



The Drug Endangered Children's (DEC) Concept

The concept of the Drug Endangered Children (DEC) team was created and implemented by Butte County District Attorney Investigator Sue Webber-Brown in 1991. Sue initiated DEC because “First Responders”, primarily narcotic officers, uniformed law enforcement (LE), and child protective services (CPS), didn’t recognize their legal, moral and community responsibility to identify and protect children living in drug environments from child abuse and/or neglect. In 1993, the Butte County District Attorney (DA) made the commitment to hold the parents/caregivers accountable for their actions by charging child abuse/neglect when appropriate in addition to any drug charges. The DEC team (narcotics task force, CPS, and DA) signed the first DEC Memorandum of Understanding (MOU) later that same year. Each member of the team had different and unique demands, requirements and priorities that needed to be addressed and satisfied. Consequently, cross training of the DEC team members was a crucial component of operational readiness and effectiveness.

When the DEC concept was first introduced, it was known as a DEC Team to some and as a DEC Program to others. This early identity crisis was brought about because some of the personnel within the state supervised task force did not embrace the idea or need to rescue children from drug environments. Hence, only a small amount of the task force personnel conducted DEC investigations, while the others made referrals to DEC specialists within the task force. As the DEC concept grew in popularity, formalization and funding, it became a program. But the term “program” to many meant that it was only for selected personnel within a narcotics unit that were specialists and that other personnel were not responsible for, or required to, address the needs of children found in drug environments. The mentality that the DEC concept is only for certain personnel remains to this day. In truth, DEC is a community strategy to break the cycle of drug abuse and violence. The strategy starts with “First Responders” (law enforcement, CPS, narcotics officers, district attorney, schools, fire, secret witness, medical aid, etc.) identifying and rescuing children living in drug environments who are at risk of child abuse and neglect. Once the first responder causes the child to be removed from the drug environment, they have a responsibility to ensure the best interests of the child, family and community.

At times law enforcement personnel feel that once an arrest is made or a child is rescued, their job is finished. However, in today’s society, an officer has four responsibilities: (1) prevent crime, (2) provide services, (3) preserve order, and (4) enforce the law. Unfortunately, all too often law enforcement only does the latter and doesn’t do the other three. The DEC strategy embraces all four.

The DEC team acknowledges the importance of the CPS worker to act as liaison between the activities of the dependency court and the criminal court to ensure the best interest of the child. The best interest of the child can be served if a treatment plan for the parent/caregiver is included in the reunification plan. Therefore, the CPS worker becomes the intermediary between treatment, hospitals and medical staff as well.

From the early inception of DEC, there was a clear vision of what a DEC strategy should include. It was a community collaboration of resources formulated to break the cycle of drug abuse and violence, which seamlessly addressed the supply and demand side of substance abuse crisis.



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However, law enforcement's ability to identify and rescue children from child abuse and/or neglect, which were brought about from living in dangerous drug environments, was paramount. Law enforcement, narcotic officers in particular, were already in these high risk homes and failed to recognize the children as victims because they were focused on the drugs. **By identifying and rescuing the children, law enforcement is providing early intervention which furnishes appropriate services and lessens the possibility of repeat victimization and decreases the likelihood of the children committing violent crime(s) in the future.**

Accordingly, a DEC strategy should include assistance from all of the following:

- Law Enforcement
- Child Protective Services
- Prosecution
- Fire
- Code Enforcement
- Medical
- Hospitals
- Rehab/Treatment
- Community Coalitions
- Probation/Parole
- Daycare
- Mental Health
- Animal Control
- Tribal
- Behavioral Health
- Public Health
- Children' Advocacy (CASA)
- Law Makers
- Crime Prevention/Intervention Programs
- Drug and Alcohol Programs
- Homeless Coalitions
- Housing Authorities (HUD, Section 8 Schools housing)
- In-Home Care Services
- Job Training
- Employment Agencies /Employer Groups
- Faith Based Programs
- Domestic Violence Groups
- Child and Elder Abuse Professionals
- Safe from the Start Programs
- Media
- Courts (criminal, family, dependency, & drug)

City, county, state and federal agencies working together with community support can break the cycle of drug abuse and violence in this country if we work in a collaborative effort. The DEC model is one of government effectiveness and efficiency, and should be financially self- sustaining once cross disciplines are trained and begin solving community problems by working together in unison. This will require a behavior change by a multitude of people and disciplines as listed above. The most important aspect to change immediately is the way law enforcement and child protective services are trained in their respective training academies.