Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Monday April 5, 2021
1:00pm-3:00pm
Meeting held virtually

Task Force Members or Designees Present:
Maria Mossaides (Chair, OCA)
John Millet (Probation)
Claudia Dunne (CPCS)
David Melly (Rep. Dykema's office)
Dawn Christie (Parent)
Yvonne Sparling (DYS)
Janice LeBel (DMH)
Kate Lowenstein (CfJJ)
Laura Brody (DCF)
Maggie Randall (Sen. Boncore's office)
Rachel Wallack (Juvenile Court)
Tammy Mello (Children's League of MA)
Michelle Botus (DMH)
Donna Traynham (DESE)
Nicole Daley (DPH)
Andrea Goncalves-Oliveira (DMH)

OCA Staff:
Melissa Threadgill (OCA)
Alix Rivière (OCA)
Kristi Polizzano (OCA)

Other:
Members of the Public
Katherine Hughes (Parent Child Trauma Resources)
Sarah Gottlieb (Suffolk County's DA)
Anne Eisner (Mass Advocates for Children)
Audrey Smolkin (UMass)
Jacquelyn Reinert (LUK)
Jennifer Hartsfield (Bridgewater State)
Mahal Alvarez Backus (Sen. Boncore)
Renee Williams
Jeremiah Gibson

Meeting Commenced: 1:03pm

Welcome and Introductions:

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

Updates on TIR Framework Distribution and COVID-19 Report:

Ms. Threadgill reminded the group to continue its efforts to distribute the *Framework for Trauma-Informed and Responsive Organizations*. She will send out an email with language members can use to distribute the *Framework*.

Ms. Threadgill told the group the OCA will be sending out a pre-meeting survey regarding the impact of COVID-19 on youth in the child welfare and juvenile justice systems.

Trauma Screening Fundamentals:

Ms. Threadgill explained that this meeting will set a foundation for future group discussion on trauma screening. She started the discussion defining trauma screening, assessments, and surveillance. She highlighted the differences between the tools.

She went on to say that this group will concentrate on trauma screenings and gave a brief overview on why trauma screenings are used.

What do screening tools measure?

Ms. Rivière presented on what screening tools aim to measure, namely: symptoms of behaviors, exposure to incidents, developmental delays, and risk or protective factors. She also presented the work of experts at UMass Medical School, who have been collaborating with the OCA to undertake an in-depth examination of screening tools. So far, they have studied 95 different screening tools and compiled information for this group to use.

Ms. Rivière highlighted that race and ethnicity can affect youth's experience of trauma as well as symptoms. Screening tools rarely measure racial trauma. She explained that this is an emerging field of study and went through 4 examples of screening tools used and if the National Child Traumatic Stress Network had any information on race/ethnicity in the development of the tools.

Screening for trauma or mental health

Ms. Threadgill noted that trauma is one contributor to poor mental and behavioral health. Trauma and mental health concerns are related but not necessary for either to exist. Ms. Threadgill discussed that assessments can be an opportunity for deeper dive into trauma.

Universal or selective screening

Ms. Threadgill explained the best strategy for screening for mental health or trauma screening may be dependent on the individual needs of youth, the risk of exposure to traumatic incidents of specific cohort, and the goals of child-serving institutions and professionals. Members mentioned their concern around screening specific cohorts of kids because that may perpetuate issues around disproportionality. Members also asked if this group could be innovative to understand positive/resilience factors. The group also worried about bias in evaluation tools. The group also expressed concerns around issues of confidentiality and who would be able to view screening tools results. Guests gave an example on how confidentiality and privacy can be maintained.

Recap of 2019 CTTF Findings

Ms. Threadgill reminded the group of the 2019 trauma screening and assessment survey. One of the findings was that there was "no consistent statewide approach to identifying children who have experienced trauma and there is debate amongst professionals about the best ways to do so." Ms. Threadgill summarized the findings of the 2019 CTTF report.

Next, Ms. Riviere defined "universal screening" and "selective screening." She also gave a general idea of pros and cons of universal trauma screening. She then provided examples of universal and selective screening methods in different sectors, namely: primary care, schools, early childhood, child welfare, juvenile justice, and first responders. Future CTTF meetings will dive deep into the sector specific screening tools.

Statewide Initiatives

Ms. Threadgill presented on two statewide models of trauma screening: California and Connecticut.

1. California recently launched an initiative to screen for childhood adversity and social determinants of health in primary care. This is a voluntary program that uses an ACEs questionnaire. Ms. Threadgill presented some general background information to the group, as well as perspectives from both proponents and skeptics of California's initiative.
2. Child Trauma Screen (CST) is Connecticut's gradual approach to universal trauma screening in child welfare, juvenile justice, and primary care. Ms. Threadgill presented some background information to the group as well as additional measures Connecticut has taken to support this initiative.

Where can we go from here?

Ms. Threadgill mentioned this group could make recommendations to child-serving organizations in Massachusetts and/or recommendations to the Legislature. She listed some questions and examples the group could answer as part of each type of recommendations.

A member asked if there is a "needs framework" to base our recommendations on and wanted to know if trauma screens are filling a need. Members discussed that one reason the group has chosen this topic to research was because state agencies are often waiting too long to intervene. Members highlighted two main concerns in response: 1) state agencies are often waiting too long to intervene, and 2) trauma is often normalized to certain kids. Members discussed this is a "both"/"and" problem to figure out systemic racism and screen appropriately for trauma. The group suggested targeting special sectors for next steps. Other members discussed social determinants of health and the importance of resilience. An example mentioned was One Family Scholars. The program asked families "what do they need" and resulted in a partnership that has changed generations.

The group agreed that when they make recommendations, there needs to be clear next steps and guidance. A suggestion was made to include a family screening and support model. A guest asked if the methods section of prior studies discussed how they did this so the group might think about doing this as well. A guest mentioned the importance of trainings and gave an example of the Trauma and Learning Policy Initiative conducting trainings for school staff. Data after that training showed a decrease in suspensions and office referrals after training of staff members. A member explained they were a proponent of universal screening and in some ways, it can guard against bias and is more concerned about what people do with that response.

Ms. Threadgill told the group that the goal for the next few meetings is to examine trauma screenings sector by sector and invite stakeholders to present on their work.

Closing Comments:

Ms. Threadgill thanked the group and reminded participants that the next meeting is on May 3rd. She explained that the OCA will re-send the *Framework* distribution email and will send out a COVID-19 survey on youth's mental health. She also invited members of the CTTF to attend the next CBI Subcommittee meeting, which will be focusing on the Child Requiring Assistance (CRA) system.

A**djournment:** 2:45pm