

Promising Practices Toolkit: Working With Drug Endangered Children and Their Families

PREPARED BY:
FEDERAL INTERAGENCY TASK FORCE ON DRUG ENDANGERED CHILDREN
FEDERAL PARTNERSHIPS SUBCOMMITTEE

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Letter From Task Force Chair

In response to the Administration's 2010 National Drug Control Strategy, the U.S. Department of Justice established the Federal Interagency Task Force on Drug Endangered Children (DEC). I am privileged to chair this important task force, which benefits from active participation from components within the Department of Justice, as well as the Office of National Drug Control Policy and the U.S. Departments of Health and Human Services, Education, Homeland Security, Transportation, and Interior. The DEC Task Force is committed to identifying ways to better serve and protect drug endangered children by building partnerships on the federal, state, tribal, and local levels.

We were fortunate to build on an existing, robust DEC movement. This movement was initiated over the last decade to respond to the growing phenomenon of finding children during drug arrests, particularly in methamphetamine labs located in homes and other areas where children were living or playing. In 2003 alone, approximately 3,300 children were found in the 8,000 meth labs that were raided. The children found in these situations are often severely harmed or neglected and, in many instances, tested positive for drugs. Local DEC programs have been created all over the country, and as a result, thousands of children have been rescued from drug environments. Our task force wants to share the promising practices that have been helping communities better protect these children.

Our task force members came to understand that a child can be endangered by exposure to illicit use of *any* type of drug. Shortly after our first meeting last May, we came to an agreement that the standard DEC definitions used in the field would be more effective if they were broader. We adopted the definition that a drug endangered child is a person under the age of 18 who lives in or is exposed to an environment where drugs, including pharmaceuticals, are present for any number of reasons, including trafficking and manufacturing of these drugs. As a result of such exposure, these children experience or are at high risk of experiencing physical, sexual, or emotional abuse; harm; or neglect. Tragically, these children also are at risk of being forced to participate in illegal or sexual activity in exchange for drugs or money likely to be used to purchase drugs.

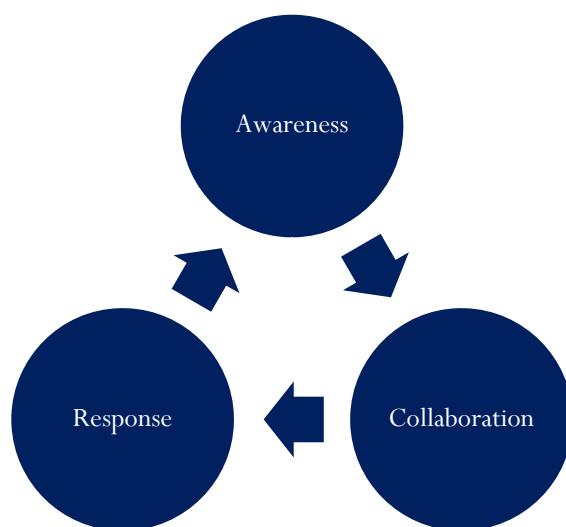
The task force is focused on gathering and producing educational resources that can aid law enforcement, child welfare workers, health and education professionals, and children's advocates nationwide in protecting children and responding to their needs and the needs of their caregivers. By working together with our partners on the federal level and, most importantly, on the state and local levels, the task force aims to end this vicious cycle and protect drug endangered children, one of our nation's most vulnerable populations.

Sincerely,

James M. Cole
Deputy Attorney General

Purpose of the Toolkit

The DEC Task Force Federal Partnerships Subcommittee conducted an assessment of promising practices in the field and of training modules provided by federal, state, local, tribal, and community-based providers across the country. This toolkit is a compilation of many of those practices for your use, separated into three categories: (1) increasing DEC awareness (“Awareness”), (2) fostering community collaboration (“Collaboration”) and (3) creating a more effective response (“Response”). The intent of this toolkit is to provide guidance and resources to professionals in identifying, responding to, and serving drug endangered children. For each practice we identify, we provide information about the practice (“what is working”), information about how this practice can be helpful (“why it works”) and information and other resources to assist you in implementing the practice in your community (“how to get started”), such as checklists and useful Web sites. We hope you will find this toolkit to be a useful resource to better identify and serve drug endangered children.

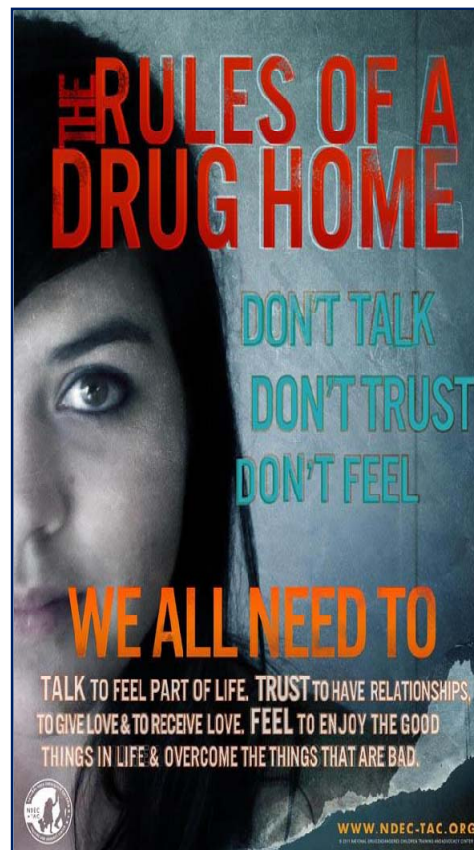


Awareness

Just being aware of the drug endangered child in your community is a critical first step. Most of these children are not on our radar until it is too late, when they come to the attention of law enforcement or medical care. These children can benefit from a first responder simply knowing that there may be a child at the scene of an arrest, and planning for their safekeeping.

To create awareness, all sectors of the community must partner together, including law enforcement, medical professionals, schools, child welfare, and other community or civic groups.

Creating awareness includes training professionals within the community who may encounter drug endangered children and training organizations that provide support services to families struggling with substance abuse. The community at large should have a general understanding of the risks facing drug endangered children and should know whom to notify when they suspect a child is at risk in or exposed to an environment where drugs are used, trafficked, or manufactured. A unified community approach can ensure that individuals are better able to identify and save these children.



Identify Drug Endangered Children

What Is Working:

Communities should develop a uniform DEC definition and a mechanism to identify such children once they enter the various systems. First responders are encouraged to submit information, including date of birth, about child victims in the relevant record or system—or create such systems where they do not exist.

Why It Works:

We do not have a good sense of the extent to which there is a DEC population at the current time. Too often these child victims are not identified or logged into the relevant system. As a result, we cannot effectively provide follow-up services to these children or study this population to improve systems and outcomes. In identifying these children, it will also be important to agree on a standard DEC definition. The Federal Interagency DEC Task Force endorsed a broad definition to incorporate the many types of drugs and the vehicles by which they enter the child's home and life. We also explained the types of harm and neglect that communities will want to address to identify and serve these children.

How To Get Started:

Discuss a means to follow the well-being of the child with other partners in an existing or newly created multidisciplinary team. Adopt a DEC definition that the various key players in your community agree to support. Our DEC Task Force agreed on a broad definition:

A drug endangered child (DEC) is a person, under the age of 18, who lives in or is exposed to an environment where drugs, including pharmaceuticals, are used, possessed, trafficked, diverted, and/or manufactured illegally and, as a result of that environment—

1. The child experiences, or is at risk of experiencing, physical, sexual, or emotional abuse;
2. The child experiences, or is at risk of experiencing, medical, educational, emotional, or physical harm or neglect, including harm resulting or possibly resulting from the inhalation, ingestion, or absorption of illegal drugs; or
3. The child is forced to participate in illegal or sexual activity in exchange for drugs or money, likely to be used to purchase drugs.

Establish First Responder Awareness

What Is Working:

The unique challenges of drug endangered children can best be addressed by creating the opportunity for a timely and coordinated response. Early recognition of affected and at-risk children is critical. This DEC identification can be facilitated by any of the individuals who may come in contact with these children in the course of responding to related or unrelated matters.

Why It Works:

An effective team cannot operate in a vacuum. Professionals from child protection agencies, medical and mental health agencies, law enforcement and other public safety agencies, educational institutions, and social services should be made aware of the threat and available resources to ensure that drug endangered children are identified and provided with appropriate assistance as early as possible.



How To Get Started:

The [Child Welfare Information Gateway](#) provides resources on child welfare, child abuse and neglect, out-of-home care, and adoption.

The [National Drug Endangered Children Training and Advocacy Center](#) and the [National Alliance for Drug Endangered Children](#) provide assistance with education and awareness.

Provide DEC Training

What Is Working:

Training should be widely available and include the staff of agencies and organizations that may be in a position to recognize a child's exposure to drugs and make appropriate reports and referrals to child protective services (CPS) and health professionals (including both physical and mental health). In addition to general training, specialized training should be made available to law enforcement officials, CPS professionals, and other first responders to ensure there is an established process/protocol to follow throughout the stages of a DEC investigation. This specialized training should also include training on addiction and recovery, substance abuse treatment, and child trauma.



Why It Works:

DEC training is an invaluable tool to increase awareness of first responders and others in the community who may encounter drug endangered children. While DEC-focused training is a critical resource, it is equally important to introduce DEC concepts at broader and more general training sessions. The latter not only expands the opportunities to increase DEC awareness, but also serves to include the safety of the DEC victim as a part of the regular responsibilities of first responders and other responsible parties in the community, such as educators, social workers, and health providers.

How To Get Started:

Visit the following Web pages for additional information:

- [National Drug Endangered Children Training and Advocacy Center.](#)
- [National Alliance for Drug Endangered Children.](#)
- [National District Attorneys Association, National Center for Prosecution of Child Abuse,](#) which serves as a nationwide, interdisciplinary resource center for [training](#), research, and technical assistance and offers publications for the prosecutorial profession.
- [Arizona's Drug Endangered Children Program,](#) which includes examples of materials used by DEC programs.

The [Child Victim Timeline](#) can be a helpful training tool in educating each member on his/her role in the process and how it fits into the larger DEC response.

Increase Community Awareness

What Is Working:

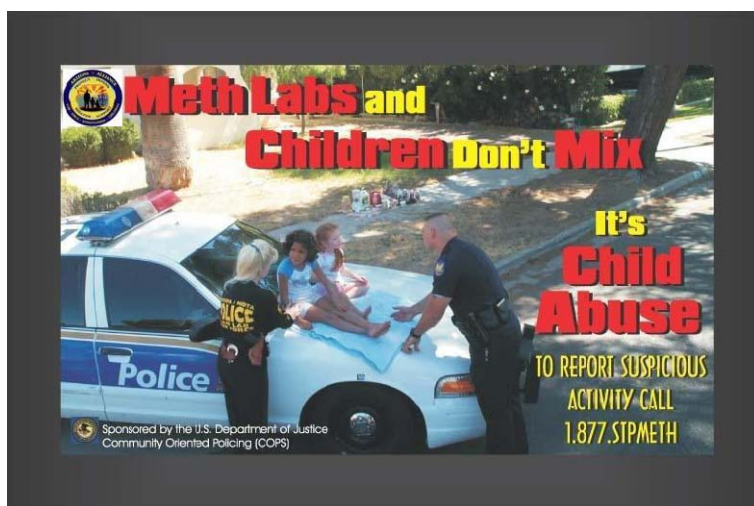
To establish continued support of any initiatives involving drug endangered children, this issue should be introduced to the community at large. Parent-teacher organizations, faith-based organizations, community and civic groups, and others actively interested in the health and well-being of their community are likely to be receptive and supportive audiences for information about drug endangered children and what more can be done to support them. New partners, such as educators, utility workers, and animal control officials can provide essential information based on their opportunities to observe drug endangered children before it is too late. Foster parents should also be provided DEC awareness, and training should be offered to those who may not immediately recognize the challenges a drug endangered child faces on a daily basis.

Why It Works:

There are numerous resources in each community that could play a critical role on a multidisciplinary team (MDT) or could help to meet the specific needs of drug endangered children. MDTs may consider reaching out to new partners in schools and hospitals and should be creative in determining which parties could benefit from DEC awareness. Communities have had success in reaching out to medical and dental professionals, in-home care providers, motel and hotel owners, park

personnel, property managers, animal control officials, emergency medical technicians (EMTs), road cleanup crews, storage unit owners and operators, trash collectors, utility companies, and other professionals who work in the community. Teams can also meet with professionals at universities and colleges that have programs in victimology, social work, and the like who generally do not receive specific DEC training.

Teams may involve the local media by sharing DEC stories and other relevant information about the successes and failures when working with drug endangered children. Additionally, teams may work to establish billboards and other public messages about DEC issues. MDTs may consider hosting recognition ceremonies for members of the local community who provide services and leadership for DEC-related issues.



Arizona billboard; the same message was also displayed in movie theatres across the state.

How To Get Started:

Teams can recruit local organizations or civic groups to collect and donate items of clothing, backpacks, toothbrushes, books, food, and/or gift certificates for first responders who encounter drug endangered children.

For additional resources, visit the [National Drug Endangered Children Training and Advocacy Center](#) and the [National Alliance for Drug Endangered Children](#), which provide assistance with education and awareness.

Collaboration

Collaboration is critical to creating a unified response and more successful outcomes. Once the community has been made aware of the need to identify children exposed to environments where drugs are used, trafficked, or manufactured; state, local, and community agencies should partner to develop DEC protocols to ensure children and their families receive the appropriate judicial and recovery support services.

Collaboration is best established through a multidisciplinary team approach that brings together as many sectors of the community as possible. Once established, the team should formalize—through a memorandum of understanding—agencies’ roles and responsibilities to ensure a seamless transition and continuum-of-care for children and families.

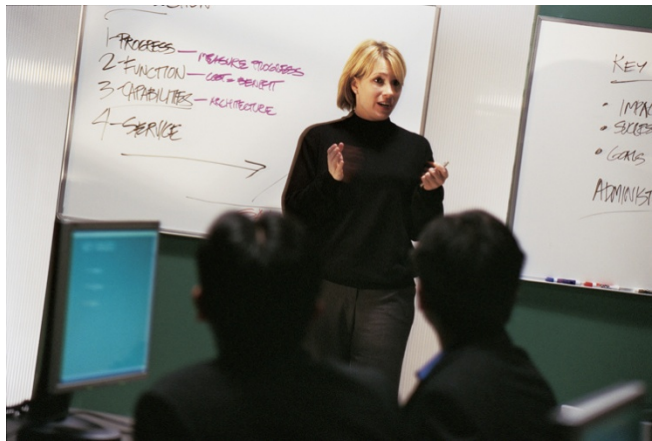


Establish a DEC Team

What Is Working:

Interagency partnerships are critical for effective and systemic responses to the needs of drug endangered children. Partnerships should be created, or expanded, to form multidisciplinary teams (MDTs). Existing MDTs focusing on child abuse, neglect, and endangerment should consider expanding their focus to incorporate a DEC response for child victims identified in drug-related environments.

Key MDT partners include law enforcement officials, CPS professionals, medical professionals, educators/school social workers, substance abuse and mental health treatment providers, and the court. Substance abuse and mental health treatment providers also benefit MDTs due to their ability to address the addiction treatment needs of caretakers and the mental health needs of the children and caretakers. Ensuring prompt treatment access through these partnerships can improve the team's ability to make permanency decisions in a timely manner for children who are placed in foster care.



Memorandums of Understanding should be negotiated to clarify expectations, delineate partners' roles, and permit the sharing of confidential information, when necessary and appropriate. Additionally, all DEC team members should receive DEC training by subject matter experts.

Some communities have found it helpful to assemble two DEC teams: (1) a *DEC Response Unit* and (2) an *Educational Unit*.

DEC Response Units provide immediate response at, or directly following, crime scenes involving drug endangered children. Members of these teams typically include law enforcement officials, CPS professionals, medical emergency room providers, and a local prosecutor. At a minimum, it is helpful for law enforcement agencies to coordinate with CPS in advance of arrests or other law enforcement actions to better organize onsite assistance, facilitate a child's removal, have necessary provisions available (e.g., car seat, clothes, food), arrange for medical assessment, ensure a safe place to stay, coordinate the child witness/victim interview, and ensure that all actions and evidence are properly documented.

Educational Units foster and support community awareness. Members could include educators; school personnel; community members; probation and court personnel; business and civic leaders; early childhood intervention program specialists; prevention, treatment, and/or recovery professionals; and others.

Why It Works:

The needs of drug endangered children are complex and communities are more proactive and effective if agencies and organizations coordinate their resources.

How To Get Started:

Identify a multidisciplinary DEC alliance supported by the [National Alliance for Drug Endangered Children](#).

For guidance on establishing an MDT, visit the [National Drug Endangered Children Training and Advocacy Center](#).

The [National Children's Alliance](#) helps local communities respond to allegations of child abuse.

The [National Children's Advocacy Center](#) provides models and training on prevention, intervention, and treatment services in situations involving child abuse and neglect.

The [National Center for Prosecution of Child Abuse](#) provides training, publications, and coordination assistance.

The [National Center on Substance Abuse and Child Welfare](#) provides assistance through local, state, and tribal agencies to families involved in child welfare and family judicial systems due to substance use disorders.

Have a backpack ready with comfort and essential items (e.g., toothbrush, clothing, book, food, gift certificate). Local companies may be willing to offer these items. See the [Wisconsin Alliance for Drug Endangered Children, Backpack Program](#) for additional information.

Read [Forming a Multidisciplinary Team To Investigate Child Abuse](#).

See an example of a state's guidance on starting a [DEC](#) Program.

The [Drug Endangered Children Training and Advocacy Center](#) provides tools for building a Memorandum of Understanding.

Institutionalize a Collaborative Approach

What Is Working:

Establishing MDT meetings as a routine practice encourages regular attendance. Schedule meetings well in advance (e.g., an afternoon, quarterly, on the second Tuesday in the month) so that the meeting becomes routine and as many partners as possible reserve the time on their calendars.

Encourage locating CPS professionals in federal, state, and/or local law enforcement offices to foster regular contact among team members. When they are located in these offices, CPS professionals are able to provide onsite assistance and/or consultation, when appropriate. Team members should be mindful of the limitations and restraints that may exist in these circumstances.

Why It Works:

MDT coordination allows for a CPS professional to assist drug endangered children onsite and provides the opportunity to provide continuity of care for the child who often enters the criminal justice system more than one time. In areas where there is no DEC team, this initial collaborative approach may lead to the development of an MDT.



Whether the CPS professional spends 1 or 5 days a week in federal, state, and/or local law enforcement offices, their time can be instrumental in building relationships and sharing information, which might not happen if law enforcement and CPS do not routinely cross paths.

How To Get Started:

Review [resources](#) provided by the [National Center on Substance Abuse and Child Welfare](#).

Foster a Continuum of Care

What Is Working:

MDT partners should communicate with each other about children and families through each stage in the process, to the extent possible, to ensure that the needs of all those involved (e.g., children, caregivers) are identified and that appropriate services are provided. The process for every child and family will look different; some may be the subject of a criminal investigation and prosecution, some may be involved in CPS intervention, and others may be working toward possible reunification.



Why It Works:

MDTs should recognize that the needs of children and families in these situations are complex and responses will need to vary accordingly. Regular communication among team members can provide the opportunity to modify interventions as needed.

Teams that maintain a focus on the best interest of the child and respond with a multifaceted approach will reduce the risk of children falling through the cracks while their cases move through various stages and/or when the children move into various child protection and law enforcement jurisdictions. Subsequently, case management and consistent follow-up throughout this process can help ensure that children and families are provided the necessary range of services to address their individual needs.

How To Get Started:

Review state sites that have [DEC response teams](#).

The [Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide](#) assists practitioners and communities in implementing evidence-based prevention and intervention programs. The database covers the continuum of youth services from prevention to sanctions to reentry.

The [Child Welfare Information Gateway](#) connects child welfare and related professionals to comprehensive information and resources to help protect children and strengthen families.

The [National Children's Alliance](#) assists communities responding to child abuse and neglect.

Read—

- [*Sharing Data Across Youth-Serving Agencies: Philadelphia's Policy and Analysis Center*](#), The Finance Project.
- [*Linking Data across Agencies: States That Are Making It Work*](#), Data Quality Campaign.
- [*Screening and Assessment for Family Engagement, Retention, and Recovery \(SAFERR\)*](#), National Center on Substance Abuse and Child Welfare.



Response

Once a DEC team has been established, members of the team should be trained on the procedures to be followed when responding to situations in which drug endangered children may be present. Providing law enforcement and first responders with the tools that will ensure the safety of children is essential. Having a protocol in place for law enforcement and first responders will assist in securing proper care for children and effective on-scene documentation and evidence collection, including child interviews, should there be a criminal prosecution.



Photo courtesy of the National Drug Endangered Children Training and Advocacy Center.

Plan for On-Scene Response

What Is Working:

When law enforcement officials and other first responders encounter, or expect to encounter, drug endangered children, they should ensure that the immediate safety and other basic needs of children are appropriately addressed by following an established checklist or protocol.

A checklist should encourage advance communication, when possible, with other DEC team members. The checklist may also include having a victim specialist or child protection worker along, or on call, when arrests or execution of search warrants may involve an encounter with a drug endangered child.

Why It Works:

Utilizing checklists and straightforward protocols for on-scene response has proven to be helpful in addressing the needs of drug endangered children and in situations involving other forms of child maltreatment. Law enforcement officers who execute search warrants and make arrests face uncertain situations and may not be immediately available to focus on the needs

of children. Having a protocol in place that encourages the involvement of other DEC team members and agency personnel is both critical and beneficial so that specific trained individuals will be responsible to attend to the needs of children—even if they are called to the scene shortly after the initial operation.

How To Get Started:

For sample checklists, please visit the [National Drug Endangered Children Training and Advocacy Center](#).



Photo courtesy of the National Drug Endangered Children Training and Advocacy Center.

Ensure Prompt, Documented Medical Evaluation

What Is Working:

CPS, law enforcement, and/or other appropriate professionals on scene should ensure that—

- Emergency care is provided to drug endangered children as soon as possible;
- Drug endangered children receive medical evaluation and care with documentation of overall physical and mental conditions;
- Drug endangered children have drug testing utilizing urine screens;
- The appropriate chain of evidence procedures are followed; and
- An individual is tasked with the responsibility of following up with a medical provider.

If drug endangered children are identified or if there is evidence of them at a drug lab site, additional response is required including health screening and decontamination; assessment for signs of toxicity, physical injury, and burns; and emergency treatment.

Why It Works:

A child in a home where substances are being abused may have also been a victim of physical, sexual, and/or emotional abuse or neglect. These children may test positive for a drug as a result of passive smoke inhalation, needle sticks, drug residue, and/or ingestion. Due to the lack of attention to basic care and exposure to toxic environments, a child may have poor nutritional status, dehydration, or damage to organs and respiratory systems. Children found in these situations will require medical attention. Evidence should be carefully documented so that endangerment, abuse, and/or neglect charges can be filed by the prosecutor.



Child Friendly Medical Examination Room.
Photo courtesy of the National Children's Advocacy Center.

How To Get Started:

Review [articles](#) on the medical impact to Drug Endangered Children on the [National Alliance for Drug Endangered Children](#) Web site.

Review sample response protocols, such as—

- [Michigan DEC Response Protocol](#), which is designed primarily for use when encountering meth-endangered children but may also be applied to other controlled substances.
- [Indiana DEC Comprehensive Care Protocol](#), which is to be administered by medical, mental health, developmental, and dental professionals after a child has been removed from a meth lab or home to ensure the child's physical, emotional, and developmental well-being.



Photograph courtesy of the
Polinsky Children's Center
San Diego, CA

The [National Children's Advocacy Center](#) provides models and training on prevention, intervention, and treatment services in situations involving child abuse and neglect.

Ensure Effective Evidence Collection

What Is Working:

Evidence of a child's presence and exposure to illegal and toxic substances should be carefully documented and preserved. Responders should ensure that investigative reports include names of children who have been directly exposed to drugs and their condition when located. Investigators should document availability or lack of basic needs (e.g., food, clean water, clothing, medical care). Closeup pictures of danger

warning labels on chemicals dangerous to human life are as important as noting the absence of standard safety measures, such as the lack of smoke alarms. Neighbors and witnesses should also be interviewed close to the time of the arrest.



This photo documents the drugs and paraphernalia found in the child's room.

Photo courtesy of the National Drug Endangered Children Training and Advocacy Center.

Why It Works:

Properly identifying and documenting relevant risk and safety factors in the home at the time of arrest will support the prosecution and facilitate the identification of specific corrective measures that need to be considered when working toward reunification.



Pictures of the child, caregiver, and the actual conditions and care under which the child was living will be critical visual documentation. It is also important to take pictures and measure distances from the child's eye level and access (e.g., distance from the crib or toys to drugs) to present in court. Photograph, document, and collect evidence of chemicals, drugs, drug paraphernalia, and pornography. This should include those locations both inside and outside of the dwelling or play area. Also, photograph and document any firearms or weapons accessible to the child.



These photos are used to capture the height and reach of children, to document their ability to access drugs found in the home.



How To Get Started:

Investigators should document availability or lack of basic needs (e.g., food, clean water, clothing, medical care) and should use a DEC drug test kit if available, which includes first urine sample (it is critical to children's health to rule out concerns for nutritional status, dehydration, and drug exposure). Additional guidance is available through the [National Drug Endangered Children Training and Advocacy Center](#).

Coordinate Child Investigative Interviews

What Is Working:

Responders should work with a forensic child interview specialist, if available, or another appropriately trained specialist, to conduct interviews with children. These interviews should be memorialized (e.g., video recording) to ensure that the initial statement by the child witness can be preserved and treated as evidence. CPS and law enforcement should be present during the interview to minimize the number of interviews and trauma to children.



Why It Works:

Including an expert and minimizing the number of interviews (and the number of interviewers) will ensure that the child's recollection is accurately, fully, and appropriately documented and will also reduce some of the trauma to the child.

How To Get Started:

Training and resources are available in most communities to assist law enforcement and child protection workers to obtain legally sound and developmentally appropriate interviews with child and adolescent victims. There are hundreds of children's advocacy centers, or similar centers around the country, that conduct forensic interviews with children on behalf of agencies and MDTs.

Many of the centers are members of the [National Children's Alliance](#).

Other national organizations have developed practice standards with regard to forensic interviewing and have presented training courses for law enforcement and child protection workers around the country.

These organizations include the [National Center for Prosecution of Child Abuse](#), [American Professional Society on the Abuse of Children](#) and [National Child Advocacy Center](#).

Strategize for Prosecution

What Is Working:

When evidence warrants, prosecution agencies should consider bringing child abuse/ neglect/endangerment charges or other appropriate charges against individuals. This approach may strengthen the MDT's efforts to achieve favorable child protection outcomes. In addition, prosecution agencies should inform and coordinate with child protection agencies regarding the progress and disposition of such criminal charges, including any terms of release or probation.



Why It Works:

A record of child abuse/neglect/endangerment charges plays an important role in safeguarding the welfare of children and can influence the terms of pretrial release, sentence, probation, or parole. If, through the course of plea negotiations, the charges are ultimately dismissed, the prosecutor may nevertheless request that the court consider the circumstances surrounding such charges as a factor when sentencing the defendant.



How To Get Started:

The [National Center for Prosecution of Child Abuse](#) provides assistance with the investigation and prosecution of child abuse crimes.

Read—

- [NDAA Drug-Endangered Children Compilation](#), National District Attorneys Association.
- [Parental Drug Use As Child Abuse: Summary of State Laws](#), Child Welfare Information Gateway.
- [Family Dependency Treatment Court: Applying the Drug Court Model in Child Maltreatment Cases](#), National Drug Court Institute.
- [Building Bridges: The Case for Sharing Data between the Court and Child Welfare Systems](#), New York State Child Welfare Court Improvement Project.

Encourage Substance Abuse Treatment and Mental Health Services

What Is Working:

One of the best ways to address the long term well-being of drug endangered children is to address the substance abuse and mental health problems of parents and caretakers. The availability of effective substance abuse treatment programs, coupled with treatment for co-occurring mental health disorders and long-term supports for ongoing recovery, is an important part of a community's overall DEC strategy.

Criminal and/or family drug courts and other alternative sentencing strategies can complement standard voluntary treatment opportunities in order to maximize participation and encourage recovery for parents. A DEC strategy should include comprehensive treatment services with a strong family/parenting component in addition to services that address substance use disorders and co-occurring mental health problems, including the consequences of trauma.

Why It Works:

Research clearly shows that “most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning” ([*Principles of Drug Addiction Treatment: A Research Based Guide*](#), National Institute on Drug Abuse, 2009).

Arrests and CPS investigations can provide effective points of intervention to convince parents to enter and engage in substance abuse treatment programs. Compulsory treatment (e.g., through drug courts) is effective in improving treatment retention so that clients remain in treatment long enough for programs to have desired effects.

How To Get Started:

Read—

- [*What Can We Expect from Substance Abuse Treatment*](#), Centers for Disease Control and Prevention.
- [*Drug Courts: An Effective Strategy for Communities Facing Methamphetamine*](#), Office of Justice Programs.
- [*Policy Brief on: Cost-Effectiveness of Substance Abuse Treatment in Criminal Justice Settings*](#), Substance Abuse Policy Research Program.
- [*Principles of Drug Addiction Treatment: A Research Based Guide*](#), National Institute on Drug Abuse.
- *Framework and Policy Tools for Improving Linkages Between Alcohol and Drug Services, Child Welfare Services and Dependency Courts*: [Full Document](#); [Summary Document](#)
Explains a framework for assessing the components of collaborative efforts to address the substance abuse issues among families in the child welfare and dependency court systems.

Find information on supports for ongoing recovery at—

- [Faces and Voices of Recovery Resources Web page](#).
- [Addiction Technology Transfer Center Network Resources Web page](#).
- [Substance Abuse and Mental Health Services Administration's Partners for Recovery Web page](#).

Find additional information on the following Web pages:

- [National Association of Drug Court Professionals](#)
- [Family Treatment Drug Courts](#), National Center on Substance Abuse and Child Welfare.
- [Women, Children, & Families](#), a Substance Abuse and Mental Health Services Administration Web site offering resources that address the needs of substance abusing women and their families.



Order This Publication

To obtain copies of this publication on CD-ROM—

- Call the COPS Office Response Center at 800-421-6770, or
- Order online through the COPS Office Resource Information Center at www.cops.usdoj.gov.

The CD-ROM is free and there is no charge for shipping. These resources also are available online at www.whitehousedrugpolicy.gov/Children.