**Turning Points for Children**

**Program Narrative**

**A. Statement of the Problem**

Philadelphia is one of the cities hardest-hit by the opioid crisis. A 2016 CDC report ranks Pennsylvania as one of the five states with the highest rates of death due to drug overdose[[1]](#endnote-1). Many of these deaths come from Philadelphia, where drug overdoses killed an estimated 1,217 people last year (2017). This is a 34% climb from 2016[[2]](#endnote-2) and nearly double from just three years ago[[3]](#endnote-3).[[4]](#endnote-4)

In addition to the loss of life from overdose, opioid misuse creates significant impacts on friends, family members and communities that are complex and varied. As a result, there are countless victims of the opioid crisis; among the most vulnerable of these unrecognized victims are the children of individuals who misuse opioids.

National data does not identify how many children are removed from their homes because of a parent’s substance abuse. However, state data indicates a surge in children being removed from the care of their parents and being placed in foster care over the past three years, a surge that coincides with the surge in opioid addiction and overdose across the United States. Many state officials have said that the increase in foster care cases is a direct result of the drug epidemic.[[5]](#endnote-5)

Philadelphia currently has 10,373 children involved with the child welfare system, with 6,080 of those children in out of home placement. Currently, there is no local data to indicate how many of these children have a parent or caretaker with a substance use disorder. However, national research suggests that nearly a third of children entering foster care in 2015 were placed there due at least in part to a parent’s illicit drug use; in Pennsylvania, roughly 55 percent of child-placement cases are drug-related[[6]](#endnote-6). With this data, we can then assume that 5,705 children involved with the child welfare system in Philadelphia and 3,344 in out of home placement come from families experiencing substance abuse.

In 2017, Philadelphia Mayor Kenney convened the Mayor’s Taskforce to Combat the Opioid Epidemic in Philadelphia; this broad section of stakeholders includes representatives from city departments, city council, addiction experts, researchers, physicians, business and community groups, persons with lived experiences, state and federal government, and law enforcement. The taskforce developed a coordinated plan with recommendations to reduce opioid abuse, dependence, and overdose in Philadelphia.[[7]](#endnote-7) The final report and recommendations provide a strong starting point, however none of their recommendations address the children impacted by the crisis. The word “families” was only mentioned twice, and only related to stigma reduction.

To build on the work created by the Mayor’s Taskforce to Combat the Opioid Epidemic in Philadelphia, Turning Points for Children will collaborate with Public Health Management Corporation (PHMC) and a coalition of public and private entities and providers across the city to develop a realistic roadmap for addressing the needs of children impacted by the opioid crisis. This proposal will enable the creation of the ***Philadelphia Coalition on Children and Opioids,*** which will not only develop a comprehensive framework to support child victims of opioid misuse, but also mobilize and deliver services through a collective impact model.

**B. Project Design and Implementation Plan**

1. **Jurisdictional or geographic area targeted**

***The Philadelphia Coalition on Children and Opioids (The Coalition)*** will serve the city of Philadelphia, PA.

1. **The population(s) of crime victims this project will target**

***The Coalition*** will target those children, birth to 17, involved with the child welfare system in the city of Philadelphia, specifically those with suspected or confirmed child abuse reports from homes in which there is active substance misuse (child victims).

1. **Overall project strategy and stated goal and objectives**

***The Coalition*** will develop and implement a series of recommendations targeted at reducing the impact the opioid crisis has on child crime victims in Philadelphia. It will focus on reaching two clear goals for how Philadelphia’s social-services providers support child victims of the opioid crisis. The first goal will be to strengthen assessment of substance use in the homes of families that are involved with the child welfare system and develop clear strategies for child welfare workers to use to access supports and services for the children and their parents/caregivers. Through resource development, communication and training, each child welfare worker walking into a home where there is active substance use will be able to recognize the problem, know how to respond and know how to follow up in a way that provides the right support to the child(ren) and adult(s) in the home. The second goal is to extend this knowledge beyond child welfare workers, equipping other systems and individuals who interact with children with the same knowledge and access to resources.

To meet these goals, Turning Points for Children identified the Collective Impact framework as the guiding strategy for this project due to its effectiveness with developing lasting solutions in response to large-scale social problems. The social impact of opioid addiction, specifically on child victims, is extremely complicated and far-reaching, requiring a coordinated effort across multiple systems. The proposed project will utilize key strategies from the Collective Impact framework to guide the project, including: 1) developing a common agenda; 2) using a shared measurement system; 3) participating in mutually reinforcing activities; 4) engaging in continuous communication; and 5) facilitation through a backbone organization.

While much of the work proposed will rely on the child welfare and other formal systems, there is also the need for a broader community understanding and a set of strategies to increase capacity to respond. Turning Points for Children will convene a group of stakeholders to address the objectives identified with this opportunity using the Collective Impact Framework as the foundation for system change. Turning Points for Childrenwill be responsible for the following activities to meet the stated goals:

* Provide long-term strategic direction to The Coalition and its work.
* Provide support and direction to ***The Coalition*** as the backbone organization.
* Determine the resources needed and implement strategies for obtaining the resources.
* Monitor progress against common agenda goals and indicators
* Review data to inform changes in stakeholder engagement and/or strategies.
* Champion ***The Coalition*** and its work broadly in the community.

Turning Points for Children will serve as convener and backbone organization in this model. It will provide the infrastructure and leadership to move through three phases of systems change:

1. **Assess**: ***The Coalition*** will consider the context in which children are impacted by opioid use and work to improve the political environment that surrounds the child welfare and other child-serving systems so that they produce needed policy and funding changes. The group will identify current supports, gaps in services, training and messaging.
2. **Braid:** ***The Coalition*** will identify evidence-based programs, services and messaging to fill identified gaps in the existing continuum of care for child victims, training for child welfare workers and workers in other child-serving systems and messaging to the broader community. Training will focus on increasing child welfare workers’ capacity to serve as first responders when confronted with opioid use in the homes and communities in which they work and on providing children and families with services through linkages to evidence-based practices.
3. **Coordinate: *The Coalition*** will create strong and effective linkages across child-serving systems that improve results for child victims. The linkages with and between evidence-based practices through which services are provided to child victims will be of particular focus including: Multi-Systemic Therapy, Family Based Mental Health Treatment, Cognitive Behavioral Therapy, Parent Child Interaction Therapy, and the Positive Parenting Program. Linkages with evidence-based practices for parents including Medication Assisted Treatment (MAT) will also be a significant priority.
4. **Proposed Activities**

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| --- |
| **Objective 1: Deliver information, services, and support to children and youth who are crime victims as a result of the opioid crisis** |
| **Activities** | **Deliverable**  | **Plan** |
| a. Provide and document direct services that are trauma-informed and responsive to the identified needs of children and youth who are crime victims as a result of the opioid crisis.  | Evidence of these efforts demonstrated by complete performance measure data that accurately reflects direct services provided  | The Coalition will investigate a mechanism to track direct services provided to child victims by the partners (primarily the CUAs) including both referrals and utilization. R&E at PHMC will conduct qualitative interviews with approximately 20 children to identify the needs of children victims of the opioid crisis related to the utilization of services. R&E will summarize these findings, and the Coalition will identify additional evidence based models and services that are trauma-informed and available to child victims. R&E will collect and use performance measure data on these services and document and share the direct services provided for children victims of the opioid crisis. The Coalition will identify gaps in the continuum of care available to child victims. To fill these gaps, they will identify and document other services and providers who should be incorporated into the system of support. |
| b. Develop and disseminate awareness materials about services available (to help generate referrals), sharing information with organizations that may encounter children and youth who are crime victims as a result of the opioid crisis.  | Draft and finalized materials; complete performance measure data that accurately reflects development and dissemination activities and resulting service referrals.  | Members of the Coalition will consult organizations and use their networks to draft awareness materials about services available. The drafts will be circulated and reviewed. At Coalition meetings, the drafts will be finalized, and members will identify strategies for disseminating information about available services to organizations that encounter children victims, particularly those involved with the child welfare system.R&E will track performance measure data on the dissemination of awareness materials, including number of providers reached and number of service referrals resulting from the materials. |
| c. Develop and deliver targeted trainings (e.g., to allied professionals, first responders, and victim service providers) to ensure children and youth who are crime victims as a result of the opioid crisis are provided seamless and comprehensive responses | Training materials developed and used; performance measure data that accurately reflects trainings provided and groups trained | The Coalition will identify existing trainings related to child victims and collect data from service providers and allied professionals on them. Members of the Coalition will then develop training for child welfare workers with the goal of increasing their ability to respond in situations where substance use disorders are compromising a child’s health and safety. The training materials will be disseminated and training sessions will be organized and carried out. R&E will continuously collect performance measure data on trainings, including how many groups were trained, how many trainings were provided, and impact of the trainings. |
| **Objective 2: Build and implement a feedback system to further identify and define the scope of the community- or jurisdiction-specific problem (related to children and youth who are crime victims as a result of the opioid crisis), the associated victim needs, the resources and services available, and remaining gaps to be addressed** |
| **Activities** | **Deliverable**  | **Plan** |
| a. Identify and analyze local data sources associated with the problem and integrate this information into a targeted response. Data sources could include child welfare statistics, overdose incident data, fatality review information, trends in service requests, and spikes in crime and victimization.  | Brief reports summarizing how the issue and response is evolving in your community. Complete performance measure data that accurately reflects data collection and analysis efforts.  | R&E will identify data sources related to child victims, including data in child welfare, behavioral health and public health agencies, and design processes to systematically collect, analyze, and share the data in reports distributed to the Coalition. |
| b. Continually assess the needs of children and youth who are crime victims as a result of the opioid crisis and determine whether the community response is meeting these identified needs. | Documented framework or process that is being used to determine victim needs and successfully meet these needs with community resources. Complete performance measure data that accurately describes these efforts.  | Using the Collective Impact framework, members of the Coalition will use the data collection processes developed by R&E to collect and share consistent data, which will then be used to assess the resources available to support child victims and identify problem areas or gaps in the system. Members will then develop strategies for the problem areas with the goal of creating a more comprehensive and accessible system of support. |
| c. As needed, continue to identify, vet, and integrate additional resources and services into the community’s response to ensure victims’ needs are fully met  | Documented process for identifying, vetting, and integrating additional resources into your community response. Complete performance measure data that reflects expansion of available resources to crime victims  | Members of the Coalition will work with each other and with each of their networks to define Philadelphia-specific needs related to our target populations, conduct research to identify evidence-based strategies to address these needs, determine whether existing resources and services are available to meet these needs, and communicate with child welfare workers to gauge the feasibility of integrating referrals and/or service delivery into existing protocols. Programs and services with the potential for feasible integration into child welfare workers’ work will be documented, with a focus on target outcomes and an implementation plan. |
| d. Be accountable to the community and communicate regarding the work of the coalition including what is being learned using public reports about how it is making a difference locally.  | Messages developed and public reports distributed. Complete performance measure data that accurately reflects public communication efforts.  | The Coalition will identify existing resources utilized by child welfare workers and larger organizations that work with children who are victims of the opioid crisis to potentially integrate findings into publicly-available materials, ideally those with messaging and distribution plans already in place. The Coalition will ensure that reports and other materials disseminated will be tailored to different audiences indented to receive this information (case workers, school counselors, etc.). |
| **Objective 3: Establish or enhance a seamless, comprehensive, community-driven, and multidisciplinary response to children and youth who are crime victims as a result of the opioid crisis.**  |
| **Activities** | **Deliverable** | **Plan** |
| a. Work in collaboration with local public safety and public health professionals to identify and convene relevant community stakeholders  | Agendas and general meeting summaries that reflect the cross-section of participants, identified action items, and progress achieved during the project period. Complete performance measure data that accurately reflects these efforts  | An agenda will be developed before each Coalition meeting to be shared amongst members. Minutes will be recorded at each meeting and made available electronically to all stakeholders. Agendas and minutes will identify each meeting’s focus, stakeholder attendance, and action steps developed during meetings. |
| b. Continue to interact with community stakeholders to meet the emerging needs of young victims  | List of community stakeholders that contribute to change and growth over the life of the project. Complete performance measure data that accurately reflects this engagement.  | Responsibilities and actions taken by members of the Coalition will be documented during all meetings. Stakeholders who are not formally members of the Coalition who contribute to the implementation of relevant services and programs will be formally documented to describe the scope of their work. |
| c. Learn from one another’s expertise, integrate proven strategies and practices, and delineate roles to ensure a seamless and comprehensive response for young victims of the opioid epidemic.  | An evolving document that outlines the roles and responsibilities other organizations or agencies can play. Lessons learned during the project should also be documented. Complete performance measure data that reflects these efforts.  | Areas of expertise and influence will be documented for all stakeholders when forming the Coalition. All members will have access to this information in order to facilitate communication and collaboration between entities. Though these means, stakeholders will be provided with support and examples for implementing new processes based on goals set by the Coalition. “Lessons learned” will be reported by stakeholders involved when developing quarterly reports to track progress. |
| d. When possible, leverage various partnerships to sustain a robust team response to assist young victims of the opioid crisis  | Written action plan to sustain these efforts long term (including after the 3-year OVC grant has ended) and adjust as trends with substance abuse and victim needs change Complete performance measure data that reflects sustainability plans. | Coalition members will convene before the end of the grant period to optimize program sustainability. At the end of the grant period, a written action plan to sustain long-term efforts will be included with a final report summarizing grant activities. |

1. **3-Year Timeline**

The Coalition will utilize a comprehensive three-year plan that convenes stakeholders on a regular basis, tracks the activities and services being provided to child victims, evaluates the data collected during the project period, and tracks progress towards our stated goals. The below table outlines the proposed activities on a quarterly basis for the initial three-year project period:

|  |  |  |  |
| --- | --- | --- | --- |
| **Timeline of Activities** | **Year 1** | **Year 2** | **Year 3** |
| **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** |
| **Objective 1: Deliver information, services, and support to children and youth who are crime victims as a result of the opioid crisis** |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide direct services to child victims and families of the opioid crisis | x | x | x | x | x | x | x | x | x | x | x | x |
| Define existing programs/services (The Coalition) |  |  |  |  |  |  |  |  |  |  |  |  |
| * Identify services and programs using stakeholder knowledge and networks in regular stakeholder meetings (Meeting 1)
 |  | x |  |  |  |  |  |  |  |  |  |  |
| * Determine which programs and services are appropriate for target population to be included in Community Response (Meeting 1)
 |  | x |  |  |  |  |  |  |  |  |  |  |
| * Solicit information about Coalition member services for website
 |  |  | x |  |  |  |  |  |  |  |  |  |
| Identify new services as information becomes available |  |  |  |  |  | x | x | x | x | x | x | x |
| Develop processes for receiving and vetting information from third-parties about relevant services and programs (Meeting 5) |  |  |  |  |  | x |  |  |  |  |  |  |
| The Coalition will identify training needs for CWW and other professionals (Meeting 3) |  |  |  | x |  |  |  |  |  |  |  |  |
| * Collect information on existing and best practice training (RE)
 |  |  | x |  |  |  |  |  |  |  |  |  |
| * Identify existing training modules that can be integrated into training curriculum (TP)
 |  |  |  |  | x |  |  |  |  |  |  |  |
| * Identify external organizations with the capacity or experience to implement trainings (TP)
 |  |  |  |  | x |  |  |  |  |  |  |  |
| * Develop system for tracking metrics for CWW training and develop tool to gather training feedback (RE)
 |  |  |  |  |  | x |  |  |  |  |  |  |
| * Implement identified training (TP)
 |  |  |  |  |  |  | x | x | x | x | x |  |
| * Gather training feedback
 |  |  |  |  |  |  | x | x | x | x | x |  |
| **Objective 2: Build and implement a feedback system to further identify and define the scope of the community- or jurisdiction-specific problem** |  |  |  |  |  |  |  |  |  |  |  |  |
| Conduct a literature review to identify unique needs of population and evidence-based services (RE) | x |  |  |  |  |  |  |  |  |  |  |  |
| Interviews with older children and guardians (RE) |  |  |  |  |  |  |  |  |  |  |  |  |
| * Identify target interview populations
 | x |  |  |  |  |  |  |  |  |  |  |  |
| * Develop interview guide and consent form
 | x |  |  |  |  |  |  |  |  |  |  |  |
| * Identify organizations from which interviewees can be obtained
 | x |  |  |  |  |  |  |  |  |  |  |  |
| * Develop protocol for interview referrals
 | x |  |  |  |  |  |  |  |  |  |  |  |
| * IRB application, review, and approval
 |  | x |  |  |  |  |  |  |  |  |  |  |
| * Conduct qualitative interviews
 |  |  | x |  |  |  |  |  |  |  |  |  |
| * Qualitative interview analysis
 |  |  |  | x |  |  |  |  |  |  |  |  |
| Secondary data review |  |  |  |  |  |  |  |  |  |  |  |  |
| * The Coalition will identify relevant data sources within their own organizations (Meeting 2)
 |  |  | x |  |  |  |  |  |  |  |  |  |
| * The Coalition will share statistics on the needs of child victims of opioid crisis: number of children in system affected by opioids (e.g., child welfare, juvenile justice) and services provided (e.g., TF-CBT)
 |  |  |  | x |  |  |  |  |  |  |  |  |
| * RE will analyze individual-level de-identified data that is shared by Coalition members to identify needs
 |  |  |  | x |  |  |  |  |  |  |  |  |
| Design public reports on results defining scope of problem: needs among children in Philadelphia and current services provided by Coalition members, such as infographics, a brief report, and/or position statement (RE) |  |  |  |  | x |  |  |  |  |  |  |  |
| Identify needs for shared measurement/ surveillance system (Meeting 5) |  |  |  |  |  | x |  |  |  |  |  |  |
| Coalition members to advocate for new data collection identified as a need for surveillance |  |  |  |  |  |  | x |  |  |  |  |  |
| Regularly review data from existing shared measurement among Coalition members (Meetings 7-11) |  |  |  |  |  |  |  | x | x | x | x | x |
| **Objective 3: Establish or enhance a seamless, comprehensive, community-driven, and multidisciplinary response to children and youth who are crime victims as a result of the opioid crisis.** |  |  |  |  |  |  |  |  |  |  |  |  |
| Convene stakeholders from organizations working in public health and public safety (PHMC, public systems, community umbrella agencies, communications partners, behavioral health provider agencies, legal representation) | x |  |  |  |  |  |  |  |  |  |  |  |
| Coalition will hold quarterly meetings to support goals and objectives (see above, throughout timeline) |  | x | x | x | x | x | x | x | x | x | x | x |
| Observe Coalition meetings (RE) |  | x | x | x | x | x | x | x | x | x | x | x |
| Gather Coalition member feedback (RE) |  |  |  |  |  | x |  |  |  | x |  |  |
| Present Coalition member feedback and observation to Turning Points (RE) |  |  |  |  |  |  | x |  |  |  | x |  |
| Identify ways for The Coalition to sustain efforts beyond grant period (Meetings 9, 10, 11) |  |  |  |  |  |  |  |  |  | x | x | x |
| **Cross-cutting Activities** |  |  |  |  |  |  |  |  |  |  |  |  |
| The Coalition will support dissemination of Public Reports |  |  |  |  |  |  |  |  |  |  |  |  |
| * Review materials to ensure appropriateness (Prior to meetings 4, 7, 10)
 |  |  |  |  | x |  |  | x |  |  | x |  |
| * Identify existing organizations, programs, or services that regularly distribute information to appropriate groups (Meeting 4)
 |  |  |  |  | x |  |  |  |  |  |  |  |
| * Present findings to Coalition member organizations (RE; Meetings 4, 7, 10)
 |  |  |  |  | x |  |  | x |  |  | x |  |
| * Discuss dissemination strategy for each report: directly to families, via media, etc. (Meetings 4, 7, 10)
 |  |  |  |  | x |  |  | x |  |  | x |  |
| * Publish and distribute materials within the Coalition members’ organizations
 |  |  |  |  |  | x |  |  | x |  |  | x |
| Increase awareness of The Coalition and its goals through stakeholder networks and public promotions |  |  |  |  |  |  |  |  |  |  |  |  |
| * Develop messaging about the Coalition (Communications)
 |  |  |  | x |  |  |  |  |  |  |  |  |
| * Create website (Communications)
 |  |  |  |  | x | x |  |  |  |  |  |  |
| * Gather input from the Coalition on messaging and website vision (Meeting 6)
 |  |  |  |  |  |  | x |  |  |  |  |  |
| * Promote Coalition members’ services (Communications)
 |  |  | x | x | x | x | x | x | x | x | x | x |
| * Promote public reports and activities
 |  |  |  |  |  | x |  |  | x |  |  | x |
| Developing performance measure data collection tools for Coalition member use |  |  |  |  |  |  |  |  |  |  |  |  |
| * Services provided
 | x |  |  |  |  |  |  |  |  |  |  |  |
| * Coalition meetings and activities
 | x |  |  |  |  |  |  |  |  |  |  |  |
| * Trainings provided
 |  |  | x |  |  |  |  |  |  |  |  |  |
| * Dissemination of materials
 |  |  | x |  |  |  |  |  |  |  |  |  |
| Collecting performance measure data for reporting | x | x | x | x | x | x | x | x | x | x | x | x |
| Quarterly Report of performance measures |  | x | x | x | x | x | x | x | x | x | x | x |

1. **Partners**

Turning Points for Children will serve as the lead agency and will provide the centralized leadership for ***The Coalition*** and convene a group of stakeholders that include the following:

1. **Primary partner organization:** Public Health Management Corporation will provide support with research and evaluation along with access to evidence based behavioral health services. Founded in 1972, Public Health Management Corporation (PHMC) is a nonprofit public health institute that creates and sustains healthier communities. PHMC uses best practices to improve community health through direct service, partnership, innovation, policy, research, technical assistance and a prepared workforce.  PHMC provides back-office support in HR, Accounting, Quality Assurance and Information Systems to a network of twelve subsidiary organizations including Turning Points for Children
2. **Public Systems:** Turning Points for Children will engage public entities involved in the opioid crisis at the city level to provide technical assistance, linkages to provider organizations and expertise in accessing resources and funding streams. These systems include:
	1. The Philadelphia Department of Human Services (DHS) is the county child welfare and juvenile justice agency. Their mission is to provide and promote safety, permanency, and well-being for children and youth at risk of abuse, neglect, and delinquency.
	2. The Philadelphia Department of Behavioral Health and Intellectual Disabilities (DBHIDS) is the City of Philadelphia’s integrated system of behavioral health care and intellectual disability services. DBHIDS manages the city’s Medicaid behavioral health managed care program, Community Behavioral Health. The organization provides services through a network of agencies while collaborating with the Philadelphia School District, child welfare and judicial systems, and other stakeholders. Their mission is to educate, strengthen, and serve individuals and communities so that all Philadelphians can thrive.
	3. The Philadelphia Department of Public Health’s mission is to protect and promote the health of all Philadelphians and to provide a safety net for the most vulnerable. The Maternal, Child and Family Division supports a range of health and support services to improve the health of women, children and parenting families.
3. **Community Umbrella Agencies:** Turning Points for Childrenwill convene the following Community Umbrella Agencies (CUAs) to serve as the focal point for data collection, training, information dissemination and resource linkage for child victims including:
	1. Northeast Treatment Centers (NET) is a nonprofit agency that provides a continuum of trauma informed behavioral health and social services designed to meet complex needs of all family members. These include mental health, addiction treatment, foster care, residential group care, adoption, juvenile justice services and child welfare services. NET Community Cares oversees both CUA Region 1 and CUA Region 7 in North Philadelphia.
	2. Bethanna provides adoption, child welfare services and behavioral health care in Philadelphia and Southeast and Central Pennsylvania. Bethanna strengthens families, promotes resilience and offers hope in times of need. Bethanna manages CUA Region I in South Philadelphia.
	3. Tabor Children’s Services provides a variety of foster care, adoption and mental health services and manages CUA Region 6 in Northwest Philadelphia.
	4. Catholic Social Services offers a wide array of health and social services, including child welfare and behavioral health services, throughout the Philadelphia area. It operates CUA Region 4 in Greater Northeast Philadelphia.
	5. Asociación Puertorriqueños en Marcha provides child welfare, behavioral health and housing and other community development services in Eastern North Philadelphia. It operates CUA Region 2 in that community.
4. **Provider Agencies:** Turning Points for Children will engage provider agencies who offer evidence based and other effective services to children and families impacted by opioid crisis including, but not limited to:
	1. The Joseph J. Peters Institute has been helping individuals and families heal since 1955 by providing expert clinical care to people suffering the effects of trauma. Recognizing that true healing comes when an individual finds hope, the Institute works to build that hope through trusted relationships between individuals and their treatment providers using evidence-based practices.
	2. Court Appointed Special Advocates for Children of Philadelphia County (CASA) delivers personalized integrated, child-centered advocacy to abused and neglected children in foster care through a community of trained and skilled volunteers.
	3. The Health Federation of Philadelphia provides capacity building services including integration of behavioral health into primary care settings. The organization works with both Medication Assisted Treatment and with Child Parent Psychotherapy***.***
	4. The Juvenile Law Center advocates for the rights, dignity, equity and opportunity for youth in the child welfare and justice systems and will provide technical assistance and support to the proposed project.
	5. Prevention Point provides street outreach, intervention and treatment services to people struggling with Substance Use Disorders.
	6. The Consortium provides behavioral health services to children, adults and families.
5. **Other Funding Sources***.*

***The Coalition*** will leverage existing funding streams to successfully undertake this project including those that are providing access to evidence based services and ensure that there is no duplication of efforts. Supplemental funding streams will include Medicaid funding to provide access to a range of behavioral health services for children and adults including PCIT, MST, CBT, and MAT. Additionally, The Coalition will also leverage Foundation Funding to provide access to evidence based parent education services.

1. **Local Data Plan**

PHMC’s Research & Evaluation (R&E) Group will have primary responsibility for using local data to identify and target needs and build a feedback system that measures impact through a multi-step process. Turning Points for Children, as the backbone organization, will build a documented process for identifying, vetting, and integrating additional resources and services into the community’s response. R&E Group will have primary responsibility for developing public reports, including policy briefs, fact sheets, and pocket guides, while PHMC’s Communications team will develop messaging. ***The Coalition*** and its member organizations will disseminate and promote public-facing information. The below workflow outlines how R&E Group will collect, analyze, and utilize local data to ensure ***The Coalition*** can meet its collective goals:

**1) Data scan and analysis.** Based on ***The Coalition***’s recommendations on data needed for decision-making as well as collaborative identification of data sources, R&E Group will scan local data sources. This may include 1) surveillance data such as Philadelphia-area Household Health Survey data or Pennsylvania’s BRFSS data; 2) service data from partner organizations such as Philadelphia’s Department of Human Service (DHS); and 3) statistics from publicly available reports. R&E Group will analyze any available raw data. Toward this end, R&E Group has begun discussions with Turning Points and DHS on data sharing. R&E Group has also identified the School District of Philadelphia, Community Behavioral Health and insurance, Philadelphia Drug Courts, and substance use disorder treatment agencies as other potential data sources. One challenge will be adequately identifying children who are DHS-involved because of abuse or neglect resulting from a parents’ opioid use within each corollary data system.

From this scan, we anticipate defining 1) the problem of the number of children victimized by the opioid crisis and to some extent who and where these children might be; 2) the solutions to date in terms of services provided to parents preventing future victimization and to children; and 3) completing an analysis of system gaps. R&E Group will integrate publicly available statistics and new data analysis to produce a series of brief reports summarizing the issue and evolving response. R&E Group will present draft reports to ***The Coalition***, which will allow ***The Coalition*** to drive the recommendations and targeted response to the problem.

**2) Needs Evaluation.** R&E Group will work with ***The Coalition*** to develop a needs assessment interview and recruit through organizations that regularly serve children who are victims of the opioid crisis. R&E Group will interview approximately 20 children or their representatives (e.g., kinship parents or other legal guardians) across a spectrum of ages to learn about developmental, relationship, and behavioral challenges that children victims may have, how these challenges came about or were related to their parent(s)’ opioid use, services provided, and how children were connected with needed services. R&E Group will summarize the resulting qualitative data focusing on connecting thematic codes that shed light on the mechanisms by which the opioid crisis impacts children as well as any gaps in services or referral pathways.

This one-time qualitative data collection will identify areas of needs that will inform the creation of a shared measurement system to continually assess children’s needs and evaluate the community response’s impact on those needs. This shared measurement system will include existing data collected by individual systems or partner organizations that has been identified by ***The Coalition*** as relating to children victims’ needs, and recommendations for new data collection to integrate into its existing databases that would allow for more comprehensive surveillance of needs. Because integrating new data collection into existing databases will be a difficult and lengthy process, stakeholders will be asked to brainstorm solutions such as creating a new database available to multiple systems or using a primary system/public service sector for data collection in combination with Philadelphia’s integrated data systems capability in order to streamline data collection points.

**3) Adjust strategies.** Needs evaluation and the collaborative multidisciplinary stakeholder meetings will inform service gaps and cross-sector collaboration or referral gaps. We expect the community response to increasingly meet children’s needs is through focused effort in the areas of identified gaps, including each member organization’s mutually reinforcing activities (e.g., revised referral protocols) and continuous identification and integration of additional resources through the vetting process established by ***The Coalition***. Impact will continued to be tracked through the shared measurement system.

**4) Public Reports. *The*** ***Coalition*** website will serve as the centralized venue for displaying public reports and will include public-facing information highlighting the services provided by partner organizations that address the needs of children victimized by the opioid crisis. Public reports will include reports on defining the problem, Philadelphia’s community response, and ***The Coalition***’s recommendations for new data collection, service expansion, and legislative enhancements and changes. Awareness of ***The Coalition***, its reports and its website will be raised through PHMC Communications-developed press releases and messaging, which will be circulated via ***The Coalition*** and partner organizations, and the Mayor’s Office Health and Human Services cabinet agencies. To reach families specifically, messaging and information about ***The Coalition*** will be posted in the CUA family visit reception areas and family courts’ client reception areas, and will be circulated by case managers, judges, and by Philadelphia’s DHS. ***The Coalition*** will present on its activities and public reports to each CUA’s Community Advisory Board to inform CUA-specific dissemination strategies.

**c. Capabilities and Competencies**

1. **Applicant’s History**

Turning Points for Children’s mission is to bring social and health services to vulnerable people. The organization’s work is built on the foundation of wellness, safety, equity and collaboration with a strong foundational belief in the power of resilience and possibility. For 183 years, Turning Points for Children has carried out its mission through a continuum of high-impact programs and services that address the holistic needs of at-risk children, parents, and caregivers. As a result, Turning Points for Children is now a leading social service agency in Philadelphia supporting the needs of more than 10,000 men, women and children throughout the city. The organization offers programs that help families in raising safe, healthy, educated, and strong children by partnering with caregivers to develop and strengthen protective qualities and by offering them the tools, skills, and resources needed to ensure their children's optimal development.

Turning Points for Children has worked with child victims of abuse for over 180 years and offers a strong lead agency with the expertise and partnerships needed to successfully develop and oversee the ***Philadelphia Coalition on Children and Opioids***.

1. **Capacity of Applicant Organization**

Turning Points for Children manages four Community Umbrella Agencies (CUAs) and through that work provides a continuum of care for children and families, including services preventing child abuse and neglect, in-home services for families at risk, and foster care services aimed at reunifying families and assuring permanency for children. CUAs are part of a citywide initiative known as Improving Outcomes for Children, also led by the Philadelphia Department of Human Services. Turning Points for Children is responsible for the safety, well-being, and permanency of over 5,000 children and their families across the four CUAs served.

In addition to its CUA’s, Turning Points for Children operates Family Finding, which connects kids aging out of the foster care system with families they had lost; Parenting Support Services, which serves teen moms and dads and adult parents; YV Lifeset, which works with youth who have aged out of foster care; and the Food and Wellness Network (FAWN), community-based food pantries that offer food, infant formula, diapers and nutrition education resources. The organization also operates one of the largest foster care programs in Philadelphia, one that prides itself on 65% of the families being kinship families. The Bridge is an affiliate that provides residential substance abuse programming and institutional care for teens.

1. **Staffing Plan**

Turning Points for Children will recruit and hire new staff for the project including:

* **Project Director (1 FTE):** This person will have a Master’s Degree in Public Health, Social Work or a related field and at least three years’ experience working with collaborative initiatives. The Project Director will oversee all facets of ***The Coalition*** including engagement of partners, data collection and strategy development/ implementation. The Project Director will report to the Deputy Executive Director of Turning Points for Children.
* **Administrative Assistant (.5 FTE):** This person will provide administrative support to the Coalition and report to the Project Director.
1. **Project Team**

With more than 700 staff members providing services through its broad continuum of care, Turning Points for Children utilizes an organizational structure that is designed to support its staff members so that they in-turn are able to support program participants. Thirteen members of the Board of Directors oversee the financial and administrative functioning of the organization. Each Board Member brings a unique set of skills and experiences to their role and each contributes accordingly.

The ***Philadelphia Coalition on Children and Opioids*** will be developed and implemented by a combined team from Turning Points for Children and Public Health Management Corporation including:

* **David Fair** is the Deputy CEO of Turning Points for Children, overseeing the agency’s Community Umbrella Agency and Foster Care Programs, as well as Parent Support Services. He is a former Deputy Commissioner of the Philadelphia Department of Human Services and played leadership roles at the Philadelphia Department of Public Health and the Office of Mental Health. In these roles, he was responsible for developing and overseeing an extensive network of community-based child abuse and delinquency prevention programs, and a school-based mental health program that operated in 110 Philadelphia public schools. He has also served as Senior Vice President for Community Impact for United Way of Southeastern Pennsylvania, and has extensive connections and knowledge of the city’s nonprofit health and human services networks.
* **Cydney Dasent** is Director of CUA Operations at Turning Points for Children. Cydney has more than 10 years management experience in human services including work in behavioral health, education and child welfare. She currently oversees operations of CUAs 9 & 10 covering West and Southwest Philadelphia. Prior to her current role, she was the Director of Community Umbrella Agency responsible for the oversight of child welfare services to children and families active with the Department of Human Services. She is a Philadelphia native with Master's degrees from both Temple and St. Joseph's University.
* **Katharine Hemady, PhD,** is a Research Scientist and the Director of the Division of Family Strengthening and Child Wellbeing within PHMC’s Research & Evaluation Group. The Division of Family Strengthening and Child Wellbeing works to promote resiliency through social-emotional capacities, optimal parenting, family relationships, and structural supports important to children’s wellbeing and academic, behavioral, and relational outcomes. The Division’s work has a particular focus on programs with the potential for scalability and integration into existing service delivery systems in order to impact public health and disparities. Katharine is responsible for leading applied research projects to evaluate and inform direct services and has collaborated with Turning Points for Children on other projects. On the proposed project, she would lead the R&E Group team comprised of evaluators with legal and public health backgrounds, as well as focus areas related to child welfare, opioids and addiction.
* **Justin Williams** is the Director of Community and Intervention at Turning Points for Children Community Umbrella Agency #10 (CUA 10). Justin is responsible for the implementation and utilization of Evidence Based Programs within the organization, oversight of behavioral health and wellbeing services for children and families, and Prevention services within the Philadelphia area. Since 2015, he has been working to reduce the size of the foster care system, and to achieve positive outcomes for children.
* **Keli McLoyd, Esq.,** is a Policy Analyst at PHMC’s Research and Evaluation Group, where she focuses on implementation of evidence-based, clinically- and cost-effective substance use disorder treatment. Ms. McLoyd’s past projects include managing a 50 state analysis of medication assisted treatment policies designed to highlight MAT policy disparity by state and the development of the first clinical guideline to include all FDA approved medications for the treatment of opioid use disorder. Ms. McLoyd currently provides expertise on a national effort related to the Mental Health Parity and Addiction Equity Act.
1. **History of Working in Partnership**

Turning Points for Children has participated in a number of collaborations aimed at improving the safety and well-being of children and families in Philadelphia in recent years. The organization was an active member of the team put together by the Philadelphia Department of Human Services in 2012-2014 to develop the city’s Improving Outcomes for Children Initiative, an ambitious effort to improve the quality of outcomes for children and families in the child welfare system. The effort resulted in the development in ten regions of the city of Community Umbrella Agencies (CUAs), which provide case management and other services to children involved in the child welfare system in specific neighborhoods of Philadelphia. Turning Points provides services in four Philadelphia neighborhoods for over 5,200 children. Each CUA is charged with developing local neighborhood coalitions to advance the goals of the IOC initiative, involving service organizations, public agencies, community leaders and people with lived child welfare experience. Because Turning Points leads 4 CUAs, it has a distinct Community Advisory Board for each CUA neighborhood that informs practice, advises on programs, and makes recommendations for improvement of services.

Turning Points also co-chairs, with the city’s Office of Homeless Services (OHS), a community coalition called Philly Homes 4 Youth (PH4Y), which aims to reduce youth homelessness in Philadelphia and make homelessness brief, rare and non-reoccurring for youth and young adults in the city. As part of this effort, PH4Y is engaged in an intensive and comprehensive analysis of city guidelines and policies around youth transitioning from child welfare and other human service systems, and PH4Y has developed a plan for the development of new housing for homeless youth (as well as youth drop-in centers), for which public and private financing is currently being sought.

1. **Anticipated Challenges**

The primary challenge Turning Points for Children anticipates relates to the siloed nature of the child-serving systems in Philadelphia. An effective response to the needs of child victims will require the alignment, braiding and coordination of ideas, resources, policies and funding streams across all of the child-serving systems that currently operate in distinct siloes. Each system will have to be willing to think flexibly and creatively about a collaborative response

1. **Additional Resources Needed**

Turning Points for Children intends to use the proposed work of ***The Coalition*** as the starting point of creating a comprehensive system of support for child victims of the opioid crisis rather than an effort that will culminate at the close of the grant period. The organization anticipates building a system through on-going collaboration, partnership and resource development that is sustainable and prepared to respond to the needs of child victims of the opioid crisis as well as other unexpected crises that might occur in future years. The primary areas of need will be:

* 1. **Evidence-Based Practices:** Additional practices will need to be identified and developed to meeting the ever-evolving needs of child victims. This will include both the need for service and fund development.
	2. **Training:** ***The Coalition*** will need to identify and develop resources that have been or can be proven effective with training child welfare and other child-serving professionals to act as first responders with opioid use and to link child victims with evidence-based practices.
	3. **Partners:** Additional partners will be identified and engaged throughout the life of the project in order for a comprehensive system to be put in place and maintained.
	4. **National Exposure:** Understanding that similar work is and will be taking place in multiple locations across the United States, ***The Coalition*** will need to have continuous exposure to and learning from similar and related efforts.

**D. Letters of Support**

See attached Letters of Support from the following organizations: *Public Health Management Corporation, City of Philadelphia, the Philadelphia Criminal Justice Advisory Board, Joseph J. Peters Institute, Health Federation of Philadelphia, Juvenile Law Center, Delta Community Supports, CASA of Philadelphia County, Tabor Services Inc., Bethanna, NET Centers, Prevention Point, The Consortium, The Scattergood Foundation, Youth Service, Inc., and Catholic Social Services.*

**E. Plan for Collecting the Data Required for this Solicitation’s Performance Measures**

In support of the proposed project, R&E Group will work with the OVC-identified TTA provider and Turning Points for Children to ensure that all required performance measures data are collected and reported quarterly on the OVC reporting timeline through OVC’s online PMT.

In support of Objective 1, direct services and referral data will be collected through a combination of tabulating clients in existing services databases and project-specific intake records that will be collected for any client in the target population. These may include statistics on child abuse and neglect reports to DHS, and will include referrals across partners. Intake records collection will be integrated into protocols at partner direct service organizations and may be completed through an online survey platform, or through paper-and-pencil surveys. A quarterly provider survey will also be circulated, likely via a web link, to collect qualitative OVC/TTA-identified performance measures, which will then be summarized for the report. Project records will support documentation of development and dissemination activities, trainings provided, and groups trained.

In support of Objective 2, project records and process data will support documentation of 1) data collection and analysis efforts; 2) efforts to understanding and meeting victim needs; 3) expansion of available resources and services; and 4) public communication on needs and impact.

In support of Objective 3, project records will support documentation of 1) stakeholder meetings and actions; 2) engagement of community stakeholders in ***Coalition*** meetings and mutually reinforcing activities; 3) lessons learned and associated actions such as shifts in project roles; and 4) sustainability planning. R&E Group will also collect additional project-specific data as necessary for process evaluation of the Collective Impact systems initiative. Evaluation of Collective Impact focuses on the productivity and quality of the collaboration. These project-specific data will include semi-structured observation of meetings, records of communication outside of meetings, and other data collection to support documentation of engagement and actions.

1. https://www.cdc.gov/drugoverdose/data/statedeaths.html [↑](#endnote-ref-1)
2. https://www.wsj.com/articles/wracked-by-opioid-crisis-philadelphia-braces-for-tent-camp-closures-1527332400 [↑](#endnote-ref-2)
3. http://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2018/04/philadelphias-rising-overdose-deaths-highlight-opioid-crisis [↑](#endnote-ref-3)
4. Philadelphia Department of Public Health [↑](#endnote-ref-4)
5. http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/10/07/drug-addiction-epidemic-creates-crisis-in-foster-care [↑](#endnote-ref-5)
6. http://www.philly.com/philly/health/addiction/my-patients-are-kids-caught-in-the-middle-of-the-opioid-crisis-who-speaks-for-them-20180614.html [↑](#endnote-ref-6)
7. https://dbhids.org/opioid [↑](#endnote-ref-7)