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THE CPS MANDATE

...protect the children’s current and future safety and well-being, while strengthening and preserving the family unit wherever possible
Welfare and Institutions Code 300

300(a): Physical Abuse

300(b): Neglect (general neglect is where drug abuse charges generally are categorized)

300(c): Emotional Damage

300(d): Sexual Abuse

300(e): Severe Physical & Sexual Abuse

300(f): Causing Death of Another

300(g): Abandonment

300(h): Freed for Adoption

300(I): Cruelty (or failure to protect from acts of cruelty)

300(J): Abuse of Sibling
Methamphetamine: aka: meth, speed, go, crank, ice crystal, glass, chalk, peanut butter

- Powerfully addictive psychoactive stimulant
- Increases energy & sexuality, while decreasing appetite
- Smoked, snorted, orally ingested or injected
- Paraphernalia includes: razor blades, mirrors, straw syringes, spoons, light bulbs & surgical tubing

- Effects can last 4 to 24 hours depending on the method of use (On-set of effects are within 5 to 10 seconds)
- “Tweaking” can last 24 to 36 hours
- BINGE & CRASH
Binge: can last up to 3 days characterized by re-dosing in effort to obtain original rush, close with period of confusion, “tweaking”

- Crash has 4 phases:
  - 1. Insomnia, exhaustion, fatigue, paranoia, auditory hallucinations, violence, irritability, aggression
  - 2. Intense sleep: up to 3 days, body can starve & begin to catabolize muscle: danger of coma & seizures
  - 3. Intense hunger, eating, disorientation, depression
  - 4. Depression: lasting up to 5 months
Symptoms of Methamphetamine Use/Abuse

- Increased alertness & activity, with a feeling of euphoria & self-confidence
- Mood disturbances & delusional sensory experiences, such as bugs crawling on the skin
- Elevated heart rate, respiration & body temperature
- Blurred vision
- Dizziness
- Welts on the skin
- Rotten teeth
- Severe weight loss
- Dilated pupils
Emotional & Social Consequences

- Delinquency
- School Problems
- School Absenteeism
- Criminal Behavior
- Homelessness
- Shame
- Attachment Disorders
- Isolation
- Poor Peer Relations
- Unemployment
- Poverty
- Addictions
- Poor Anger Mgmt.
- Chaotic Lifestyle
Before and After
Family Assessment / Investigation

- Physical Abuse
- Sexual Abuse
- General / Severe Neglect
- Exploitation
- Domestic Violence
Meth Lab Dangers

- Explosion (1 in 6 meth labs discovered in CA)
- Fire
- Inhalation and exposure to toxic fumes & chemicals
- Accidental ingestion of chemicals & contaminated food
- Chaotic home environment
- Poor supervision
- Adult role models involved in criminal behavior
Hazards and Conditions

- Drugs and drug paraphernalia
- Booby traps
- Exposed wiring
- Guns and weapons
- Chemicals found in the Refrigerator
- Hazardous sleeping area conditions
- Visible/Accessible pornographic material
Clandestine Meth Labs: chemicals & exposure outcomes

- Solvents (toluene, xylene, methanol, etc)
- “Meth”, ephedrine & other stimulant intermediates
- Acids & alkalis (hydriotic & hydrochloric acids, lye); burns & internal burns
- Phosphorous, iodine & heavy metals

- Cancer
- Neurotoxicity
- Developmental toxicity
- Reproductive toxicity
- Specific Organ Damage
- Acute vs. Chronic
Children Are **NOT** Small Adults

- Different diet
- Growing & developing (brain, liver, kidney, lungs); still vulnerable to damage
- Higher metabolic rate: absorb & metabolize toxins at a higher rate
- Developing nervous system
- Unusual habits (i.e. hand-to-mouth behaviors; eating strange things; close to ground/floor; unknowingly imitating; etc.)
Meth on the Brain

Nerve Cell

Nerve Cell
First Responders Safety Steps

- Don’t Alert or Alarm!
- Don’t Touch Anything!
- Call 911 and/or Local Law Enforcement!
- Your Safety is 1st Priority!
- Don’t Try To Be A Hero!
Other Risk Factors

- Majority of drug labs will have ready to use accessible weapons
- Drug labs range from small “Beavis and Butthead” type, to Mid-Level Brokers to Organized Crime
  - Distinguish CPS role from that of Law Enforcement
- Significant finding include some level of relative/other family involvement
  - Generational Meth Users
  - Generational Meth Cookers
CPS HISTORY CHECK

- Is there an open dependency case?
- Have there been prior child abuse referrals?
- Child safety information for LE or CPS at the scene.
- Law Enforcement and victim safety information (i.e. dogs, disabled family members, etc.)
Once The Location Has Been Secured By Law Enforcement

1. Do Not Enter the Home or Drug Site!
2. Make immediate contact with the DEC Officer
3. Contact children AFTER you have been briefed by the DEC Officer
4. Wear protective gloves & foot wear when necessary
5. Always have vehicle covers
6. Do NOT take children's personal clothing or toys
7. Transport to the nearest DEC medical facility
Interview Techniques

- Build rapport with the child
- Allow the child to use drawing or dolls
- Be specific
- Avoid repeating questions
- Avoid leading questions
- Do not suggest that you know what happened
- Do not confront the child on prior statements
Suggested Questions

- Do you know why the police came to your house?
- Who lives in the house with you? Who sleeps where?
- Who takes care of you? Who wakes you up in the morning? Who makes your meals?
- Have you ever been left alone or with someone you did not know?
Suggested Questions cont.

- Have you ever smelled or seen anything strange or weird in your house?
- Do you know what drugs are? What do they look like?
- Are there ever times when you feel sick? Do you get headaches? Does your nose ever hurt?
- Ask the child whether there are weapons or guns in the house?

**NOTE:** Make complete assessment (child abuse/neglect/domestic violence and forensic evaluations of the dangers the lab posed to the child)
Home Assessment / Investigation

- Location
- Proximity
- Accessibility
- Attraction
Evidence Collection
- CPS Photographs -

- Physical condition of the children
- Child’s access to drugs or chemicals
- Living conditions
- Play area
- Food supply
- Children’s bedroom or sleeping arrangements
- Bathroom conditions
- (*Level I and Level II)
Stages Of Manufacturing Methamphetamine

- 1. Pseudo Ephedrine Extraction
- 2. Initial Reaction ("Cooking" Phase)
- 3. Base Additive
- 4. Bi-Layer / Bi-phasic Solution
- 5. Salting / Gasing Out
- 6. Washing/Cleaning/"Icing" (Optional)
National Clandestine Laboratory
Immediate Care

- Children demonstrating symptoms of acute chemical toxicity are to be immediately D-Con and taken to nearest emergency hospital.
- Children not showing signs of chemical toxicity should be taken to medical facility within the first 24 hours. Pre-arrange care when possible (establish Memorandum of Understandings and/or Collaborative Agreements).
- Follow “routine” emergency medical care plus DEC additional protocol.
Long-Term Follow-Up

- Monitor upper respiratory symptoms
- Provide dental services
- Conduct educational, developmental and psycho-social evaluations
- Enroll in counseling
Possible Funding Streams for Medical Follow-Up

- Medical will cover on-going medical and dental care for those under juvenile court protective custody
- Victims Of Crime Program Administration (VOCA Funds)
  - Crimes must include physical injury or threat of injury. Child endangerment charges MUST be documented in the police report.
Placement of DEC Children

- Emergency Custody
- Relative Placement
- Foster Care
- Family Reunification
- Family Maintenance
- Termination of Parental Rights
- Adoption / Legal Guardianship / Long-Term Foster Care
Relative Caregivers Need to Know

- The children’s needs for medical assessment, testing and on-going treatment
- What symptoms to watch for and what to do should any be present
- Their responsibilities as temporary caregivers
- What CPS follow-up will entail
Assessment of Relative Caregivers Home

- Safety of relatives home
- Relative ability to care and protect the child
- Criminal background check
Evaluation of Placement

- The SAFETY of the home
- The best interest of the child
- Parent is proximal to placement to facilitate visitation
- Ability to protect the child from parents if necessary
- Placement of siblings
- Willingness to facilitate case plan
- Ability to provide legal permanence if reunification fails
Family Maintenance and Reunification Services

- Counseling
- Parent education
- Child care training
- Day or Residential Treatment
- Random Drug Testing
- Respite Care
- Supervised visitation
Denial of Family Reunification

- Chronic or abusive history of drug use
- No treatment for the past 3 years
  - (varies from State to State)
- Prolonged incarceration
Safety Tips When Encountering An Under-the-Influence Meth User

- Talk slowly, clearly & continuously in non-threatening manner
- Stand-still at 1st face-to-face contact
- Keep a distance of 7 to 10 feet
- Keep your hands in front of you (any movement can be interpreted as a sign of aggression)
- Slowly, walk backing out maintaining eye contact until you are safely away from harm
Elements in strong CPS & Law Enforcement Relationship

- Specialized training for DEC CPS
- Full-time CPS team member
- CPS timely response for assistance
- CPS incorporates and works with medical professional on DEC Team
DRUG ENDANGERED CHILDREN