

I. CHESTER COUNTY COMMUNITY FOUNDATION  
GRANT PROPOSAL SUMMARY SHEET

One page only. This page will be shared electronically with Grant Panel Members & Fund Advisors.  
Note: If Philanthropy Network's Common Grant Application is used, CCCF's Summary Sheet MUST accompany application.  
To obtain an electronic version of this application, visit [www.chescocf.org](http://www.chescocf.org)

Date 10/29/2021

Contact Information

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Year Incorporated: 1956  
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Organization Information:

Field/s of Interest:

Arts, Culture & Humanities       Environment/Animal Welfare       Education  
 Health       Human Services       Religion

Mission: CGRC's mission is to inspire hope, to empower and to contribute to the well-being of children, families, and adults throughout the five county Philadelphia region by delivering evidence-informed behavioral health services and community-wide wellness programs.

Geographic Area Served: All of Chester County, particularly children, adolescents and families in the greater Coatesville area.

Describe Population Served & Annual Number of People Served: CGRC provides behavioral health assessment and treatment to 1,000 children, adolescents and families each year, many of whom live in underserved communities and face chronic and multi-generational disadvantages.

Annual Budget \$ 3,690,069      57 # of Full-Time Equivalent Paid Staff  
85 % of budget for program expenses      18 # of Board Volunteers  
13 % of budget for administrative expenses      45 # of Active Non-Board Volunteers  
2 % of budget for fundraising expenses      1700 # of Volunteer Hours  
100 % total

Top 3-5 funding sources: Managed Medicaid, Foundation Grants, County Program Funding, Donors.

Is this grant proposal for: Capacity Building  or General Operating  ?

Grant Amount Requested from the Community Foundation: \$ 5,000

Proposal Summary: CGRC is requesting \$5,000 to train 7 staff members in an evidence based therapeutic program called Trauma Focused Cognitive Behavioral Therapy. That amount includes costs for initial testing fee, program materials, three days of virtual training and 12 monthly consultation calls to review staff competency in providing therapy.

## **1. Nonprofit's history, goals, key achievements & distinctiveness**

For over 65 years, CGRC has provided behavioral health assessment and treatment services to children, adolescents and families across southeastern Pennsylvania to address emotional, behavioral and developmental issues. Our reputation is built on our ability to provide a continuum of high-quality healthcare and case management services; to successfully implement evidence-based therapeutic programs and to collaborate with other child serving and human services organizations to meet the complex needs of our client families.

In 2003, the Chester County Department of Mental Health and the Brandywine Health Foundation invited CGRC to open an office in the City of Coatesville to address the behavioral healthcare needs of medically underserved families in the community. Since that time, CGRC's program and service offerings, staff roster and client base have grown significantly. Today 57 staff members provide care to over 1,000 children and adolescents across the county on an annual basis. CGRC's programs are accredited by the Joint Commission and licensed by the Pennsylvania Departments of Human Services, Education and Health.

CGRC's contract with Community Care Behavioral Health to administer Pennsylvania's managed Medicaid insurance program allows us to provide behavioral healthcare to families who would not have access to or the means to afford a therapist and a psychiatrist in private practice. Through this contract, CGRC provides specialized therapeutic programs that address complex behavioral healthcare and case management needs to families throughout Chester County.

CGRC's ability to provide community-based services offer a distinct treatment advantage to our client families; when our staff meets with families in their homes and works with children in their classrooms, we gain a much deeper understanding of the family's functionality and relationships. This helps us develop a plan to address the child's emotional state and behavior. Providing assessment and therapeutic services in the family's home also greatly assists those families who lack private transportation or who have limited mobility due to their own health concerns.

Achievements resulting from the provision of behavioral healthcare can be difficult to measure, but they are reflected in every child who stays in school, forms positive peer relationships, and improves their academic performance as a result of understanding and addressing their feelings, and learning techniques to manage their behavior. Progress is achieved when adolescents reject risky behaviors such as substance abuse or gang involvement. It is reflected in parents who learn how to effectively set behavioral expectations and use positive parenting techniques instead of corporal punishment, due to the skills they've learned in our programs. Success is the ability of our case managers to stabilize families by helping them access safe housing, food, job training and medical care so they can improve their functionality and address their emotional concerns. Improvements in emotional health and behavior modification take time but are possible when children and families are engaged in treatment and willing to make changes to improve their lives.

## **2. Funding request**

**Description of key initiatives:** CGRC is respectfully requesting \$5,000 in funding to train 7 Masters level clinicians in an evidence based therapeutic program called Trauma Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT treatment is indicated for children and adolescents who have experienced single, multiple or complex trauma, such as physical or sexual abuse; death of a loved one; prolonged exposure to violence,

and chronic housing and food insecurity. Treatment is provided as weekly outpatient therapy and follows a structured program which can last up to 25 weeks, depending on the child's condition. TF-CBT also works with parents and caregivers to help them understand the impact of trauma on their child, heal and move forward in a positive and constructive manner. TF-CBT has a 25-year history as an effective global treatment for trauma and is recognized by the U.S. Government's Substance Abuse and Mental Health Services Administration as a "model program".

**Specific needs & issues to be addressed:** As a children's behavioral health care provider, it is imperative that our staff is trained and experienced in a variety of mental health treatment models, so that we are prepared to provide the best therapeutic option for each child's needs. Training 7 therapists in TF-CBT includes an initial on-line competency test, 3 days of virtual training, program materials and 12 monthly consultation calls with the trainer to review client cases, which costs \$700 per therapist. After a final exam, therapists become nationally certified to provide TF-CBT.

TF-CBT is highly effective at improving youth posttraumatic stress disorder (PTSD) symptoms as well as many other trauma impacts, including depression and anxiety. Trauma impairs brain development, particularly in the prefrontal cortex which is responsible for executive functioning or higher-level thinking and reasoning, including working memory, flexible thinking and self-control. Some children who present with dysfunctional behavior are struggling with unresolved trauma which keeps their brain in a state of hypervigilance, resulting in strong emotional reactivity. Parents and caregivers experience personal distress in reaction to the child's traumatic experience (in this description of the adult, we are not referring to any adult who abused a child). TF-CBT works with the parent to help them build effective parenting skills and supportive interactions to help their child.

**Why it is important to fund this now:** CGRC needs to train seven therapists to provide TF-CBT so that we can continue to address the needs of Chester County families. The pandemic has resulted in a dramatic increase in the number of children and adolescents who need mental health assessment and treatment services. Children in disadvantaged geographic areas whose families were already struggling with meeting their basic needs, were affected by a prolonged state of fear, increased anxiety and depression caused by isolation and unemployment. The pandemic also brought personal loss to many families, through the death of a family member. Many of the children in our care are being raised by a grandparent, great grandparent or other kinship relations due to the death, incarceration or abandonment of a parent.

An unfortunate result of the pandemic was an increase in the rate of child abuse while stay at home orders were in effect. A study at nine pediatric trauma centers across the country reported child abuse rates tripled for school age children during 2020. As children return to somewhat normal activity, teachers, coaches and group leaders will have the opportunity to observe children's behavior and mental state to look for signs of distress. As mental health professionals, we need to be prepared to provide the most effective mental health treatments available for a range of presenting problems.

Between 50-60 children and adolescents could benefit from TF-CBT treatment each year. TF-CBT has also proven valuable as a "step down" therapy model for youth completing our intensive Multi-Systemic Therapy program. We also receive inquiries from the Chester County Office of Children, Youth and Families to check on our availability to provide TF-CBT treatment for children under their care, so there is an ongoing need for this treatment.

Providing TF-CBT can be personally taxing on therapists, so CGRC management limits the number of cases to a maximum of 3 at any time per person, which means that we must have a large contingent of staff members trained and ready to provide service when treatment is needed.

**How impact & results will be demonstrated:** In addition to a complete psychosocial assessment, CGRC staff uses two specific assessment tools to understand the child's trauma: **The Trauma History Questionnaire (THQ)** which describes a series of 23 traumatic events and/or circumstances and asks the child if he/she has experienced any of them. This list includes:

- Has anyone ever made you watch or do something sexual -- like touching you in a sexual way or touching your private parts, or making you see or touch their private parts, or making you watch them touch their own private parts?
- Have you ever been in, or seen, a serious accident?
- Have you ever been unexpectedly separated from someone who takes care of you or someone who is close to you?
- Has there ever been a time in your life when an adult wasn't taking care of you? (e.g. when your parents didn't feed you, when you didn't have clothes to wear or when you weren't taken to school or to the doctor when you needed to go?)

This enables our therapists to understand the child's experience and to determine whether there are trauma patterns and correlations between behaviors and thoughts.

**The Child PTSD Symptom Scale (CPSS)** which measures the number of weekly occurrences of 17 reactions and/or behaviors associated with trauma such as:

- having bad dreams or nightmares
- trying to avoid activities, people, or places that remind you of the traumatic event
- feeling irritable or having fits of anger

The child participates in the assessment prior to treatment and then periodically during treatment with the expectation that the number of weekly occurrences will decline during treatment as the symptoms of trauma decrease.

As an evidence-based treatment, TF-CBT requires therapists to adhere to a clinical implementation model with treatment stages which are implemented as the child/adolescent makes progress. In addition, all newly trained professionals participate in ongoing consultation calls with the clinical trainer to ensure their fidelity to the treatment model in practice and to discuss each client's progress. This consultation along with CGRC's clinical supervision is designed to assess the child and family's progress.

As with all mental health treatment, our clinical staff looks for changes and improvements in the child and parent's emotional state, behavior, and communication. This could mean improvements in academic performance in school, a new interest in participating in school or community activities and the ability to form peer friendships. Our therapist is also looking for an increased awareness by the parents of how to handle their child's emotions and how to effectively communicate concerns and praise. These observations are noted by the therapist throughout the course of treatment to determine therapeutic progress and next steps.