

Part I: Statement of the Problem

Community Overview

The Plymouth County District Attorney’s Office (PCDAO) is the chief law enforcement agency for the 27 municipalities comprising Plymouth County (pop. 521,202).¹ Plymouth County includes a diverse array of communities, ranging from small New England farm towns like Plympton (pop. 2,820) to urban commercial areas like the City of Brockton (pop. 95,708).² Plymouth County is socio-economically diverse with six towns having a median household income over \$100,000, and ten census tracts within two municipalities (City of Brockton and Town of Bridgewater) identified as “high poverty areas.”³ Brockton is the only city in New England that is a majority of Black residents.⁴ Furthermore, 31% of Brockton residents are immigrants and nearly 50% of the population speaks a language other than English at home.⁵ PCDAO is applying to expand its Drug-Endangered Children’s Initiative under category 1a and will embed social services with law enforcement in order to rapidly respond to drug overdoses where children are impacted .

Scope of the Opioid Crisis

Opioid addictions, particularly overdoses and fatalities, are creating a major public health and safety crisis within Plymouth County. In 2012, Massachusetts witnessed the beginning of a sharp

¹ “Quick Facts: Plymouth County, Massachusetts,” United States Census Bureau, <https://www.census.gov/quickfacts/plymouthcountymassachusetts>.

² “Quick Facts,” United States Census Bureau, www.census.gov.

³ <https://www.bostonglobe.com/metro/2018/12/11/full-list-massachusetts-median-household-incomes-town/eZpgJkpB1uF2FVmpM4O8XO/story.html>; “American Community Survey,” U.S. Census Bureau, <https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2017/index.php>. Accessed April 15, 2020.

⁴ Ben Berke, “Brockton is Now Majority Black, For First Time in City’s History,” The Enterprise, October 23, 2020. <https://www.enterpriseneews.com/story/news/local/2020/10/23/brockton-is-now-majority-black-for-first-time-in-citys-139-year-history/114467122/>.

⁵ “Brockton City, MA,” Census Quick Facts, <https://www.census.gov/quickfacts/fact/table/brocktoncitymassachusetts/RHI225219>. Accessed June 1, 2021.

uptick in opioid fatalities. The annual number of overdose fatalities increased from 733 in 2012, 1,351 in 2014, 2,097 in 2016, and an estimated 2,023 in 2019.⁶ In January 2017, the US Department of Health and Human Services tracked opioid-related emergency department (ED) visits from 2009-2014, and of the thirty states participating in the study, Massachusetts had the highest rate of ED visits, with 450.2 visits/100,000 people, compared to the national rate of just 177.7 visits/100,000 people.⁷ In the latest data provided by the Center for Disease Control and Prevention (CDC), Massachusetts ranked ninth out of all states in the age-adjusted rate of overdose deaths, and has ranked in the top ten since 2015.⁸

From 2010-2020 Plymouth County had the second highest opioid-related overdose death rate of the fifteen counties in Massachusetts, with 278 deaths per 100,000 people.⁹ Last year the county witnessed 158 overdose deaths.¹⁰ Plymouth County's rate of 30.3 deaths/100,000 people in 2020 is nearly ten percentage points higher than the national rate of 21.6 deaths/100,000 people.¹¹ In the City of Brockton, which has nine high poverty area census tracts, the overdose death rate, 52.2 deaths/100,000 people, is over double the national rate.¹²

Effect of the Opioid Crisis on Children and Family Victims

“Even if the opioid epidemic were stopped cold today, there would be ripples far into the future.”¹³ The ripple effect after an overdose can spread wide, with those closest to the overdose

⁶ Massachusetts Department of Public Health <https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-february-2020/download>.

⁷ Weiss, Elixhauser, Barrett, Steiner, Bailey, and O'Malley, <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>.

⁸ Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/deaths/2019.html>.

⁹ Massachusetts Department of Public Health, <https://www.mass.gov/doc/opioid-related-overdose-deaths-by-county-may-2021/download>. Massachusetts Demographics by Cubit, https://www.massachusetts-demographics.com/counties_by_population.

¹⁰ Kelley and Varano, “Plymouth County Outreach: 2020 Annual Report.”

¹¹ Id.; CDC, <https://www.cdc.gov/drugoverdose/deaths/index.html>.

¹² Kelley and Varano, “Plymouth County Outreach: 2020 Annual Report.”

¹³ Brundage and Levine, https://uhfnyc.org/media/filer_public/17/2c/172ca968-43aa-45f9-a290-50018e85a9d8/uhf-opioids-20190315.pdf.

victim—children and families—being the first and hardest hit.¹⁴ The effects of the opioid epidemic are just starting to be recognized as children lose parents, enter foster care, and experience the adverse childhood experiences (ACEs) related to parental substance use.

The children and families of Plymouth County are no exception. Of the overdoses in Plymouth County in 2020, 56% were experienced by individuals ages 20-39—the ages most frequently associated with having young children.¹⁵ The children in these families are exposed to overdose trauma, drug use, and the parental mental health disorders associated with addiction.¹⁶ The opioid crisis also resulted in a staggering number of infants born with Neonatal Abstinence Syndrome (NAS) in Plymouth County. The latest data shows that in 2017, 24.1 per 1,000 births were diagnosed with NAS in the Southeast Region of Massachusetts, which includes Plymouth County.¹⁷ This is more than triple the national rate of 7.3 per 1,000 newborn hospitalizations.¹⁸

In addition to experiencing trauma at home, more and more children are being disrupted with out-of-home placement and foster care because of the opioid crisis. The 284% increase in opioid overdoses statewide from 2010-2017¹⁹ coincided with a 55% increase in relatives taking over caregiving responsibilities of children.²⁰ Over 12,000 children in Massachusetts were being

¹⁴ Id.

¹⁵ Pamela Kelley and Sean Varano, “Plymouth County Outreach: 2020 Annual Report,” Kelley Research Associates, February 2021.

¹⁶ Suzanne C. Brundage and Carol Levine, “The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families.”

¹⁷ “Number of Infants Diagnosed with NAS per 1,000 Live Births,” Massachusetts Executive Office of Health and Human Services, July 7, 2020, <https://cognos10.hhs.state.ma.us/cv10pub/cgi-bin/cognos.cgi/repository/sid/cm/rid/i4F57CB27C4B14DFA8D4EE0BA1D35A68B/oid/default/content/mht/content>. Accessed June 29, 2021.

¹⁸ “Neonatal Abstinence Syndrome (NAS) Among Newborn Hospitalizations,” Healthcare Cost and Utilization Project (HCUP), Last modified August 27, 2020, <https://www.hcup-us.ahrq.gov/faststats/NASMap>. Accessed June 29, 2021.

¹⁹ Massachusetts Department of Public Health, “Data Brief: Opioid-related Overdose Deaths Among Massachusetts Residents,” May 2018, <https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20among%20MA%20Residents%20-%20May%202018.pdf>.

²⁰ “Grandparents Step in When Addiction Leaves Thousands Without Parents,” Boston 25 News, November 22, 2017, <https://www.fox25boston.com/news/grandparents-step-in-when-addiction-leaves-thousands-without-parents-1/652113438>.

raised by grandparents in 2017 as a result of their parents' opioid addiction.²¹ The Massachusetts Trial Court acknowledges that parental opioid addiction is a leading reason for this increase, with 30-40% of child protection orders due to parental addiction.²²

With more and more children experiencing the ripple effects of parental opioid addiction, household opioid use is becoming the fastest growing ACE in Plymouth County. The effects of ACEs (such as familial substance use disorders) on an individual's future health were first studied by Kaiser Permanente's in 1997. Trauma resulting from ACEs disrupts neurological development in a way that produces social, emotional, and cognitive impairment, which can lead to behavioral health issues including addiction, delinquency, depression, and suicide.²³

Plymouth County is witnessing first-hand the effects of these ACEs, particularly among drug-endangered children (defined, for this proposal, as youth under the age of 18 living in a home with a family member with a drug addiction). The Plymouth County Juvenile Court noted that youth appearing before the court have an average of five ACEs, with an unsurprising 56% of court-involved youth reporting household substance use as one of the five.²⁴

At the conclusion of their research, Kaiser Permanente's found two glaring conclusions: ACEs are prevalent and often are unrecognized.²⁵ Hidden and untreated ACEs can lead to a substantial public health and safety risk, as youth experiencing trauma are more likely to develop their own addiction, delinquent behavior, and mental health disorders. Yet, researchers are clear that while "young children are particularly sensitive to toxic environments, including high levels of stress that can disrupt healthy development," children are capable of building resilience to

²¹ Id.

²² Id.

²³ "Violence Prevention: About the CDC-Kaiser ACE Study," Centers for Disease Control and Prevention, last updated June 14, 2016, <https://www.cdc.gov>.

²⁴ Hon. John S. Spinale, "Childhood Trauma and Juvenile Justice in Massachusetts," November 8, 2017.

²⁵ *About the CDC-Kaiser ACE Study*, Center for Disease Control and Prevention, June 14, 2016. <https://www.cdc.gov/violenceprevention/acestudy/about.html>.

overcome such adversity.²⁶ As a result, PCDAO is working to (1) identify youth experiencing trauma as a result of living with familial opioid addiction, and (2) implement trauma-sensitive responses to help children and caregivers build resilience.

Gaps in the Community's Current Response and Challenges to be Addressed

In 2018, with support from the Office for Victims of Crime (OVC), the Task Force added a Drug-Endangered Children Initiative (DECI) Subcommittee to support children exposed to overdoses. Rooted in the partnership between PCDAO and the United Way of Greater Plymouth County's Family Resource Center (UWGPC FRC), the DECI project implements a multi-pronged approach. First, DECI provides an introductory training to police departments on how to identify children at the scene of an overdose. Second, DECI works with the police to develop protocols for notifying schools when a student has been exposed to an overdose event, and in turn works with schools to support these children in a program called "Handle with Care." Third, DECI partners with Harvard Law School's Trauma and Learning Policy Initiative to provide an introductory session to school staff on how to provide a trauma-sensitive environment. Finally, DECI encourages both the police and schools to refer children to the OVC funded social worker at the UWGPC FRC, who assists children and caregivers in accessing direct services by connecting clients with the vast United Way network of service providers, including behavioral health, probate support, parenting classes and information, special education planning, basic needs, and informal supports such as self-help meetings and groups for kinship caregivers.

Support from OVC will be concluding on September 30, 2021. PCDAO remains committed to facilitating law enforcement referrals to the UWGPC, and the UWGPC will continue to

²⁶ Suzanne C. Brundage and Carol Levine, "The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families," United Hospital Fund, March 2019, https://uhfnyc.org/media/filer_public/17/2c/172ca968-43aa-45f9-a290-50018e85a9d8/uhf-opioids-20190315.pdf.

operate its Family Resource Center. However, neither agency is in a position to maintain staff specific to the DECI project, and DECI staff will not be available to triage referred youth and families. In addition, police and other community stakeholders are in need of training and training materials, and DECI staff will not be available to provide technical assistance to helping trainees implement trauma-sensitive practices.

The COVID-19 pandemic also hindered PCDAO's and the UWGPC FRC's ability to train all Plymouth County police departments. As a result, police are still underreporting drug-endangered children. Last year, police only reported forty-nine overdose incidents (4%) involving children being present at the scene, and fifty-eight overdose victims (5%) associated with school-aged children.²⁷ Moreover, the current DECI has only focused on training for local police departments, and has not reached the Massachusetts State Police, who often work in conjunction with local police, including during the execution of drug search warrants.

In addition to maintaining its current DECI, PCDAO and the UWGPC FRC are in a position, if funded, to improve and expand DECI's capacity. Particularly, PCDAO and UWGPC FRC will use funding to train other intercepts, beyond just the police and schools, to identify drug-endangered children, refer identified children to the UWGPC FRC, and implement their own trauma-sensitive best practices to work with identified children. These intercepts include youth-serving agencies, faith-based communities, and medical professionals. To date, there have been sixty-two referrals to the social worker at the UWGPC FRC. With the emphasis over the past two years on training law enforcement to identify drug-endangered children, an unsurprising fifty-three percent of referrals have come from a law enforcement agency. Thirty-three referrals have been from a police department, but there have been only five referrals from a community-

²⁷ Pamela Kelley and Sean Varano, "Plymouth County Outreach: 2020 Annual Report," Kelley Research Associates, February 2021.

based organization and two referrals from a hospital. Not all drug-endangered children have parents who overdose. However, the current DECI is for the most part only capturing children identified by law enforcement. Unless or until a parent overdoses and the police respond, there are children who are still living in a home with substance misuse who are not being identified by the police but are still presenting themselves to schools, churches, mentoring programs, and doctor's offices.

Part II: Project Design and Implementation

The Plymouth County Drug-Endangered Children Initiative (DECI) will use Category 1a Funds to embed social services with law enforcement to support children impacted by drug overdoses and parental/familial opioid use. The proposed DECI project will continue to be led by the Drug-Endangered Children Initiative Subcommittee within the Plymouth County Drug Abuse Task Force, and will leverage the existing efforts already underway by PCDAO and the UWGPC FRC. In order to implement a more comprehensive initiative, the DECI will (1) continue to train police on identifying drug-endangered children in order to increase the number of referrals, (2) provide funding to local youth serving agencies, faith-based communities, and medical professionals to support training and the implementation of trauma-sensitive practices to help identified drug-endangered children build resilience, and (3) increase the UWGPC FRC's ability to offer direct services to children and families referred from the community. In turn, the DECI will reduce the impact of opioids, stimulants, and other substances on individuals and communities by mitigating the impact on children and families through a comprehensive and collaborative county-wide effort.

Foundational Framework of DECI

In 2007, PCDAO partnered with Harvard Law School's Trauma and Learning Policy Initiative (TLPI) to implement the *Helping Traumatized Children Learn* model as a pilot

program in the City of Brockton. At the time, the program was focused on training police to identify youth exposed to domestic and gun violence, and facilitating communication about those youth between the police and schools. Data from 2011-2014 showed an 80% decrease in suspendable issues and a 43% decrease in office referrals at the pilot schools that created communication protocols with police and implemented trauma-sensitive best practices. The partnership was included as a case study in TLPI's publication, *Creating and Advocating for Trauma-Sensitive Schools*. Robert Anda, MD, MS, the Co-Founder of the Adverse Childhood Experiences (ACE) Study called TLPI's new publication, "an exciting next step in the evolution of the cultural movement to transform our school systems into safe, supportive learning environments for all children, including those who have experienced overwhelming adversity."²⁸

During this time, PCDAO trained the West Virginia Center for Children's Justice on the *Helping Traumatized Children Learn* model. In turn, the West Virginia Center for Children's Justice used the training to develop the *Handle with Care* communication protocol to help schools better identify students with ACEs. The model is very simple: "If a law enforcement officer encounters a child during a call, that child's name and three words, HANDLE WITH CARE, are forwarded to the school before the school bell rings the next day. The school implements individual, class, and whole school trauma-sensitive curricula so that traumatized children are 'Handled With Care.' If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school."²⁹ Police are often the first to encounter a child after a traumatic event. With the police's communication and collaboration, the schools are able to better identify which students are encountering ACEs and which students need targeted trauma-

²⁸ Susan F. Cole, J.D., M.Ed., "Creating and Advocating for Trauma-Sensitive Schools," Trauma and Learning Policy Initiative, 2013, <https://traumasensitiveschools.org/>.

²⁹ "Handle with Care Overview," West Virginia Center for Children's Justice, <http://www.handlewithcarewv.org/>.

sensitive care. The *Handle with Care* protocol is now a part of PCDAO's and TLPI's *Helping Traumatized Children Learn* model training for police departments and schools.

PCDAO and the Plymouth County Sheriff created the Plymouth County Drug Abuse Task Force in 2015. The DECI subcommittee is comprised of over sixty members from a diverse array of sectors, including, but not limited to: all 28 police departments, the Department of Children and Families, To the Moon and Back, Grandparents Raising Grandchildren, Bridgewater State University, and High Point Treatment Center. Starting in 2019, DECI has been working to adapt the *Helping Traumatized Children Learn* and *Handle with Care* models to address the issue of children whose families are opioid-involved. DECI has trained over 2,500 educators on both models.

DECI has focused on triaging children after a 911 call for an overdose. In 2017, the Plymouth County Drug Abuse Task Force partnered with all 28 police departments to develop and implement Plymouth County Outreach (PCO), a post-overdose, police assisted recovery intervention through which plain-clothed police officers and recovery coaches visit the homes of people who have overdosed within 24-72 hours of their overdose to help them enter treatment services. Driving PCO efforts is the PCO-Critical Incident Management System (PCO-CIMS). The PCO-CIMS is a data management application that records real-time overdose-related incidents to allow for rapid crisis response. Furthermore, PCO utilized a two-year COSSAP grant to work with the "Tier 2" survivors (i.e. most at-risk for an overdose). For example, at the end of 2020, forty-four individuals had been identified as Tier 2, with three or more overdoses in a six month time frame.³⁰ Each Hub consists of that region's police departments, behavioral health providers, hospitals, drug courts, and other community support groups, and works at the local

³⁰ Pamela Kelley and Sean Varano, "Plymouth County Outreach: 2019 Annual Report," Kelley Research Associates, April 2020.

level to provide a more holistic, coordinated response in order to protect those identified as highest-risk.

With the onset of outreach visits, it became apparent that there was a new prominent ACE in the community—children growing up in households with opioid misuse. Police officers alerted the PCO Advisory Board that they were often encountering children at the scenes and during outreach visits, and were unprepared to address the child’s needs. As a result, starting in 2018, DECI worked with Kelley Research Associates, who owns and operates PCO-CIMS for the police departments, to add two new data fields within PCO-CIMS: “child present at overdose scene” and “child associated with overdose victim” in order to capture how many children are involved when police respond to an overdose. These new drug-endangered children data fields produce a real-time alert to the police department responsible for the outreach visit.

In an effort to maintain buy-in from each police department and spread leadership capacity, Plymouth County Outreach has created a Chiefs Advisory Board consisting of the District Attorney, Sheriff, and ten other chiefs. PCO is also part of the Police Assistance Addiction Recovery Initiative (PAARI), which consists of 400 police departments in thirty-two states. The PCO infrastructure remains, and provides a key portal for identifying drug-endangered youth.

When DECI was implemented in 2018, the District Attorney’s Office partnered with the UWGPC FRC to add a direct service component to the initiative. The goal of the UWGPC FRC is to increase neighborhood-based networks of support in order to strengthen families, build communities, and prevent child abuse and neglect. In 2020, the UWGPC FRC provided services to 1,745 households from across the county. Helping the UWGPC FRC’s reach is its ability to provide services in the following languages: English, Spanish, Cape Verdean Creole, Portuguese, French, and Haitian Creole. Until September when PCDAO’s OVC grant ends, the UWGPC

FRC employs a clinician to assess the needs of drug-endangered children and their caregiver, while helping them navigate social service, healthcare, educational, and court systems. The clinician currently relies on police to refer children and families after responding to an overdose call, or if a family reaches out to the police department for an at-risk referral.

Objective 1: Improve police identification of drug-endangered children and increase police referrals to the UWGPC FRC.

With more of an emphasis on officer training, PCDAO will work with each police department's outreach team to develop prompts for officers to use when visiting homes for an outreach visit of an overdose victim who lives with or has children. In effect, officers will not be able to close out the outreach visit and submit the report into PCO-CIMS until they have checked whether a child is associated with the home. The prompts will also have information about the UWGPC FRC for the caregiver and will serve as a warm-hand off for the child and caregiver to access the UWGPC FRC DECI team.

In addition, DECI will meet with each of the twenty-eight police departments, and the Massachusetts State Police, to address under-reporting of drug-endangered children. While police may make a DECI referral after responding to an overdose scene, although referrals have been limited, there is still the issue of children being present during the execution of a drug search warrant. PCDAO will specifically host trainings related to identifying children during search warrants, how to work with the child on-scene, and how to refer the child for more services at the UWGPC FRC. PCDAO and the UWGPC FRC will train all twenty-eight police departments using the *Enhancing Law Enforcement Response to Children Exposed to Violence and Childhood Trauma* model created in collaboration by the OJJDP, the International Association of Chiefs of Police, and the Childhood Trauma Center at the Child Study Center at the Yale School of Medicine. COSSAP funding will go towards police overtime to support as

many officers as possible to receive training because many of the smaller jurisdictions in Plymouth County, including one department with part-time officers, have limited resources to allow officers to attend trainings.

Task Force members, including the police and four major hospitals in the county, have cross-tabulated overdose statistics over the past three years to ensure that the PCO-CIMS has accurately captured the total number of overdose incidents. Using a similar approach, PCDAO will also organize a data accuracy working group consisting of the police, hospitals, Department of Children and Families, and the Drug and Probate Courts to cross-tabulate drug-endangered children statistics to ensure that PCO-CIMS accurately reflects the total number of drug-endangered children. With more police training and a focus on data accuracy, PCDAO expects the number of children identified and referred by the police to increase.

Objective 2: Increase ACEs awareness, DECI referrals to the UWGPC FRC, and Trauma-Sensitive Programming by training local intercepts and adding resilience programming.

To date, PCDAO and UWGPC FRC have sponsored a number of professional development trainings for the community-at-large, with a particular focus on trauma-informed practices. Trainings have included: the National DEC Alliance's *Drug Endangered Children: Building a Coordinated Response Conference*, Mental Health First Aid for law enforcement and court personnel, Calmer Choice's *Mindfulness Training* for school personnel, Balance4Kids' *Trauma-Informed Yoga Train the Facilitator*, and the Plymouth County Children's Advocacy Center's *Word on the Street* human trafficking prevention training. In addition, PCDAO and UWGPC FRC have partnered with TLPI to host the *Helping Traumatized Children Learn* trainings for schools and educators in Plymouth County.

With funding, PCDAO and UWGPC FRC will expand the DECI capacity by training local intercepts, with a special focus on youth serving agencies, faith-based communities, and medical

professionals. The goal is to help local citizens, organizations, and professionals understand the effects of trauma on children, develop a shared language about childhood trauma, and learn practical strategies to help children build resilience. While PCDAO and UWGPC FRC have focused on training schools over the last three years of the OVC grant, after-school programming (mentoring, sports, church, etc) play an integral role in positive youth development. In order to provide a more holistic community response and continuum of care, PCDAO and UWGPC FRC will train local, after-school intercepts. This will ensure youth are receiving trauma-sensitive care both in the classroom and in the community. In addition to training, trauma-sensitive programming, including Balance4Kids and Calmer Choices, will be available to local intercepts.

Pediatricians, emergency room doctors, and other medical professionals are also uniquely situated to identify drug-endangered children, complete ACEs screening, and refer children and families to appropriate services. The American Academy of Pediatricians encourages doctors to address early childhood toxic stress.³¹ Dr. R.J. Gillespie of the Children's Clinic in Portland, Oregon explained that "[p]ediatricians aren't just about sore throats and ear infections anymore. 'This is a cultural shift. We're here to support families.'"³² As a result, PCDAO and UWGPC FRC will provide ACEs and drug-endangered children training for medical professionals, with a particular focus on helping doctors implement ACEs screening and understand what local resources, like the UWGPC FRC, are available for youth and families.

PCDAO and UWGPC FRC will also collaborate with To the Moon and Back to offer train the trainer opportunities for healthcare professionals working with NAS infants and their

³¹ Jane Ellen Stevens, "To Prevent Childhood Trauma, Pediatricians Screen Children and Their Parents...and Sometimes, Just Parents...For Childhood Trauma," ACES Too High News, July 29, 2014, <https://acestoohigh.com/2014/07/29/to-prevent-childhood-trauma-pediatricians-screen-children-and-their-parentsand-sometimes-just-parents/>.

³² Id.

caregivers. A new website will be created for providers and families to access informational materials, including educational video workshops. On demand content will be accessible on the new website as well as social media channels and email listservs. Each video workshop will feature content from partnering occupational therapists, speech pathologists, physical therapists, neonatology doctors, pediatricians, and special education teachers. These on demand workshops will be especially pertinent given the current restrictions around in-person meetings. When public health allows, To the Moon and Back will also host an annual conference for providers and families to network, have access to the latest medical information, and offer feedback on future training materials.

Objective 3: Increase the quality and quantity of direct services, as well as utilize the UWGPC FRC's vast network of partners, to support children and caregivers.

With COSSAP funding supporting expanded outreach and new programming, expanding the UWGPC FRC's DECI care team is crucial. With the Clinical Advocate, two peer advocates, and an administrative assistant, the UWGPC FRC will immediately increase the quality and quantity of direct services and support for children and caregivers. Within 24 hours of receiving a referral, the Clinical Advocate and/or a peer advocate will start an initial screen of the child and family to discuss their needs and offer support. If the Clinical Advocate and/or peer advocate is unable to reach the family, a letter and brochure is sent with an outline of services available and contact information. If a connection is made and the family agrees to participate in DECI-related services, the Clinical Advocate will offer to meet with the family within three to five business days at the closest UWGPC FRC, or offer to meet virtually if transportation is an issue.

During the first meeting, the Clinical Advocate will begin the MassHealth Child and Adolescent Needs and Strengths (CANS) assessment with both the child and the caregiver. Understanding that relationships need time to develop, the Clinical Advocate will introduce the

CANS during the first meeting and begin the assessment, but also will allow the family time to gather the necessary information to adequately complete the assessment. CANS will be completed within ten days of the first meeting.

After reviewing the CANS with the family, the Clinical Advocate will complete the Family Support Plan. The Clinical Advocate will utilize sequential planning, and help the family prioritize all the needs and areas for improvement identified in the CANS by rank ordering their needs to reflect the family's values, culture, and wishes. This is to prevent overly comprehensive planning, which can lead to unrealistic action steps and families feeling overwhelmed. Other than safety measures that must appear in any intervention plan from the start, all other needs will be prioritized by the family. The goal will be to make progress on one or two needs as early in the process as possible to help the family feel success and build buy-in for future intervention.

After creating the Family Support Plan, a peer advocate will follow-up with the family weekly as services are being implemented. In addition, every thirty days the advocates will assess, with the family, progress towards identified goals. The advocates will also work with the family to complete follow-up evaluation questionnaires within three months of the family's first formal contact, and then again in three month increments for up to one year if the family is willing. The UWGPC FRC is able to offer Nurturing Families in Substance Use Treatment and Recovery, Sober Parenting Journey, Active Parenting of Teens, and Active Parenting in Stepfamilies. The UWGPC FRC will also offer skill-based informational sessions on youth substance use, grandparents raising grandchildren, special education rights, and health law advocacy.

One of the benefits of the DECI team serving under the umbrella of the United Way, is the vast network of health and human services available to UWGPC FRC clients, including but not limited to: housing, food benefits, legal advocacy, employment assistance, long term medical

care, substance use treatment, and additional behavioral health counseling. If it is determined that additional services are needed, the Clinical Advocate and/or peer advocate will request to share the CANS with the referral source, with the family signing a release of information form.

Plan to Address Anticipated Challenges and Additional Needs

While DECI has resulted in a number of referrals from law enforcement through the PCO overdose outreach, one of the challenges is the need to identify and support drug-engendered youth and caregivers who have not necessarily interacted with the police or PCO. According to the Sequential Intercept Model, there are multiple times an individual comes into contact with the criminal justice system.³³ Under the current response, youth who have experienced an overdose-related family trauma are currently identified by DECI in Intercept 1 (Law Enforcement), when a 911 call is placed for an overdose in the home. However, there are opportunities for identification at other intercept points, as well. For example, in Intercepts 4–5, the prison system—particularly the Plymouth County House of Corrections—can play this role, serving as a crucial touchpoint for outreach to caregivers. Thus, in order to facilitate a more coordinated and comprehensive identification and referral model, PCDAO and the UWGPC FRC will work with the Plymouth County House of Corrections and the Sheriff’s Re-Entry Services to offer Family Support Planning for those in Intercept 4 and 5 who are potential caregivers of drug-endangered children. The Sheriff’s Department already hosts a quarterly community provider resource fair that can serve as the medium to bring awareness about services offered at the UWGPC FRC.

Part III: Capabilities and Competencies

³³ “Intercept 0: Expanding the Sequential Intercept Model to Prevent Criminal Justice Involvement,” Policy Research Associates, accessed July 21, 2017, <https://www.prainc.com/wp-content/uploads/2016/11/Intercept-0-Infographic-2.pdf>.

Experience in Overseeing Federal Grants

PCDAO's Grants and Finance Departments will oversee the programmatic and fiscal responsibilities associated with the grant. The Departments have collaboratively overseen \$13 million in federal and state grant funding since 2001, including funding from BJA. PCDAO is familiar with OJP reporting, including using JustGrants and the PMT. As part of its fiscal accountability, PCDAO has a formal Grants Monitoring & Subrecipient Guide which details the policies and procedures governing subawards. The Guide outlines pre-award verification, subaward contracting, monitoring and compliance review, risk assessment, single audits, payments, and closeouts. As aforementioned, PCDAO has been engaged with the UWGPC FRC for the past three years in an OVC subaward relationship to serve drug-endangered children.

Roles and Responsibilities of Project Staff

DECI Project Coordinator: PCDAO will hire a full-time Project Coordinator to facilitate the DECI Subcommittee, with a particular focus on training, policy advocacy, system improvement, and stakeholder outreach to further the goals of identifying and servicing drug-endangered children and their caregivers. In addition, the coordinator will be the main point of contact with the UWGPC FRC. The coordinator will also work with community partners to schedule programming and training. The coordinator will report to the Executive Director of PCDAO's Child Advocacy Center. The coordinator will also serve as the point of contact with the BJA TTA provider, as well as any potential evaluator. With each federal grant, PCDAO works collaboratively with the funder to ensure best practices and learn from other funded sites.

Clinical Advocate: The full-time Clinical Advocate will oversee the DECI referral caseload. The Clinical Advocate will be supervised by the UWGPC FRC's Executive Director. The clinician will lead the completion of the CANS assessments with families, and help families

access the services they need to progress in their Family Support Plan. Furthermore, the clinician will facilitate the UWGPC FRC in-house programming, including: Nurturing Families in Substance Use Treatment and Recovery, Sober Parenting Journey, Parenting Journey I and II, Active Parenting of Teens, and Active Parenting in Stepfamilies. Moreover, the clinician will offer skill-based informational sessions on youth substance use, grandparents raising grandchildren, education rights, and health law advocacy. In addition to helping families navigate social service, legal, healthcare, and education systems, the clinician will work with the Project Coordinator to train police and other community stakeholders on identifying drug-endangered children and how best to provide a warm hand-off to the Family Center.

Peer Advocates: The part-time advocates (25 hours/week on DECI project) will be hired by the UWGPC FRC and overseen by the Clinical Advocate. The advocates will be responsible with following-up with families to track progress on their Family Support Plan. In addition, the advocate will be responsible for fielding the day-to-day calls and inquiries from families and community partners servicing the child and caregiver.

Administrative Assistant- The part-time (18 hours/week) Administrative Assistant will be overseen by the Family Center's Executive Director and will be assigned as the office manager for the two Family Center locations. The Assistant will be responsible for clerical work, office operations, and scheduling.

Executive Director- The Executive Director (10% on grant) will directly oversee the Clinical Advocate and Administrative Assistant. The Executive Director will be responsible for the DECI staff's evidence-based training on the in-house programs offered, as well as skill-based topics like motivational interviewing and trauma informed care.

Project Partners

Balance4Kids is a non-profit that helps children learn social-emotional and resilience-building skills by integrating yoga principles. Researched by Bridgewater State University, initial data indicated increased knowledge of both yoga principles and social-emotional learning standards. There is an ever-expanding body of research in support of teaching yoga and mindfulness to children, including that exercise and mindfulness practice improved executive functioning in children.³⁴ Additionally, in a study of school-based mindfulness and yoga programs, students reported the ability to apply their newfound skills outside the school setting.³⁵ The BALANCE Workshops Facilitators Training Program will provide opportunities for schools and youth serving agencies to bring this unique program to their facilities on an ongoing basis.

Founded in 2010 in the wake of an ongoing opioid crisis on Cape Cod, Massachusetts, Calmer Choice is a nonprofit mindfulness-based prevention program operating in schools and community settings in Southeastern, Massachusetts, including Plymouth County. Its innovative, evidence-based program has been recognized by the Commonwealth of Massachusetts as a pioneering substance use prevention program. Calmer Choice has partnered with PCDAO to provide mindfulness programs to those who teach, care for, and support drug-endangered children, and will continue to train educators, while also expanding its reach to include mentors, pastors, coaches, and other caring adults in Plymouth County.

Over the last two years, PCDAO and UWGP FRC have developed a relationship with To the Moon and Back, a non-profit dedicated to children born with NAS. To the Moon and Back provides support, education, and advocacy to healthcare providers and families working with and raising children with NAS. Through a variety of programs, including a parent support group,

³⁴ Diamond and Lee, 2011.

³⁵ Dariotis, Mirabal-Beltran, Cluxton-Keller, Feagans Gould, Greenberg, & Mendelsohn, 2016.

care packages, educational presentations, and conferences, the volunteer driven organization has served over 600 providers and 1,415 families in the Massachusetts over the last three years.

Part IV: Plan for Collecting the Data Required for Performance Measures.

PCDAO's Grants Department has over twenty years of experience in collecting and reporting performance measurement data for both state and federal grants. The Department will work closely with the Project Coordinator and DECI Staff at the UWGPC FRC to complete all JustGrants and PMT requirements. PCDAO's Project Coordinator and UWGPC FRC's Clinical Advocate will collectively review all program performance measures and educate themselves on the questions that will be asked. Together, they will identify all quantitative and qualitative data points to collect in order to answer the PMT questions, including data related to training, collaborative partnerships, direct and indirect victim services, TA activities, and policy/procedure changes. From there, the group will create a performance measurement plan as to who is responsible for what data. The UWGPC FRC, using its existing client assessment database, will be responsible for client demographics, number of children served, number of families served, which types of programs clients engaged in, type of victimization, and narrative on success stories and challenges. PCDAO will be responsible for the number of trainings offered, trainee demographics, types of funding categories, and narrative on emerging trends, major issues, gaps in services, and coordination of public and private efforts. Any barriers to data, such as confidentiality, will be addressed either through an MOU between two partner agencies, or if legally barred, through client consent. When the PMT is due, the Project Coordinator and Clinical Advocate will meet with PCDAO's Grants Department to submit.