

Office of the Child Advocate  
Childhood Trauma Task Force Meeting Minutes  
Monday April 4, 2022  
1:00pm-3:00pm  
Meeting held virtually

**Task Force Members or Designees Present:**

Maria Mossaides (OCA)  
Rachel Wallack (Juvenile Court)  
Rachel Gwaltney (CLM)  
Andrea Oliveira (DMH)  
Yvonne Sparling (DYS)  
Stacy Cabral (DESE)  
Claudia Dunne (CPCS)  
Dawn Christie (Parent Representative)  
Laura Brody (DCF)  
Nicole Daley (DPH)  
Rick St. Onge (Probation)

**OCA Staff:**

Melissa Threadgill  
Alix Rivière  
Morgan Byrnes

**Other:**

Brooke Arrigo (Suffolk County DA's Office)  
Janice LeBel (DMH)  
Aditi Subramaniam (MSPCC)  
Audrey Smolkin (UMass Medical)  
Carmel Craig (ABH)  
Jennifer Hallisey (MassHealth)  
Mary-Beth Landy (FCSN)  
Kathleen Bitetti (SAO)  
Andrea Parker (FCSN)  
Courtney Chelo  
Cathie Twiraga  
Anat Weisenfrued (MassAIMH)  
Michael Yogman  
Edward Jacobs  
Emily Stein

Other Members of the Public

**Meeting Commenced:** 1:04 pm

**Welcome and Introductions:**

Ms. Threadgill welcomed the attendees to the Childhood Trauma Task Force (CTTF) meeting. CTTF members and guests introduced themselves.

**Review and Approval of Minutes from March 7, 2022 Meeting:**

Ms. Threadgill held a formal vote on the approval of the March 7, 2022, meeting minutes. Maria Mossaides, Rick St. Onge, Yvonne Sparling, Janice LeBel, Laura Brody and Dawn Christie all voted in the affirmative. No one was opposed or abstained from voting on the March meeting minutes.

The meeting minutes for March were approved.

**Discussion of the CTTF 2022 Work Plan:**

Ms. Threadgill began to present the JJPAD Board 2022 work plan. She presented members with the following goals:

1. Reduce crossover from child welfare to juvenile justice system
2. Increase ability to use data to drive systems improvements
3. Track implementation of juvenile justice system-related statutory changes & JJPAD recommendations
4. Promote earlier identification and intervention practices for youth who have experience trauma

She reviewed previous steps taken in 2021 to achieve those goals and presented what work will be done in 2022. Then, Ms. Threadgill focused the group on goal number 4, explaining that the CTTF will:

- Present on and review, on a monthly basis, the different sections of the 2022 annual report on trauma screening in child-serving settings.
- Publish and submit the report to the Legislature in the fall

**Review of General Recommendations for Trauma Screening:**

Ms. Threadgill introduced the first part of the above-mentioned report: *General Requirements and Supports for Effective Trauma Screening Implementation*, highlighting the following recommendations:

1. Organizations Developing and Implementing a Screening and Referral Process Should Do So in a Trauma-Informed and Responsive Way
2. Trauma Screening and Referral Processes Should Incorporate a Strength-based Approach
3. The State Should Support Organizations Who Wish to Implement Trauma Screenings
4. The State Should Increase the Availability of Services and Supports Needed to Recover from Trauma

Members discussed the fact that, given that most of the research and practical examples tied to these recommendations were covered by the 2021 *Interim Report*, these recommendations will not go into in-depth detail.

Ms. Threadgill then welcomed Audrey Smolkin, Executive Director of the Center on Childhood Wellbeing and Trauma, to discuss how the Center could support these recommendations. Director Smolkin explained that the state could leverage the expertise and network of the Center to create a “hub model” to increase the availability of services. Members highlighted current gaps in services for specific traumatic events, staffing issues, long waitlists, and how these impacted the families looking for support. The group also discussed how supports should go beyond trauma and be broadened to meet the mental health needs created by the Covid-19 pandemic and that public campaigns advertising these services should include the families being served as “partners” in the process.

### **Presentation and Discussion of Trauma Screening in Child Welfare:**

Ms. Threadgill introduced the next topic, a presentation on trauma screening in child welfare. She explained that the research presented today builds upon the research done for the *Interim Report*, with today’s focus being a broad overview of what is currently in practice in child welfare. She welcomed Alix Rivière, the OCA’s Research and Policy Analyst, to begin presenting.

Ms. Rivière presented on multiple trauma-informed child welfare systems in the United States that implemented trauma screening and their varied goals in so doing. She highlighted different process points in which other states implement trauma screening in their child welfare system, and the goals they wish to accomplish in that implementation. This included:

- Intake, with the goal of:
  - Improving family functioning and avoid out of home placement
  - Informing service needs of all children involved in child welfare
  - Helping caseworkers operationalize trauma informed care

- Before out-of-home placement with the goal of:
  - Informing placement decisions and service need
- After out-of-home placement with the goal of:
  - Improving placement stability
- Repeated screening with the goal of:
  - Informing case management
  - Ensuring services requested are meeting child’s needs

For each process point, Ms. Rivière presented on a state currently implementing trauma screening at that stage and connected it to an outcome/goal.

Ms. Threadgill presented on challenges, solutions and lessons learned from other jurisdictions. She focused on how these could be applied to Massachusetts, while highlighting projects and systems already in place that could be built on. Members asked how other states defined “intake.” It was explained that the information provided in the reports cited did not define the terms used, but that OCA will return and investigate it. Members discussed how to best include families and youth in the implementation process in order to get feedback on cultural appropriateness prior to widespread implementation. Ms. Rivière mentioned Project Broadcast in North Carolina worked closely with case workers to make sure it was used in a culturally appropriate manner, suggesting that this model could be applied to the Massachusetts setting. Members discussed this, and other barriers between theory and practicality.

Ms. Threadgill then introduced the following questions for discussion:

- Should the CTTF recommend the use of a formal trauma screening tool by DCF caseworkers?
- If so, at what part(s) of the process?

Members agreed that screening for trauma should take place at intake and acknowledged the usefulness of screening before placing a child in foster care. Members agreed that DCF currently integrates trauma-informed care in its approach, but that a screening tool would add needed structure. Members discussed who would implement the trauma screen, with some members advocating for DCF case workers, and others for case workers in collaboration with clinicians. Director Mossaides also suggested that this could take place at a mandated pediatrician’s appointment when the child is placed in foster care.

Members also discussed the choice of the tool, including the following considerations: making it age appropriate, making it accessible to youth with disabilities, making it culturally accessible and tailoring the experience to acknowledge not only the youth’s trauma but also the trauma of the family unit. Director Mossaides pointed out that DCF should have a short list of approved screens that providers can choose from. Ms. Threadgill agreed, stating that the CTTF would just

provide recommendations on what the screen should include, and allow DCF to choose the tools used.

Ms. Threadgill thanked members for their participation in the discussion and explained that, given the general consensus of members, the OCA will draft recommendations for the use of a trauma screening tool at the beginning stages of every open DCF case. Members will receive these draft recommendations the last week of April, to be discussed at the next meeting. Members will also hear a presentation on trauma screening in the juvenile justice system and first responder settings at the May meeting.

**Closing Comments:**

Ms. Threadgill thanked the members and other attendees for their time and their continued efforts and set the next meeting date for May 2, 2022.

**Adjournment:** 3:00 pm