

**SPOKANE COUNTY
COLLABORATIVE COMMUNITY
RESPONSE TO DRUG ENDANGERED
CHILDREN**



GUIDELINES

REVISED 08/2007

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I. PURPOSE

The purpose of the Spokane County Collaborative Community Response to Drug Endangered Children Project is to implement and evaluate a collaborative response among law enforcement, prosecutorial, medical, social service, prevention and education professionals to the needs of children endangered by exposure to substance abuse and manufacturing, trafficking, and use of illegal drugs, including methamphetamine, throughout Spokane County. The multidisciplinary community stewards of the project are listed in Section III. The project's activities include:

1. Scheduled monthly meetings to coordinate team members' work programs, including intra- and cross-agency training and individual case staffings;
2. Creation and utilization of tools to identify and address children's needs from a medical, legal, psychosocial, and developmental perspective;
3. Development of Drug Endangered Children (DEC) guidelines for use in collection of evidence to effectively prosecute cases in the criminal justice system; and
4. Systematic evaluation of the three previously described activities to assess the extent to which the project was successful in meeting its goals.

II. DEC MEETINGS

DEC meetings are held on the 3rd Thursday of every month. Every other month is a staffing time for individual cases and tracking.

All attendees at the meetings sign in and list their discipline. Each discipline is required to submit a monthly report to the evaluator and project director. Each discipline is also required to be represented at the monthly meetings. Members agree to confidentiality regarding these cases and to discuss the cases with other professionals only when necessary.

Some information at the meetings is public record.

III. DEC PARTNERS & RESOURCES

CURRENT DEC PARTNERS:

- ❖ Spokane County Sheriff's Office
- ❖ Spokane Valley Police Department
- ❖ Spokane Police Department
- ❖ Partners with Families and Children
- ❖ Children's Administration: Child Protective Services (CPS)
- ❖ Lutheran Community Services Northwest
- ❖ Educational Service District 101
- ❖ Spokane Public Schools
- ❖ Washington State Attorney General's Office
- ❖ Greater Spokane Substance Abuse Council
- ❖ Spokane County Prosecuting Attorney's Office
- ❖ Washington State Department of Corrections
- ❖ Sandra J. Altshuler, Ph.D., independent evaluator

ADDITIONAL DEC RESOURCES:

- ❖ Washington Alliance for Drug Endangered Children (<http://www.wadecalliance.org>)
- ❖ Community Health Association of Spokane (CHAS) Clinic (medical office)
- ❖ Sally's House (group home)
- ❖ Cheney Police Department
- ❖ Valley Young People's Clinic (medical office)
- ❖ Children's Choice Dentistry

IV. DEC GUIDELINES

PURPOSE: The purpose of this document is to outline guidelines for evaluating and providing services to children who are referred to the DEC Project due to neglect or abuse by caretakers who are using, selling or manufacturing illicit drugs. Children who come to the attention of any of the participating agencies will enter an integrated system of care. These guidelines outline responsibilities of each of the collaborating agencies and a system of referral among them so that children receive all of the available services.

BACKGROUND: The family structure in environments where drugs are used, sold or manufactured is often very fragmented and unstable. These conditions are dangerous to children and they can foster neglect, physical and sexual abuse, and violence.

INITIAL RESPONSIBILITIES:

LAW ENFORCEMENT - First responders will assess the condition of the child and place in protective custody, if appropriate.

LAW ENFORCEMENT/CPS – Any child with an obvious injury or illness shall be taken to a local hospital emergency room.

CPS – Any child who does not appear to need emergent care should be referred to **Partners with Families and Children** (Child Advocacy Center) for an examination and assessments.

A. Law Enforcement Responsibilities:

1. Medics will be called for any child with a serious injury or illness.
2. Assess the environment and the condition of the children. Document evidence that children live at the residence.
 - a. Photograph and measure location of the lab items and equipment.
 - b. Photograph and document child's accessibility to drugs, chemicals, hypodermic needles, weapons, and pornography.
 - c. Photograph and document indications of neglect, proximity of chemicals to food sources, sanitary conditions, and sleeping conditions.
 - d. Photograph each child at the scene and document any injuries, signs of neglect, and appropriateness of clothing.
3. Notify CPS in all cases where drugs are being used, sold, or manufactured and children are present.
 - a. Remove and place with CPS if the circumstances indicate the health, welfare, or safety of the children is being harmed. (RCW 26.44.050 and 26.44.020).
4. Provide photographic and documented evidence to CPS for shelter care hearing.
5. Gather collateral evidence for criminal charges.
 - a. Make arrests when appropriate.
 - b. Submit all charging documentation to the prosecutor's office.

B. Spokane County Prosecuting Attorney's Office:

1. Review all evidence submitted to prosecutor.
2. Make a filing determination on the case.
3. Prosecute DEC cases when appropriate.

C. Child Protective Services (CPS):

1. CPS responds to scene in coordination with law enforcement.
2. CPS assumes custody of child.
3. If child is not present at the scene, CPS will attempt to locate the child.
4. CPS completes initial face to face with child, if appropriate. Social worker completes all needed documentation, including Service Episode Records (SERs).
5. CPS and the DEC Service Coordinator schedule a medical evaluation appointment with Partners with Families and Children within the first week of placement. If child is in need of immediate medical attention, CPS social worker ensures child is seen by qualified medical personnel and provides transportation. CPS and the DEC Service Coordinator will attempt to provide medical personnel with child's passport or old medical records.
6. If gross contamination exists, law enforcement will arrange for the child to be decontaminated on scene. If there is not gross contamination, law enforcement and CPS will work together to determine the amount of decontamination necessary.
 - a. Decontamination may involve removal of clothing and washing the child with soap and water. If gross contamination does not exist, child's clothing may be removed and turned over to law enforcement at the scene for disposition. CPS provides clean clothing for the child.
7. CPS may conduct an initial interview.
 - a. Appropriate reports are forwarded to law enforcement and prosecutor.
8. CPS places child in receiving home (foster or relative care).
9. CPS makes legal determination within 72 hours (excluding weekends and holidays) of assuming custody.
10. CPS coordinates with Washington State Department of Corrections (DOC) to determine if parents are DOC involved.
10. CPS refers child to therapy with Lutheran Community Services Northwest.
11. CPS social worker completes investigation of allegations of child abuse and/or neglect.
12. CPS social worker transfers case to ongoing Child Welfare Services (CWS) worker.
11. CPS and CWS assigned social workers attend multi-agency staffings.

D. Partners with Families and Children:

1. DEC Service Coordinator will be notified and involved in all DEC cases to ensure proper coordination of services.
 - a. Provide medical screening examination to include: height, weight, measure of head circumference, dental exam, vision screening, neuroscreen, and hearing assessment.
 - b. If child has no "medical home", DEC Service Coordinator will staff with CPS/CWS social worker, the assigned Child Health and Education Tracking (CHET) screener at Children's Administration, and/or medical staff to establish a primary care provider.

- c. Schedule a developmental assessment with Partners with Families and Children when first placed, and then again in approximately 6 months. Schedule assessment again if date to leave foster care to return home does not fall into that time frame.
- d. Prioritize medical examinations for children who have been removed and placed by CPS. Other children may be examined if their caretaker chooses and is cooperating with the CPS case plan.
- e. Provide medical care and treatment as necessary and provide home care instruction to caregivers. Coordinate care with child's primary care provider. Communicate findings to primary care provider.
- f. Facilitate referrals for parents to chemical dependency evaluator at Partners with Families and Children.
- g. Set and facilitate staffings regarding these cases on a regular basis.

E. Lutheran Community Services Northwest (LCSNW): Mental Health Treatment and Support Services;

1. Receive referral from DEC Service Coordinator.
 - a. The LCSNW Intake Unit will receive all referrals.
 - b. The Intake Unit will gather appropriate information on referred child's needs.
 - c. The Intake Unit will gather appropriate consent and release forms and schedule the client for an initial meeting with his or her assigned therapist.
2. Assign Treatment Team.
 - a. The project will identify available therapists. The Intake Unit will assess child's need at time of initial call and assign to appropriate therapist.
3. Schedule and Provide Initial Intake and Mental Health Evaluation Appointment.
 - a. An initial treatment disclosure, releases of information, and consents for treatment will be signed.
 - b. A Psych-social assessment will be completed within the first two sessions.
 - c. An overview of services will be provided.
 - d. Appropriate linkages (based on client need) will be made with other DEC team members.
 - e. Clients are assessed for Medicaid funding. This will allow a more permanent funding source.
4. Provide on-going services.
 - a. Each client and family will receive on-going weekly services as identified in the program summary.
 - i. One hour of individual treatment.
 - ii. Referral and Linkage services.
5. Client's progress and movement through the system will be tracked.
 - a. LCSNW maintains a client database that contains client data.
 - b. LCSNW team members meet on a monthly basis to discuss client progress, overall needs, and to provide data to the LCSNW Project Coordinator.
 - c. LCSNW meets monthly with the DEC team.