



## SERVING CHILDREN IMPACTED BY SUBSTANCE USE/MISUSE:

### **The Role of Children's Advocacy Centers**

*Children and families impacted by substance use/misuse often become involved in the child welfare system. A complex, but often disjointed, system of care is employed to help children and families stabilize and heal. Children's Advocacy Centers (CACs) have expanded their capacity to serve these children. Child welfare professionals can benefit from understanding and working with CACs to serve clients and their families. With the increasing complexity of the needs of children affected by crime; substance use/misuse; and social, economic, and cultural factors, as well as by issues related to the COVID-19 pandemic, knowing how to best leverage the services offered by local CACs is also essential for legal professionals.*

CACs are designed to decrease exposure to systemic trauma while assisting child victims of abuse or neglect. They use a trauma-informed, child-friendly setting to assist children in the disclosure of maltreatment and navigation of the legal system, and employ a coordinated response to caring for the children's needs. This approach involves a multidisciplinary team (MDT) including medical professionals, law enforcement, mental health providers, prosecutors, child protective services, victim advocates, specially trained forensic interviewers, and other specialized service providers. Varying degrees of collaboration with legal professionals occur across the country at CACs. Most CACs provide a variety of services to children and families, as well as professional and community trainings.

The Office for Victims of Crime (OVC) — housed within the U.S. Department of Justice — provided funding to address gap services, expand upon existing programs, and establish new programs to serve the needs of children and youth who are victimized because of the opioid crisis and broader substance use. That funding initiative, Enhancing Community Response to the Opioid Crisis: Serving Our Youngest Crime Victims, awarded 41 grants in Fiscal Year (FY) 2018 and 18 grants in FY 2019. In FYs 2018 and 2019, a total of eight awards were received by CACs or the agencies that house them: Childhelp Children's Center of Arizona, Penquis C.A.P. (Community Action Program) (ME), CAC of Gratiot County (MI), Cayuga Counseling Services (NY), Child Protect of Mercer County, Inc. (WV), Monongalia County CAC (WV), CAC of Southern Arizona, and National Children's Advocacy Center



(AL). As part of their grant program, these CACs have collected and analyzed local data, completed needs assessments, and engaged in other activities to examine the issues facing children impacted by substance use/misuse.

CACs recognize the complicated and often overlapping issues for the children and families they serve. Through their OVC grant work, CACs have identified specific training needs, services, and specialized multidisciplinary processes to better serve children and families. Legal professionals can become involved in and assist their clients with each of these areas offered by the CACs. In areas where OVC grants have not implemented these trainings, services, and collaborative work, legal professionals can assist in convening stakeholders to determine how to implement these practices to better serve these children and families.

### **MULTIDISCIPLINARY TEAMS**

Whereas the traditional MDT process is focused on determining whether a crime has been committed and responding effectively, the specialized MDT model focuses on how to help each of the family members heal from the effects of substance use/misuse within the family. For example, instead of determining whether someone should be arrested, the team may recommend:

- A specific level of care/treatment for the parent
- A support group for the current caregiver (often a grandparent)
- Trauma therapy for the child to address specific experiences or to increase their ability to trust safe adults
- A pediatrician or “medical home” for the child, who may have lacked routine checkups throughout their development.

The MDT may also consult with the child's schoolteacher or counselor, as needed, to help address behavioral concerns, or it may connect the parent with help for basic needs so that they can focus on recovery and eventual reunification with their child, if appropriate. Finally,



**National  
Children's  
Alliance**<sup>®</sup>

*The Force Behind  
Children's Advocacy Centers*

### **Find a CAC in Your Area**

The [National Children's Alliance](#) is a membership organization that has 900 member CACs in the United States and abroad and provides members with standards for accreditation. If you are not sure if you have a CAC in your area, check its [national coverage map](#).



when the parent and child are both ready, specialized therapies can be provided to help rebuild the relationship between them — safer, stronger, and healthier than before.

## TRAINING

As part of their grantee programming, the CACs provide training to the MDT members, professionals, and community members on topics such as adverse childhood experiences, trauma-informed care, and the impact of opioids and of broader substance use on children. Checking local CACs for scheduled training opportunities can help child welfare professionals stay informed about the latest research and practice updates. Attending and using the lessons learned from these trainings can provide children and families with a more integrated, systemwide, and trauma-informed approach to healing.

For example, Childhelp CAC in Arizona has trained several of the behavioral health agencies in Maricopa County on trauma-informed care and the specific impacts of parental substance use on children. It is also working on training for professionals about self-care and secondary trauma.

## SERVICES

Under the OVC grant program, CAC services have been expanded or enhanced to provide for the specific needs of children who are both victims of crime and impacted by substance use/misuse. These services include evidence-based and trauma-informed therapies, advocacy for the child and family, referrals to substance use disorder (SUD) treatment, provision of basic needs or resources to obtain these needs (e.g., food boxes and diapers), psychoeducation, and support groups. Knowing the services available at CACs can help child welfare professionals in creating and carrying out holistic plans of care for children and their families. Some examples of specific services include:

- A child is put in relative care due to parental substance use. The child has not received routine medical care and has unaddressed developmental delays. The CAC/MDT refers the child to developmental screening, supports the relative caregiver as they navigate the financial and scheduling obstacles to treatment, and refers the child and relative caregiver for therapy to build their attachment and to reduce the very understandable behavioral issues that accompany trauma and medical neglect. The specialized MDT identifies treatment options for the parent, and specific treatment providers reach out to the parent that day. The agency



social worker receives a plan created by a team of SUD experts that addresses clinical needs and community/peer support. The CAC shares information about a local grandparent/caregiver group with the relative caregiver.

- A teen witnesses a caregiver's drug-related homicide and is sent to live with a distant relative, with whom they have no existing relationship. The school calls the CAC explaining that its technology filters flagged an Internet search related to self-harm. The relative caregiver is terrified that the teen will hurt themselves and agrees to take them to the emergency room but does not know what else to do. The CAC calls the local mental health center, which is part of the specialized MDT. It offers crisis counseling and talks through safety concerns with the relative caregiver. It also has a range of therapy services, including individual, group, and family, that can be tailored to the teen's needs. A plan is made so that the teen and relative caregiver are supported during the hospital visit and beyond, and school staff are updated (with the caregiver's permission) so they can provide continued support when the student returns.

### **LESSONS FOR CHILD WELFARE AND LEGAL PROFESSIONALS**

In addition to being knowledgeable about the role of CACs for this population, child welfare and legal professionals can work collaboratively with CACs to provide better outcomes for these children. Through the work of the OVC grant, CAC professionals have several specific recommendations about serving these vulnerable children and their families:

- Attend trauma-informed trainings offered by local CACs, including trainings about appropriate screening, assessment, and treatment for children and families impacted by substance-related issues and by other victimization, and integrate information learned into professionals' work with these families.
- De-stigmatize children and families impacted by crime and/or substance use/misuse by practicing and sharing those skills during meetings, hearings, and other interactions with families and child welfare professionals (e.g., using person-centered language, such as "person with a substance use disorder" rather than "substance abuser").
- Work with other professionals to engage children and families to participate in services.

- Advocate for clients to receive evidence-based, trauma-informed, and culturally appropriate services to address the impact of trauma.
- Ensure you are invited to and actively participate in multidisciplinary case reviews to support a collaborative approach to helping children and families impacted by substance use/misuse and abuse.
- Actively participate in stakeholder groups to assist with the community response to improving outcomes for these children and families. ■

### **ABOUT THE AUTHORS:**



**Jennie Cole-Mossman, LIMHP**, *Technical Expert Lead at [JBS International, Inc.](#)*, currently provides expert technical assistance and training to grantees of the Office for Victims of Crime's Enhancing Community Responses to the Opioid Crisis and Enhancing Community Responses to America's Addiction Crisis: Serving Our Youngest Crime Victims. Ms. Cole-Mossman has extensive experience in trauma-based therapy, early childhood mental health, child welfare and court systems improvement.



**Erica Hochberger, LICSW**, *Intervention and Clinical Director at the [National Children's Advocacy Center](#)*, oversees direct service provision for child victims served by the National Children's Advocacy Center in Huntsville, Alabama. Within that role, she also serves on the local Multi-Disciplinary Team (MDT), carries a small trauma therapy caseload, and provides trainings in the community upon request.



**Kelli Mukaddam** is the *Intervention Grants Manager at the [National Children's Advocacy Center](#)*. Prior to joining the National Children's Advocacy Center, Kelli spent 13 years with the Florida Department of Juvenile Justice working with children and families.



**Marina Awerbuch**, *Program Manager at [Childhelp Children's Center of Arizona](#)*, has been employed by Childhelp Children's Center since 2014. In her current role, Marina provides community-based trainings to professionals and coordinates deliverables of the Office for Victims of Crime's Enhancing Community Responses to the Opioid Crisis and Enhancing Community Responses to America's Addiction Crisis: Serving Our Youngest Crime Victims grant.



**Michelle Genaro**, *Director of [Childhelp Children's Center of Arizona](#)*, has over 20 years of comprehensive experience in advancing health, education, and social services to impact change at the community and state level for children and families. Ms. Genaro is currently the Director of Childhelp Children's Center of Arizona, serving abused and neglected children by providing treatment, intervention, and investigation services in a child-friendly and child-centric environment.