Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Monday June 27, 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)
Commissioner Cecely Reardon (DYS)
Stacy Cabral (DESE)
Claudia Dunne (CPCS)
Dawn Christie (Parent Representative)
Rick St. Onge (Probation)

OCA Staff:
Melissa Threadgill
Alix Rivière
Jessica Seabrook
Morgan Byrnes

Other:
Katherine Hughes (Parent Child Trauma Resources)
Elaine Arsenault (Federation for Children with Special Needs)
Shaplaie Brooks (MA Commission on LGBTQ Youth)
Audrey Smolkin (UMass Medical)
Anat Weisenfreund (MassAIMH)
Aditi Subramaniam (MassAIMH)
Courtney Chelo (MSPCC)
Rebecca Pries (MAJCC)
Mairead Day Lopes (DPH)
Jill Clark (DPH)
Brian Jenney (DPH)
Carmel Craig (ABH)
Andrea Parker (FCSN)
Jennifer Hallisey (MassHealth)
Kathleen Bitetti (SAO)
Cathie Twiraga

Jennifer Urff (MAMH)
John Crocker
Other Members of the Public

Meeting Commenced: 1:02 pm

Welcome and Introductions:

Ms. Threadgill welcomed the attendees to the Childhood Trauma Task Force (CTTF) meeting. CTTF members and guests introduced themselves. Ms. Threadgill also noted that there would departing Task Force members, and that new members will be welcomed next month.

Review and Approval of Minutes from May 2, 2022 Meeting:

Ms. Threadgill held a formal vote on the approval of the May 2, 2022, meeting minutes. Maria Mossaides, Dawn Christie, Rick St. Onge, Rachel Gwaltney and Claudia Dunne all voted in the affirmative. Rachel Wallack and Commissioner Reardon abstained. No one was opposed.

The meeting minutes for May were approved.

Review of Draft Recommendations for Trauma Screening in Juvenile Justice and First Responder Settings

Ms. Threadgill began presenting the draft recommendations, beginning with the recommendations for trauma screening in juvenile justice settings. She provided background information, including the high prevalence of trauma among youth involved in the juvenile justice system and the concerns about the use of a screening tool during court process. Therefore, the recommendations focused on settings that are able to offer trauma-focused supports and case management, including Family Resource Centers (FRCs), Diversion programs, Juvenile probation and the Department of Youth Services (DYS). She then presented the following recommendations:

- FRCs should integrate conducting selective trauma screening in specific circumstances (e.g., behavioral concerns, CRA involvement) and provide supports to help Family Partners and Clinicians decide what trauma-focused services should be recommended.
- Juvenile Probation should use a mental health and trauma screening tool for youth formally or informally involved in the CRA and delinquency systems to inform case planning. The state should provide juvenile probation officers with training on the administration of the tool as well as how to best use the results.
- Diversion programs should have trained practitioners (i.e. not law enforcement or D.A.) screen participants for trauma, only if the youth is involved in programming long enough

to provide them with ongoing services and the results will be used for case management purposes.

Members asked how FRCs currently define trauma and if their protocol screening differs based on the traumatic event. It was explained that the FRCs offer a wide variety of services, and therefore, they have standardized processes and procedures to deal with a range of experiences. This begins at intake, where FRC staff, including a clinician, make an early identification of a family's needs and work to connect them with services through a network of community-based providers.

Next, members discussed the recommendations for juvenile probation officers, including if the length of the MAYSI-2 is appropriate, and if the Task Force should include best practices on how to administer this tool to that recommendation. It was explained that the OCA would reach out to the developers of the MAYSI-2 to confirm best practices for administration of the screener.

Finally, members discussed screening in diversion programs, with members asking what accountability processes would be put in place to ensure compliance with the recommendation. It was explained that currently there is no state oversight to diversion programming, therefore the CTTF recommendation would not be impacting the programs' structures, but rather would be sharing best practices. Members discussed how the recommendations could be disseminated to different agencies implementing diversion programming.

Ms. Threadgill then began presenting on the Task Force's recommendations on trauma identification in first responder settings, which focused more on how to prepare and support first responders on how to identify children who might be impacted by the event they just experienced, rather than on the use of a screening tool.

Members discussed this recommendation, including trends in current research around trauma screening in first responder settings, any training for first responders currently implemented and any gaps that need to be addressed.

One member noted that the recommendation is not necessarily recommending trauma screening by first responders, but rather trauma identification. Members agreed and changed the language of the recommendation to reflect this.

Discussion of Trauma Screening in Early Childhood and K-12 Settings

Ms. Rivière began presenting on trauma identification and screening in early childhood settings, including the importance of identifying trauma among young children, the arguments for and against screening young children for trauma and an overview of screening practices in early childhood settings. She then went on to present on the following potential recommendations:

- Organizations and programs serving young children at high risk of experiencing trauma should incorporate trauma identification as part of their service referral or case management practices. This could range from training staff to observe potential symptoms of trauma, to selectively screening based on certain criteria or universally screening.
- Organizations wishing to implement universal or selective screening should prioritize robust training for staff, create culturally responsive and unbiased selection criteria and focus on being trauma-informed and responsive.
- Organizations interested in identifying trauma among young children should also focus on caregivers' history of trauma and mental health and how it impacts the caregiving relationship

Ms. Rivière welcomed any questions. Members discussed what screening tools are available for youth ages 0-3, and general limitations of tools in terms of biases and cultural appropriateness, with one member noting that the recommendations should include some best practices.

Members also asked to clarify the definition of caregiver screening, wondering if it represented giving an abridged screening to the caregiver prior to screening the child or rather, having the clinician take family history into consideration? It was explained that in practice, it happens both ways, with professionals screening caregivers and then using that as a foundation for a conversation and others just taking that into consideration. Members discussed framing the caregiver screening through a strength-based lens.

Ms. Threadgill recommended that the group continue to think about the information presented, and to continue to provide feedback.

Ms. Rivière continued to present on trauma screening in K-12 setting, including, the prevalence of mental and behavioral health issues among students and current state supports for trauma responsive schools. She then introduced John Crocker, the Director of School Mental Health, and Behavioral Services for Methuen Public schools, who gave a brief presentation on piloting universal mental health screening in the K-12 setting.

Mr. Crocker explained that he provided professional development to 18 school districts who received grants from the Department of Elementary and Secondary Education (DESE) to implement universal mental health screening. He brought members through each component of the project, including the professional development/training offered, the data collection and reporting standards, best practices for universal screening that were disseminated, the continuous quality improvement check and project outcomes, noting that 95% of the districts successfully piloted screening during the 21-22 school year.

Ms. Rivière thanked Mr. Crocker, and continued to present, covering the increased interest in screening in schools, the arguments for and against screening and different models for screening. She then moved on to potential recommendations, including:

- Schools should be trauma responsive, have tiered supports in place and screen for behavioral health prior to screening students for trauma
- If schools are prepared to trauma screen, they should provide training and caregiver consent, and pilot a culturally appropriate, strength-based program. Schools should also collect and analyze data.
- Because of the varied financial and logistical capacities in schools, the CTTF should provide multiple models of trauma identification.

Ms. Threadgill welcomed any questions from the group. Members discussed what recommendations they should put forth on making screeners more accessible for certain groups of students such as English language learners and students with disabilities. It was explained that current best practices for implementation advise schools to consider these groups and make accommodations.

Members discussed arguments in favor of screening in schools, including building on practices that schools already do, with one member mentioning that many schools already implement the Screening, Brief Intervention, and Referral to Treatment (SBIRT) screener. Members also discussed arguments against, including the difficulty schools will have implementing such a large project after a series of difficult school years. It was explained that these recommendations could be longer term goals, giving schools time to recover from the COVID-19 pandemic.

Finally, members discussed how the group could recommend educating young people on trauma and how it can impact them.

Closing Comments:

Ms. Threadgill thanked the members and other attendees for their time and their continued efforts and set the next meeting date for July 18, 2022.

A**djournment**: 2:51 pm