Minutes Approved by CTTF – February 7th, 2019

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Thursday, January 3rd, 2019

Task Force Members or Designees Present:

Maria Mossaides, The Child Advocate, Chair (OCA)
Representative Carolyn Dykema
Commissioner Linda Spears (DCF)
Laura Brody (DCF)
Tammy Mello (Children's League of MA)
Barbara Kaban (CPCS)
Claudia Dunne (CPCS)
Tom Capasso (Juvenile Court)
Nancy Connolly (DMH)
Juan Jaramillo (Senator Boncore's office)
Yvonne Sparling (DYS)
Kate Lowenstein (CFJJ)
John Millett (MA Probation Services)
Michael Glennon (Suffolk DA's office)
Stacy Cabral (EOE/DESE)
Babanina James (DPH)

Other Attendees:
Elaine Emmerich (Justice Center of SE MA)
Audrey Smolkin (UMass Medical School)
Marisol Garcia (Health Law Advocates)
Sofia Hansen (NASW)
Laura Gallant (NASW)
Myra Kinds
Monica Luke (NAMI)
Patrick George (House Minority Leader)

OCA Staff:
Melissa Threadgill (OCA)
Melissa Williams (OCA)
Lindsay Morgia (OCA)
Christine Palladino-Downs (OCA)

Meeting Commenced: 11:03am

Minutes Approved by CTTF – February 7th, 2019

Welcome and Introduction from the Child Advocate:

Maria Mossaides welcomed the attendees to the first Childhood Trauma Task Force (CTTF) meeting and each person introduced themselves.

Ms. Mossaides announced that the CTTF meetings are subject to the Commonwealth of Massachusetts' Open Meeting Law and stated that any Task Force member or member of the public with questions regarding the law may either contact her or find more information on the Attorney General's website. She also requested the Task Force members sign the OML certification form.

Ms. Mossaides briefly discussed the important role of the CTTF in developing a statewide strategy to address the impact of trauma on children. She explained that this is an exciting time to be working in child services as there have been new research published on children's brain development in terms of trauma. Ms. Mossaides brought up the affect of Adverse Childhood Experiences (ACEs) on development. She also mentioned the Department of Elementary and Secondary Education's work on safe supporting schools.

Ms. Mossaides further explained that the work within child-serving state agencies often happens within the statutory bounds of each agency. To make matters more challenging, it is often difficult to share information across agency boundaries. However, she described the CTTF as a task force that opens the opportunity to discuss trauma across agencies statewide to identify gaps in services and to develop recommendations.

Ms. Mossaides introduced Melissa Threadgill, the Office of the Child Advocate's new Director of Juvenile Justice Initiatives. Ms. Threadgill will be providing lead staffing for the task force and CTTF meetings.

Summary of Statutory Requirements:

Ms. Threadgill provided a brief summary of the statutory requirements of the Childhood Trauma Task Force. The four priorities of the statute include:

1. Review current processes for identifying school-aged children who have experienced trauma.
2. Review current means of providing services to help children recover from the psychological damage caused by trauma.
3. Examine the feasibility of providing school-based trainings on trauma screening, assessment, and interventions as well as the need for diagnostic tools.

4. Study gender-responsive and trauma-informed approaches to treatment services for youth in the juvenile justice system and to make recommendations for improvements.

Proposed Year One CTTF Work Plan:

Ms. Threadgill started off the discussion on the proposed year one work plan for the CTTF by talking about the end goals. The end goal is to report to legislature at least once a year on the findings surrounding trauma interventions, screening and assessment, as well as treatment. Ms. Threadgill proposed three objectives for year one. The objectives include:

1. Understand and document current practices;
2. Identify gaps and areas for improvement;
3. Development policy and budget recommendations.

Objective One: Understand and Document Current Practices

Ms. Threadgill provided an initial list of questions regarding current practices the group may wish to focus on. The list of questions can be found of page nine of the meeting PowerPoint. They include questions on how we are identifying children who have experienced trauma, services being provided to help children recover from the effects of trauma, and how we are adapting processes and practices to be more trauma-informed.

Ms. Threadgill discussed her initial thoughts on who plays a role in childhood trauma services. The list of those involved were broken down into four categories.

1. Families (Parents, Extended Family)
2. Communities (Schools, Community Providers, Family Resource Centers)
3. State Agencies (DCF, DMH, DPH, DESE, DYS)
4. Justice System (Law Enforcement, Courts, Probation, Defense Attorneys, District Attorneys)

She mentioned that this is not a complete list, but a list to begin thinking about those who are involved in a child's life once they have experienced or currently experiencing trauma.

Ms. Threadgill discussed potential methods for gathering information on understanding current practices, including surveys and regional meetings or focus groups.

To start the discussion, Ms. Threadgill posed a list of questions regarding the understanding of current trauma-informed practices before the task force.

Ms. Mossaides stated that the Office of the Child Advocate is very excited about this project as all agencies talk about the importance of trauma-informed care. She also stated that we have an opportunity to look at this across agencies in terms of both the executive branch and judicial branch. She is viewing this opportunity as a gift, as she recognizes that expertise will come out of collaboration.

Ms. Mello suggested that we start the project by focusing on the screening stage of trauma-informed care, while particularly looking at it through the lenses of the Opioid Crisis. She stated that one of the leading factors of addiction and substance use are adverse childhood experiences (ACEs). She recommended we start with screening and assessment as an opportunity to stop the trajectory of children who could end up in the face of the Opioid Crisis before they do.

Ms. James mentioned that we should also focus our attention on racial disparities within trauma-informed care. She suggested we look at faith institutions as a place that offers community services to see how they are looking at trauma-informed care.

Ms. Dunne mentioned schools as a starting point. She stated that the "single biggest risk factor of being expelled, is being a preschooler." She used this as an example to explain that it is common for a child to be diagnosed as ADHD, etc. instead of trauma. She also suggested to define what causes trauma such as homelessness as a beginning point.

Ms. Sparling agreed that children who have experienced trauma early on are often being missed within the school system.

Representative Dykema stated that, with the goal of identifying ways of making concrete progress, she believes it would be beneficial to focus on one specific group of children, fully understand them, and eventually work on legislative recommendations. She recommended that the CTTF could look at groups of children by age that are involved in DCF to see if there is a working intervention for that specific group. Representative Dykema agrees that a focus on the Opioid Crisis is of importance, but she stated that it is one facet of a bigger concern.

Ms. Mello discussed her idea of a mapping project to figure out what area we should focus on first. She stated that we could use process points as a mechanism to understand what needs to happen. However, she recommended that we first decide what questions we want to ask to identify trauma informed practices as everyone mutually understands it. She referred to the trauma survey that each agency filled out prior to the first meetings to see if there is a mutual definition of trauma we could work from. She also stated the importance of starting small and then going so we don't start with a focus on screening without a reason or ending point in mind.

Ms. Lowenstein stated that as a whole, we understand that children experience trauma, but we need to figure out how we make decisions once we know a child has experienced trauma

Commissioner Spears reiterated the importance of the screening process point. She stated that we have a lot of trauma treatment and training the Commonwealth, especially for social workers within DCF. She said that right now DCF is at the very beginning stages of implementing trauma protocols. She recommended the CTTF focus on the start point of the identification of trauma. Currently, it is common practice to identify trauma after the trauma has occurred and then we act once behaviors have started. Instead, we should be actively understanding trauma and intervening before the negative consequences take place. It's important to understand that trauma isn't just a single event in a person's life. Trauma tries parents who are trying to raise their children, but parents have their own trauma already as well.

Representative Dykema stated that not all trauma looks the same and that we should focus on how to take all the trauma training and apply it to specific circumstances.

Ms. Mossaides followed up on Ms. Mello's comment regarding the mapping of services. She stated that the CTTF should focus on mapping first with the help of all the task force members to get a better understanding of the current services being offered. It could be of importance to focus on rural areas as they do not have as many resources and they have different needs compared to larger cities. Another advantage of mapping first is that we might be able to identify entities that are further along with trauma response and we could see the effectiveness of their services. She mentioned that schools are particularly challenging to understand the range of services that being offered since there are so many schools and school districts. She also recommended we use the federal SAMSA definition of trauma, which DMH already follows. She lastly stated that we often see children from a very fractured perspective (each agency focuses on their own area of expertise), but children do not see their experiences that way. We should begin to focus on the child as a whole.

Ms. Dunne brought up the financial costs of trauma-informed services. She believes that the money for trauma services should be attached to the child and not the agency. She mentioned that there has been conflict between entities and agencies on deciding who is taking on the financial responsibility of a child.

Ms. Cabral stated that DESE is working together with the Trauma and Learning Policy Initiatives at the Massachusetts Advocates for Children and looking at schools who are already trauma focused. They are also working with TLPI on a research study to take a deep dive into the policies and practices of the trauma-informed schools. She also brought up the idea of looking into the trauma that undocumented immigrant children experience as their experiences are so unique.

Ms. Mello discussed the importance of building resiliency and stated that as a group, we need to be clear that we are talking about trauma and resiliency factors together. In her experience, many entities don't take the time to ask what helps mitigate the trauma that has been experienced so it is important to be intentional about the resiliency factors. She would like to figure out what the critical components to building resiliency are for children. She understands that it might differ by area and traumatic experience but believes that communication between the partners involved is key.

Ms. Kaban proposed to start with ten communities to see what is going on, what services are being offered, the effectiveness of those services, and to learn from those areas. One way to narrow down the communities is to focus on areas with high juvenile crime rates.

A member from the public mentioned that pushing too many interventions at once on a community could end up being counter-productive.

Ms. Threadgill stated that OCA will propose a list of areas of focus for the mapping project next meeting and will ask the group for feedback. Once the areas of focus have been decided, the next step will be to work on the methodology.

Objective Two: Identify Gaps and Areas for Improvement

Ms. Threadgill introduced the second objective of the Childhood Trauma Task Force: Identify gaps and areas for improvement. To do this, the task force would develop shared goals and a vision for how we would like to see trauma services be put into practice. In order to do that, we will first need an understanding of the current system in place by using the expertise of the task force members. Next, it will be possible to identify the gaps in services and training in order to identify the barriers to improvement. Two potential barriers mentioned are statutory barriers and financial barriers.

Ms. Threadgill brought up that it may be helpful to engage outside expertise to learn about their practices already set in place. She asked the task force to comment on whether the CTTF should bring in guest speakers.

Representative Dykema mentioned that someone working on the Trauma and Learning Policy Initiative may be a helpful expert to come in and speak so the task force can get a better idea of the work trauma-informed schools are doing.

Ms. Dunne stated that a lot of the childhood trauma experts have published papers on their work, and it may be a good idea to read their papers before asking them to come in and speak.

Mr. Jaramillo suggested the CTTF focus on immigrant communities and bring in an immigrant organization to speak even if they are not focusing on trauma, just so we are able to better understand their experiences.

Ms. James suggested Dr. Kenneth Hardy to speak to the CTTF.

Ms. Mello mentioned that we need to be specific and realistic about our focus instead of being stuck in the theoretical as we could easily get lost in the theoretical.

Ms. Cabral suggested bringing in Youth Voice, BSAC, and Youth on Board.

Ms. Sparling stated that DYS did a six month focus on children with trauma and it would be a good idea to look into the conclusions of that study.

Ms. Threadgill stated that she will work on having a school district come in to speak about their practices and experiences with trauma-informed care, and that OCA will prepare a list of suggestions of other speakers for next meeting.

Objective Three: Develop Policy and Budget Recommendations

Ms. Threadgill discussed the proposed timeline to produce the legislative report by December 2019 at the latest. She will adjust the timeline to add in the school district speaker. She brought up the idea for the CTTF to meet monthly. Ms. Threadgill asked for comments on the feasibility of the timeline, the objectives of focus, as well as asked if there are key voices missing from the table.

Ms. Mossaides agreed that meeting monthly is a great way to keep everyone in constant communication, so we can judge progress. Everyone agreed.

Ms. Threadgill will send out a poll to figure out the best dates/times for the monthly meetings.

Ms. Smolkin apologized for being late and for possibly commenting on a topic that was already discussed. She discussed the importance of focusing on the effects of structural racism in terms of trauma-focused care. She explained that systems that already have racism built into their structure can lead to trauma.

It was brought up that no one representing the LGBTQ community is at the table. Ms. Threadgill stated that the OCA did speak with the LGBTQ Youth Commission prior to the meeting.

Ms. Threadgill updated the group that the OCA is still waiting for the appointment of the community parent representative from the Governor's office. She is not sure when the appointment will be finalized.

A task force member brought up the idea of bringing PPAL (Parent/Professional Advocacy League) to the table.

Ms. Palladino-Downs suggested bringing an expert in to represent children with disabilities.

Representative Dykema stated that she is working with the chair of the Black and Latino Caucus and she may be able to ask questions about topics that specifically affect their communities.

A task force member asked if it was possible to bring in health insurance experts to learn about the coverage of services, however, Ms. Smolkin from UMass Medical School stated that it would be hard to do this as we move toward the new ACO model. Yet, the Health Law Advocates could be a helpful group to talk to for insurance related questions.

Ms. Mello commented that there is a difference between individual organizations as a whole and one person representing a population. She doesn't want to have someone feel like a "token" representative.

Commissioner Spears suggested bringing in the Foster Parent Association or hosting listening groups.

Ms. James suggested that the CTTF include youth into the work of the task force to get their perspective. Everyone agreed.

Stacy Cabral suggested having educators in the room as they play multiple roles in a child's life. They often play the role of a social worker, nurse, and teacher at the same time.

Mr. Glennon commented on the high turn-over rate of staff that work with trauma impacted youth. He suggested the incorporation of a secondary trauma discussion into trauma trainings for professionals. He also suggested bringing medical healthcare providers to the table as almost all youth have access to medical care. He stated that we need to focus on proactive trauma care instead of waiting for the trauma effects to get so severe. Most agencies in the room are there once the trauma gets bad, but they are not necessarily there in the beginning or when the trauma is actively occurring.

Ms. Threadgill proposed either forming a working committee to focus on groups that need to be involved or asked if we should bring a list of groups to the next meeting instead. Everyone agreed on a working committee. Ms. Threadgill asked for volunteers. Those who volunteered include Ms. Mello, Mr. Jaramillo, Ms. Kinds, Ms. Dunne, and Ms. James.

Survey Findings:

Ms. Threadgill introduced Ms. Lindsay Morgia, the Research and Policy Analyst for the Office of the Child Advocate. Ms. Threadgill and Ms. Morgia have worked on analyzing the data from the trauma survey that was sent out to each task force member/agency represented.

Ms. Morgia started off the presentation on the survey findings by reminding everyone that a survey was sent around to members of the task force to better understand each agency's trauma policies and practices.

Part one of the survey focused on how each agency or office defines trauma. According to the results, half of the responses stated that their agency or office does define trauma and the other half stated that they do not have a working definition. Next, survey recipients were asked if their agency or office defined "trauma-informed care" or "trauma-informed approach" and the findings showed that over 58% of responses were "yes."

Ms. Morgia discussed the similarities and differences between agency definitions of trauma. Similarities include the understanding that trauma is a response a person has to one or more events. It was also agreed that trauma includes precipitating events described as overwhelming or stressful. Differences between agencies included examples of what trauma looks like and the long-term impact of trauma.

Ms. Morgia discussed defining trauma-informed care as the understanding of the impact of trauma as well as having a proper response to trauma. Most definitions only include the direct youth involved in the trauma and not the worker involved in the case (secondary trauma).

Ms. Morgia discussed the survey results regarding how familiar agencies are with the ACEs studies with the most common answer being very familiar. Ms. Morgia provided a brief explanation of ACEs (Adverse Childhood Experiences).

Part two of the survey focused on agency trauma training by asking who is involved in the training, when the trainings are offered, and how often the trainings occur.

Part three of the survey focused on agency quality assurance procedures in place for staff implementing the trauma-informed care/approach in training. The results showed that 44.4% of agencies do not have quality assurance procedures in place while 33.3% are unsure and the remaining 22.2% do have procedures in place.

The last part of the survey focused on other trauma related initiatives that agencies are working towards. The initiatives include DBT protocols and skills training, toxic stress initiative, prosecutions and dispositions, Childhood Trauma Training Center, TILT Teams, and trauma and cultural humility.

Ms. Threadgill mentioned that if anyone has any further questions or comments on the survey findings, to please contact her.

Closing Comments:

Ms. Mossaides thanked everyone for a wonderful first meeting. She stated that Ms. Threadgill will be reaching out to everyone for additional information including scheduling the February meeting. Ms. Threadgill told the group to feel free to add any appropriate staff to the email newsletter list. As a closing statement, Ms. Mossaides discussed that the OCA is committed to a larger distribution in order to gather thoughts of others across the field.

Adjournment: 12:25pm