HELPING CHILDREN DURING THE CORONA VIRUS MAY LOOK DIFFERENT

Every household across America has been impacted in some way by the Corona Virus. This may be due to stay-at-home orders, school cancellations, social distancing, a positive COVID-19 test, or an exposure to a person with a positive COVID-19 test. Youth who would normally be in the classroom could now be in a situation where they are exposed to parental or caregiver substance use, possession, distribution, manufacturing, or cultivation of both legal and illegal drugs. Many states have allowed liquor stores and marijuana dispensaries to remain open as essential businesses, increasing access and availability at a time when many individuals are facing uncertainties.

During this difficult time, professionals are adapting quickly and connecting with children virtually. Through this process they can identify children who may be at risk in a time when no one may have eyes on them.

What can professionals do to help children at risk?

1. connect with the child and siblings via Zoom or other virtual platform so a visual can be made
2. ask to talk to and/or see child(ren) if you are at their residence or they are in your office (law enforcement, doctors, service providers, etc.)
3. talk with parents on Zoom or virtual platform calls
4. connect with children via email as necessary or available
5. connect with children you feel are at risk more frequently
6. if you see signs of children (sidewalk chalk, toys, bottles, etc.), ask to see or talk to them

What to look or listen for when on a phone call or Zoom or other virtual platform call

1. Is what see in the background dangerous?
2. Are there hazards in the background such as drug paraphernalia, disarray or broken items?
3. Is the child acting out or acting different than they normally act?
4. Does the child appear to be afraid? (Are they shifting in their seat? Are they making eye contact?)
5. Can you hear yelling in the background?
6. Can you hear inappropriate conversations in the background?
7. When a parent or caregiver walks within view, is the child's behavior the same or does the child act differently?

Be aware that these issues can make a difference for endangered children.

If you are a professional and suspect that a child may be at risk of harm in a household due to substance abuse or drug activity, you have a mandatory duty to contact your child welfare hotline and report. If you do suspect child abuse or neglect, contact 911 if you believe the child(ren) is in immediate danger. Otherwise, contact your local child welfare or law enforcement office to make a report. For a list of child abuse and neglect reporting toll-free numbers by state, visit: www.childwelfare.gov/organizations

Resources: Whether you are looking for assistance on how to talk to children about this pandemic or need tips on how to engage them, check out these resources:
A local perspective on "How to Talk to Children about the COVID-19 Crisis": https://actmissouri-my.sharepoint.com/:v:/g/personal/oldjen_actmissouri_org/EX0gMOfG7c5QwWfP8Kx8Ey9z82YKb2W0zq-z0Q?e=nuu6GP

Additional Resources: Here are some additional resources to assist professionals:
Ways to connect with National DEC: https://www.nationaldec.org/connectwithnationaldec or www.nationaldec.org
The National Alliance for Drug Endangered Children (National DEC) exists to help make a difference in the lives of children who are being impacted by their caregiver's substance misuse or addiction by bringing professionals and communities together to address the issue in unprecedented ways.

How can we help?

- Provide education and training
- Provide technical assistance
- Develop and provide resources and information
- Develop curriculum, videos, mobile apps, podcasts, online training, etc.
- Provide a DEC Roadmap and Toolkit to assist in building and strengthening multidisciplinary alliances/efforts
- Provide real life examples and experiences
- Provide knowledgeable multidisciplinary network of professionals

Who should be involved?

- Law enforcement
- Child Welfare
- Faith based agencies
- Prevention workers
- Medical personnel
- First responders
- Teachers & school staff
- Treatment Providers
- Behavioral health
- Judicial staff
- CASA/GAL's
- Probation/Parole
- Service Providers
- Community members
- Families

www.nationaldec.org
National Alliance for Drug Endangered Children proudly announces

OUR NEW, ENGAGING, INTERACTIVE
ONLINE TRAINING

4 Innovative Online Training Courses; 30-45 minutes each

The courses feature interviews with a wide array of experts from across the U.S., interactive graphics, scenario videos and a virtual tour of a home impacted by drug presence. All disciplines that come in contact with children should enroll in these trainings.

Drug Endangered Children (DEC) Overview
This course reviews the National DEC mission, vision and history, as well as risks to children and next steps you can take to improve the lives of Drug Endangered Children. This course presents a high-level overview from a national perspective and is designed to raise awareness of DEC efforts and encourage the learner to get started with their own DEC efforts.

Prenatal Substance Abuse: Why Should I Care?
This course describes how prenatal substance use has the potential to cause a variety of physical and developmental challenges for Drug Endangered Children (DEC) throughout their lives. You will be able to recognize the part you play in identifying children who are at risk, begin the earliest possible intervention even while they’re still in utero, and your ability to change the trajectory of the child’s life.

Postnatal Risks: How You Can Make a Difference
This course describes how postnatal exposure to an environment where there is substance use and or drug activity affects Drug Endangered Children (DEC) throughout their childhood and entire life. You will be able to recognize when a child is impacted and intervene as early as possible to maximize the child’s potential outcomes.

You Can Impact the Outcomes of Drug Endangered Children
This course describes the long-term impact and needs of Drug Endangered Children (DEC) throughout their childhood and into their adulthood. You will learn how Adverse Childhood Experiences (ACEs) such as growing up in households where substance use and drug activity are present impacts children long-term including cognitive deficits, emotional risks, high-risk behavior and health problems. The course also addresses the importance of early intervention and building resilience to change the trajectory of a child’s life and help to break the multigenerational cycle of substance abuse.

Access the DEC Online Trainings at https://www.nationaldec.org/training.
### FRAMEWORK/TARGET POPULATION

<table>
<thead>
<tr>
<th>Self-Referral -</th>
<th>Active Outreach -</th>
<th>Naloxone Plus (Supplemental Handout) -</th>
<th>Officer Prevention Referral -</th>
<th>Officer Intervention Referral -</th>
</tr>
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<tr>
<td>TP: Severe SUD, MI</td>
<td>TP: Mod/Severe SUD, MI</td>
<td>TP: severe opioid SUDs/Opioid OD</td>
<td>TP: MOD/Severe SUD</td>
<td>TP: MI or SUD</td>
</tr>
</tbody>
</table>

### LAW ENFORCEMENT

- % referrals that are racial and minority representation
- Number of districts/agencies making referrals
- % of districts/agencies making referrals
- Number of referrals per officer
- % of referrals per officer
- Number of officers making referrals

### TREATMENT OR SERVICES

- Racial and minority representation
- Assessment Rate
- Initiation Rate
- Engagement Rate
- Level of functioning
- Housing stability
- Employment stability

### COMMUNITY

- Racial and minority representation
- % of jail population with Mod/Sev SUD or MI
- LE/Community relationship
- Reductions in jail admissions

### Core Measures v2

**FOR FIVE PRE-ARREST DIVERISION FRAMEWORKS**

**PTAC RECOMMENDED CORE MEASURES**

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</tr>
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</table>

### HOW TO MEASURE THIS

| % of Referrals of racial and minority representation | % referrals that are racial and minority representation |
| Number of districts/agencies making referrals | Number of district/agencies that make referrals based on all agencies in the area |
| % of districts/agencies making referrals | Proportion of district/agencies that make referrals based on all agencies in the area |
| Number of referrals per officer | Number of referrals that each officer is involved in based on all contacts |
| % of referrals per officer | Proportion of referrals that each officer is involved in based on all contacts |
| Number of officers making referrals | Number of individual officers that make referrals (capture through tickets or warnings) |
| Officers’ Use of Naloxone | Number of times an officer uses naloxone |

*See PTAC Visual*
## Treatment Core Measures v2

| **Racial and minority representation** | % of referrals that are from racial and/or minority status |
| **Assessment Rate** | Proportion of Individuals that are referred for treatment that are assessed |
| **Initiation Rate** | Proportion of individuals that begin treatment within 14 days of the assessment |
| **Engagement Rate** | Proportion of individuals that participate in 2 treatment sessions within 30 days |
| **MI Functioning** | Proportion of individuals that have reduced symptoms |
| **Housing Stability** | Proportion of individuals that do not move housing in 90 days |
| **Employment Stability** | Proportion of individuals that are employed in 90 days |
| **Drug use reduction** | Proportion of individuals that are not using drugs in 90 days or proportion of individuals that reduce the frequency of use |
| **BH Needs** | Proportion of individuals that receive behavioral health services |
| **Completion Rates** | Proportion of individuals that complete each phase of the treatment regimen |
| **Recovery Management Rates** | Proportion of individuals that are participating in recovery management |

## Community Core Measures v2

| **Racial and minority representation** | % of referrals that are from racial and/or minority status |
| **% of jail population with Mod/Sev SUD** | Proportion of the jail population that has SUD |
| **LE/Community relationship** | Use of community surveys (more complicated) |
| **Reductions in jail admissions** | Change in jail admissions as reflected by the number of jail admissions from one year to the next |
| **Naloxone kits dispersed** | Number of naloxone kits dispersed |
| **Number of subsequent reversals** | Number of subsequent reversals |
| **Number of fatal overdoses** | Number of fatal overdoses |
| **Number of ER visits for OD** | Number of ER visits for OD or proportion of ER visits that involve OD |

## Diversity and Inclusion Core Measures v2

| **Community Engagement #1** | Number of community/citizen/resident PAD meetings (not directly related to a PAD participant, with a PAD participant, or about PAD case management) convened/attended annually |
| **Community Engagement #2** | Average community attendance (non-PAD staff/agencies/organizations) attendance per meeting (Community Engagement #1) |
| **Training on Diversity, Inclusion and Equity** | Number of trainings and/or education sessions provided across the PAD organizations on diversity, inclusion, equity, and racial disparity (NOTE: All partners P + T + C + Research are to be counted) year (with date of last training noted) |

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To learn more about the PTAC Collaborative, contact Jac Charlier, National Director for Justice Initiatives at the Center for Health and Justice at TASC, at jcharlier@tasc.org or 312.573.8302.
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The Center for Health and Justice at TASC has identified five pathways to maximize diversion opportunities and connection to treatment, recovery support, and community services (learn more about the pathways on page 4). PTACC endorses all of these pathways and encourages communities to explore the approaches that best meet their needs. PTACC encourages availability of all pathways to maximize diversion opportunities and connection to treatment, recovery support, and community services.

The Police, Treatment, and Community Collaborative (PTACC) aims to strategically enhance the quantity and quality of community behavioral health and social service options through engagement in pre-arrest diversion. The purpose of PTACC is to provide vision, leadership, advocacy, and education to facilitate the practice of pre-arrest diversion across the United States.

AUDIENCE: This document is intended for not-for-profit and for-profit behavioral health service providers as well as law enforcement, community, and other pre-arrest diversion program partners to guide inception, development, and execution of treatment and recovery support for substance use disorders (SUD) and/or mental illnesses with regard to pre-arrest diversion.

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GUIDING PRINCIPLES FOR THE FIELD: TREATMENT AND/OR SOCIAL SERVICE PROVIDERS

Police, Treatment, and Community Collaborative (PTACC) Guiding Principles of Recovery believes that recovery is a holistic, person-driven process rooted in compassion and respect. PTACC also acknowledges that there is no one-size-fits-all plan as recovery is highly personalized and individualized.1 The following guiding principles must inform treatment and/or social service providers, and promote meaningful and impactful service delivery. These principles also recognize the need to identify options that are non-traditional from both treatment and recovery perspectives. This is not a prescriptive or exhaustive list, but rather a guide.

1. PROMOTE HOPE, HEALTH, AND DIGNITY:

PTACC embodies the principles of hope, health, and dignity throughout the engagement, treatment, and recovery continuum. Exercising great patience without judgment, PTACC prioritizes the needs and preferences of individuals and their families. PTACC strives to ensure that the behavioral health provider partners engaged in pre-arrest diversion programs are committed to providing a welcoming process and environment and are capable of meeting the complex needs of the substance use disorder (SUD)/Mental Health pre-arrest diversion population(s). Building bridges helps provide access to pre-arrest diversion services and assist in transitioning individuals seamlessly from homelessness, poverty, incarceration, and degradation to a place of hope, health, and dignity.
2. **EMBRACE DIVERSITY:**

The ability to provide equal treatment and access to services from law enforcement, service providers, and the community to a diverse clientele is vital to ensuring reductions in disparities. Fair, impartial, and culturally competent treatment and services need to be available for all types of individuals, no matter their nation of origin, gender identity, sexual orientation, race, religion, or culture. Furthermore, populations we work with may include individuals who were formerly incarcerated or are currently under supervision, are homeless, have co-occurring disorders, or may need integrated health and behavioral health treatment and/or other services. Assessment efforts should avoid labeling and stereotyping individuals and creating cultural barriers, which stigmatize or alienate treatment efforts.

3. **SYSTEMS, PROVIDERS, AND STAFF MUST RECOGNIZE THAT RECOVERY IS AN INDIVIDUALIZED PROCESS:**

It is imperative that PTACC and our partners understand the cycles of change as individuals move through the stages of recovery. To be effective, helping responses and resources must align with the individual’s change process (e.g., need for habilitation vs. rehabilitation, treatment or recovery with or without medication, etc.). For many systems, providers, and staff, this alignment will require increased recognition of the legitimacy of multiple pathways of long-term recovery and an associated transformation of service culture, delivery, and supports. SUD are chronic conditions that can involve periods of remission and relapse, and thus require an individualized personal program of sustained recovery management, which may include a variety of treatment approaches and recovery support options.

4. **RESPECT THAT RECOVERY IS A JOURNEY, NOT AN EVENT:**

Treatment and service providers, as well as other pre-arrest diversion partners, must recognize that the terms “engagement,” “treatment,” and “recovery” should be considered in the broader sense. Accomplishment of such validates the differing stages of readiness for SUD treatment programs and the recovery process, as well as an individual’s understanding of their recovery. We must utilize efforts that reduce harm to the individual and offer multiple paths to wellness. Individuals should not be penalized for their inability to maintain abstinence or commit to traditional treatment pathways. An individual’s treatment plan should be both person-centered and based on self-assessment techniques.

5. **COORDINATE CARE ALONG THE SERVICES CONTINUUM:**

It is vital that providers work as part of a system that extends beyond behavioral health to encompass physical, mental, spiritual, and social health. PTACC systems of care engage with treatment and service providers in their community to create a network of services and supports across the continuum. Individuals will need access to an array of community-based treatment and service options from initial engagement through long term recovery supports. An effective system of behavioral health services will foster greater engagement and retention. Providers and individuals working together greatly enhances service efficacy. We encourage each community to assess its treatment and service capacity, identify areas for enhancement, as well as effective practices that could be shared with other communities and systems.

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6. IDENTIFY AND REDUCE BARRIERS FOR ACCESS TO SERVICES AND SERVICE DELIVERY:

Make services easily accessible to the community, law enforcement partners, and consumers. When establishing or organizing your community’s service network, review prohibitions/exclusions that are dated and reduce barriers for access to services and recovery supports. For example, expand accessibility of Medication Assisted Treatment (MAT), which includes the use of methadone, buprenorphine, and injectable naltrexone medications to stabilize brain chemistry, block the euphoric effects of opioids, relieve physiological cravings and normalize body functions, along with counseling and behavioral therapies. Also expand access to Medication Assisted Recovery (MAR) programs, such as those that combine opioid medications with peer support, housing, and other needed resources. By removing abstinence-only programs, arbitrary medication timeframe limits, and other service restrictions to enable people in MAT and/or MAR to access critical treatment, other services, and recovery supports, devastating consequences such as relapse, overdose, recidivism, and increased risk of communicable disease can be reduced or prevented. Incorporating a no ‘wrong door’ is another strategy to expanded access to assessment, treatment, MAT, and MAR.

7. APPLY HOLISTIC, INTEGRATED CARE:

Individuals have a variety of needs, each of which requires attention to support ongoing recovery. As a network of behavioral health providers, address and prioritize safety and other basic, real-life problems such as homelessness, domestic violence, chronic medical conditions, income supports, and employment supports when dealing with a person’s presenting conditions, and consider other community-based services that will bolster an individual’s treatment and recovery efforts. For example: Employ a Housing First, Consumer Choice, Harm Reduction, or other Basic Needs Model.

8. INCORPORATE PROMISING AND/OR “EVIDENCE-BASED” PRACTICES:

Recovery and support services should include best practices or promising practices supported by research. Ongoing education and training should occur, not only for the consumers, as a mechanism to enable them to pursue goals interrupted due to symptoms of behavioral and health conditions, but also for professionals, to keep them current on available best and promising practices. Examples include: Trauma-Informed Care, Cognitive Behavioral Approaches, and Motivational Interviewing.

9. EVALUATE PROCESS MEASURES AND OUTCOMES:

Evaluate outcomes of pre-arrest diversion and linkage to care programs, as well as services including recovery supports by assessing individual and aggregate outcomes of those entering treatment and other services via various pathways. By developing research pathways to support care, we can build a strong foundation for providing services. Use systems that incorporate, with real-time capability, methods for collecting, evaluating, and distributing clinical and financial outcomes. These methods should be based upon uniform criteria and standards. Develop a separate set of outcomes and client satisfaction measures for each stakeholder group — law enforcement, behavioral health, community, and consumer. In addition, outcomes research should include the entire care continuum from early engagement to long term recovery, and should be ongoing focusing on systems, individuals and communities. A feedback loop that may inform treatment in real time would be preferred.
10. **UTILIZE OUTCOMES AND RESEARCH TO EVOLVE CARE:**

PTACC encourages development and continual evolution of collaborative data strategies that work to inform policy; measure the impact of interventions, services, and supports; and improve the quality and outcomes for consumers, their families, and communities. Outcomes should include a feedback component that informs practice. Outcome-driven systems with real-time capability and methods for collecting, evaluating, and distributing clinical and financial outcomes optimize use of finite resources in developing best practices. These methods should be based upon uniform criteria and standards to obtain comparable data. Outcomes and client satisfaction measures for each stakeholder group—law enforcement, behavioral health, medical community, and consumer—inform the full continuum of care. Attention should be paid to process measures and proximal and distal outcomes. Research should also focus on the recovery process utilizing a wide lens to include physical, social and psychological measures of recovery to inform an evolving system.

11. **UNWAVERING COMMITMENT TO ETHICAL CONDUCT AND PRACTICE:**

Professional ethics are at the core of PTACC. PTACC, not-for-profit, and for-profit behavioral health service providers; law enforcement; community; and other pre-arrest diversion program partners have an obligation to articulate basic values, ethical principles, and ethical standards. The values, principles, and standards that guide professional conduct are defined by a commitment to integrity, honesty, accountability and a moral obligation to all those served. These principles are relevant to all entities, regardless of their professional functions, the settings in which they work, or the varying populations served.

**PRE-ARREST DIVERSION: PATHWAYS TO TREATMENT AND/OR COMMUNITY SUPPORT**

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Principles to Guide Behavioral Health Practice in Pre-Arrest Diversion Programs

**1. Promote Hope, Health, and Dignity**

**2. Embrace Diversity**

**3. Respect that Recovery is a Journey, Not an Event**

**4. Coordinate Care Along the Services Continuum**

**5. Incorporate Promising and/or “Evidence-Based” Practices**

**6. Identify and Reduce Barriers for Access to Services and Service Delivery**

**7. Apply Holistic, Integrated Care**

**8. Evaluate Process Measures and Outcomes**

**9. Utilize Outcomes and Research to Evolve Care**

**10. Unwavering Commitment to Ethical Conduct and Practice**

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