

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Law Enforcement Collaborations to Support Children Affected by the Opioid Epidemic

Introduction

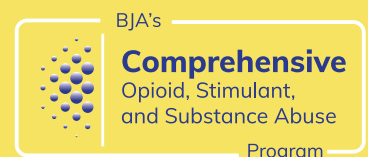
The 2020 Comprehensive Opioid Abuse Program National Forum highlighted the importance of law enforcement collaboration across systems to support children exposed to adverse childhood experiences (ACEs). Multiple groups during the forum detailed community processes for proactively responding to ACEs in light of the opioid, stimulant, and substance abuse epidemic. This report describes how programs leverage cross-system collaborations, discusses ACEs and their connection to substance misuse, and details initial considerations and helpful resources for communities interested in replicating successful programs.

What Are ACEs?

ACEs are potentially traumatic events experienced during childhood. Examples of ACEs include abuse, neglect, and household challenges such as substance abuse by a parent or other member of the household.¹ Children exposed to ACEs and other adversities—including racism, poverty, and community violence—can experience toxic stress, which is the excessive and prolonged activation of a body's stress response systems.²

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Toxic stress disrupts the healthy development of a child's brain and other organs. This disruption can cause negative effects well into adulthood.³ For example, children exposed to toxic stress are more likely to experience chronic disease, mental illness, and substance use disorder (SUD) in adulthood. As their exposure to toxic stress increases, so does their risk for these negative health outcomes.⁴ As such, higher ACEs scores (which measure different types of abuse and neglect) indicate higher risk.



What Is the Connection Between ACEs and Substance Abuse?

Substance abuse by a parent or other household member is a common ACE. Approximately one in eight children in the United States lives with a parent who had an SUD in the past year.⁵ Exposure to parental substance abuse increases an individual's risk for developing a SUD in the future.⁶ Relatedly, higher ACEs scores can be predictors of substance use later in life, even if a parent did not have an SUD.⁷ For example, one study found a 62 percent increase in prescription drug use for every additional ACE score,⁸ and another found that higher ACEs scores increased risk for early initiation of drug use by two to four times.⁹ Information about ACEs and their long-term effects can be used to identify and intervene in high-risk cases, and it is essential that communities implement appropriate mitigation strategies to prevent intergenerational SUDs.^{10,11,12,13} Various COSSAP grantees are using this exact strategy in their respective states and local jurisdictions.

COSSAP Grantee Examples of Cross-System Collaborations

Cross-system collaboration has the potential to enhance and strengthen community strategies in ways that can mitigate ACEs. For example, the Menominee Indian Tribe of Wisconsin has case managers working with first-responder, behavioral health, and child protection staff members to provide services to children who are present at an overdose. The City of Jacksonville, North Carolina, is placing a psychologist in public schools as part of a continuum of care for children affected by familial substance abuse. The Florida Office of the State Courts Administrator is establishing SUD prevention programs for children

whose parents are participants in the family dependency drug court.

During the 2020 COAP National Forum, three additional initiatives were discussed as part of a breakout session titled Trauma-Responsive Initiatives: How Law Enforcement is Collaborating with Partners to Support Children Affected by the Opioid Epidemic. The three initiatives included the Plymouth County Drug Endangered Children's Initiative (DECI) in Massachusetts; the West Virginia Defending Childhood Initiative, commonly referred to as Handle With Care (HWC); and the Adverse Childhood Experiences Response Team (ACERT) in Manchester, New Hampshire. Each of these programs is described in greater detail below.

Plymouth County, Massachusetts: Drug Endangered Children's Initiative

Plymouth County, Massachusetts, has one of the highest rates of opioid overdose death in the Commonwealth. Massachusetts overdose decedents are most frequently between the ages of 20 and 39 and often leave behind young children. More than 64 percent of these deaths occur at home, meaning that children may have been exposed to the trauma of a parent or other family member dying in their





presence. Perhaps most alarming, caregiver opioid use is the fastest-growing ACE in the county. The DECI, a program funded by the Office for Victims of Crime, seeks to address this critical challenge by supporting children and youth who become victims as a result of the opioid epidemic.

The program trains key stakeholders (e.g., law enforcement officers, school resource officers, teachers, counselors, other school officials) on how to identify and appropriately respond to drug-endangered children. Data collection comprises an essential part of this effort. In addition, the county coordinates responses by the criminal justice system (e.g., the district attorney, law enforcement, the Plymouth County Drug Abuse Task Force), schools, community partners, and the United Way of Greater Plymouth County's Family Center. Together, these groups provide advocacy, resources, and other direct services to children in need, as well as raise awareness of the danger of drug use in caretakers, all while remaining trauma-informed in their responses.

West Virginia: Handle With Care

ACEs are incredibly prevalent in West Virginia, especially in the state's most disadvantaged counties, where some newborns are exposed to four ACEs (living in a home with substance abuse,

having an incarcerated parent, being exposed to domestic violence, and having an increased risk of maltreatment). West Virginia recognizes that children who have experienced these types of trauma often suffer the effects throughout their lives, including an inability to concentrate at school, form healthy relationships, and engage in appropriate behavior. ACEs tend to be passed through generations; consequently, West Virginia's drug-endangered children from the previous generation are having their own drug-endangered children.

The HWC initiative supports children exposed to trauma and violence by improving communication and collaboration between law enforcement agencies, schools and child care agencies, and mental health providers. Specifically, HWC endeavors to reduce the negative effects of a child's drug-related home circumstances on his or her academic achievements through such collaboration, including trauma-informed training for teachers, connections to mental health services for families and communities, and a direct line of communication between law enforcement officers and teachers regarding possible traumatic events in the home. Using discreet messaging, law enforcement officers alert a child's school or day care center that a child may require additional support and observation in the wake of a traumatic event of which school personnel may otherwise not be aware. Other services, such as those provided by school counselors and therapists, are then engaged as necessary. The result is an integrated, holistic response to challenges faced by West Virginia's drug-endangered youth. The program was piloted at one public elementary school in 2013 and is currently being expanded across counties and states nationwide to support children and youth exposed to drug use and their caregivers. As part of its COAP grant, the West Virginia Division of Justice and Community Services will work with the West Virginia State Police to coordinate collaboration with schools, law enforcement agencies, and communities in all 55

counties in the state through training and technical assistance.

Manchester, New Hampshire: Adverse Childhood Experiences Response Team

Multiple agencies in Manchester have worked together to develop a response team that is deployed to help children who have been exposed to violence. An ACERT comprises a first responder, a crisis services advocate, and a family service advocate. When responding to an incident, a plainclothes police detective performs necessary law enforcement duties, ensuring the security of at-risk children and other members of the ACERT. The crisis services advocate works to support the affected child or children. Finally, a family advocate from Amoskeag Health, a community-based health clinic in Manchester, works to connect children (often via their guardians) to appropriate medical and public health resources. Results to date have shown the ACERT model to be successful: The surrounding community and affected individuals have an increased awareness of available resources, and victims service providers are able to provide those resources more efficiently by working together.

Considerations for Getting Started in Your Community

1. Meet with critical stakeholders in your community to assess local needs and experiences. Consider including school superintendents, first responders, judicial agencies, advocacy services, child protective services, and local mental health providers.
2. Explore best practices to assist in the development of programs and training that suit your community's needs. Consider reaching out to the programs profiled in this report, reviewing the additional resources below, or both.

3. Work with an experienced evaluator to develop a program logic model and to assess readiness for implementation. Describe the resources you will need to obtain the outcomes you desire.
4. Ensure that all participating stakeholders are well versed in trauma-informed best practices. Provide trauma-informed information to the community at large.
5. Pilot your program on a small scale (e.g., at one school) to help assess feasibility. For example, identify the most efficient and private means of communication between law enforcement and school personnel. Meet regularly to discuss the program and solicit feedback from key stakeholders on areas for refinement.

Additional Resources

- ◀ Handle With Care Massachusetts (Plymouth County DECI resources): <https://hwc.plymouthda.com/plymouth-county-deci-resources/>
- ◀ West Virginia Center for Children's Justice (Handle With Care): <http://www.handlewithcarewv.org/handle-with-care.php>
- ◀ Amoskaeg Health's Adverse Childhood Experiences Response Team (ACERT): <https://www.amoskeaghealth.org/adverse-childhood-experiences-response-team-acert/>
- ◀ New Hampshire Children's Health Foundation (2019, September). A Community Comes Together to Protect its Children: Adverse Childhood Experience Response Team (ACERT) in Manchester, New Hampshire (a case study). <https://nhchildrenshealthfoundation.org/assets/2019/10/2019-ACERT-Case-Study.pdf>
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Endnotes

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