Childhood Trauma Task Force

June 27, 2022

1pm-3pm

Agenda

- Welcome & Introductions
- Approval of May Meeting Minutes
- Discussion of Draft Recommendations for the Use of Trauma Screening in Juvenile Justice and First Responder Settings
- Presentation of Trauma Screening in Early Childhood and K-12 Settings

DRAFT RECOMMENDATIONS FOR THE USE OF TRAUMA SCREENING IN JUVENILE JUSTICE

Introduction

- High prevalence of trauma among youth involved with the juvenile justice (JJ) system + support from large JJ organizations for trauma screening

- There are some concerns about the use of a screening tool *during court process*, so the CTTF has decided to focus on the use of trauma screening in settings that are able to offer trauma-focused supports and case management to youth at risk of involvement or involved with the juvenile justice system, namely:
  1. FRCs
  2. Diversion programs
  3. Juvenile Probation
  4. DYS

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Overview of the Use of Trauma Screening for Youth Diverted from or in the CRA System by FRC Staff

- On a case-by-case basis, FRC staff can administer a Child Screening Information Form
  - If a child has CRA-related needs, staff can then use the Family Strengths and Needs Assessment
- Whether a youth/caregiver receive trauma-focused supports depends on multiple factors, including:
  - Families might want to prioritize non-trauma-related issues they are experiencing
  - Degree of family engagement
  - Staff knowledge on trauma

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Draft Recommendations on the Use of Trauma Screening for Youth Diverted from or in the CRA System by FRC staff

FRCs already have screening and assessment practices as well as trauma training requirements that provide opportunities to introduce trauma screening without needing extensive organizational and policy changes. The CTTF suggests integrating the following recommendations within existing practices/structures:

- Conduct selective trauma screening in specific circumstances (e.g., behavioral concerns, CRA involvement)
- Provide supports (e.g., training, policies/procedures, organizational workflow documents) to help Family Partners and Clinicians decide in what circumstances and what type of trauma-focused services should be recommended to the family.

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Overview of the Use of Trauma Screening for Youth in the CRA System by Juvenile Probation

- Juvenile Probation Officers (JPOs) can benefit from understanding how trauma can impact youth's:
  - Overall functioning
  - Involvement with state systems
  - Receptiveness to probation supervision
- To date, JPOs in MA do not use a structured tool to assess the mental health- and trauma-related needs of youth with a CRA

Draft Recommendations on the Use of Trauma Screening for Youth in the CRA System by JPOs

- The CTTF recommends Juvenile Probation:
  - Systematically use a mental health and trauma screening tool (such as the MAYSI-2) for youth formally or informally involved in the CRA system
  - Incorporate the screening results in case planning and management
- To ensure the most effective and trauma-responsive use of the selected screening tool, the CTTF recommends the state provide JPOs with training and clear policies on the administration of the screening tool as well as how to use screening results for case management and referral to appropriate services.

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Overview of the Use of Trauma Screening in Diversion Programs

- There is wide variation in diversion policies and practices throughout the Commonwealth and no state oversight of most
- Most diversion programs in MA do not screen youth for trauma
- National Center for State Courts and NCTSN advocate for the use of standardized screeners to identify trauma and mental health issues for youth diverted from deeper involvement in the legal system

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Draft Recommendations on the Use of Trauma Screening in Diversion Programs

Screening youth participating in a diversion program for trauma as part of a broader identification of mental health needs can be beneficial to youth, but only under the following circumstances:

- Screening should only be conducted if youth is involved in a diversion program long enough to provide them with ongoing services, and if the screening results are used to inform case management and service referrals.

- The screening should only be administered by a trained practitioner, preferably a dedicated case manager (i.e., not a police officer or ADA).

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Draft Recommendations on the Use of Trauma Screening in Diversion Programs (cont'd)

- The screening should be used to help the diversion case manager determine how best to support youth for success in the diversion program; information <u>should not</u> be a factor in whether youth is diverted.

- The screening should be administered within strict confidentiality procedures to ensure information from a screening is never used in subsequent legal proceedings.

- Participation in the screening process should be optional for the youth and their family; whether or not the youth is diverted should not be contingent on participation.

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Overview of the Use of Trauma Screening of Youth Involved in Delinquency System by JPOs

- In MA, JPOs working with youth who have a delinquency case:
  - Conduct risks/needs assessments (OYAS)
  - Receive training on trauma
- JPOs do not have a structured way to assess youth's mental health- or trauma-related needs which could help them:
  - Understand how trauma affects behaviors
  - Know potential triggers and situations that might re-traumatize or lead to behaviors that could violate the terms of their probation
  - Support youth's positive development
- Research shows JPOs need training and clear guidance to use trauma screening tools in an effective and TIR way

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Draft Recommendations on the Use of Trauma Screening of Youth in Delinquency System by JPOs

- The CTTF recommends Juvenile Probation:
  - Systematically use a mental health and trauma screening tool (such as the MAYSI-2) for youth involved in the delinquency system
  - Incorporate the screening results in case planning and management
- To ensure the most effective and trauma-responsive use of the selected screening tool, the CTTF recommends the state provide JPOs with training and clear policies on the administration of the screening tool as well as how to use screening results for case management and referral to appropriate services.

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Overview of the Use of Trauma Screening of Youth Involved in Delinquency System by DYS

- Youth detained while awaiting adjudication: DYS staff use the MAYSI-2 and other screening tools developed by DYS clinicians to identify mental health- and trauma-related issues and assess the physical and emotional safety *before assigning them a room*

- Youth committed to DYS: Staff conduct a full clinical assessment over a 35-to-40-day period and provide treatment services as indicated

- Given DYS' robust trauma screening and assessment procedures and policies already in place, the CTTF does not have any recommendations to make on DYS use of screening tools

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DRAFT RECOMMENDATIONS ON TRAUMA IDENTIFICATION IN FIRST RESPONDER SETTINGS

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Overview of Trauma Identification in First Responder Settings

- Events that involve first responders (e.g., law enforcement, firefighters, and EMTs) are, by nature, potentially highly traumatic
- Identifying peritraumatic symptoms shortly after events take place can help identify children who could later suffer from PTSD as well as prioritize resources
- Some jurisdictions in the U.S. have developed first responder-mental health professional collaborations, where screening tools are used to identify trauma and refer children to services

Draft Recommendations on Trauma Identification in First Responder Settings

Children in MA would benefit from more first responders having the tools to better identify, talk to, and refer children who have witnessed or experienced traumatic events. To support first responders, the CTTF recommends the state provide:

- Training on how to identify children who might have experienced trauma and what steps first responders should take
- Toolkits to guide first responders when children are on the scene of a potentially traumatic event. These toolkits could include short action plans or checklists as well as recommendations on ways organizations (e.g. police departments) could include guidance or policies to support identification of children
- Funding to support the development and implementation of first responder-mental health collaboration initiatives across the state.

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IDENTIFYING TRAUMA IN EARLY CHILDHOOD SETTINGS

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Importance of Identifying Trauma Among Young Children

- According to *Child Trends*, children 0-3 have the highest rate of maltreatment and are disproportionately placed in foster care

- Developmentally, infants and young children are particularly vulnerable to trauma.
  - When exposed to traumatic situations they can lose opportunities for socio-emotional learning. Witnessing DV between 12-18 months can lead to speech delays at 3 or 4 years
  - Research on child maltreatment has shown that the earlier children are abused or neglected, the more symptoms of anxiety and depression they could have in adulthood

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What Types of Screening Tool?

Given the developmental impact of trauma on young children as well as the importance of the caregiving relationship, screening tools that can help identify trauma among young children can include:

- Symptoms or behaviors associated with traumatic stress
- Exposure to potentially traumatic events
- Developmental delays
- Risk factors (e.g. parental substance misuse or parental trauma/MH issues)

Ex: Survey of Well-being of Young Children (MA version) includes all four

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Pros of Screening Young Children for Trauma

- Trauma symptoms among very young children are not the same as for older children. As such, a structured approach can help identify trauma

- There are screening tools developed specifically for young children or validated for young children
  - Child Behavior Checklist PTSD Scale
  - Trauma Symptom Checklist for Young Children
  - Pediatric Emotional Distress Scale

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Cons of Screening Young Children for Trauma

- For young children, providers often rely on caregiver reports, which might be biased
- Implementation of universal trauma screening in early childhood settings is not as widespread as in other child-serving sectors, so less is known about implementation needs and effectiveness
- While some researchers argue for trauma screening, few large early childhood organizations specifically advocate for the use of screening tools to identify trauma (though they may link to resources on trauma screening)

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Trauma Screening Practices in Early Childhood Settings

- The *Interim Report* focused on early education settings only

- Though trauma screening in early education is not common, there are examples of:
  - Universal screening: Some Head Start programs ask trauma-related questions to identify high-needs families and supports they might need
  - Selective screening: Trauma Smart programs in Head Start classrooms across 12 states screen children during clinical consultation if a history of traumatic event(s) is established

- Outside of education, some programs serving young children at high risk of experiencing trauma screen universally:
  - Early Intervention (to be discussed at a future meeting)

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Potential Recommendations for Screening in Early Childhood Settings

The CTTF could recommend:

- Organizations and programs serving young children at high risk of experiencing trauma (e.g. early intervention, teen parenting, home visiting, domestic violence, family shelters) **incorporate trauma identification** as part of service referral/case management practices. This can be done by:

  - Observing children's behaviors for potential symptoms of trauma (needs robust training)

  - Selectively screening for trauma based on certain criteria (which must be critically examined to avoid bias)

  - Universally screening for trauma

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Potential Recommendations for Screening in Early Childhood Settings

- Organizations wishing to implement universal or selective trauma screening consider the following:
  - Organization focus on being TIR first and foremost
  - Staff receive robust training on how trauma presents in young children
  - For selective screening: criteria for screening is culturally responsive and unbiased
- Organizations interested in identifying trauma among young children also focus on caregivers’ history of trauma & mental health and how it impacts the caregiving relationship

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TRAUMA SCREENING IN K-12 SETTINGS

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Prevalence of Trauma/BH issues Among Students

- Surveillance data (e.g. YRBS, YHS) shows that trauma and BH issues are prevalent among students

- Traumatic experiences can translate into significant academic and behavioral issues at school, which can lead to dropping out, expulsions, school-based arrests, CRAs, etc.

- All of this speaks to the importance of:
  - Identifying youth who have experienced trauma and/or have behavioral health issues
  - Schools being trauma-responsive

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State Supports for Trauma-Responsive Schools

Many schools use programs, initiatives, and structures that help them develop supportive, trauma-responsive environments for students:

- Trauma Sensitive Schools
- Safe and Supportive Schools
- Collaborative for Academic, Social and Emotional Learning (CASEL)
- Massachusetts Tiered Systems of Supports (MTSS) Academies
- Bullying Prevention and Intervention
- Training and coaching by CCWT and BIRCh

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DESE Grants for Piloting Universal Mental Health Screening

Presentation by John Crocker, Founder and Director of Massachusetts School Mental Health Consortium and Director of School Mental Health & Behavioral Services (Methuen Public Schools)

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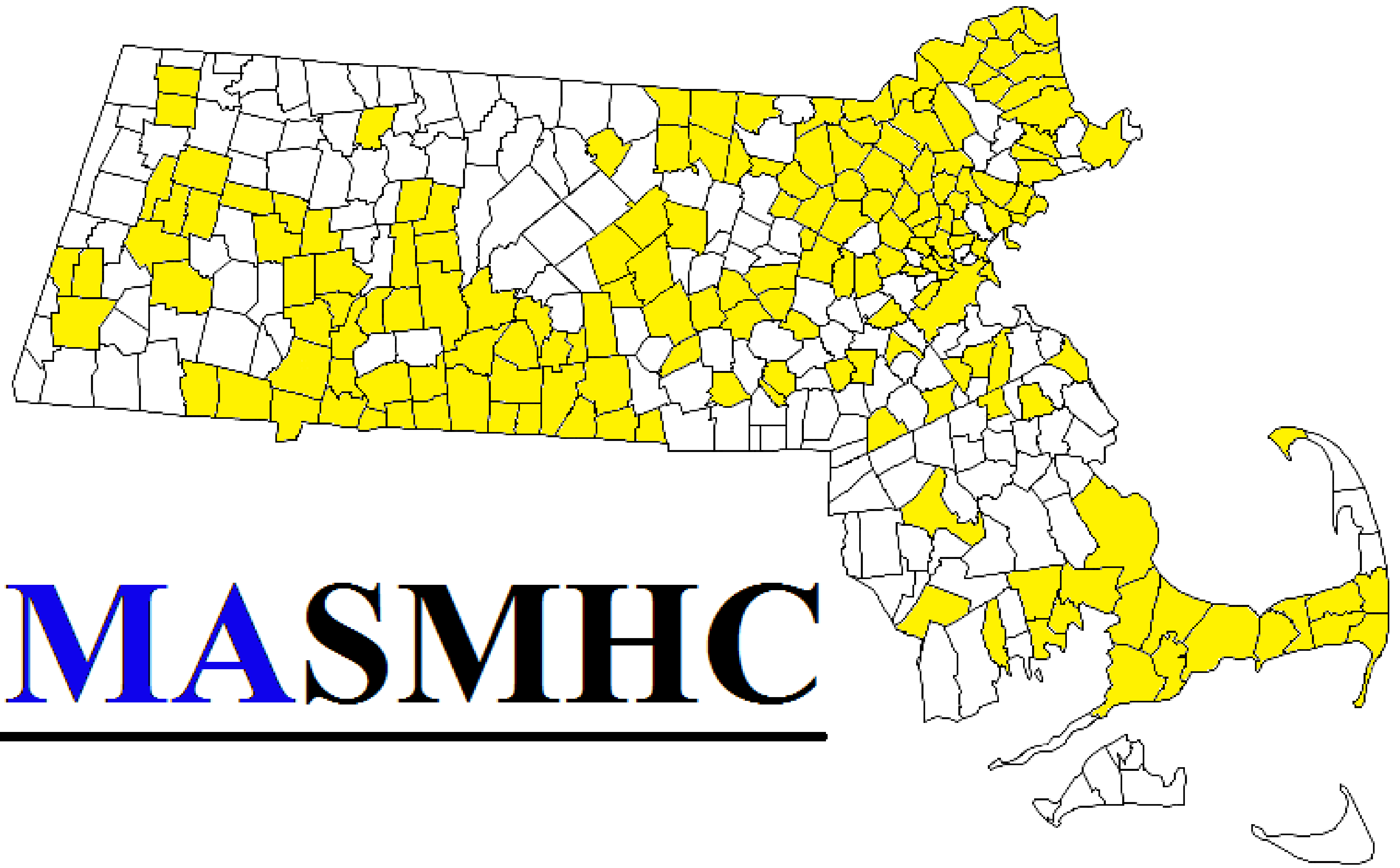
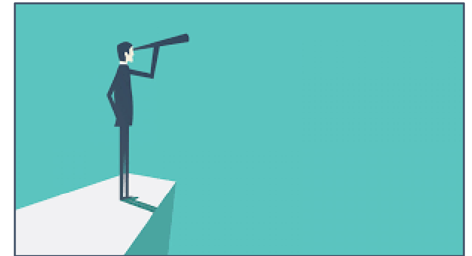

MASMHC

Supporting Districts to Implement Universal Screening

John Crocker
Director of School Mental Health & Behavioral Services, Methuen PS
Founder & Director, MASMHC

Project Overview

- Assigned 18 districts to support with pilot implementation of universal mental health screening.
- Provided foundational professional development to all districts to establish a strong understanding of the critical components of screening.
- Engaged in “batch coaching” at 4 workshop style sessions that focused on major implementation components that typically require additional support.
- Engaged in 1:1 coaching for districts on an ad hoc basis.
- Developed a community of practice using Google groups to support shared learning between districts.



Orienting to Coaching Supports

- 2 hour overview presentation
  - Presentation slides
  - Session recording
- Workshop sessions
  - **March 16 (2:30-3:30):** REGISTER HERE
  - **March 24 (2:30-3:30):** REGISTER HERE
  - **April 12 (2:30-3:30):** REGISTER HERE
  - **May 11 (2:30-3:30):** REGISTER HERE
- Community of Practice Google Group (thrivingminds@googlegroups.com)

Review: Category A Grant Recipient Data Reporting Requirements

Awarded grantees under Category A will also be expected to compile and submit an end of grant report no later than June 30, 2022 which will include the following data:

- Number of students who received mental health screenings, delineated by demographic group and grade level;
- Number of students requiring additional support or follow-up screenings, including students who indicated suicidal ideation or intent to self-harm;
- Length of time between the initial screening and subsequent support services provided;
- Number of students referred for additional support services outside of the school district;
- Types of screening tools used.

What questions do you have about these requirements?

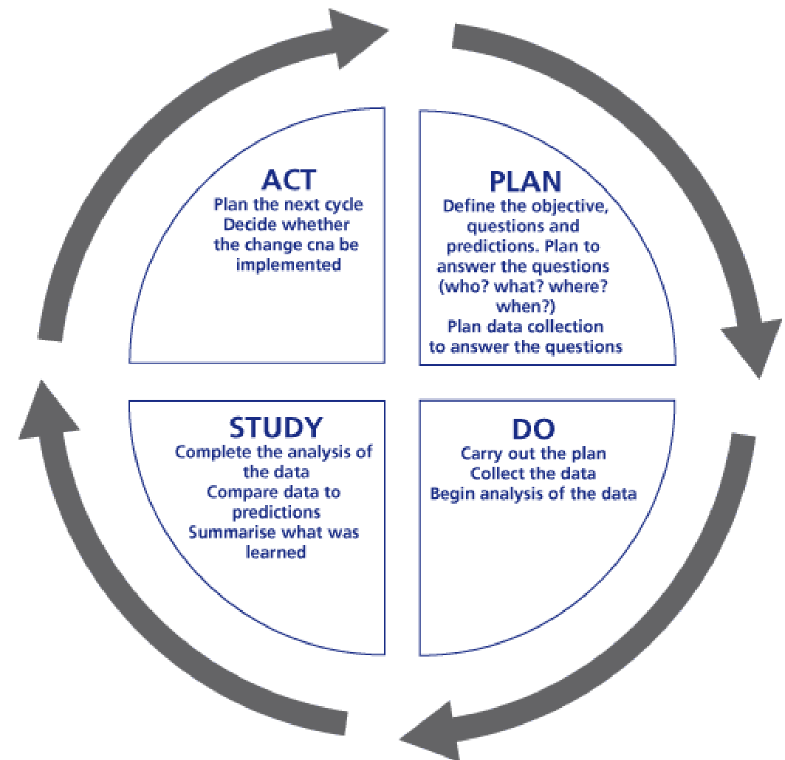
Let’s Check In: Critical Components of Universal MH Screening

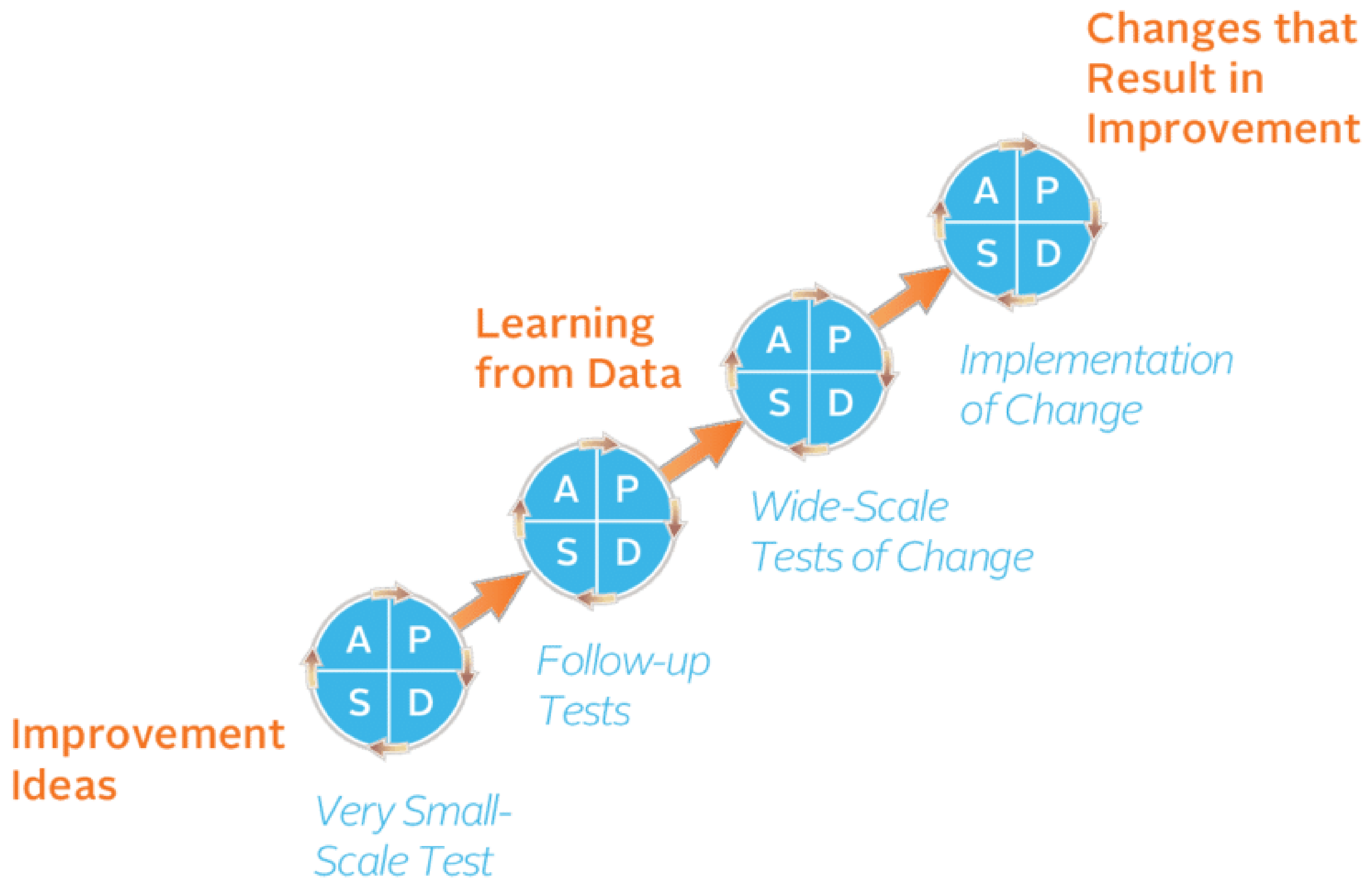
Successfully implementing universal mental health screening will require consideration of the following:

1. Developing a team to support screening
2. Generating buy-in from school and community stakeholders
3. Providing professional development and technical assistance to ensure MH staff readiness
4. Selection of the population to screen
5. Selection of a screening measure
6. Design and adoption of consent procedures
7. Planning for the administration of screening
8. Data collection, analysis, and warehousing considerations
9. Conducting a coordinated follow up to address the needs of identified studen

Action Planning and PDSA Cycles

- **Plan**
  - Define the objective, questic predictions
  - Plan for data collection
- **Do**
  - Carry out the plan
  - Collect and analyze data
- **Study**
  - Complete the analysis of the compare the results to the p
  - Summarize what was learne
- **Act**
  - Determine whether the change will be abandoned, adapted, or adopted




Changes that
Result in
Improvement
A
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S
D
Learning
from Data
Implementation
of Change
Wide-Scale
Tests of Change
Follow-up
Tests
Improvement
Ideas
Very Small-
Scale Test

One student, one measure, one day…

Keeping your first test of change small (screening one student) does not mean it will yield negligible knowledge or data. Screening one student improves knowledge and practice related to:

- Selection of measure
- Administration and scoring
- Consent procedures
- Data warehousing
- Interpretation of scores
- Use of data to inform clinical decision making

Common Needs/Questions

Typically, districts needed implementation support and consultation related to the following topics:

- Selecting a measure
- Selecting a population to screen
- Developing a communication plan
- Developing and sticking to an implementation timeline
- Developing a plan for follow up after screening

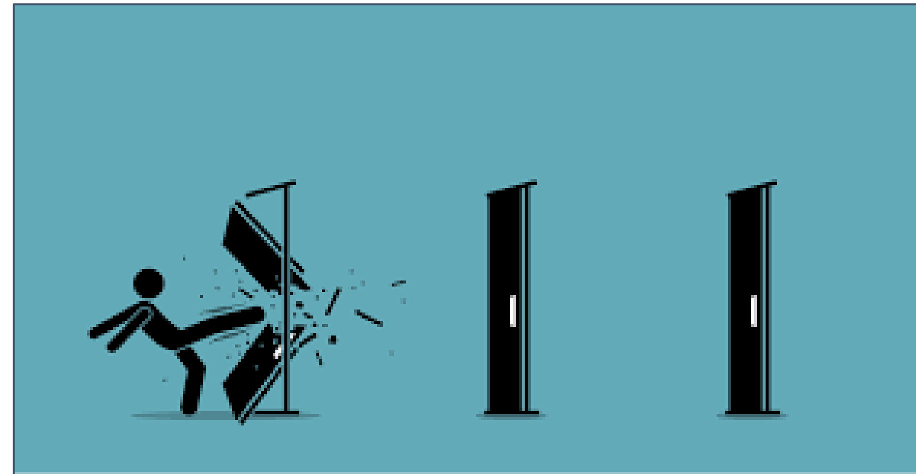
What if…?

Inevitably, these questions tend to come up:

- What if a parent/student doesn't want to participate?
- Are we creating a liability issue if we screen?
- Who should have access to the data?
- What about confidentiality?
- What if students aren't truthful when they complete the screener?
- What if I can't manage the number of students who require follow up?
- If the only one who will be providing services in my district, won't I be overwhelmed by this process?
- Does this mean we're going to have more IEPs?
- What if parents get upset about this?

Acknowledging Potential Barriers…And Moving Through Them

- Funding
- Professional development
- Readiness to provide follow-up services
- Staffing
- Time
- Implementation support



Outcomes and Takeaways

- **100 percent** of districts successfully developed a plan to implement screening informed by the PD, coaching, and technical assistance provided.
- **94.4 percent** of districts successfully piloted screening in the 21-22 school year.
- **72.2 percent** of districts used a measure that focused on internalizing concerns (typically the GAD-7 for generalized anxiety).
- The remaining districts piloted measures that focused on global concerns or SEL competence.
- Districts cited coaching and PD as “invaluable” to ensuring screening was able to be implemented.

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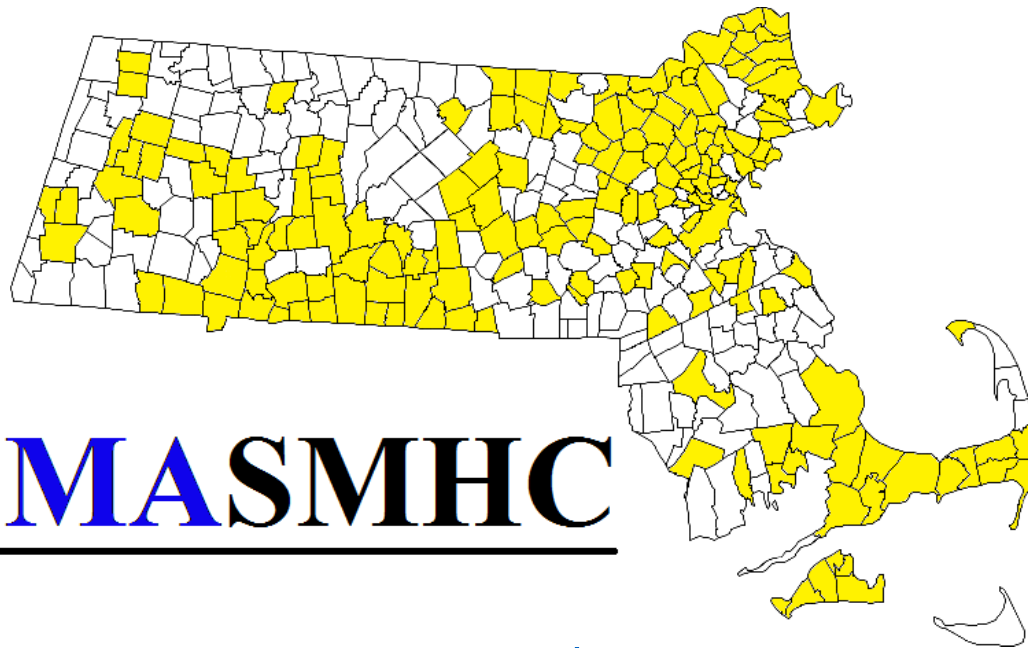


Resource Guide]

&

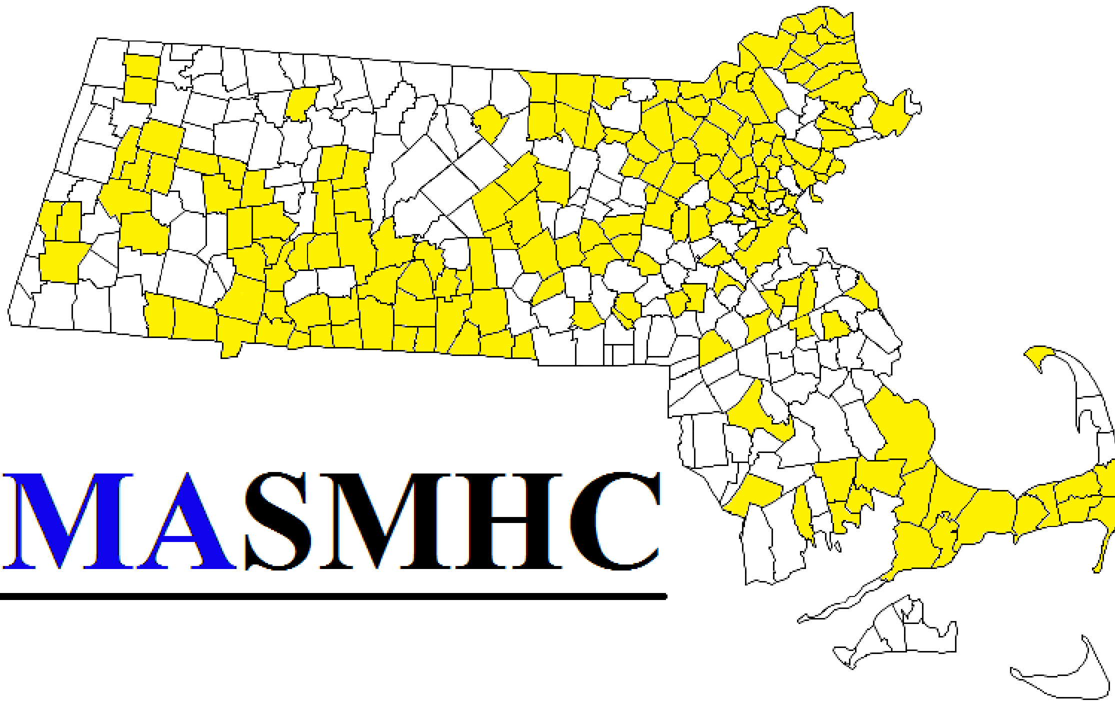
[MASMHC Universal Mental Health Screening Implementation Guide]

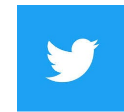
Resources

“Share seamlessly, steal shamelessly…”

- MASMHC Universal Mental Health Screening Resource Guide
- MASMHC Universal Mental Health Screening Implementation Guide
- National Center for School Mental Health: Screening Playbook
- www.TheSHAPESystem.com
- PDSA Worksheet
- Methuen Public Schools: Screening Coordinated Follow-up Guide
- www.masmhc.org
- MPS CSMHS Resource Page
- Video guide for prepping screening data in Google sheets
- Progress monitoring templates

MAssachusetts School Mental Health Consortium





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Increased Interest in Behavioral Health Screening in Schools

- Screening youth for behavioral health in schools is becoming more common
  - A 2014 study estimated that only 13% K-12 schools throughout the U.S. conduct schoolwide emotional or behavioral screening
  - Today, in MA, more schools and districts are screening for behavioral health. This can be partially attributed to state support (e.g. DESE grants) and the growing recognition during the COVID-19 pandemic of the importance of mental health
- Screening for trauma is less widespread
  - To our knowledge, only a handful of schools screen for trauma in MA

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Arguments in Favor of Universal Screening

- Schools are where the kids are
- Screening can identify students who are struggling with trauma or other behavioral health issues that were previously unknown to school staff and/or who are not connected to appropriate services
- Students are routinely screened for other important health issues (e.g., vision, hearing)
- Aggregate screening data can help inform school decision-making
- Selective screening processes can be biased

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Arguments Against Universal Screening

- There are better ways to use scarce resources
- Selective screening processes are sufficient
- Concerns regarding stigma and confidentiality

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Different Models for Trauma Identification in Schools

- Universal screening

- Selective screening as part of a gated approach
  - Observation-based
  - Data-driven "red flags" (e.g., Office Discipline Referrals, truancy, sharp drop in academic performance, low score on SEL screener)
  - Student/caregiver self-referral

- No screening: Based on other data collected or observation, staff discussion with youth reveals existence of traumatic events and/or trauma symptoms, leads directly to referral to trauma-specific assessment and/or treatment

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Schools Can Use Existing Structures & Resources to Facilitate Implementation

- **Implementation champions** can be identified within existing MH, MTSS, and/or PBIS teams
- **Student/family engagement & buy-in** can be fostered using existing avenues such as school events or websites
- **Collection/analysis of data** can be done using existing databases (schools collect a wide variety of data on their students) and data teams
- **Screening implementation resources**:
  - BIRCh universal screening training modules
  - ScreenTIME training modules
  - SHAPE System assessment and resource library
  - MA School Mental Health Consortium resources

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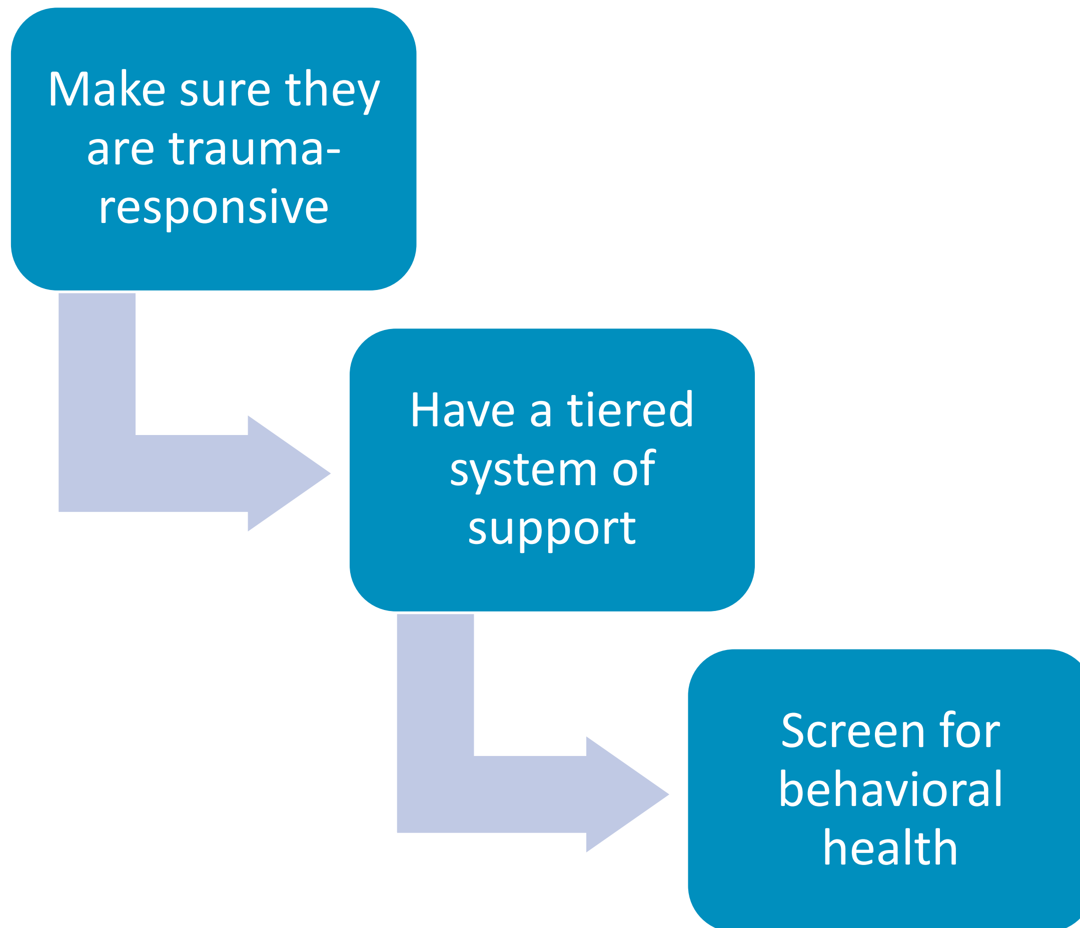
Potential Recommendations For Trauma Screening in K-12 settings

Schools Should Take the Following Steps Before Screening Students for Trauma



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The CTTF Could Recommend Schools Then Implement Trauma Screening with Some Considerations

For schools that are trauma-responsive, have a tiered system of support, and have already implemented universal BH screening, the CTTF could recommend they consider incorporating trauma screening and propose the same considerations that apply to other sectors:

- Training
- Family engagement and caregiver consent
- Cultural considerations
- Strength-based approach
- Piloting
- Collecting & analyzing data

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The CTTF Could Encourage Different Models to Identify Trauma

- Given the different financial, logistical, and training capacities of 400+ school districts, the CTTF could point to multiple models of trauma identification:
  - Universal screening
  - Selective screening based on observation and/or specific criteria
  - No screening, but use of structured ways to identify possible trauma

- If schools adopt the latter two options, the CTTF could recommend they critically examine the criteria they have in place to avoid bias

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CTTF Recommendations Re: State Supports for Schools Wanting to Implement Trauma Screening

To support schools wishing to implement behavioral health and/or trauma screening, the CTTF could recommend the state provide training and technical assistance through:

- The Center on Child Wellbeing and Trauma
- BIRCh School-Based Behavioral Health Technical Assistance Center

Next Meeting

July 18, 2022
Virtual Meeting
For virtual meeting information, email Morgan Byrnes at Morgan.Byrnes@mass.gov

2022 CTTF meetings will be on the 1st Monday of the month 1:00pm-3:00pm

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