



Office for Victims of Crime
*Enhancing Community Responses to the Opioid Crisis:
Serving Our Youngest Crime Victims*

The Opioid Crisis and the Nation's Youth: Strategies and Solutions To Serve Our Youngest Victims

WEDNESDAY, DECEMBER 4, AND
THURSDAY, DECEMBER 5, 2019

A Summary Resource Report of
the Event and the Experiences and
Interactions of Attendees

Hilton Alexandria Mark Center,
Alexandria, Virginia

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Please visit the United for Youth website at www.unitedforyouth.org to find this report along with additional resources.

MEETING PURPOSE AND PARTICIPANTS

The U.S. Department of Justice (DOJ) is committed to improving the Nation's public safety and response to crime victims; its Office for Victims of Crime (OVC) plays a critical role in changing policies and practices that promote justice and healing for all victims of crime. In 2018, DOJ invested more than \$30 million in communities across the country to establish and expand services to children and youth who are victimized as a result of the opioid crisis. Partnerships are critical to ensuring that our youngest and most vulnerable crime victims are supported—no matter when or where they may access services. In that collaborative spirit, OVC was pleased to partner with the Bureau of Justice Assistance's (BJA) Comprehensive Opioid Abuse Program (COAP) [now the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)] to bring together multidisciplinary teams and experts that comprise our Nation's critical and integral response to these urgent issues.

In pursuit of the goals of serving and supporting America's children and youth affected by the opioid crisis, OVC and BJA hosted a 2-day national meeting, held December 4-5, 2019, in the Washington, DC, area. More than 250 colleagues from all levels of government and across communities, including victim services, public health, and justice (including juvenile justice), convened to share innovations and best practices, leverage strategies and resources, and pursue solutions through presentations and peer engagements.

The Opioid Crisis and The Nation's Youth

Strategies and Solutions to Serve Our Youngest Victims event provided attendees an opportunity to gather, network, attend 4 plenary sessions at the start and end of each of the 2 days, participate in the 24 workshops offered, and engage in a poster session with colleagues from across the country. The poster session, held on Day One, offered participants the opportunity to learn about one another's work and to advance sharing of innovations underway.

Two Attendees Share

"I appreciate finding like-minded professionals already steeped in trauma-informed care practices."

"Great having this many people from across the Nation coming together to share and ask questions and [to] find solutions!"

This following meeting summary report offers a glimpse into what was offered, shared, and experienced by meeting participants (see two attendees' comments in the adjacent text box).

This event brought various professions together, including first responders, social workers, counselors, clinicians, recovery specialists, and medical and legal professionals, along with top leadership within federal, state, and local governments and Tribal communities, to contribute learnings from innovative work underway throughout the country. The energy within the group could be felt throughout the entirety of the meeting. The participants expressed enthusiasm and a deep appreciation for wisdom shared and echoed the many sentiments offered as part of plenary sessions, individual workshops, and networking time that were incorporated as a meaningful part of the meeting. One aha comment seemed to capture this poignantly (*see text box*).

AHA Moment

"The opioid crisis is extremely complex, has unique regional challenges, and continues to morph as solutions are being developed. Although it sometimes feels like trying to build a plane while flying it...there is tremendous intellectual capital gathered here in Alexandria, and there is top-flight work going on around the country." –Meeting Attendee



Day One **December 4, 2019**



A large, empty rectangular box with a thin black border, occupying the bottom half of the page. It is likely intended for notes or additional information related to the event.

Session Summaries and Corresponding Key Themes & Lessons Learned

A DAY IN THE LIFE OF A YOUNG VICTIM

Day One launched with Pam Petersen-Baston, a Technical Expert Lead (TEL) with JBS International, Inc. (JBS), who has 40 years of experience working in a variety of capacities in the health and human services field, including serving appointments under two Florida (FL) governors, to manage FL's publicly funded drug prevention and treatment system. During the plenary session, Pam helped attendees visualize the journey of a child as s/he travels and navigates through a day in the life with a parent experiencing substance use disorder (SUD). While difficult to explore, she helped attendees understand the highly complex and uncertain reality for children and their families navigating this often-unsafe environment. This presentation helped to highlight the complexities and collective purpose in shining a light on the daily experiences of a young victim of the opioid crisis.

Session Objectives:

- Understand the daily and generational impacts of substance use and other behavioral health disorders on children of parents with opioid and polysubstance use disorders
- Review examples of grantee and other trauma-informed collaborative approaches that can be leveraged to provide stable relationships, encourage resilience, create structure, foster nurturance, and develop effective practices to heal families affected by opioid use disorder (OUD)

Speaker:

Pamela Petersen-Baston, MPA, MCAP, CPP, TEL, JBS

Key Themes and Lessons Learned

The goal of the session was to understand the daily and generational impacts of substance use and other behavioral health disorders on children of parents with opioid and polysubstance use disorders. Themes and lessons learned included the following:

- This session highlighted the stigma and shame of a pregnant woman with OUD, where accessing assistance, including treatment for SUD, is often met with scorn and judgement, preventing her from seeking help
- Consumption risk for children can be a significant concern, due to unsafe disposal and open drug access



within the child's reach, as are the dangers associated with drug delivery paraphernalia, such as exposure to infectious diseases, resulting from an accidental or intentional needle stick; choking hazards from needle caps and tourniquet straps; and neglecting standard car safety precautions, including the proper use of car seats. Additionally, parents may fall asleep or suffer an overdose, causing suffocation to an infant and/or toddler if s/he sleeps in the same bed (e.g., if the parent were to slump or roll onto the child)

- [The Police, Treatment, and Community Collaborative \(PTACC\)](#) has proven effective in advancing interventions with focus on a trauma-informed approach that encourages the availability of many pathways to maximize diversion and intervention opportunities and the connection to treatment, recovery support, and community services
- The [Family First Prevention Services Act](#) supports prevention of at-risk children rather than their removal from the home, by using home-based, early-intervention services or use of trauma-based services (such as [Child-Parent Psychotherapy \[CPP\]](#)) or, when feasible and appropriate, placement with kinship care
- Civil legal service providers are often critical in helping to ensure safety and security for children
- Education on [medication-assisted treatment \(MAT\)](#) options are essential to provide knowledgeable support and guidance for those needing services and treatment and are also useful for service providers and stakeholder
- Recognizing neonatal abstinence syndrome is critical, as are reducing the stigma for pregnant mothers and increasing the awareness that medications to support infants affected, as well as nonpharmacological modalities to treat mother and baby, are available. The Substance Abuse and Mental Health Service Administration's (SAMHSA) [Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants](#) is an excellent "go-to" resource

- Diligence in being aware of and providing all available treatment options for parents, along with potential implications/outcomes, is a best practice in engaging with clients
- *Never underestimate* the amount of control a person or partner can exert over someone experiencing opioid dependence. For example, domestic violence, emotional dominance, and/or sexual control can be demanded of partners in exchange for drugs
- Eliminate the term “drug of choice” from the lexicon and language used. This is stigmatizing language, and SUD is not a choice
- It is NEVER too late to intervene. Positive experiences with helping professionals can present opportunities to create a path toward healing and to help mitigate the impact of adverse childhood experiences (ACEs) on youth and families
- Home-based services are a win-win, as they reduce transportation barriers and offer service providers firsthand opportunities to experience the home environment
- Essential to serving women with children is establishing and partnering with programs that serve entire families and *DO NOT DISCRIMINATE* against various members of the family unit based on the age of or number of children

OUD among pregnant women is the MOST stigmatized illness on the planet.
–Pamela Petersen-Baston

- Words we use are very powerful! Referring to a baby as “drug addicted” is highly stigmatizing. *It is appropriate to refer to a baby as being born “drug dependent”*
- Informed treatment and providing options to patients is essential! Court mandates to specific types of treatment are inappropriate, unless recommended by clinically trained professionals. Judges and other judicial officials should refrain from making independent recommendations regarding medical or SUD treatment. Key resources to access were developed for the FL courts: [Early Childhood Courts](#) and [Drug Courts](#)
- Mothers/parents with SUD/OUD often have protective capacities related to their children, but, at the same time, they experience significant stress, which makes it difficult to parent and to achieve recovery/sobriety. Access to support systems, which foster healing and encourage healthy parenting skills, improve outcomes for families
- Victimization affects multiple generations in extended ways. Always consider possible victimization that the parents may have had or are currently experiencing

- We must have compassion for children but ALSO for their parents, who, at some point in their life, were often child victims, too
- The toxic stress of neglect that children experience when parents are suffering from OUD is significant and can have a severe and long-lasting impact on a child. Learn about [toxic stress](#). The [Center on the Developing Child at Harvard University](#) offers additional resources
- Remember always: Providing hope for parents about the opportunities and possibility of recovery and continued positive development for the child is critical and very effective!

YOUNG VICTIMS: STRATEGIES FOR UNCOVERING WHAT THEY NEED

Young victims’ lives are disrupted in myriad ways by the opioid crisis. This session delved deeper into strategies and tools that responders and professionals are using to work with children, families, and caregivers to determine and provide what they really need.

Session Objectives:

- Define polyvictimization and strategies to mitigate associated impacts
- Review approaches to school-based services to address adolescents with trauma
- Review trauma-informed approaches law enforcement officers and others can use during child encounters

Speakers:

Natalia Aguirre, MPA, Director, Family Justice Center Alliance, Alliance for HOPE International

Jac Charlier, MPA, Executive Director, Center for Health and Justice, Treatment Alternatives for Safe Communities

Christina Miller, MS, LCMHC, Program Manager, School Based Programs, Amoskeag Health

Key Themes and Lessons Learned

- Limitations (e.g., training, education, workforce, funding) within provider and other affiliated systems and agencies addressing victimization are often prevalent and include system/services being fragmented or siloed. Often, the immediate focus is placed on addressing substance use and sexual assault, with unequal attention or priority directed towards other victimization

- Often work within systems will focus on past traumatic events and may ignore present, ongoing stressors
- Pernicious social injustices and inequalities, such as poverty, oppression, and systemic racism, can amplify victimization of traumas experienced
- Polyvictimization describes the collective experiences of multiple types of victimizations, usually in multiple settings and at the hands of multiple perpetrators
- Polyvictimization education and awareness and services implementation are essential and require an organizational commitment to promote cultural humility and to support the ability to yield services within the context of a person's whole-life experience
 - *This contextualized and trauma-informed approach allows for adjustments to programming, such as intervention, prevention, and follow-up work, to provide for a holistic approach to meeting the needs of survivors*
- [Family Justice Center](#) offers a framework to address interpersonal violence in communities
- There are numerous barriers to accessing services; however, access to transportation is consistently a challenge for clients, particularly those in rural areas that lack reliable and affordable public transit
- [School-based health, including mental health, services](#) may offer a solution to the quantity and degree of barriers families confront when accessing services
- Approaches to care are essential to effective intervention and care; tips offered include:
 - *Use age-appropriate (children/youth) language and terms*
 - *Use play therapy to foster trust and to invite conversation; building relationships is critical to insuring a positive therapeutic result*
 - *Collaborate and advocate on behalf of youth; talk to teachers and school administrators*
 - *Promote trauma-sensitive schools; ensure that educators/schools have access to this trauma-informed training*
 - *Develop social support networks, such as family, friends, and peers*
 - *Foster a sense of normalcy through psychoeducation, which helps create an understanding of what is happening in the child's life; this understanding helps to validate and support the child*
- “Early warning” training is essential to offer for first responders on language to use with children; trust building; the neuroscience of addiction; how SUD treatment works; understanding mental health and co-occurring conditions, trauma, and ACEs; and how and what to report pre-crisis

ALL DOORS ARE OPEN

As public servants, we all strive to provide full and easy access to our services, but what does that really look like? This session explored models that are removing barriers to access, improving service navigation, and welcoming families into comprehensive care.

Session Objectives:

- Realize the importance of meeting families in a familiar, comfortable, and convenient location, while simultaneously working in a complementary way with other school services to provide a holistic approach
- Understand how a school-based legal clinic can resolve problems that contribute to child homelessness and to overall family instability
- Envision this model working in their own communities and schools
- Understand how families and communities affected by trauma and SUD are strengthened and informed of services and opportunities for healing through comprehensive approaches, such as [Project Support Ocean State \(SOS\)](#) (e.g., learning about the goals of the Project SOS partnership and current Project SOS outcomes)
- Outline the formation of [The Front Porch](#), a multiagency resource center serving youth and families in Savannah, Georgia (e.g., explaining the framework of The Front Porch and its partners, understand how the behavioral health unit will interface with the agency)

Speakers:

Erin T. Albanese, CAGS, LCSW, LCDP, Project Director, Project SOS; Trauma and Addictions Clinician, Family Service of Rhode Island

Melissa Lilly, Esq., Supervising Attorney, Legal Aid of West Virginia's Lawyer in the School (LITS) Program



Lt. Hiram Rivera, Jr., Behavioral Health Unit Commander,
Savannah Police Department

Lizann Roberts, Executive Director, Coastal Georgia
Indicators Coalition

Key Themes and Lessons Learned

- Family-centered, strength-based, trauma-informed services are essential to working with children (and families) impacted by SUD
- [Rhode Island is one of the highest drug trafficking avenues in the country](#)
- Streamlining assessments, intakes, and medical records is important to prevent redundancy for those served and reduces unnecessary time spent for both client and staff; streamlining assessments also limits excessive and potentially intrusive questions that may deter patients/clients from continuing supportive services...and it saves time
- Providing cross-disciplinary training on SUD impacts and trauma-informed care to increase overall knowledge of professionals is critical to improving services
- Focus on integration of the screening tools and referral to services when youth are exposed is imperative and enhances care provision
- Structures should include trauma/loss victim services (e.g., social workers; outpatient, wraparound, and school-based services; emergency response, community health navigators in medical center using [screening, brief intervention, and referral to treatment](#) [SBIRT], early intervention screenings)
- Other important partners include victim services (e.g., [Victims of Crime Act](#) [VOCA] funding recipients as key partners)
- Focus groups are important to determine gaps in services and to learn about unmet needs (e.g., learning from parents that they were unsure or did not know how to talk about their SUDs with their children)
- Direct services, including a multitude of evidence-based practices is essential, (e.g., [CPP](#), [Trauma-Focused Cognitive Behavioral Therapy](#), [Eye Movement Desensitization and Reprocessing in Youth](#), [MAT](#), [Motivational Interviewing](#), [Expressive Arts for Youth](#))
- Partnering [LITS](#) and [Handle With Care](#) (HWC) uniquely combines two innovative programs to identify children and families in need and to provide brief legal information and other supports
 - *LITS legal support examples include addressing recurring domestic violence, problems with landlords, and kinship care situations*

- *HWC provides for communication between law enforcement and schools when traumatic events happen in order to promote a collective, trauma-informed approach to interactions and also offers access to other supports and services, including clinical care, as needed*
- *Additionally, stabilizing the lives of the families so that the children can learn, and teachers can teach is the objective of this collaboration*
- The LITS initiative created the opportunity to be on site within schools. This onsite presence made a difference, according to participants asked about accessing legal services available on site (see the text box)
- Through the LITS and HWC programs, relationships are built with teachers and school administration, and program staff attend many outreach events at the school
- Lessons to consider if contemplating implementation include:
 - *It is helpful to choose a community school (e.g., schools where people are already going for services, such as health clinics, public computer labs, etc.)*

Over 90% of participants asked shared that they would not have accessed or asked for legal services, if they were not on site. –Melissa Lilly

- *Elementary schools provide an increased opportunity to engage with the parents, as they are going to the school more often*
- The Front Porch is a risk-reduction program to help children and families who are at risk of court involvement, such as child in need of services (CHINS) cases; these services help divert the families from being court involved
 - *Multiple partners are involved and are the key to success*
 - *Partners include commissioners, the City of Savannah, hospitals, Chatham County Division of Child & Family Services, Chatham District Attorney, Mediation Center of the Coastal Empire, school systems, and other agencies*
- The Front Porch project serves youth with status offenses, such as truancy cases, runaways, homeless youth, and CHINS
- The [Crisis Intervention Team](#) (CIT) program is a community partnership of law enforcement, mental health, and addiction professionals representing a first-responder model of police-based crisis intervention; training provided is to help persons with mental health and substance use disorders access medical treatment. CIT training also promotes officer safety and the safety of the individual in crisis, as modeled after the [Portland Police Bureau Behavioral Health Unit](#)

- Enhanced CIT/Emergency medical services (EMS), consisting of volunteer officers from various patrol assignments, were created to add additional support for/with first responders in navigating crisis events
- The Front Porch provides the service coordination as part of the collaborative approach; the model is comprehensive in creating a structure from point of referral from 911 call/crisis line → CIT, Enhanced CIT/EMS teams → Behavioral Health Response Team (including clinicians) → ongoing service coordination

TRAUMA-INFORMED CARE: MOVING FROM PRINCIPLES TO PRACTICE

The concept of trauma-informed care has now reached every corner of our Nation, but how do we put this concept into practice? This session helped participants across disciplines integrate core principles into daily practice to ensure that we are providing effective services to children and families.

Session Objectives:

- Understand the core principles of trauma-informed care and why it is important
- Identify tangible examples of what the principles of trauma-informed might look like in real settings
- Consider ways to implement the principles of trauma-informed care in their own work settings
- Understand some of the ways that courts and judges are involved with families and children involved in the OUD/SUD crisis
- Identify trauma-informed practices in the courts

Speakers:

Joan Gillece, PhD, Director, Center for Innovation in Behavioral Health Policy and Practice, National Association of State Mental Health Program Directors

Jacquelyn Kleinedler, MA, MFT, LADC, Program Director, The Children's Cabinet

"I just wanted to be like the other kids and have a normal life!" (They seek to not have to disclose the trauma they have suffered.)" Joan Gillece



Chris Wu, Esq., Principal Court Management Consultant, National Center for State Courts

Key Themes and Lessons Learned

Key considerations in advancing trauma-informed care/practice

- Comfort, rather than control, is imperative.
 - *It is important to understand a child's goal of seeking "normalcy," as the text box quotation demonstrates.*
 - *We must consider supporting children who have experienced trauma WITHOUT further stigmatizing them!*
- The three Es of trauma – events, experiences, and effects – help practitioners to consider working with youth about the things that are triggers or “hot spots” for them:
 - *What are the physical manifestations of those triggers?*
 - *What are the strategies that you can use to self-regulate?*
 - *Consider using sensory interventions*
 - *Have the youth make a specific plan that s/he can put into effect*
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#) offers key guidance:
 - *Six principles of implementing a trauma-informed approach*
 - *Consideration of using peer support with young people*
 - *Looking at how to leverage the strengths of young people (e.g., "Let's meet you where you dream")*
 - [10 implementation domains for implementing a trauma-informed approach \(p 12\)](#)

- Consider the environment that you are creating for your clients/patients:
 - *How do we make it more inviting? (e.g., signage)*
 - *How do we make it more comfortable?*
 - *How do we give it a sense of warmth?*
 - *Think comfort instead of control!*

Within your place of employment, be mindful that:

- Leadership buy-in to trauma-informed care policies and practices is critical.
 - *Being purposeful in efforts to achieve a trauma-informed environment is essential.*
 - *Intentional actions can be achieved through (not an inclusive list):*
 - Implementation of ACEs screening
 - Recognition that staff may have ACEs
 - Recognition that staff may understand that trauma-informed practice is important, while not fully understanding the prevalence of trauma with those served
 - *Policies and procedures that advance trauma-informed care and practice*
 - *A structure that supports the care that staff may need, such as:*
 - Having an employee assistance program accessible
 - Encouraging staff to take vacation time
 - Including in workplace training the understanding that staff may be triggered and may need to seek support to be and stay well

Within the Courts

- Why trauma-informed care courts?
 - *Providing a new understanding of behavior, at least partially, as a manifestation of trauma for judges – court personnel*
 - *Moving from “what did you do” to “what happened to you,” changing the conversation and thinking*
 - *Reducing further harm as paramount – bringing this into focus with court personnel*
 - *Aiding in recovery and rehabilitation as paramount and a key focus for courts*
- How can courts become more trauma-informed?
 - *Leadership buy-in starts with judges; judges influence other judges, so identify your champions.*
 - *Multidisciplinary training and recognizing the challenges as certain disciplines (individuals) will avoid revealing vulnerabilities*

- *Courtroom practice considerations*
 - Shouting of names is discontinued
 - “Cattle call” process of court hearings is reframed
 - Facilities and design of settings are developed thoughtfully
 - Secondary trauma issues are recognized and planned for
- *Best practices:*
 - Provide a physical space that is welcoming to people and offers a sense of dignity
 - Establish goals associated with becoming more trauma informed
- *Develop benchmarks and associated tasks*

BEYOND THE CRISIS CALL: BALANCING RISK AND RESILIENCY

Historically, first responders and victim services providers have focused exclusively on ensuring immediate safety for young victims. Today, we recognize that children and youth instead need a balanced approach that ensures that their permanency, safety, and well-being are all fully considered. This session highlighted the holistic approaches to supporting young victims – beyond the immediate crisis – to reduce long-term risk and to build the strength and resilience of children and youth.

Session Objectives:

- Identify strategies for breaking down silos among community victim services providers and approaches to maintaining established relationships
- Collectively identify and provide comprehensive services that meet the needs of the whole family
- Utilize data to identify service gaps and to advocate for long-term solutions

Speakers:

Sandy Crowther, Consortium Addressing Need Program Manager, Youth Heartline(YHL)

Susanne Mason, Director, Grants Administration, Warren County, Ohio

Holly Scheib, PhD, MPH, MSW, Program Consultant, YHL

Susan Walther, Director, Warren County Children Services

Key Themes and Lessons Learned

- Use a multi-level systems approach (socio-ecological model)
- (Important to) build a strong relationship with local organizations
- Use mapping to identify gaps in community services–systems interface
- Use tracking sheets to show the value of efforts and services (outreach data); celebrate successes
- Use data advocates to make sure that the language used matches what is happening in the community
- Early on, as meetings are planned and held, cast a wide net and, when inviting people, seek to identify “champions”
- Recognize that everyone gets on board when people who have the following characteristics get involved: likable, have authority, and well respected

SPREADING THE WORD IN LOCAL COMMUNITIES

Outreach, awareness, and education are critical to ensure that those interacting with children and families on a daily basis can recognize the signs, respond in ways that do not revictimize families, and connect those in need with the right services. This session explored ways to tailor efforts to meet the needs of attendees’ own audiences and to set the stage for successful community engagement.

Session Objectives:

- Increase awareness on building services through a trauma-informed lens
- Identify strategies to overcome obstacles to receiving services
- Incorporate community strategies for advancing a trauma-informed community
- Understand the roles of first responders in serving communities, children, youth, and families
- Recognize how first responders advance community-based interventions, culture change, and training that can help to advance this work

Speakers:

Barbara Maronski, MSW, LSW, Associate Vice President for Trauma and Violence Prevention Programs, Center for Family Services

Lt. Matthew Parrish, Columbus Division of Fire, Rapid Response Emergency Addiction and Crisis Team Supervisor

Cheryll Moore, Medical Care Administrator, Erie County Department of Health

Key Themes and Lessons Learned

- As first responders, it is key to recognize expectations versus the reality of the role
- Compassion fatigue and burnout happen and impact everyone’s experience – those served *and* first responders
- Stress on responders results in mental health issues and increased suicide rates and is a key factor in recruitment (difficult) and retention (turnover) rates
- The number will not change – First Responders own 911; the key is to change the response, i.e., change the training results for better outcomes and prevention
 - *Training needs:*
 - Understanding the effects of emotional trauma on mental health and substance use disorders (e.g., use of [Crisis Intervention Team \(CIT\)](#))
 - Understanding ACEs as a game changer; so many agencies are not aware of it ([Building Better Lives Training by Carol Taylor](#)–best 8-hour investment)
 - Understanding and learning to manage stress ([Neuro Sequential Response to Stress Training](#))
 - Understanding trauma and trauma-informed response; first responders think trauma is a car crash because it has visual impact, whereas emotional trauma is not something observable on an individual’s body in the same way as physical trauma.
 - Prioritizing the use of and inclusion of therapy dogs in providing care to/for communities; K9 handlers (first responders) benefit from connection with therapy dogs, as well.
 - Understanding [brain development](#) in the context of trauma

Highlighted Theme and Lesson Learned

So important to help first responders understand this Maya Angelou quotation: “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

- Understanding the value of victim advocacy: safety (physical and basic human need), security (confidential, reassurance, safe to react), ventilation (telling their story), validation (being heard and understood), prediction (recognizing potential issues and emotional responses), and preparation (preparing for what may occur)

A Look at One Community: Erie County, New York

- A community assessment looked at the community at large, including families, neighbors, children; it was clear that everyone in the community was being affected by the opioid epidemic
- Evidence-based, collaborative training was provided; key criteria of training were:
 - *Integrated with schools, law enforcement, and families, ensuring that they knew it was safe to ask for help*
 - *Emphasized that all communication will be free of stigmatizing language and without judgement; created the understanding that changing the message to those impacted also changes the narrative of a community*
 - *Recognized and leveraged local, as well as state and national, data and used data to inform work, planning and action, and change community practices*
- Train OB/GYNs, pediatricians, and other health care providers on SBIRT; primary care providers and medical specialists encounter people daily in their medical practices, and they also can screen, engage, and refer patients to treatment and wraparound services

In Camden, New Jersey, and surrounding communities, trauma-informed practice has made a difference by:

- Creating an understanding, which has led to the agreement that being safe is critical for everyone in the community
- Leading to the development of personal safety plans in the event someone experiences a “trigger” for trauma; the development and implementation of a safety plan is vital to personal coping strategies and regulation, with the purpose and goal to sustain and support a person in crisis
- Acknowledging that understanding trauma is essential to building trauma and violence prevention services to better serve communities and those impacted by SUD and other traumatic events
- Addressing stigma as essential to promoting engagement (i.e., “It’s not what we did, but how we did it”)

USING LEGAL AID TO SUPPORT YOUNG VICTIMS

Legal aid can be an effective resource to help children and families navigate the complex legal service issues associated with victimization and the opioid crisis. Four current legal service grantees described the concrete services they provide, shared insights about their roles as collaborative partners, and provided strategies to successfully engage legal service providers in their communities.

Session Objectives:

- Identify the services that may be provided by civil legal service providers
- Understand the need for civil legal partnerships serving opioid-impacted families
- Explore changing dynamics in existing partnerships as communities grapple with the opioid epidemic
- Identify potential new partnerships to maximize assistance available to opioid-impacted families
- Identify new funding opportunities
- Define medical-legal partnership and give concrete examples of success stories

Speakers:

Brian Dufresne, Esq., Project Manager, Kentucky Kids Rise Project, Legal Aid of the Bluegrass

Stephanie Harris, Esq., Director of Development, Ohio State Legal Services Association

Melissa Lilly, Esq., Supervising Attorney, Legal Aid of West Virginia’s Lawyer in the School (LITS) Program

Maggie Moon, Esq., Medical-Legal Partnership Program Coordinator, Legal Aid Services of Oklahoma, Inc. (LASO)

Key Themes and Lessons Learned Legal Aid of the Bluegrass

- Variety of services provided to low-income families, with focus on removing barriers to stability and financial success
- Relative caregivers connected with necessary resources needed to raise and support children, including public benefits, school enrollment, access to medical care, readiness for college, and financial resources for children when there is an absence of child support
- Parents not excluded from services proffered because of other services received

- Parents pursuing recovery supported
- Primarily work to help parents focused on issues beyond custody

Legal Aid of West Virginia

- LITS model developed includes access to free civil legal services to support guardians, custodians, and parents to address key issues related to child welfare and well-being
- LITS model components are:
 - *Meet kids and families where they are comfortable*
 - *Work closely with teachers as they see and interact with young children every day*
 - *Be consistent, i.e., establish availability in schools on the same day and same time every week*
 - *Try not to turn anyone away; seek to link them with services no matter what the problem is*
 - *Bring the community together through recruitment and use of volunteers*
 - *Maintain in-person services supports when use of reliance on technology is not feasible or comfortable for caregivers*

Ohio State Legal Aid Services Association

- Partnerships:
 - *Reentry programs:*
 - [Career Pathways](#), providing for expungement, certificates of qualification for employment (court agrees the person is a good candidate for employment in the community), etc.
 - [Juvenile Reentry Assistance Program \(JRAP\)](#) (DOJ and U.S. Housing and Urban Development initiative), providing for location of youth aged 16-24 with support in public housing
 - *Medical-legal partnerships:*
 - [Ohio Better Birth Outcomes](#), coordinating with adult hospital systems to provide services for pregnant mothers and infants to reduce infant mortality through health-harming social and environmental issues
 - [The Counseling Center, Inc.](#), providing an attorney on staff within health care/hospital system to identify issues that are impeding the process of recovery and/or treatment
 - [Nationwide Children’s Hospital](#), focusing on improving physical and behavioral health outcomes of children by addressing health-harming living conditions and working with schools to leverage special education services

- [Alcohol, Drug Addiction, and Mental Health Boards](#) provide for the partnerships to assist with referrals
- \$3 million dollars was received from a Bank of America settlement, supporting work with community partners to promote economic development and job growth and to improve access to quality education and health care
- *Legal aid is the most flexible organization in the community; attorneys can assist with a wide variety of services, including reducing displacement caused by eviction, increasing access to safe and affordable housing, and supporting residents to have a voice for change and opportunity*
- *The Youth Law Project offers support for youth aging out of foster care system to understand and exercise their legal rights and to gain access to services (e.g., records access, education support benefits, job training, food, housing, other essential services)*

Legal Aid Services of Oklahoma, Inc.

- Medical-legal partnerships:
 - *Sixty percent of a person’s health is determined by [social determinants](#) (e.g., income and health insurance, housing and utilities, education and employment, legal status, personal and family stability)*
 - *These partnerships are established to embed lawyers in health care settings and to provide legal services for overcoming barriers and obstacles impacting quality of life and wellness*
 - [PBS News Hour: Why Doctors Are Prescribing Legal Aid for People in Need](#) presents the value of lawyers becoming allies for disadvantaged patients who need help navigating problems with landlords and insurers
 - *An attorney is available at medical clinics for parents to speak with while children are being treated*
 - *Partnerships include opportunities for legal staff to provide information, guidance, and support to assist children, families, and caregivers in accessing services; provide consultation and training for professionals/agencies that provide services; and participate in the [Children’s Advocacy Center’s \(CAC\)](#) multidisciplinary team meetings*
 - *Services are actively promoted through such opportunities as making legal aid information available in the waiting rooms of doctors*

HELPING THE HELPERS

We are the best at helping others but too often neglect caring for ourselves as we experience vicarious and secondary trauma in our daily work. This session focused on strategies to care for ourselves, support one another, and integrate these practices at the organizational level.

Session Objectives:

- Identify vicarious trauma risk factors and negative impacts that may particularly affect educators, law enforcement, and first responders
- Outline strategies to help buffer and mitigate the impact of vicarious trauma
- Reference and share a list of [associated resources](#)

Speakers:

Andrea Roy, Project Coordinator, Marshall University Research Corporation, West Virginia – Trauma-Informed Mindfulness Engagement for Kids

Sgt. C. J. A. Scallon, MPsy, CCISM (Ret.), Director of Public Safety Support, Chateau Recovery, Vicarious Trauma Fellow, Northeastern University/International Association of Chiefs of Police

Lt. Miguel Tittmann, Albuquerque Fire Department, Mind.Body.fire

Key Themes and Lessons Learned

- Educators are often blindsided by the emotional demands associated with their jobs in serving children and youth with complex experiences and exposure to a multitude of adverse conditions
- Educators' desire to teach is more and more dependent on their integration of skills and structures within the classroom and school to support students' social-emotional needs
- It is essential for educators to have access to and embrace ways to manage the vicarious trauma they experience. Due to their classroom relationships and daily interactions with students, they may have the awareness to identify exposure of students to traumas they may be experiencing
- First responders are exposed to an abundance of death in their daily work
- There has always been a sense that firefighters and police are tough and will not be impacted by vicarious trauma
- Education is important for us to set expectations for how first responders feel about their work

- First responders, including law enforcement, face both sides of the addiction issue – dealers and victims
- The abundance of negativity to which first responders and law enforcement are exposed is a stressor and accumulates over time; this accumulating stress and day-to-day vicarious trauma can lead to burnout and attrition, with many finding it increasingly difficult to remain in the field
- Suicide is a significant issue throughout the first responder/law enforcement community, and, regrettably, there is an inadequacy in the response
- First responders and law enforcement often have no effective outlets to process or address the vicarious trauma associated with their roles; as a result, “we bottle it up, and it begins to destroy from within”

Highlighted Theme and Lesson Learned

Consider the NARCAN dilemma: “The first time you do it, you feel like a doctor, and it is amazing! But the 25th time you do it for someone because of a long-lasting addiction, you begin to lose the positivity, and cynicism begins to creep in. Education about the disease of addiction is key.”
Sgt C.J.A. Scallon

Critical and Effective Actions

- Creating spaces where teachers can be heard
- Promoting institutional awareness about the experience of educators (should be deliberate steps)
- Engaging teachers in the activities with the students in the classroom and supporting them with feelings of efficacy with traumatized children who may be acting out
- Recognizing education is key; first responders and law enforcement must be trained that they are at elevated risk for suicide and that they need to be aware of this to take better care of themselves
- Increasing awareness that vicarious trauma happens on a spectrum (i.e., “We don’t go from 0 to 100 overnight; we must increase people’s awareness of the various stages so that they can recognize when they are being impacted”)
 - *Recognition: “I bring home 90% of what I’ve experienced”*
 - *Intervention: “Perpetuate the notion that getting help is good”*
 - *Follow-Up: “Staying well is important”*
- [Mind.Body.fire](#) (mindfulness-based stress-reduction yoga):

- Teaches firefighters methods for self-awareness and self-regulation so that they can be more aware of themselves and help transition from firefighting to home life
- Is based on [University of Massachusetts Memorial Health Care Center for Mindfulness](#)
- Discusses the [metta meditation exercise](#)
- Creates intentionality to cultivate compassion and empathy

MINDFUL QUESTIONING: TOOLS AND STRATEGIES TO MINIMIZE RETRAUMATIZATION

Asking questions is a part of our daily work, so how do we screen, assess, and interview children and youth in ways that minimize retraumatization? Knowing what tools to use, when, and with and by whom is critical to effectively serve children, youth, and families. This session explored the tools and strategies that grantees are using in their daily work with children and families.

Session Objectives:

- Understand the core concepts of trauma-informed care as it applies to children and youth impacted by SUD
- Identify evidence-based tools and strategies for assessing trauma in these children and youth
- Understand the importance of active listening and using open-ended questions when interacting with children, youth, and families in the field

Speakers:

Heather Petrus, MS, Executive Director, Cayuga Counseling Services, Inc. (CCS)

Sarah VanDoren, Director, Victim Services, CCS

Linda Wetzel, MPH, Program Manager, Early Intervention Programs, Lutheran Social Services of Wisconsin and Upper Michigan

Paula Wolfeich, PhD, Intervention Director, National CAC

Key Themes and Lessons Learned

- To advance a trauma-informed climate, the following considerations were offered:
 - *Creating a common understanding of trauma and trauma-informed systems among collaborators and stakeholders is critical*



- Core themes of complex trauma and trauma-informed care are safety, trust, power and control, intimacy, and esteem
- Trauma-informed care response considerations include focus on the physical environment, maintaining boundaries and transparency in policies and procedures, choice and control, and collaboration and empowerment
- To advance a trauma-informed environment, transformation of the culture and organizational climate is required
- When working with families, it is important to remember the “invisible suitcase,” which contains all the experiences and beliefs that the child and family hold and that goes with them wherever they go
- Specific practices that can be helpful:
 - Partnering with Legal Aid to provide families with access to attorney and civil legal support can alter the course of outcomes for youth and families
 - Creating a child-friendly environment, including activities which enhance and support play, creativity, and conversation can help to reduce anxiety
 - Promoting the inclusion of the child in signing forms, even if it is a simple signature line created, can make him/her feel empowered and included
 - It is important to carefully consider and select appropriate screening tools and resources (e.g., [ACEs assessment](#), [Child PTSD Symptom Scale \[CPSS\]](#), optional trauma screening [[CPSS-5](#)], [Columbia-Suicide Severity Rating Scale \[C-SSRS\]](#))
 - Developmental assessments with young children are important; initial and ongoing assessments are necessary to monitor progress in meeting developmental milestones.
 - Also important are mindful questioning (active listening and interaction that raise awareness to thoughts, feelings, and actions) and remaining aware of your affect (“All it takes is all you got.”)

PAIRING LOCAL NEEDS WITH LOCAL SOLUTIONS

Community needs assessments can be complex, cumbersome, and time consuming; however, the results can be worth it. This session offered practical tools and strategies for assessing local needs and then matching those up to local solutions to ensure long-term success.

Session Objectives:

- Describe community capacity-building approaches for conducting needs assessments
- Explore methods for providing customizable technical assistance (TA) materials to fit unique community landscapes
- Understand the potential benefits of the results of their needs assessments
- Understand the potential benefits to be gained through the process of conducting the needs assessments
- Access additional tools and TA that can help them in their needs assessment process

Speakers:

Susan Smith Howley, JD, Project Director, Center for Victim Research, Justice Research and Statistics Association (JRSA)

Hattie Landry, MPH, Strategic Initiatives Manager, Illuminate Colorado

Anna Van Slyke, MPH, Data & Evaluation Manager, Illuminate Colorado

Key Themes and Lessons Learned

- Needs assessment provides data and information that allow you to focus on your work, tell your story, and serve as a baseline as work moves forward
 - *Mapping needs assessment results provides a visual demonstration of data and need, which helps to inform service and strategy needs*
 - *Infographics can be a great tool to display project focus, needs, and issues of focus, as well as outcomes planned and/or achieved*
- Needs assessment process benefits includes partner and stakeholder identification and engagement, increased participation of partners and contributors, gaps and needs focus, and identification of data that already exists and what is needed
 - *Inclusive data review offers the opportunity to share preliminary results with key partners to discern what they mean and to identify areas where additional*

data are needed to provide context and advanced interpretation, as well as to use; this is especially key when negative outcomes are identified

- *Remember to provide information back to those who helped you*
- *One approach used is [A Public Health Framework to Improve Community Health Through Health Care and Community Clinical Linkages](#) to organize work (i.e., public health framework: all families – primary; high-risk families – secondary; system-involved families – tertiary)*
- *Remember that all communities are different; carefully research and select communities for focus and participation, noting that each will have differing stakeholders who will come to the work through a different lens*
- *Illuminate Colorado developed a guided approach, with customizable tools, using a research-based approach that emphasizes building protective factors in families; additionally, it advocates for the well-being of children by addressing the systemic and multisector issues affecting children. To develop its programming, it engaged a four-step focus for implementation: (1) collect baseline data, (2) compile results – identify high need areas and greatest opportunities, (3) share findings with community members and identify two to three priority areas, and (4) continue data collection work to inform needs and opportunities*

THE POWER OF LOCAL DATA

This session identified critical local data sources – across disciplines and systems – and demonstrated how these data can help shape, drive, and enhance grantee programs and communities' opioid-related efforts.

Session Objectives:

- Recognize data silos
- Create strategies to break down data silos

Speakers:

Ellen Abbott, Director, Office of Criminal Justice Services, Tennessee Department of Mental Health and Substance Abuse Services, Sullivan County Overdose Response Team

Mallory O'Brien, PhD, Senior Drug Policy Advisor, BJA Interagency Response to the Opioid Crisis Team

Key Themes and Lessons Learned

- Recognize and identify local data sources that are relevant and a priority to grantee work
- Understand that data silos exist; they are places that store a tremendous amount of community- and state-level data that often are in separate and disparate places with little to do with one another, as well as often lend themselves to having inaccurate data
- Identify and leverage relevant data and have the capacity and expertise to analyze it quickly, which can be the difference in responding with timeliness to positively impact an outcome versus not making a meaningful impact
- Integrate data using four steps: (1) remove duplicates, (2) verify new data, (3) update data, and (4) implement consistent data entry
- Recognize that data sharing agreements are essential to identifying, leveraging, and sharing data that can be mutually beneficial
- Establish relationships across all levels and with those critical to grantee work focus; start the hard conversation, be persistent with asking for data, and note that new people come in and may be more willing to share. Use federal data when and where available and appropriate to your work
- Be aware that data shape, drive, and enhance programs and efforts to address opioid related efforts
- Use relevant resources, such as the [Overdose Detection Mapping Application Program \(ODMAP\)](#), an overdose mapping tool that allows first responders to log an overdose in real time into a centralized database to capture fatal and nonfatal overdose incidents on a shared platform across agencies and the country
 - *ODMAP Level 1. Data Collection and Agency Administration Interface, a web interface that can be accessed from any device, with minimal effort, supporting first responders to report data relying on a GPS system that tracks location*
 - *ODMAP Level 2. National Map, where data are controlled, unclassified information and may only be released to authorized personnel (typically those in need-to-know criminal justice and public health roles)*
 - Example of Level 2 use: Erie County, PA, officials wait 24 hours to post reports of overdose and, with active participation and support of peer and recovery support specialists, respond to engage families and interact with individuals and residents
 - [Overdose Spike Response Network Resource](#), a companion guide for ODMAP stakeholders
- *Tracking children at the scene is a common request and is an area requiring further development*
- [Overdose Fatality Review \(OFR\)](#), important to establish and participate and aid in the prevention of future deaths
 - OFR provides context to overdose deaths (e.g., looks at nature of death and spectrum of intentionality, addresses stigma among providers and community members, creates a safe space to explore challenges for those on the frontlines, offers opportunities for discussion among different people who might not otherwise intersect, offers the ability to strategically focus resources);
- *Through the Comprehensive Opioid, Stimulant and Substance Abuse Program (COSSAP), the Bureau of Justice Assistance (BJA) and the U.S. Centers for Disease Control and Prevention (CDC) supported the development of a recently released (July 2020) [Overdose Fatality Review – A Practitioner’s Guide to Implementation](#) resource as well as a comprehensive online resource with interactive components to support the develop and enhancement of OFRs; visit <https://www.cossapresources.org/Tools/OFR> to explore more.*

USING STRATEGIC MESSAGING TO TELL YOUR PROGRAM’S STORY

Bringing data and information to life is both a science and an art and, if done well, can be a transformative tool for programs and communities. This session demonstrated how to use data and information to develop compelling messaging that can be used to educate, raise awareness, and promote broad community engagement.

Session Objectives:

- Identify key elements of strategic messaging to reach audiences with clear, relevant information based on program data
- Describe communication tools, methods, and approaches to increase knowledge, raise awareness, and promote community support of their program

Speakers:

Emily Bauernfeind, OVC Communications Specialist, DOJ, Office of Justice Programs (OJP)

Elizabeth Burden, MS, Senior Specialist and TA Director, Behavioral Health, Altarum

Key Themes and Lessons Learned

- Storytelling as a tool
- Types of organizational stories that are most likely:
 - *Founding (how you created it)*
 - *Focus (challenges you tackle)*
 - *People (profiles of staff, volunteers, people you serve)*
 - *Strength (how you particularly approach the work you are doing, how you measure value and move the community forward)*
 - *Future (change you want to make in the world/outcomes)*
 - *Impact (the most told nonprofit story, before and after – success stories, mission, issue to impact)*
- Story structure: three key elements to telling a story:
 - *Challenge (What is our or the participant's challenge to be faced?)*
 - *Choice (What choices are made, and how did they impact experience?)*
 - *Outcome (What is the outcome, based on the choice made? What was learned? What was the impact?)*
- Start with data, end with stories:
 - *Numbers alone do not tell the whole story. (e.g., Persons with lived experience with addiction highlight the importance of lived experience. A woman is in recovery, sustains recovery, and gets counted as a success. But what about other life experiences, such as getting a degree or getting her kids back? We have to put all the variables together to tell the full story)*
 - *No Data Without Stories – No Stories Without Data = Effective Impact Storytelling*
- [The inverted pyramid of data journalism \(part 1\)](#):
 - *Data → Compile (from various sources), Clean (to ensure it is error free), Context (to understand history, bias, and objective), Combine (to create a robust product)*
- [The inverted pyramid of data journalism \(part 2\)](#):
 - *(Stories) Communicate → Visualize (to quickly communicate the story), Narrate (to clearly demonstrate significance), Socialize (to engage), Humanize (to bring data to real life), Personalize (offering interactive features), Utilize (through data-based tool development)*
- [Social math](#):
 - *One of the other reasons we tell stories in combination with our data has to do with social math. Many of us have a hard time conceptualizing large numbers. Social math allows users to grasp large numbers by relating data to concepts that people find more familiar*
- Before you begin strategic communication efforts, foundational considerations include:
 - *Have a master plan, be proactive not reactive*
 - *Prepare branding guidelines*
 - Voice – mission statement (house on your website, incorporate tag line)
 - Visual identity – logo and usage of it (font, color scheme, website pallets, pairing with parent organizations)
 - Brand application – how to use your branding (e.g., use on presentations, materials developed, communications)
 - *Select or prepare a style guide*
 - *Review style guides (e.g., AP, Chicago Manual, APA, GPO style guides)*
 - *Know applicable federal rules and guidelines:*
 - <https://www.plainlanguage.gov/>
 - <https://www.section508.gov/>
 - <https://www.usability.gov/>
- Develop a product
- Message
 - *Who is our audience?*
 - *What is your purpose?*
 - *How will you measure success?*
 - *When will you release?*
 - *What is the preferred format?*
 - Short form (e.g., article, fact sheets, brochure)
 - Long form (e.g., report, toolkits, guides)
 - Multimedia (video, audio)
 - *Delivery methods and/or channels*
 - Hard copy (e.g., printed document, DVD, CD-ROM)
 - Online (HTML, PDF, streaming video, audio files)
 - *Always consider basic elements of design (e.g., line, typeface) and design principles (e.g., contrast, alignment)*

LANGUAGE MATTERS

Sometimes, the words and terms we use can hamper our well-intended efforts. This session created an opportunity to examine terms we commonly use and to discover alternate language that promotes engagement, builds trust, and strengthens our efforts to meet the needs of young victims and their families and caregivers.

Session Objectives:

- Understand the use of person first language
- Be aware of the stigmatizing effects of labels and certain language
- Learn about strategies to harness the power of positive engaging and culturally sensitive language to increase receptiveness to and impact of treatment programs and services

Speakers:

Carol Corn, Director, Social Services, Menominee Indian Tribe of Wisconsin

Key Themes and Lessons Learned

- Select words thoughtfully when speaking with a Tribal member, as the words you use are very powerful; choose language which is used to promote strength and resilience
- Bios are not traditional for Tribal people; it is more who you are, who is your family
- Program names are given purposefully (.e.g., “Oskey wahpetah” → “a new beginning”)
- Language sessions are held every Wednesday with elders and teaching lodges to promote language
- Children learn the language throughout school
- Use language to stress resilience and hope

TOWN HALL: HARNESSING LESSONS LEARNED FROM DAY ONE

The group came together to close out a productive first day with an interactive plenary. An expert facilitator fielded insights and questions from participants to maximize lessons learned during the breakout sessions. Convening as a group provided opportunities to find peers doing similar work and to seed ideas for continued learning for Day Two of the meeting.

Moderator:

Pamela Petersen-Baston, MPA, MCAP, CPP, TEL, JBS

Challenges

- How do we find the right balance around risk? How do we balance risk with the importance of keeping kids with families?
- Addressing race and interplay with the opioid crisis, especially around relationships with law enforcement

- Folks with lived experience should be more actively included and involved in this meeting
- The crack epidemic has not gone away and is not being handled well
- Smaller rural communities are not always recognized and do not always have numbers [data] to qualify for grants
- A culturally relevant workforce needs to be a priority
- Addressing race and prevalence issues related to the opioid crisis and the relationship with law enforcement for different groups of people
- Challenges associated with gaining access to data
- Need for social workers and credentialed professionals; difficulties associated with building a sustainable workforce

AHA Moments

- Helping the Helpers session – discussion on conducting ACEs screening for all staff; if we can’t take care of ourselves, then we can’t take care of others.
- CPP and the benefits and value of this approach
- Opportunity to collaborate and share information at the meeting poster session
- Understanding the challenge of secondary trauma, its cost, and that it is not a reimbursable service
- Stigma about pregnant women/mothers who are addicted to opioids being acknowledged – repeat of historical trauma of children being taken away from their parents
- Potential grants through OVC or BJA, allowable expenses, folding identified needs into budgets, and peer-to-peer interactions
- 150% turnover rate in child welfare
- Social worker raise of 3% is NOT ENOUGH!
- Legal Aid Services and collaborative opportunities that can be pursued



Day Two **December 5, 2019**



Session Summaries and Corresponding Key Themes & Lessons Learned

THE MORE YOU KNOW: TRENDING NOW

Just when we think we have it all figured out, things change. This session examined current drug trends in communities across the Nation and their impact on children and youth victimization, the latest and most effective evidence-based SUD treatment practices, acknowledgement and mitigation of the toll of vicarious trauma on the workforce, and how the lens of polysubstance use is shaping more agile programs and practices.

Speakers:

Cheryll Moore, Medical Care Administrator, Erie County Department of Health

Stacey Read, MSW, Director, Drug Endangered Children (DEC) Network Development, National Alliance for Drug Endangered Children (National DEC)

Sgt. C. J. A. Scallon, MPsy, CCISM (Ret.), Director of Public Safety Support, Chateau Recovery, Vicarious Trauma Fellow, Northeastern University/International Association of Chiefs of Police

Key Themes and Lessons Learned

Erie County Opioid Epidemic Task Force, Heroin Opiate Prevention Engagement Project

- Workgroup established to:
 - *Work with media to ensure use of non-triggering and -stigmatizing language and images*
 - *Consider educating the local media about not further stigmatizing people with OUD*
 - *Consider the impact on children when parents are portrayed as villains*
 - *Work with schools (e.g., trained school personnel and students) about NARCAN and SUDs*
 - *Engage seniors (e.g., education on SUDs, support for raising grandchildren)*
 - *Implement SBIRT with medical providers to identify children with ACEs*
 - *Co-locate mental health and substance use disorder services for adolescents*

- *Promote rapid referrals to treatment after overdose; deploy a rapid response team*
- *Enhance engagement of probationers with OUD history through the engagement of peer recovery specialists to help navigate to services, including treatment and wraparound services*
- *Advance CIT training for law enforcement and trauma-informed care/practice for educators, as well as suicide prevention education*
- *Establish Recovery Clubhouses as safe places for young people to do their homework, talk to a friend, and participate in life and daily living skills services in a group setting*
- *Review data every day, using multiple sources, including constituents served as they often have the best pulse on what is happening in the community*
- *Develop outreach materials on dangers of fentanyl and other illicit/street drugs*

National DEC: How Are Children Impacted? A Brief National Perspective

- 1 in 8 children (8.7 million) live in households with at least 1 parent who has a SUD
- 1 in 10 children (7.5 million) live in households with at least 1 parent who has an alcohol use disorder
- 1 in 35 children (2.1 million) live in households with at least 1 parent who has an illicit drug use disorder
- Children living in homes with a parent with SUD are:
 - *At higher risk for abuse and neglect*
 - *Are more likely to be or become involved in the drug trade (e.g., as dealers or drug transporters, brought along on drug buys)*
 - *Spend longer times in foster care and have more placements*
 - *Have the highest ACEs scores*
 - *Experience or will experience long-term emotional, behavioral, and cognitive issues*
 - *More likely to experience developmental delays*
 - *Likely to have trouble navigating social issues*
 - *At higher risk for health problems and for experiencing an SUD*
- Drug trends currently reflect that heroin remains on the rise; meth never left and is prevalent in more and more communities; and marijuana use, including manufacturing and cultivation, is misunderstood and still causing harm.
- Challenges in addressing these issues are foundational:

- Persistence of a siloed approach to problems
- Too few disciplines involved; collaboration and education are crucial.
- Not identifying children early enough
- Too many short-term solutions (i.e., are not being institutionalized)
- Inter-/Intra-discipline frustration as not always common understanding
- What is working:
 - Awareness – making more aware of the problem (e.g., use of social media, QR codes, phone apps, fact sheets, brochures, training)
 - Implementation – community needs assessment and analysis of data (i.e., what does it tell us and not tell us?) and cross-collaboration with various disciplines
 - Institutionalization – putting things in place that will outlive the epidemic (e.g., memoranda of understanding [MOUs], protocols, changing laws and policies, multidisciplinary team development)
 - [Overcoming Vicarious Trauma through Prevention](#) – providing education, intervention, and follow-up
 - Creating a place for first responders to call when help is needed

Sgt. Chris Scallon

- [228 police officers took their own lives this past year \(2019\)](#)
- Prevention, providing education, intervention, and postvention are essential for first responders
- It is necessary to rethink funds allocation (e.g., so much money devoted to a bomb squad, in which there was no little to no activity during the year, instead of or additional funding devoted to helping first responders with support to address vicarious trauma exposure)
- Failure is only if you stop trying; we have setbacks and must persevere to find solutions
- It is critical to create a place for first responders to call for help ; a healthy officer will interact with community in much better way
- When looking at data, look at multiple sources. Do not rely on one source only. Change the messaging based on what the data show

Highlighted Theme and Lesson Learned

“The idea that you can be immersed in trauma every day and not be affected by it is the same as the idea of being able to walk on water.”
- Sgt C.J.A. Scallon

HOW ARE WE DOING? PERFORMANCE MEASUREMENT PRESENTATION

Grantees have been working hard to track performance metrics and to submit progress reports. This session was offered as opportunity to motivate participants by sharing what the collective [Performance Measurement Tool](#) (PMT) data have shown us so far. Presenters facilitated a discussion about ways in which these data can be used by grantees and federal funders to inform program evaluation and to bolster our collective work.

Session Objectives:

- Understand how BJA’s COAP and OVC’s Enhancing Community Responses to the Opioid Crisis programs support OJP’s goal of addressing the opioid epidemic
- Understand the accomplishments of the BJA COAP and OVC Opioid programs to date
- Share strategies and best practices for gathering data and building partnerships

Speakers:

Susan Smith Howley, JD, Project Director, Center for Victim Research, JSRA

Abria Humphries, Research Assistant, Performance Management Team (Contractor), OVC

James Steyee, Senior Research Associate, Performance Management Team (Contractor), BJA

Virginia Ward-Proctor, Criminal Justice Research Associate, Performance Management Team, OVC

Key Themes and Lessons Learned

OJP, BJA, COAP

- OJP has established a priority to address the opioid epidemic, funding projects in FY 2018 equal to \$58 million and in FY 2019 at \$320 million
- COAP, in FY 2017, gave 50 awards and \$15 million in funding; FY 2018, 160 awards and \$114 million; and FY 2019, 89 awards, 51 demonstration sites, and \$135 million
 - *Demonstration projects are addressing priority substance abuse challenges in rural and Tribal communities; expanding and enhancement statewide adoption of ODMAP; strengthening data sharing partnerships; and building bridges between jails and community based treatment). Explore all the demonstration projects at <https://www.cossapresources.org/Program/DemoProjects>*

- BJA awards range from \$99,353 to \$6.5 million
- Upper Midwest, Mid-Atlantic, and coastal states are some of the hardest hit areas
- The [Comprehensive Addiction Recovery Act \(CARA\) of 2016](#) was the first legislation to give money to these efforts
- CARA objectives were expanded in 2018 to include law enforcement and victim service partnerships and to support cross-system planning to include child welfare
- CARA also included the expansion of technology to implement and enhance prescription drug monitoring programs
- A congressionally mandated [evaluation of COAP](#) was completed by the Urban Institute and included a 30-month evaluation, with focus on the FYs 2017 and 2018 cohorts
 - *The objectives were to (1) gauge how grantees are increasing access to treatment, (2) measure the impact of COAP in reducing opioid misuse and fatal overdoses, and (3) document the range of strategies employed. Multiple data sources were utilized, including grantee local evaluations, program materials, and interviews of COAP TA providers is planned*
 - *Highlights include:*
 - Approximately half of the FYs 2017 and 2018 cohorts evaluated reported they are screening to identify crime victims, with 60 percent reporting that they are providing a victim service program.
 - Sixty percent reported having a high level of collaboration between victim services and first responders, noting that only 3 percent strongly disagreed that they had high collaboration levels
 - Twenty-six percent of grantees say they work with victim service providers to identify/refer overdose survivors as participants for SUD treatment or recovery support services (noted as an identified focus area moving forward)
 - Examples of grantee work include hiring victim advocates, working with Family Justice Centers in communities, and coordinating with District Attorneys' Offices for Victims of Crime
 - The top three services reported were emotional support, information and referral, and personal advocacy/accompaniment
 - Support groups and individual counseling were the top emotional support services
 - Transportation is the top personal advocacy/accompaniment service ; this category included



individual advocacy and accompaniment in a law enforcement setting

OJP, OVC, Enhancing Community Responses to the Opioid Crisis: Serving Our Youngest Crime Victims

- OVC awarded more than \$38 million in funding to 60 organizations in 36 states in FYs 2018 and 2019
 - *Data captured reflect that grantees are:*
 - Helping children and youth, as well as caregivers
 - Promoting awareness through training and partnerships
 - Increasing availability of victim support
 - Presenting data to local and statewide communities regarding the impact of funding and project implementation on child/youth victims and communities
- In FY 2019, OVC grantees served 2,920 victims of opioid crisis; 77 percent were children. Of the 5,072 victimizations types reported in FY 2019:
 - *50 percent reported to the physical abuse category*
 - *18 percent reported to other victimization category, which represents exposure to drugs and family violence*
 - *Other data points collected are as follows:*
 - 2,795 individuals received information and referral services; of this number, 1,734 was specific to provision of emotional support or safety services, while 1,726 was provision of criminal/civil justice system assistance
 - Other therapy (e.g., play, art, writing) was provided 3,072 times and was the most common type of victim service
 - 2,875 referrals to other services were provided
 - Grantees provided education and awareness for 3,399 participants, with primary audiences being community-based organizations, mental health service providers, victim advocates, and educators/youth service providers

- 1,064 agencies were reported to be involved/ collaborating on the initiative, with 654 participating directly as a result of the OVC grant funding.
- 99 training and TA materials were reported to have been developed.
- Importance of data – key points to remember:
 - *Using data to help OVC and BJA make a case to Congress related to impact (e.g., number of people being served); we can demonstrate how grantees are using the funding.*
 - *Adopting strategies to ensure that everyone served is counted*
 - *Counting people at intake and midway (halfway through), noting that victimization categories are different*
 - *Collecting 6-month, annual, and a point-in-time collection based on PMT dates*
 - *Critical to ensure that data is collected consistently*
- Have a process in place to operationalize metrics so they are meaningful to your program; the ability to combine them in a relevant way is important.
- Be clear on what things mean, for instance *what counts as data-gathering activity?*
- Keep the data sources so you have backup material to prove data
- Call [PMT Help Desk](#) for questions
- Visit the [OVC](#) and [BJA](#) websites for further information regarding PMT requirements

NAVIGATING A COALITION-RICH ENVIRONMENT

Emerging concerns and of-the-moment issues often generate new task forces, sometimes drawing or dividing resources and focus away from the persistent priority of serving children and families. This session explored strategies to navigate this coalition-saturated environment and to capitalize on existing partnerships and common goals to advance your program’s efforts.

Session Objectives:

- Understand the importance of networking in establishing long-term professional relationships
- Create an interactive and engaging coalition that encourages creativity and autonomy



- Keep coalition partners engaged and invested

Speakers:

Alan Arce, Program Director, Youth Services Department, Antelope Valley Partners for Health (AVPH)

Joaquin Canizales, Youth Support Specialist, AVPH

David Pedraza, Project Coordinator, AVPH

Kimberly Pichinte, Youth Support Specialist, AVPH

Tiara Sigaran, MPH, Director of Research and Data, AVPH

Key Themes and Lessons Learned

- Become familiar with the objectives of your project so that team members can easily converse about each objective with potential partners
- Attend other coalitions to observe, connect, and learn about how other programs are achieving their goals through collaboration
- Take something effective from each coalition and brainstorm with your team to generate innovations within your coalition – do not recreate the wheel.
- Identify future strategic partners key to helping reach goals set
- Identify and distinguish between and those who are investors and those who are attenders
- Welcome and encourage youth to attend and invest in the coalition, as well (e.g., foster and support community youth councils)
- Invest in professional relationships
 - *Ask identified partners how you/your team can help them first, meet with them often to advance mutual interests and goals, and care about what they care about*
 - *Combine relationship building with networking – this is vital to sustainability!*
- Create an informative, interactive coalition
 - *Have an agenda at each meeting*
 - *Engage others in sharing about their work; notice the connections*

- *Be creative and include space to think outside the box*
- *Obtain feedback and ideas from attendees at the end of coalition meetings*
- Know that you do not have to do it all!
 - *Employ an approach that does not micromanage projects or goals*
 - *Delegate tasks rather than trying to do it all ourselves*
 - *Identify strengths and challenges of other partners*
 - *Present clear and easy-to-understand goals*
 - *Encourage youth to use their creativity to reach each goal*
- Provide educational opportunities for partners
 - *Offer opportunities for partners to use the information with their constituencies*
 - *Example: naloxone training*
- Create specific workgroups that
 - *Are project specific and objective focused*
 - *Help service providers to understand initiative*
 - *Promote buy-in from partners and service providers*
- Form workgroups
 - *Keep coalition members informed*
 - *Help to inform members when challenges of members being able to attend regular meetings is a factor*
- Tell a story; minutes of meetings can tell a story, so be thorough, including critical and key information, and stay consistent in capturing this documentation
- Pick a time to meet that works with youth so that they can participate and contribute
- Incorporate goals into your strategy – People want to be a part of something that is moving towards a goal that is impacting the community
- Keep meetings interesting and fun
 - *Offer specific information relevant to the work at each meeting*
 - *Include ice breakers*
 - *Use creative brainstorming*

IT'S ALL ABOUT THE KIDS: RECOGNIZING SHARED VALUES AND MEETING OUR COMMON GOALS

This session examined the differences in roles, mandates, and practices across systems. Presenters worked with the audience to develop a better understanding of cross-sector values and strategies to meet our shared goals.

Session Objectives:

- Identify challenges in cross-sector coalition building
- Understand how the [Collective Impact Model](#) provides guidance in approaching cross-sector coalition building
- Identify the role of a Court Appointed Special Advocates (CASA) volunteer
- Identify the partners with whom individuals working with SUD-impacted children and families should seek involvement
- Identify ways providers can work together to advance their shared interests

Speakers:

Oscar de la Rosa, Public Health Prevention Specialist, City of Worcester, Division of Public Health

David Fair, Deputy Chief Executive Officer, Turning Points for Children

Keli McLoyd, JD, Policy Analyst, Public Health Management Corporation

Sally Erny, Deputy Chief Executive Officer, National CASA Association

Key Themes and Lessons Learned

City of Worcester – Division of Public Health Grantee

- Collaboration barriers
 - *Find alternative strategies to engage key partners, reduce silos, and forge partnerships*
 - Example: Law enforcement silo – reach out to 911 dispatch and other EMS organizations and meet with the leadership (e.g., chiefs of police and EMS)
 - Example: Public school system silo – connect with other school-based groups (e.g., school nurses, school-based health centers) and other child-serving agencies
 - *Eliminate silos, being careful to not create new ones in the process*

- *Ensure transparency and accountability; meet as often as is feasible*
- *Work collaboratively on a community health assessment*
- *Connect with other community organization engaged in similar work*
- *Improve buy-in through mutual benefits and shared values*
- *Use a referral process; market and educate through various platforms*
- *Have meetings even when there is not a crisis*
- *At local level:*
 - Have strong knowledge of other providers
 - Develop mechanisms for parties to communicate openly
 - Maintain transparency
 - Develop common ground/principles
 - Develop strategies in response to gaps

City of Philadelphia – Turning Points (for Children)

- Data system in Philadelphia was not structured to track SUDs as related to child welfare, and a more efficient way to track and identify children/families was needed
- Effects on children due to the opioid crisis are still not seen as high priority by Philadelphia stakeholders, given the lack of data
- Lack of coordination between systems is a critical area of focus
- Collective Impact strategy offers the following to support a focus on children, youth, and families:
 - *Common agenda (developed a common understanding/ shared vision and created a data dictionary to develop common language)*
 - *Shared measurement*
 - *Mutually reinforcing activities*
- Continuous communication is key; have backbone support organization, Philadelphia Health Management Corporation, that is guiding the work and providing full-time focus
- Key informant interviews revealed that some of the child welfare workforce did not fully understand SUD; therefore, participating in continuing education would improve this. Additionally, support from their supervisors would improve workforce morale
- A coalition offers a way to strategize methods to help members understand and assess needs and contribute data

National CASA/Guardians ad Litem Association

Unique Attributes

- Service is volunteer driven and is not linked to compensation
- Volunteers are involved from appointment to the end of a case; they can serve children from birth to the age defined by state statutes as the limit for youth to remain in care
- CASA was started by judges
- Community volunteers with varied backgrounds serve as volunteers
- Programming is uniquely positioned to collaborate on behalf of children with all partners – first responders, child welfare, judges/courts, attorneys, mental health providers, educators, and child/family advocates



BALANCING THE PERSONAL AND PROFESSIONAL TIGHTROPE

We all bring unique backgrounds, experiences, and talents to our work. Sometimes this helps the people around us, and sometimes it can be harmful – to us and them. This session used tools and experiences to explore how to care for ourselves, as well as for those around us, at a time when so many are burdened (individual self-care/peer support).

Session Objectives:

- Identify three main types of stress
- Identify strategies for self-care and colleague/peer support

- Recognize that our own trauma history impacts our ability to effectively respond to trauma victims, especially in helping relationships
- Practice specific mindfulness techniques that will increase self-care and community care to mitigate personal and systemic retraumatization
- Establish the roles of SUD professionals and members of law enforcement while conducting post-overdose outreach assignments (e.g.,)
- Understand and manage stressors involved in conducting post-overdose outreaches (team wellness)

Speakers:

Jesse Fairchild, LCPC, Practice Owner/Clinical Psychotherapist, Bodhi Counseling

Capt. Matthew Moynihan, Law Enforcement Overdose, Response Coordinator/Director of the Heroin-Opioid Prevention Effort (HOPE) Initiative, Rhode Island (RI) State Police

Lara Quiroga, MEd, Director, Strategic Initiatives for Children, Amoskeag Health

Key Themes and Lessons Learned

- Continuing to work together on collaborations driven by the current drug crisis is key
- It is essential to promote a public-health-, -safety-, and -wellness-focused collaboration
 - *Example: [Rhode Island's HOPE Initiative](#) team's SUD professionals within law enforcement follow up within a 72-hour period post overdose. The goal is to engage, talk outside of the immediate crisis, build relationships with individuals, and offer treatment options. Case management and follow-up are critical components*
- Recognizing stress and its variations is critical to achieving balance and wellness
- Positive stress is a part of our lives that occurs in the context of stable, supportive relationships
- Tolerable stress is stress that is a part of our lives that is disruptive but can be managed by supportive relationships that facilitate adaptive coping
- **Toxic stress** is the strong and prolonged activation of the body's stress management systems, in the absence of buffering protection and support, that disrupts and damages the brain architecture
 - *Example: [Nadine Burke Harris's TED Talk How Childhood Trauma Affects Health Across a Lifetime](#)*

- Engaging people during crisis is not nearly as effective as waiting just a short time to allow the crisis to have subsided
- Self-care is critical; take care of yourself in the work that you/we do. Know what a trauma-informed response for you looks like; mindfulness and yoga can be effective
- If we screen for ACEs, then we need to screen for positive experiences, too
- Everyone has experienced trauma; we must be cognizant of this as we go about our work in engaging others.
- The [Skovholt Cycle of Caring in Helping Relationships](#) offers insight into the essence of relationship-intense professions

Highlighted Theme and Lesson Learned

"Everything you do in life stems from the relationship you have with yourself."
– Michelle Maros

Highlighted Theme and Lesson Learned

"To love someone is to learn the song in their heart and sing it to them when they have forgotten it." – Arne Garborg

- Mindfulness is one method of caring for ourselves as it allows us to achieve an awareness of our subtle sensory, body-based feelings, noting that the greater the awareness, the greater the potential to control our lives
- Mindfulness is key; knowing your self-care strategies is critical – and different for everyone
- Practicing intentional beginnings and endings are also key: How do we begin our day, choose focus, and what success will look like? How do we determine at the end of the day what can be put down, what we are done with, and what can be left and not to be carried on to the next day?
- The [Harvard University Center on the Developing Child](#) is a great resource

WHERE DO WE GO FROM HERE? SUSTAINING WHAT WORKS BEYOND DOJ GRANT FUNDING

This session provided practical strategies and helpful tips for maintaining and building upon the important work under way beyond the life cycle of the current grant.

Session Objectives:

- Recognize the importance of hearing the voices and needs from the community
- Identify ways to address needs through advocacy and community collaboration
- Understand ways to meet the needs of the present, while sustaining the needs of the future
- Determine how to leverage existing program successes
- Determine how to build important connections
- Identify who the important key players are for you and your project's work

Speakers:

Michelle Brachten, MSW, LCSWA, Therapeutic Clinician, Gaston County Visitation Center (GCVC)

Nanci DaSilva, LMHC, Children Impacted by Substances Program Coordinator, Wayside Youth & Family Support Network (Wayside)

Tom Gray, Program Coordinator, GCVC

Jessica Outen, Case Manager, GCVC

Jeanne Ward, MSW, LICSW, Director, Trauma Intervention Services Program, Wayside

Key Themes and Lessons Learned

- Start sustainability by collaborating and identifying key partners, looking to the future, establishing good connections and maintaining them, and continuously reaching out to personally connect and cultivate relationships



- Identify the important key players for your projects and what they contribute; establish MOUs with local officials (e.g., county commissioners), focusing on project support, contribution of funding, foundation funding, and other sources to continue programs that are started. It is important to engage sources at inception of the project to get buy-in.
- Identify barriers to service delivery and work with partners to identify resources to address issues (e.g., transportation and co-location of resources, as this is important to working with an entire family); gain consensus on things that make sense
- Recognize the importance of collaboration, including partners in grants discussions with the focus on how each can contribute (e.g., judges, law enforcement, providers, school, family members, churches)
- Bring partners together regularly (e.g., monthly) and look at gaps and how to identify areas for project development, including a continuous focus on sustainability
- Help agencies enjoy collaboration through the sharing of resources vis-à-vis cost sharing and spreading staff time across projects; collaboration helps you manage resources and helps them also. manage their resources
- Support funding sustainability through sharing client assessments, surveys, and other data collected that can show impact, including personal stories of success and testimonials
- Do your research; identify colleges and universities that may be able to contribute to help sustain the project (e.g., evaluation services that may be initially paid for by the project funding may be available through the college/university.)
- Leverage available funding streams, such as federal, state, or local grants; state VOCA resources (i.e., have designated funding to support victim services); public health; local [Community Services Block Grant](#) funding; child welfare and human services agencies; and civic and business entities
- Research and learn about insurance and other billable service capacity (e.g., state Medicaid and waiver programming)
- Analyze data to use to leverage other grant/funding streams; be sure to collect outcomes data that show impact of programming (i.e., why it is important)
- Use all connections you have, including personal friends and acquaintances; be flexible in how you receive and utilize resources

- Offer training, when possible, to engage others and to showcase the work that you are doing
- Pursue participation on local boards with organizations that have common interests and focus
- Utilize local and social media outlets to promote your work and to generate interest
- Keep track of successes and noteworthy accomplishments to share in grant proposals and to include in conversations or presentations with potential collaborators or donors

BRIDGING TERMINOLOGY ON THE PATH TO SUCCESS

Terminology gurus guided participants through the use of a new [Crosswalk](#) (grant terminology) resource to help anchor performance measurement in our daily practice. Panelists provided examples of how to navigate this victimization terminology and to leverage the data in program evaluation.

Session Objectives:

- Navigate PMT victimization terminology for use in daily practice
- Identify ways that PMT data can be used to strengthen programs
- Be better prepared to collect good-quality data for the PMT
- Get ideas about the ways PMT and other collected data can inform the work
- Begin to think about program evaluation and how to lay the groundwork now
- Learn about new tools and resources to support the work on data collection, data use, and program evaluation

Speakers:

Susan Smith Howley, JD, Project Director, Center for Victim Research, JRSA

Abria Humphries, Research Assistant, Performance Management Team (Contractor), OVC

James Steyee, Senior Research Associate, Performance Management Team (Contractor), BJA

Virginia Ward-Proctor, Criminal Justice Research Associate, Performance Management Team, OVC

Key Themes and Lessons Learned

- When reporting in the PMT, grantees are using the “Other” category often to categorize victimization of clients; this makes it difficult for OVC to get an understanding of the true victimization categories for analysis purposes
- To this end, OVC is developing a tool that defines the 26 different types of victimization (i.e., a data dictionary)
- Why does it matter to be more specific when defining victimization?
 - *Helps OVC and grantees communicate broader data to general public and other stakeholders*
 - *Helps demonstrate output of grant funds*
 - *Communicates impact of work*
- How does OVC use data?
 - *Responds to data requests from Congress*
 - *Reviews programs to identify promising performers and those that might need assistance*
 - *Issues summary reports (e.g., aggregate data for the public)*
- How can grantees use data?
 - *Visualization through creation of visual aids (e.g., infographics, dashboard) to demonstrate data*
 - *Identification of trends and of the plan in addressing gaps*
 - *Sharing of data with communities and partners to show how the program is serving the community and to share best practices and common challenges*
 - *Development of training resources*
 - *Sustainability of programs by demonstrating outcomes, impact, and need to maintain project work*
- Program evaluation is an important area of focus for projects and is key to discerning the impact of project work; program evaluation efforts offer:
 - *More in-depth information in collecting and analyzing other data collected outside of PMT requirements*
 - *Formative information and insights, such as program optimization for success. This review and insight may reveal the requirement of a needs assessment or the need for a logic model; this evaluation supports contemplation of the theory of change to determine desired outcomes/ outputs.*
 - *Insights regarding process such as is the program being implemented as planned*

- Outcome measurement is essential to discerning if a program achieved stated or required objectives and to capturing impact
- Feedback from grantees is one way to capture outcome information
- Grantees' dynamics related to outcome measurement are:
 - *Some grantees are partnering with local universities to conduct focus groups and develop publications*
 - *Most grantees do not have a dedicated staff member for evaluation and data collection and either share the responsibility in-house among staff or contract with an outside resource*
 - *Most grantees do not have a formal plan as to how to use data collected; this is an important consideration and can be a factor in sustainability considerations*
 - *Many grantees have their own data collection system, while others use the PMT Excel spreadsheet provided by OVC*
 - *A key resource is [Finding a Research Partner for Victim Researcher-Practitioner Collaborations](#)*
 - *Other tools and training on this topic can be found on the [Center for Victim Research](#) site*
- [JRSA](#) is also a resource available to provide support and offers many resources available through options listed below:
 - www.Victimresearch.org
 - Database of [research partnerships](#)
 - Provide [training and TA support](#)

SUCCESSFUL PARTNERSHIPS + STRONG COLLABORATIONS = SAFE AND HEALTHY CHILDREN

Finding and engaging the right partners and stakeholders can be tricky, takes time, and requires ongoing maintenance. Current grantees shared their creative strategies to building strong collaborations and to keeping those active over time.

Session Objectives:

- Better understand and navigate the nuances involved in partnerships versus collaborations/coalitions
- Assess the strengths of their partnerships and identify gaps in partnerships
- Identify some best practices, as well as some of the challenges faced by the grantees presenting in the

areas of building and maintaining partnerships and collaborations

Speakers:

Camilla Bibbs-Lee, MSCJ, Executive Director, Hamilton County Coalition

Edward Jacobs, MSW, Director of Grants and Sponsored Projects, Plymouth County District Attorney's Office

Melinda Kneeland, Director, United Way of Greater Plymouth County, Community Connections, The Family Center and DEC initiatives

Calandra Smith, Program Coordinator, Hamilton County Coalition

Key Themes and Lessons Learned

Hamilton County Coalition Goals

- Learn about and utilize the [Strategic Prevention Framework](#) to guide planning, implementation, evaluation, assessment and capacity for efforts
- Promote and guide engagement with ALL community sectors
- Identify a common focus or goal
- Be proactive instead of reactive; pursue relationships and partnerships
- Use the secret of recruiting
 - "WIIFM – What is in it for ME?" Contemplate and have a plan to communicate to those with whom you want to partner; this creates a win-win for those involved (i.e., they give, you give – everyone wins)
- Find ways to share information that will resonate with partners
 - *What is the problem with opioids?*
 - 20.2 percent of eighth, tenth, and twelfth graders reported taking medications not prescribed to them.
- Sponsor events or initiatives that are aligned with your project and offer a community benefit:
 - *National and community level Drug Take Back events*
 - *Regional overdose awareness and prevention trainings*
 - *Education and skill building with youth*
- Promote peer to peer mentoring when and where feasible to build on existing collaborations
- Pursue having coalition agreements – Memorandum Of Understanding (MOUs) in place to solidify partnerships incorporating reciprocal support where and when feasible

- Capitalize on existing foundational partnerships such as those in Plymouth County, MA:
 - *The district attorney's office has an initiative addressing the opioid epidemic and crime in the community, laying the groundwork for other related collaborations.*
 - *Partnerships with the Plymouth County CAC help to document the journey of work underway serving children who are victimized.*
 - *Plymouth County Outreach is a foundational coalition of 27 municipal police departments across the county and the Bridgewater State University Police Department that pave the work to shift law enforcement to a recovery focus and support children in and throughout the county*
- Introduce and advance trauma-informed learning initiatives
 - *Example: A Brockton Public Schools pilot program, initiated over a 3-year period for the advancement of the trauma-sensitive schools; these schools experienced an 80 percent decrease in suspendable issues and 43 percent fewer office referrals.*
- Use media and awareness opportunities to educate (e.g., *Photovoice* – “*Johnny has a drug problem.*” “*Johnny doesn't do drugs.*”)
- Build collaborative partnerships
 - *Identify the “who”:*
 - Who is already at table? (e.g., hospitals, schools, child welfare, recovery coaches, law enforcement, other first responders, service providers and others)
 - Who is missing? Constantly ask schools and communities who is still missing at the table; identify and invite them
 - Who has valuable expertise or knowledge to share?
 - Who are the champions for each discipline?
 - *Identify the “why”:*
 - Establish clearly what the reason or motivation is for partners to collaborate with you
 - Know and communicate clearly what the benefits of participation are; use personal stories from those served or from partners to bolster efforts

Highlighted Theme and Lesson Learned

“We are here because of OVC, the best grant we’ve ever worked on with the TA and support offered and to work alongside others doing similar important work.” - Melinda Kneeland

- Search for best practices and resources to advance initiatives, for example:
 - *Boston Medical Center, OJJDP Safe Start, Yale and New Haven Police Departments*
 - *Book: Helping Traumatized Children Learn*
 - *HWC law enforcement and school collaborative model*
 - *ACEs awareness, as not everyone is aware of what is going on in a community, such as violence and its impacts; yet, to get community buy-in, there needs to be an awareness of ACEs. Seek out and offer this education.*
 - *Use mapping resources, such as heat maps, to learn about what is really going on in communities and where (e.g., an overdose heat map showed that 51 percent of overdose incidents were not from the city but from somewhere else in county; this information changed the planning.)*
 - *Hospitals report overdose and related incidence rates data; work with them and officials who can access this data to inform planning*
 - *Collaborate to build a database to leverage real-time, current data, as most data available through reports generated are 2+ years old. ODMAP is a great resource; find out if it already exists in your community*

TRIBAL SOLUTIONS ROOTED IN NATIVE TRADITIONS

Serving our youngest victims and families in Indian Country involves unique opportunities, challenges, and culturally based approaches. Participants learned from current grantees how these factors are incorporated into several spotlighted projects.

Session Objectives:

- Understand Indigenous youth, including the impact of colonization and how data and reports reflect this impact
- Understand the cultural resiliency of Indigenous youth, families, clans, Tribes, and urban communities
- Recognize how Minnesota (MN) Tribes are working with their youth and families to help them overcome historical and ACEs trauma, the opioid epidemic, and violence, toward becoming healthy, happy, successful, and proud to be Indigenous
- Understand Indigenous communities in MN be able to apply similar concepts in their own work and places with other Indigenous people



Speakers:

Shirley Cain, JD, Human Services Representative, Native American Indian Unit, Behavioral Health Division, MN Department of Human Services

Carol Corn, Director, Social Services, Menominee Indian Tribe of Wisconsin

Highlighted Theme and Lesson Learned

"The consequence of historic and structural inequities have left many children, especially children living in lower income households, children of color, and American Indian children without access to support that addresses basic needs or programs that are culturally appropriate or have equitable capacity." Shirley Cain

Key Themes and Lessons Learned

- Being immersed in one's own culture makes it difficult to embrace other cultures
- Advancing leadership opportunities is also key; Ms. Cain also shared that she learned how to be a leader because of her participation in a "Women's Leadership Program"
- Use of the [Housing First](#) model has allowed for the integration of culture and traditional teachings
- A community engagement workgroup was established by the Menominee Tribe to develop a Tribal action plan and a Tribal justice strategic plan, with the objective being for all Menominee Tribal systems to work collaboratively to address SUD and its impact on children, families, and communities
- Examples of efforts in place include crisis response workers stationed at law enforcement location after hours. They distribute backpacks with pajamas, books, and toiletries to the children. Duffle bags are also distributed so youth who must move quickly can carry their items in a duffle bag instead of a trash bag

- Native cultural practices and language are immersed into a healing model (e.g., language classes with elders, the use of sweat lodges, traditional healers, peer and wraparound support)
- Working with incarcerated populations in the jails and those returning to their communities is essential (e.g., sending affirmations, trauma-informed care, Native parenting, information on the history of their Tribe)
- Coordination and integration between Tribal and local courts promote a positive message; meet with Tribal councils to address more serious issues
- Emphasis should be placed on incorporating tradition, culture, language, and art throughout programming

MINING YOUR DATA: SOURCES, STRENGTHS, AND SHARING

Data can be overwhelming, but carefully developing and implementing a plan can help your team harness the power of information. Successful data and evaluation plans will help your program track progress; identify successes, challenges, and gaps; and advance efforts as you move ahead. This session offered practical approaches to (1) identify relevant data sources, (2) enhance existing data repositories, (3) use data to strengthen your program, and (4) responsibly share data with partners and the larger community.

Session Objectives:

- Classify performance measures that are already being collected, which can be used to share data in a responsible way
- Identify data sets that are relevant to their program and/or projects
- Organize existing data repositories to maximize the usefulness of the data, as well as to guarantee their availability for future use
- Illustrate how data are used to evaluate program effectiveness

Speakers:

Deb Robison, MA, LSW, Project Administrator, Center for School-Based Mental Health Programs, Miami University

Wendy Schiller, MPM, Senior Site Manager, National Council of Juvenile and Family Court Judges

Martina Weber, LISW, Comprehensive Opiate Abuse Project Coordinator, Butler County Mental Health & Addictions Recovery Services Board

Key Themes and Lessons Learned

- To make data work, it is essential to classify, connect, and share it. Make it a practice that if you collect data, then it must be used
- It is important to discern early on and throughout which data sets are important to telling the story of the project or to highlighting the progress of meeting goals
- Matching or aligning data with other variables helps to get better information that can be useful (e.g., match geographic locations with services provided)
- Report cards and/or dashboards are a great way to support simplification of information into visually accessible one-pagers to quickly inform people and stakeholders
- Being transparent when sharing data with stakeholders is important; even if you are experiencing difficulties, your partners and supporters may be able to offer guidance and direction

Resources offered:

- The [Wilder Collaboration Factors Inventory](#) is one tool that can be used to assess how collaboration is doing, based on research-tested success factors
- The [Family Dependency Treatment Court Fidelity of Implementation Goal Attainment Scale](#) also used for drug court evaluation purposes
- The [Thriving Communities Success Markers Summary](#) can be used as a process evaluation tool
- [Cordata](#) is a tool used to collect and share a holistic view of patients across a continuum (e.g., supporting and tracking the work of [Quick Response Team](#) and diversion court data collection); there is a plan to use with the HWC program in the future. The Cordata platform can also be used to capture documentation of peer-support activities

BEYOND SILOS: STRIVING FOR A SEAMLESS RESPONSE

Partnerships are necessary to effectively serve children and families, but working across silos can be difficult. This session candidly explored challenges and successes in building victim service – first responder partnerships.

Session Objectives:

- Highlight promising and successful practice models for engaging key partners, including law enforcement and first responders, in responding to the needs of child victims of the opioid crisis and their family members with a trauma-informed approach
- Provide a summary of key challenges and corresponding solutions related to serving child victims who have been exposed to trauma (e.g., parental overdose, removal from parents/home)
- Describe the developmental trajectory and timeline of collaborative partner development and the steps necessary to engage reluctant partners and to shift stigmatizing attitudes

Speakers:

Chief Shawn I. Butler, Auburn Police Department

Andrea Darr, Director, West Virginia Center for Children's Justice

Heather Petrus, MS, Executive Director, CCS

Sarah VanDoren, Director, Victim Services, CCS



Key Themes and Lessons Learned

- Collaborate with key partners and stakeholders; important to the cumulative successes of programs (e.g., CCS embedded a Substance Abuse Behavioral Health Specialist in child protective services to better identify families in which parents are experiencing SUD issues)

- Advocate for critical services availability (e.g., SUD treatment options and treatment while incarcerated)
- Collaborate with key partners to respectively pursue other or additional partners
- Establish and cultivate multidisciplinary partnerships, whether formally established as part of a service continuum (e.g., CAC) or to support a key project with common focus
- Integrate cross-discipline training as part of the team’s focus, as it is key to understand the role of each team member, value one another’s work, and support success in serving kids and families
- Share information and incorporate as part of regular collaborative interface
- Recognize that members come to the work with varying mindsets and that cultivating the transformation from not knowing and understanding to growth and knowledge is critical but takes time; offer opportunities to stimulate this interaction and be patient
- Establish policies, procedures, and protocols to guide interfaces with children, youth, and families (e.g., Chief Butler established crisis support, engagement, and warm handoff protocols that were successful.)
- Build and develop the culture to makes it work, with the hope that as leadership evolves, the culture will also be sustained
- Understand that in serving children and youth impacted by SUD, it is critical to understand trauma and ACEs and to offer opportunities for learning to occur with partners, with the goals that they, too, will advance this learning
- Look at [HWC](#), a partnership with law enforcement, EMS/first responders, public health, child protective services, and schools (Resource: [Helping Traumatized Children Learn](#), resources to support promotion of such efforts in communities).
- Recognize that patience and persistence are essential components of cultivating relationships and partnerships and of breaking down silos to serve children, youth, and families
- Develop/evolve trauma-sensitive schools, which is essential as they provide possibilities for traumatized children to forge relationships with caring adults and to learn in a supportive, predictable, and safe environment

“When little people are overwhelmed by big emotions, our job is to share our calm, not join their chaos.” L.R. Knost

MEMORANDA OF UNDERSTANDING AND COLLABORATION: TOOLS FOR FORMAL ENGAGEMENT

This session will explore and provide practical guidance on the use of MOUs, agreements, and other tools to formally engage partners, outline roles and responsibilities, and ensure a seamless response to crime victims.

Session Objectives:

- Identify levels of collaboration
- Identify tools that best formalize engagement with partners
- Utilize practical tools for engagement
- Understand the advantages of a collaborative document

Speakers:

Michael Figgins, Esq., Executive Director, LASO

Maggie Moon, Esq., Medical-Legal Partnerships Program Coordinator, LASO

Lara Quiroga, MEd, Director, Strategic Initiatives for Children, Amoskeag Health

Key Themes and Lessons Learned

- MOUs are the foundation of partnership; they curb misunderstandings and set mutual expectations, collegiality, and trust among parties
- Medical-legal partnerships support the presence of an embedded legal aid attorney in a health system; LASO has established this model successfully
- One process for initiating MOUs involves (1) introductions between collaborators, (2) trust building (i.e., answering the question of what’s in it for one another, such as partnerships or cost savings), (3) seeking funding tied to real outcomes, and (4) grant-writing support (Remember, an MOU is your proof to a funder that you are collaborative)
- It is important to keep your MOU simple; “The MOU is the “I do” like a marriage”
- There is no need to be intimidated by other lawyers who want to look over your MOU; keep it simple and know the purpose of the MOU for each partner
- The continuum of autonomy to complete integration in partnerships ranges from a referral network (papers are faxed to make a referral) to a partial or full integration (a legal aid attorney is on site every day)

- The [National Center for Medical Legal Partnerships](#) offers a toolkit to help, with several real examples
- Every MOU has a statement (typically 30-day notice) to get out of the MOU; this helps ease anxiety for all parties
- Making time for more casual meetings, like meeting for coffee, build and sustain relationships, as well as partnerships
- It is important to be intentional about coordination (information exchange), cooperation (sharing resources), and collaboration (can't live without each other)
- Collective Impact is an essential focus – common agenda, shared measurement, mutually reinforcing activities, and continuous communication (codified method) – and backbone (Who is the agency that will be the home? It doesn't have to be the fiscal agent)
- The keys to collaboration are to assume good will; be flexible and creative; have a leader who focuses on the project, decisionmakers at the table, relationships, and respect; and embrace change, while making time to collaborate and celebrate
- There will be challenges – different agencies, different agendas, time, succession planning, anxiety about resources, bureaucracy, lack of leadership, communication, mismanagement of expectations, mission drift, and no shows; in the end, the work is worth the effort



PILLARS OF CULTURALLY RESPONSIVE PROGRAMMING

Understanding historical trauma, acknowledging service disparities, appreciating cultural differences, and sustaining partnerships with diverse service providers are essential to reaching every victim. This session will explore the components of building a culturally responsive program.

Session Objectives:

- Understand that culturally relevant practices, which are incorporated in all systems and services, are beneficial to all adults and children
- Eliminate cultural barriers that interfere with service delivery

Speakers:

Natalee Andrews, Home Visitor, Hocking County Help Me Grow

Steve Caruthers, Family Mentor, Integrated Services

Maria Decora, Community Outreach Counselor, Yurok Tribe of the Yurok Reservation

Lori Nesbitt, Program Manager, Yurok Tribe of the Yurok Reservation

Ashley Standall, CDCA, Community Health Worker, Hocking County Health Department

Misty Tigner, Early Childhood Department Supervisor, Hocking County Help Me Grow

Marni Tucker, Children Services Caseworker, Ohio Department of Job and Family Services

Key Themes and Lessons Learned

- Be open; keep an open mind
- Respect values and beliefs
- Be aware of your own culture and how this may affect how you interact with and communicate with others
- Meet people where they are
- Take time to listen, learn and understand; most people are close to their birthplace
- Recognize, respect, and understand fierce protection of self and families
- Consider that fear of authority and those outside the community may be a factor
- Listen and do not judge or react adversely when others showing hostility toward the government may exist

Highlighted Theme and Lesson Learned

People don't care how much you know until they know how much you care! Theodore Roosevelt

- Maintain trust and respect; be reliable and consistent
- Do not impose your ideas on others
- Emphasize family as a whole
- Remember that consistency (keep going back) and building relationships and rapport takes time
- Forego pretenses; be who you are (e.g., “down to earth”)
- Recognize that your priority may not be their priority
- Hire local people to help with program
- Be patient
- Utilize cultural brokers (i.e., those within the culture with whom you can consult to understand differences or best approaches)
- Recognize that you do not know everything, you will not know everything, and be honest when confronted with unfamiliar elements of others culture; this often offers the opportunity to have a conversation and to learn



BRINGING IT ALL TOGETHER: A WORLD CAFÉ CONVERSATION

Moderator:

Carlos Alcaraz

Collective and Collaborative Focus as We Move Forward

Participants joined for structured small group discussions to identify key themes and insights regarding their 2-day meeting experience. Below is a summary of participants' responses when asked to identify 'AHA' moments and/or 'Key Takeaways' that they plan to carry with them from this event to enhance their work in serving children, youth, and families impacted by the opioid crisis and substance use.

Participant AHA Moments and Key Takeaways:

- Increase and improve 24/7 collaborations
- HWC is a model practice to replicate in communities to support children who are traumatized.
- Improve upon positive cultural enhancement and activities in residential programs
- [Valor Program](#)
- Conduct ACEs education and awareness training for all staff
- PTACC is a phenomenal resource for training, tools, and other resources
- Polyvictimization assessments are essential to understanding traumatic impact and to building services to meet needs
- Cordata Health Systems is a great resource for managing patient health and other critical information
- ACEs Survey – Understanding it and effectively using it to collect past traumatic experiences information informs how best to provide needed services
- Expand multidisciplinary collaboration; collaborate to have a positive impact
- Grow engagement with schools
- Engage and collaborate more with existing partners
- Enhanced performance management informs your work and can bolster collaborative opportunities and sustainability
- Involving young people in coalitions is essential to evolving systems of care to serve them
- The “invisible suitcase” – People, including youth, have trauma they carry; these traumas and their beliefs about the world are not visible to others

WHAT PARTICIPANTS ARE MOST HOPEFUL ABOUT FOR THE FUTURE?

As the two-day event ended, participants were asked what they are most hopeful about moving forward. Below, in no specific order, are the responses shared.

The responses communicate so many important messages around hope with focus on holistic care, overcoming obstacles, prioritizing equity, appreciating diversity, capitalizing on successes, working together, addressing the depths of trauma and valuing collective healing and perseverance as we work as colleagues across the country to make a difference.

Healing, Hope, Unity, Forgiving the Unforgiveable **#wedorecover** **No more**
Trauma informed states **More collaboration with our fellow grantees** **stigma**
Break the cycle! **Services for all family members!**
Implementing Handle with Care in our community **Healing** **Coordinated**
Prevention **Working collaboratively with tribal first responders**
Adverse Childhood Experiences Response Team #ACERT
Regional **Keeping families together**
Collaboration
Drug free youth **Connections and** **Helping kids and interrupting the cycle**
collaborations
Communities Empowered via Reduced Barriers **Solutions** **Serving more families**
Reduction of trauma for children **that work** **Sustainability**
Our agency is working with our community to become a trauma informed community
That everyone here is invested in addressing stigma **Drug and alcohol-free country**
Healthy **Collaboration** **Families together**
community **Continuation beyond the grant**
#wedorecover @RREACT **Transforming society** **Serve more children**
to be trauma focused
Successful well adapted individuals who can function in society **Resiliency of children**
A drug free generation **Healthier and more resilient communities**
WE can make a difference! **Positive Community Change** **Good people doing their best**
Bringing children **Better prevention** **Collaboration**
into the discussion **is happening!**
Better approaches to collaboration **Start addressing the dangers of marijuana now**
Residential treatment for men where they can bring or reunify with their kids
Effective collaboration **Work myself out of a job!** **TRUE collaboration**
A world where we don't need to have meetings like this **Awareness! Take off blinders!**
Grow the initiatives **Establish a successful and fully responsive Task Force team**
New and stronger **Extensive prevention information in elementary schools**
relationships
Chance to change our response to families in crisis
Trying to copy the lawyer **Increased understanding of how trauma affects us all and**
in the school project to **how coming together to support each other is the solution.**
reach more families
The existence of opioid programs **We are hopeful that the collaborations**
to reduce trauma among children **we form now will be effective and lasting**
Building adult capabilities that improve child outcomes
Memo of understandings and agreements, needs assessments and **Ocean Beaches and**
sequential intercept mapping and privacy barriers and solutions **Redwood Highways**

SUMMARY

As reflected in the many comments offered by participants during and after this event, there were so many takeaways, opportunities to network, meet and learn from one another as well as opportunities to talk with federal representatives and longtime experts characterizing this event. The climate of the event was energy-filled and infused with overwhelming concern for and dedication to the work of providing support, effective interventions and innovating new strategies to meet the needs of children, youth, families and caregivers who are impacted by substance use in our communities and across our country. As the meeting closed, participants were asked to identify what they would like to learn more about moving forward. This information, as explained by facilitators, is critical to informing work underway and continuous to evolve ongoing training, materials and sharing of resources that truly meet needs deemed as priorities. Below is a summary organized by topic or focus area that has and will continue to inform planning and development efforts.

“The past two days have been the most incredible experience – having the opportunity to share with and learn from like-minded and interested partners across the country is exhilarating and renews my convictions to positively impact the lives of children, youth and families impacted by substance use.”

“Having the opportunity to hear directly from those working in the field – on the front lines was genius – kudos to the meeting planners but more importantly thank you to everyone who shared their ideas, innovations and successes with us – we are in this together!”



Advancing Common Understanding of Core Topics Key to Effective Programming:

- Resources Detailing the Science of Addiction
- Stigma Reduction Trainings - Deconstructing Stigmas
- Brain Mapping
- Polysubstance Use
- Prevention and Pain Management
- Polyvictimization Assessment
- Harm Reduction
- Trauma-Informed Care and Practice
- Trauma-Informed Care and Practice with Native Populations
- Vaping

Culture and Diversity

- Intersectionality
- More Education about Cultural Concerns
- Inclusive and Respectful Language
- Resources for Training on Non-Stigmatizing, Supportive Language

Empowering Parents, Caregivers, Families

- Language for Parents to Discuss Their Addiction and Recovery with Children/Families
- Cultivating and Navigating Relationships with Natural Parents and Caregivers – Kinship Providers

Identification and Engagement

- Removing Barriers to Services
- Postvention

Leadership – Supervision

- Succession planning
- Stewardship
- Navigation Best Practices
- Achieving and Sustaining Fidelity with Best Practice Implementation

Grants Management

- Longer Timeframes for Grants
- Resource Directory of Funded Programs and/or Regular Updates
- Blueprint of Policy & Procedures in Use – Samples

Bridging and Forging Strong Partnerships

Collaborations to inform and guide work and sustainability:

- Impactful Collaboration
- Strategies to get Buy-in/Partnerships with Law Enforcement and First Responders
- Faith-Based Connections
- Task Force Team Collaboration
- Outreach and Collaboration - How to Initiate Engagement
- Medical-Legal-Mental Health Partnerships
- Networking with Community Partners
- SOPs for Collaboration

Collaborations focusing on serving those in need:

- School Based Programming
- Quick Response Teams

Data, Analysis and Evaluation

- ODMAP (Overdose Detection Mapping Application Program)
- Power BI (data reporting and visualization software) Use
- Generating Data
- Infographics
- More Applicable Ways to Measure Progress (in addition to PMT)
- Data Visualization
- PMT and Sustainability
- Simplified Measurement Forms
- Effective Ways to Obtain Collaborative Data – Data Sharing



Sustaining the Work

- Resource Development Around Funding Sources!
- Access to (and knowledge of) foundations for support
- Program Legacy
- Navigation of Available Grants and Funding Opportunities
- Grant Writing

Preservation and Wellness for Professionals in the Field

- More Self-Care Availability
- Advancing Trauma-Informed Practice within Agencies and Organizations

On behalf of the Office for Victims of Crime (OVC), Bureau of Justice Assistance (BJA), JBS International, Inc. (JBS) and the Institute for Governmental Research (IIR) we thank you for your participation in this event and for your work in serving children, youth, families and caregivers along with communities impacted by substance use. Your work and contributions to those served and the field are extraordinary and appreciated. With each day and through every collaborative opportunity we are strengthening our collective will and capacity to support those served to achieve wellness. Likewise, we must care for our colleagues and ourselves. Please know that we remain committed to you and once again thank you for your work – past, present, and future.

Should you have additional comments, questions or resources that you would like to share please feel free to contact us at ovc-bja@jbsinternational.com and COSSAP@iir.com.

One of the most meaningful ways we can contribute to community is to take an intentional pause when bearing witness to anything hard.
Laura van Dernoot Lipsky

APPENDICES

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Meeting Agenda



The Opioid Crisis and the Nation's Youth— Strategies and Solutions to Serve Our Youngest Victims

BJA/OVC Grantee Meeting

Alexandria, Virginia • December 4–5, 2019



Time	Topic	Location
Tuesday, December 3		
4:00 p.m. – 6:00 p.m.	Registration	Plaza Ballroom Foyer
Wednesday, December 4		
8:30 a.m. – 9:30 a.m.	Convene and Welcoming Remarks A Day in the Life of a Young Victim	Plaza Ballroom
9:30 a.m. – 9:45 a.m.	Break (on your own)	
9:45 a.m. – 10:45 a.m.	Breakout Series 1	Various Rooms
10:45 a.m. – 11:00 a.m.	Break (on your own)	
11:00 a.m. – 12:00 Noon	Breakout Series 2	Various Rooms
12:00 Noon. – 1:30 p.m.	Lunch (on your own)	
1:30 p.m. – 2:45 p.m.	Grantee Showcase	Plaza Ballroom Foyer
2:45 p.m. – 3:00 p.m.	Break (on your own)	
3:00 p.m. – 4:00 p.m.	Breakout Series 3	Various Rooms
4:00 p.m. – 4:15 p.m.	Break (on your own)	
4:15 p.m. – 5:00 p.m.	Town Hall: Harnessing Lessons Learned From Day One	Plaza Ballroom
5:00 p.m.	Evening Recess	
5:15 p.m. – 6:30 p.m.	Evening collaboration space is open! Join your peers and subject experts to share, learn, and connect!	Maple Room
Thursday, December 5		
8:30 a.m. – 9:30 a.m.	Reconvene and Welcome to Day Two The More You Know: Trending Now	Plaza Ballroom
9:30 a.m. – 9:45 a.m.	Break (on your own)	
9:45 a.m. – 10:45 a.m.	Breakout Series 4	Various Rooms
10:45 a.m. – 11:00 a.m.	Break (on your own)	
11:00 a.m. – 12:00 Noon	Breakout Series 5	Various Rooms
12:00 Noon – 1:30 p.m.	Lunch (on your own)	
1:30 p.m. – 2:30 p.m.	Breakout Series 6	Various Rooms
2:30 p.m. – 2:45 p.m.	Break (on your own)	
2:45 p.m. – 4:00 p.m.	Bringing It All Together: A World Café Conversation Collective and Collaborative Focus as We Move Forward	Plaza Ballroom
4:00 p.m. – 4:15 p.m.	Break (on your own)	
4:15 p.m. – 5:00 p.m.	The Way Ahead, Final Thoughts, and Adjourn	Plaza Ballroom

AGENDA: Wednesday, December 4

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8:30 A.M. – 9:30 A.M.

CONVENE AND WELCOMING REMARKS (PLAZA BALLROOM)

9:30 A.M. – 9:45 A.M.

BREAK (ON YOUR OWN)

9:45 A.M. – 10:45 A.M.

BREAKOUT SERIES 1 (VARIOUS ROOMS)

Track I (Beech Rooms A & B)	Track II (Terrace Room)	Track III (Plaza Ballroom)	Track IV (Juniper Room)
Assessing What Is Needed	System Navigation	Skill Building	Practice Improvement
Young Victims: Strategies for Uncovering What They Need	All Doors Are Open	Trauma-Informed Care: Moving From Principles to Practice	Beyond the Crisis Call: Balancing Risk and Resiliency
<p>Young victims' lives are disrupted in a myriad of ways by the opioid crisis. This session will delve deeper into strategies and tools that responders and professionals are using to work with children, families, and caregivers to determine and provide what they really need.</p> <p>Second in a three-part series, this session builds upon the opening plenary, "A Day in the Life of a Young Victim." The breakout "Mindful Questioning: Tools and Strategies to Minimize Retraumatization" today at 11:00 a.m. is the final installment.</p>	<p>As public servants, we all strive to provide full and easy access to our services, but what does that really look like? This session will explore models that are removing barriers to access, improving service navigation, and welcoming families into comprehensive care.</p>	<p>The concept of "trauma-informed care" has now reached every corner of our nation, but how do we put this concept into practice? This session will help participants across disciplines integrate core principles into daily practice to ensure that we are providing effective services to children and families.</p>	<p>Historically, first responders and victim service providers have focused exclusively on ensuring immediate safety for young victims. Today, we recognize that children and youth instead need a balanced approach that ensures that their permanency, safety, and well-being are all fully considered. This session highlights holistic approaches to supporting young victims—beyond the immediate crisis—to reduce long-term risk and build the strength and resilience of children and youth.</p>

10:45 A.M. – 11:00 A.M.

BREAK (ON YOUR OWN)

11:00 A.M. – 12:00 NOON BREAKOUT SERIES 2 (VARIOUS ROOMS)

Track I (Beech Rooms A & B)	Track II (Terrace Room)	Track III (Plaza Ballroom)	Track IV (Juniper Room)
Assessing What Is Needed	System Navigation	Skill Building	Practice Improvement
Spreading the Word in Local Communities	Using Legal Aid to Support Young Victims	Helping the Helpers: Strategies to Mitigate Secondary Trauma	Mindful Questioning: Tools and Strategies to Minimize Retraumatization
Outreach, awareness, and education are critical to ensure that those interacting with children and families on a daily basis can recognize the signs, respond in ways that do not revictimize families, and connect those in need with the right services. This session will explore ways to tailor your efforts to meet the needs of your own audience and set the stage for successful community engagement.	Legal aid can be an incredible resource to help children and families navigate the complex legal and service issues associated with victimization and the opioid crisis. Four current legal service grantees will describe the concrete services they provide, share insights about their roles as collaborative partners, and provide strategies to successfully engage legal service providers in your community.	We are the best at helping others but too often neglect caring for ourselves as we experience vicarious and secondary trauma in our daily work. This session will focus on strategies to care for ourselves, support one another, and integrate these practices at the organizational level.	Asking questions is a part of our daily work, so how do we screen, assess, and interview children and youth in ways that minimize retraumatization? Knowing what tools to use, when, and with and by whom is critical to effectively serve children, youth, and families. This session will explore tools and strategies that grantees are using in their daily work with children and families. The final installment in a three-part series, this session builds upon the opening plenary, "A Day in the Life of a Young Victim" and the Track I breakout session, "Young Victims: Strategies for Uncovering What They Need."

12:00 NOON – 1:30 P.M. LUNCH (ON YOUR OWN)**1:30 P.M. – 2:45 P.M. GRANTEE SHOWCASE (PLAZA BALLROOM FOYER)****2:45 P.M. – 3:00 P.M. BREAK (ON YOUR OWN)**

AGENDA: Wednesday, December 4

5

3:00 P.M. – 4:00 P.M.

BREAKOUT SERIES 3 (VARIOUS ROOMS)

Track I (Beech Rooms A & B)	Track II (Terrace Room)	Track III (Plaza Ballroom)	Track IV (Juniper Room)
Assessing What Is Needed	System Navigation	Skill Building	Practice Improvement
Pairing Local Needs With Local Solutions	The Power of Local Data	Using Strategic Messaging to Tell Your Program's Story	Language Matters
Community needs assessments can be complex, cumbersome, and time-consuming; however, the results can be worth it. This session will offer practical tools and strategies for assessing local needs and then matching those up to local solutions to ensure long-term success.	This session will identify critical local data sources—across disciplines and systems—and demonstrate how this data can help shape, drive, and enhance your program and your community's opioid-related efforts.	Bringing data and information to life is both a science and an art and, if done well, can be a transformative tool for programs and communities. This session will demonstrate how to use data and information to develop compelling messaging that can be used to educate, raise awareness, and promote broad community engagement.	Sometimes, the words and terms we use can hamper our well-intended efforts. This session will create an opportunity to examine terms we commonly use and discover alternate language that promotes engagement, builds trust, and strengthens our efforts to meet the needs of young victims (and their families/caregivers).

4:00 P.M. – 4:15 P.M.

BREAK (ON YOUR OWN)

4:15 P.M. – 5:00 P.M.

TOWN HALL: HARNESSING LESSONS LEARNED FROM DAY ONE (PLAZA BALLROOM)

5:15 P.M. – 6:30 P.M.

**EVENING COLLABORATION SPACE IS OPEN! (MAPLE ROOM)
JOIN YOUR PEERS AND SUBJECT EXPERTS TO SHARE, LEARN, AND CONNECT!**

8:30 A.M. – 9:30 A.M.

RECONVENE AND WELCOME TO DAY TWO (PLAZA BALLROOM)**THE MORE YOU KNOW: TRENDING NOW**

Just when we think we have it all figured out, things change. This session will examine current drug trends in communities across the nation and their impact on children/youth victimization, the latest and greatest substance abuse treatment practices, acknowledgement and mitigation of the toll of vicarious trauma on the workforce, and how the lens of polysubstance use is shaping more agile programs and practices.

9:30 A.M. – 9:45 A.M.

BREAK (ON YOUR OWN)

9:45 A.M. – 10:45 A.M.

BREAKOUT SERIES 4 (VARIOUS ROOMS)

Track I (Beech Rooms A & B)	Track II (Terrace Room)	Track III (Plaza Ballroom)	Track IV (Juniper Room)
Assessing What Is Needed	System Navigation	Skill Building	Practice Improvement
How Are We Doing? Performance Measurement Presentation	Navigating a Coalition-Rich Environment	It's All About the Kids: Recognizing Shared Values and Meeting Our Common Goals	Balancing the Personal and Professional Tightrope
You have been working hard to track performance metrics and submit progress reports. This session will motivate participants by sharing what the collective Performance Measurement Tool data has shown us so far. Presenters will also facilitate a discussion about ways in which this data can be used by grantees and federal funders to inform program evaluation and bolster our collective work.	Emerging concerns and of-the-moment issues often generate new task forces, sometimes drawing or dividing resources and focus away from the persistent priority of serving children and families. This session will explore strategies to navigate this coalition-saturated environment and capitalize on existing partnerships and common goals to advance your program's efforts.	This session will examine the differences in roles, mandates, and practices across systems. Presenters will work with the audience to develop a better understanding of cross-sector values and strategies to meet our shared goals.	We all bring unique backgrounds, experiences, and talents to our work. Sometimes this helps the people around us, and sometimes it can be harmful—to us and them. This session will use tools and experiences to explore how to care for ourselves, as well as those around us, at a time when so many are burdened (individual self-care/peer support).

10:45 A.M. – 11:00 A.M.

BREAK (ON YOUR OWN)

11:00 A.M. – 12:00 NOON **BREAKOUT SERIES 5** (VARIOUS ROOMS)

Track I (Beech Rooms A & B)	Track II (Terrace Room)	Track III (Plaza Ballroom)	Track IV (Juniper Room)
Assessing What Is Needed	System Navigation	Skill Building	Practice Improvement
Where Do We Go From Here: Sustaining What Works Beyond DOJ Grant Funding	Bridging Terminology on the Path to Success	Successful Partnerships + Strong Collaborations = Safe and Healthy Children	Tribal Solutions Rooted in Native Traditions
This session will provide practical strategies and helpful tips for maintaining (and building upon) the important work under way beyond the life cycle of your current grant.	Terminology gurus will guide participants through the use of a new Crosswalk resource to help anchor performance measurement in our daily practice. Panelists will provide examples of how to navigate this victimization terminology and leverage the data in program evaluation.	Finding and engaging the right partners and stakeholders can be tricky, takes time, and requires ongoing maintenance. Current grantees will share their creative strategies to building strong collaborations and keeping those active over time.	Serving our youngest victims and families in Indian Country involves unique opportunities, challenges, and culturally based approaches. Learn from current grantees how these factors are incorporated into several spotlighted projects.

12:00 NOON – 1:30 P.M. **LUNCH (ON YOUR OWN)**

1:30 P.M. – 2:30 P.M. BREAKOUT SERIES 6 (VARIOUS ROOMS)

Track I (Beech Rooms A & B)	Track II (Terrace Room)	Track III (Plaza Ballroom)	Track IV (Juniper Room)
Assessing What Is Needed	System Navigation	Skill Building	Practice Improvement
Mining Your Data: Sources, Strengths, and Sharing	Beyond Silos: Striving for a Seamless Response	Memoranda of Understanding and Collaboration: Tools for Formal Engagement	Pillars of Culturally Responsive Programming
Data can be overwhelming, but carefully developing and implementing a plan can help your team harness the power of information. Successful data and evaluation plans will help your program track progress; identify successes, challenges, and gaps; and advance efforts as you move ahead. This session will offer practical approaches to (1) identify relevant data sources; (2) enhance your existing data repositories; (3) use that data to strengthen your program; and (4) responsibly share data with partners and the larger community.	Partnerships are necessary to effectively serve children and families, but working across silos can be difficult. This session will candidly explore challenges and successes in building victim service-first responder partnerships.	This session will explore and provide practical guidance on the use of memoranda of understanding, agreements, and other tools to formally engage partners, outline roles and responsibilities, and ensure a seamless response to crime victims.	Understanding historical trauma, acknowledging service disparities, appreciating cultural differences, and sustaining partnerships with diverse service providers are essential to reaching every victim. This session will explore the components of building a culturally responsive program.

2:30 P.M. – 2:45 P.M.

BREAK (ON YOUR OWN)

2:45 P.M. – 4:00 P.M.

BRINGING IT ALL TOGETHER: A WORLD CAFÉ CONVERSATION (PLAZA BALLROOM)

COLLECTIVE AND COLLABORATIVE FOCUS AS WE MOVE FORWARD

4:00 P.M. – 4:15 P.M.

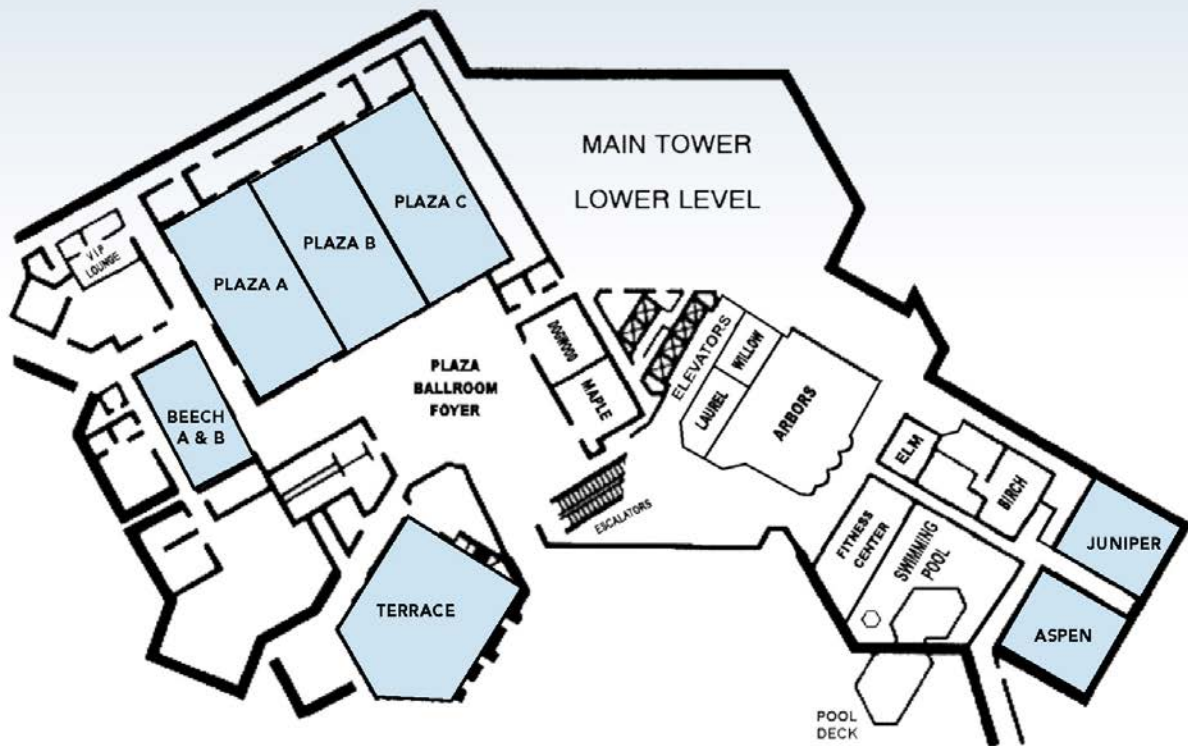
BREAK (ON YOUR OWN)

4:15 P.M. – 5:00 P.M.

THE WAY AHEAD, FINAL THOUGHTS, AND ADJOURN

Hilton Alexandria Mark Center

ALEXANDRIA, VIRGINIA



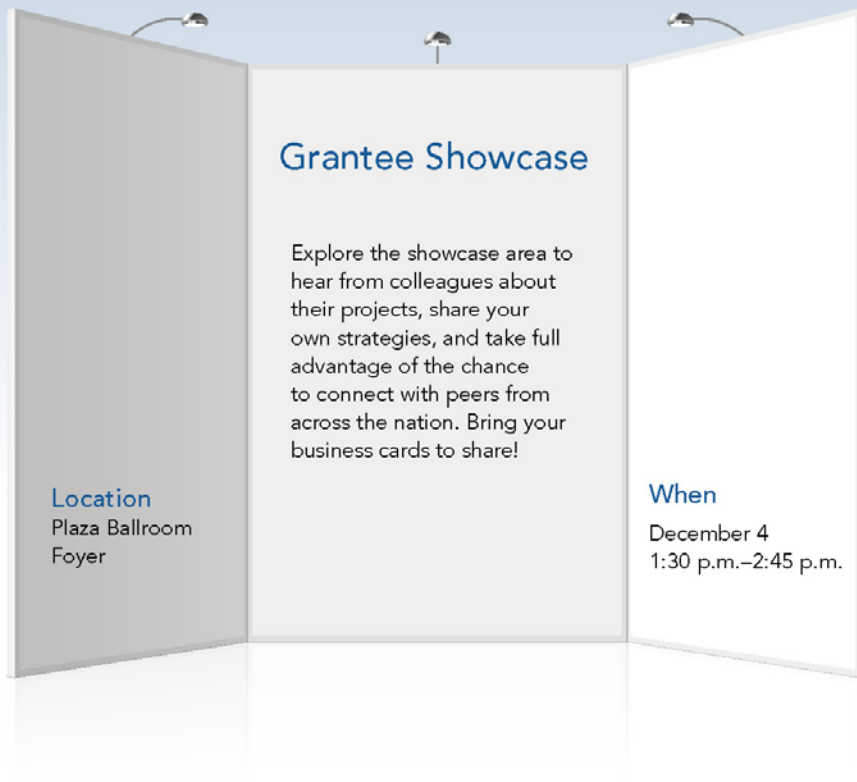
The Comprehensive Opioid Abuse Program (COAP), funded by the Bureau of Justice Assistance, works to support effective responses to the opioid epidemic to reduce overdose deaths, promote public safety, and support access to treatment and recovery services in the criminal justice system. The recently updated COAP Resource Center provides many opportunities for local, state, tribal, and territorial stakeholders to address the opioid epidemic in their communities through policy efforts and practical solutions.

RESOURCES INCLUDE:

- ♦ Educational materials such as newsletters, fact sheets, and no-cost webinars;
- ♦ Training and technical assistance opportunities such as virtual consultations and peer-to-peer learning; and
- ♦ Access to services, support, and resources from the Prescription Drug Monitoring Program Training and Technical Assistance Center.

VISIT THE UPDATED WEBSITE:

<http://www.coapresources.org>



About OVC

OVC's mission is to enhance the nation's capacity to assist crime victims and provide leadership in changing policies and practices to promote justice and healing for all victims of crime. OVC achieves this mission, in part, by administering discretionary award programs supported by the federal Crime Victims Fund to develop innovative training and technical assistance, and to provide direct services to improve the overall quality of victim assistance. To learn more about OVC, visit www.ovc.gov, or follow us on Facebook (www.facebook.com/OJPOVC) and Twitter (@OJPOVC). OVC is part of the U.S. Department of Justice's Office of Justice Programs.

About BJA

BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.



Acronyms

ACES	Adverse childhood experiences	PTACC	Police, Treatment, and Community Collaborative
AVPH	Antelope Valley Partners for Health	SAMHSA	Substance Abuse and Mental Health Services Administration
BJA	Bureau of Justice Assistance	SBIRT	Screening, brief intervention, and referral to treatment
CAC	Children’s Advocacy Center	SUD	Substance use disorder
CARA	The Comprehensive Addiction and Recovery Act of 2016	TA	Technical assistance
CASA	Court Appointed Special Advocates	TEL	Technical Expert Lead
CCS	Cayuga Counseling Services, Inc.	VOCA	Victims of Crime Act
CHINS	Child in need of services	YHL	Youth Heartline
CIT	Crisis Intervention Team		
CPP	Child-Parent Psychotherapy		
DEC	Drug endangered children		
DOJ	U.S. Department of Justice		
EMS	Emergency medical services		
GCVC	Gaston County Visitation Center		
HOPE	Heroin-Opioid Prevention Effort Initiative		
HWC	Handle With Care program		
JBS	JBS International, Inc.		
JRSA	Justice Research and Statistics Association		
LASO	Legal Aid Services of Oklahoma, Inc.		
LITS	Lawyer in the School program		
MAT	Medication-assisted treatment		
MOU	Memorandum of understanding		
ODMAP	Overdose Detection Mapping Application Program		
OJP	Office of Justice Programs		
ODU	Opioid use disorder		
OVC	Office for Victims of Crime		
PMT	Performance Management, Measures, Measurement? Tool		
Project SOS	Project Support Ocean State		