Rather, there are several indicators of parent/caregiver substance misuse and many related risk factors available from various organizations that must be triangulated to understand the full scope of drug endangered children. Additionally, reporting on drug endangered children is often optional among law enforcement agencies; thus, the data is frequently incomplete and unrepresentative. Because the coordinated efforts of law enforcement and child welfare are crucial for the safety and care of impacted youth, a lack of streamlined communication and data poses a critical problem.

In recognition of the unique struggles facing drug endangered children and the professionals charged with supporting this population, the Michigan State Police, with funding from the Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, has launched the Michigan Alliance for Drug Endangered Children (DEC) . This project will work to raise awareness of the effects of opioid and other substance misuse on families and children, to improve data collection and sharing, and to promote multidisciplinary collaboration among professionals who work with and support drug endangered children.

Mission

The Michigan DEC Alliance protects and serves drug endangered children and their families by promoting multidisciplinary collaboration and information sharing among DEC professionals, from early identification through intervention, response, and support.

Vision

The Michigan DEC Alliance seeks to establish a collaborative system of professionals that work to ensure all families lead lives free from abuse, neglect, and exposure to opioids and other harmful substances.

Project Goals

Raise awareness of the effects of opioid and other substance misuse on families and children

Most coverage of the opioid crisis, and substance misuse more broadly, describes the effects on those struggling with opioid or other substance misuse, such as health issues and overdoses. The effects on families and children are not as well-publicized but have serious consequences, nonetheless. Raising public awareness of the impact on families and children is a necessary first step toward reducing the harm the opioid crisis has caused to this community. The Michigan DEC Alliance cannot effectively intervene for drug endangered children without first becoming an established and respected community organization. Launching a collaborative state alliance and developing local-level DEC alliances will help the Michigan DEC Alliance achieve a well-respected status, by building awareness and engaging community leaders.

Improve data collection and sharing between DEC professionals

The lack of data collected on drug and opioid endangered children makes it difficult to implement targeted programming. To be impactful, interventions must be data- driven and responsive to specific

problems. The Michigan DEC Alliance seeks to implement data- driven, impactful programming by first collecting information necessary to fully understand the problem. The DEC approach promotes multidisciplinary collaboration as the best way to improve service to at-risk and drug endangered youth. Data-sharing is critical to this collaboration, as it ensures all professions are working toward a shared goal with shared information. DEC professionals can meet goals more efficiently by aligning resources and data, rather than operating from separate silos. The National DEC Alliance has launched a new mobile app called CheckDEC that will allow DEC alliance members to communicate and share data, which will help the Michigan DEC Alliance improve data collection and sharing at both a state and local level. Improving data collection and sharing will help the Michigan DEC Alliance reduce the harm experienced by youth and communities caused by the opioid crisis and other substance misuse.

Promote multidisciplinary collaboration

As previously stated, multidisciplinary collaboration is critical to improving service to at-risk and drug endangered youth. Building cross-sector relationships ensures coordinated strategies that provide a more comprehensive view of a drug endangered child's life. Multidisciplinary collaboration allows various professions to combine their resources and strengths to best address the issues facing drug endangered children. Improving services and early interventions through multidisciplinary collaboration will contribute directly to reducing the harm caused to youth and communities by substance misuse. The Michigan DEC Alliance will continue to add state and local-level representatives from various disciplines to the Alliance's Steering Committee, as multidisciplinary collaboration is an on-going effort.

Michigan DEC Alliance Steering Committee Member Organizations

Steering Committee members work together to develop guidelines and promising practices, to build sustainability, orient new members, review programming and outcomes, and to carry out the strategic plan and ensure the Michigan DEC Alliance is meeting its goals.

Michigan State Police, Special Investigation Division

Michigan Sheriffs' Association

Michigan Association of Chiefs of Police

Michigan National Guard Drug Demand Reduction Outreach (DDRO)

Michigan Department of Health and Human Services (MDHHS) Children's Protective Services (CPS) In-Home Bureau, Family Protection, Prevention, and Preservation

MDHHS Macomb County CPS

Children's Advocacy Centers of Michigan

Office of the U.S. Attorney for the Eastern District of Michigan

Prosecuting Attorneys Association of Michigan

Emergent Biosolutions

MDHHS Home Visiting Unit

MDHHS Office of Recovery Oriented Systems of Care

Up North Prevention

Thumb Opioid Response Consortium (TORC)

Michigan Department of Education, Office of Health and Nutrition Services, School Health and Safety Unit

Tribal Behavioral Health Communication Network

Suggested duties, roles, and responsibilities by discipline

The following guidelines are meant to serve as promising practices for communities implementing a DEC alliance, and to improve shared understanding between the various disciplines that may be involved.

Child Welfare

- Recognize drugs, drug paraphernalia, substance misuse, and drug activity as possible child abuse and neglect.
- Document evidence of child abuse and neglect around substance misuse, drug activity, and associated risks (drugs, guns, paraphernalia, hazardous condition, parent/caregiver drug tests when appropriate, etc.).
- Document child abuse and neglect in detail in report to include photographs, video, statements of victims (children), statement of alleged perpetrators, interviews, or reports of witnesses, and any risks to the children.
- Account for all the children living in a residence, not just the ones that are home at the time of investigation.
- Recognize risk and possible child endangerment in substance misuse environments that may require appropriate intervention.

- Work in collaboration with other disciplines to respond and intervene to help drug endangered children. May include law enforcement, depending on the specific case.
- Establish a call out procedure for child welfare to contact law enforcement for an infield response.
- Complete an evaluation of the child's home to include photographs, video, and/or descriptions.
- Arrange/provide (in coordination with the Training Team) appropriate DEC cross training for all partners to include topics such as: risks to children, child vulnerability, parental protective capacity, threats of danger, current child welfare trends, and others.
- Provide community Core DEC Awareness Training, in coordination with the Training Team.
- Obtain any medical history (chronic or acute illnesses, medications, allergies, immunizations, primary care provider, etc.) of all children from family or others at the time of removal or investigation.
- Following state policy, conduct a child abuse/neglect investigation to assess the safety of the child and whether a removal is warranted.
- If removal is warranted, determine if family or kin placements are available and appropriate.
- Check criminal and child welfare databases on all placements, including kin, family, and foster placements. (Contact law enforcement if necessary for criminal history if child welfare does not have access to this.)
- Designate specific personnel to work with law enforcement on collaborative/learning meetings and presentations.
- Have the necessary equipment (camera, audio recorder, video camera, report forms) to document the DEC scene in detail.
- Provide law enforcement and other disciplines with copies of reports, pictures, videos, interviews, etc. as appropriate.
- Work with law enforcement on a plan to interview children, witnesses, alleged perpetrators, parents/caregivers. Connect with local Children's Advocacy Center for services or resources when appropriate.
- Work with partner disciplines in working DEC cases and investigations.
- Have a medical protocol established with a medical provider and/or public health specialist to have child medically cleared when appropriate.
- Work with partner disciplines to obtain grants that could help the DEC alliance or DEC efforts, in coordination with the Sustainability Team.

- Notify schools and other appropriate disciplines when children have been removed from the home or when other information sharing is necessary.
- Attend DEC alliance meetings.
- Attend DEC basic and/or advanced training courses.
- Attend National DEC Conference.

Prevention and Treatment

- Recognize drugs, drug paraphernalia, substance misuse, and drug activity as possible child abuse and neglect.
- Arrange/provide (in coordination with the Training Team) appropriate DEC cross training for all partners to include topics such as: effective treatments, trauma informed interventions, and others.
- Provide necessary and appropriate reports/documentation to partner agencies
- Work with partner disciplines in working DEC cases and investigations.
- Work in collaboration with other disciplines to respond and intervene to drug endangered children.
- Work with partner disciplines to obtain grants that could help the DEC alliance or DEC efforts, in coordination with the Sustainability Team.
- Attend DEC alliance meetings.
- Attend DEC basic and/or advanced training courses.
- Attend National DEC Conference.

Law enforcement

- Recognize drug environments as possible child endangerment.
- Identify children or signs of children during everyday police work, search warrants, or other special assignments, and contact the appropriate agencies as needed for interventions.
- Collect evidence of child endangerment as well as abuse and neglect (drugs, guns, paraphernalia, hazardous conditions, parent/caregiver drug tests when appropriate, drug activity, etc.).
- Document the child endangerment case in LE report to include photographs, video, and/or statements of victims (children), statement of suspects, statements of witnesses, and any risks to the children.

- Consult with child welfare in advance of planned drug raids or search warrants to assist in identification of children.
- Develop a protocol for the inclusion of child welfare personnel in raid and search warrant briefings in situations where children have been identified. Protocol should address any security concerns and include strategies to minimize these concerns.
- Add child identification and welfare plan to pre-raid planning threat matrix. Include CPS central intake number, for easy reference for personnel. Include call out procedure for law enforcement to contact child welfare for an infield response on pre-raid threat matrix.
- Establish who the on-call CPS staff member is ahead of time in case they are needed for an investigation.
- If a DEC case is an unplanned event, notify child welfare as soon as possible.
- Notify child welfare to respond to the scene of all drug cases involving children or ones that have signs of children.
- Arrange/provide (in coordination with the Training Team) appropriate DEC cross training for all partners to include topics such as: drug identification, drug trends, professional safety, and others.
- Provide community CORE DEC Awareness Training, in coordination with the Training Team.
- Provide child welfare and other disciplines with copies of reports, pictures, videos, interviews, etc. as appropriate.
- Work with partner disciplines in working DEC cases and investigations.
- Work with child welfare on a plan to interview children, witnesses, suspects, parents/caregivers. Connect with local Children's Advocacy Center for services or resources when appropriate.
- Ensure that all partners in the field (first responders, child welfare, etc.) can communicate with each other (telephone, radio, computer, cell phone, etc.)
- Provide education to other disciplines on the established call out procedure to child welfare for an infield response.
- Work with partner disciplines to obtain grants that could help the DEC alliance or DEC efforts, in coordination with the Sustainability Team.
- Attend DEC basic and/or advanced training courses.
- Attend formal or informal training in forensic/non forensic interview techniques of child victim/witness.
- Attend DEC alliance meetings.

- Attend DEC basic and/or advanced training courses.
- Attend National DEC Conference.

Legal

- Meet regularly with child welfare caseworkers and child welfare agency attorneys on cases that may involve both criminal and non-criminal sanctions or responses.
- Obtain cross training in drug and child abuse/neglect cases.
- Be available for consultation to DEC alliance members and DEC professionals in the field.
- Assist in the preparation of DEC search warrants.
- Support and work with drug and family/civil courts when appropriate.
- Work in collaboration with other disciplines to respond and intervene to help drug endangered children.
- Provide community Core DEC Awareness Training, in coordination with the Training Team.
- Attend National DEC Conference.
- Work with partner disciplines in working DEC cases and investigations.
- Provide training to team members on any special needs or requirements for civil DEC cases.
- Work with drug and criminal courts when appropriate.
- Attend basic and/or advanced DEC courses.
- Attend DEC alliance meetings.
- Arrange/provide (in coordination with the Training Team) appropriate DEC cross training for all partners to include topics such as evidence and information needed for civil cases, current or changing case law, and scope of court's influence and abilities, among others.
- Serve as a resource for questions on what the court/legal system does.
- Work with partner disciplines to obtain grants that could help the DEC alliance or DEC efforts, in coordination with the Sustainability Team.

Tribal Behavioral Health

- Work in collaboration with other disciplines to respond and intervene to help drug endangered children.
- Provide community Core DEC Awareness Training, in coordination with the Training Team.
- Obtain cross training in drug and child abuse/neglect cases.

- Attend basic and/or advanced DEC courses.
- Attend DEC alliance meetings.
- Work with partner disciplines to obtain grants that could help the DEC alliance or DEC efforts, in coordination with the Sustainability Team.
- Attend National DEC Conference.
- Provide education to other disciplines on cultural history, beliefs, and current programming to build greater understanding and awareness, and to better inform service responses.

Education

- Report evidence of drug activity or substance misuse to child welfare.
- Participate in Handle With Care if available. For more information visit the [DHHS Handle with Care website](#).
- Work in collaboration with other disciplines to respond and intervene to help drug endangered children.
- Provide community Core DEC Awareness Training to school staff and partners, in coordination with the Training Team.
- Obtain cross training in drug and child abuse/neglect cases.
- Attend basic and/or advanced DEC courses.
- Attend National DEC Conference.
- Work with partner disciplines to obtain grants that could help the DEC alliance or DEC efforts, in coordination with the Sustainability Team.
- Schools work toward implementing comprehensive curricula that teach prevention and how to get help.

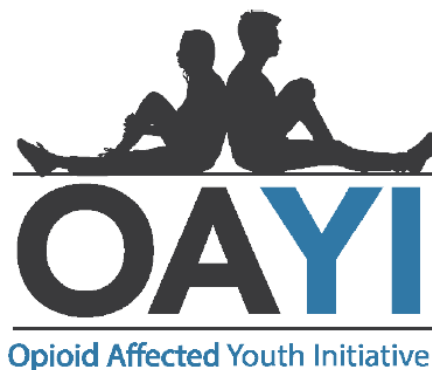
Additional Goals for a Collaborative DEC Approach

Exchange of information between agencies: All disciplines participating in the state and local-level DEC Alliances will exchange information to the extent they are allowed by statute quarterly, and more frequently during DEC investigations. All interviews, photographs, and/or videos will be documented and provided to other disciplines as deemed necessary and appropriate, to facilitate proper intervention and service to best support healthy families and communities throughout the state.

DEC alliance meetings: Local DEC partners will meet monthly and debrief each other as to the various DEC cases/investigations. Meetings will also be utilized to improve DEC responses, collaboration, information/evidence sharing, etc. Meetings will assist partners in identifying any problems that may have existed during cases, which may be improved in future cases. These meetings are imperative to establish and improve collaborative efforts between the DEC partner agencies. At least one member of each local alliance will participate in quarterly state DEC alliance meetings.

Special project leadership teams: The Michigan DEC Alliance will establish leadership teams for specific projects such as training, sustainability, public outreach, data collection and sharing, and other topics as necessary. State and local alliance members are welcome to join any leadership team they choose. All alliance members may participate in all projects listed above but will coordinate with the appropriate leadership team to ensure streamlined and effective efforts.

Promotion and awareness: All state and local DEC alliance members share information on DEC efforts (including current programming, engagement opportunities, results of past projects, success stories, etc.) with their networks.



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References

Centers for Disease Control and Prevention. (2022). Violence Prevention. About the CDC-Kaiser Permanente ACE Study. Retrieved from <https://www.cdc.gov/violenceprevention/aces/about.html>

Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org

Child Welfare Information Gateway. (2014). Parental substance use and the child welfare system. Children's Bureau. Retrieved from <https://www.childwelfare.gov/pubpdfs/parentalsubabuse.pdf>

Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. National Center for Injury Prevention and Control. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>.

Governor's Task Force Plan of Safe Care. (October 2021). Adoption and Foster Care Analysis Reporting System. (2018). Shared by Jessica Kincaid, Michigan Department of Health and Human Services, Children's Protective Services, Program Office.

Jääskeläinen, M., Holmila, M., Notkola, I. L., Raitasalo, K. (2016). Mental disorders and harmful substance use in children of substance abusing parents: A longitudinal register-based study on a complete birth cohort born in 1991. *Drug and Alcohol Review*, 35(6), 728-740.

Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health*, 28(3-4), 194-205.

Lipari, R. N., & Van Horn, S. L. (2017). Children living with parents who have a substance abuse disorder. *The CBHSQ Report*. Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/report/children-livingparents-who-have-substance-use-disorder>.

Michigan Children's Protective Services. (2018). Children's Protective Services: Comprehensive report. Michigan Department of Health & Human Services. Retrieved from https://www.michigan.gov/documents/mdhhs/Section_514_616410_7.pdf.

Solis, J. M., Shadur, J. M., Burns, A. R., & Hussong, A. M. (2012). Understanding the diverse needs of children whose parents abuse substances. *Current Drug Abuse Reviews*, 5(2), 135-147.

Victor, B. G., Resko, S. M., Ryan, J. P., Perron, B. E. (2018). Identification of domestic violence service needs among child welfare-involved parents with substance use disorders: A gender-stratified analysis. *Journal of Interpersonal Violence*