

# Childhood Trauma Task Force

March 1, 2021

1pm-3pm

# Agenda

- Welcome and Introductions
- Approval of December 1, 2020 Meeting Minutes
- Updates on 2020 Work and OCA Projects
- 2021 Work Plan Presentation and Discussion

# Updates

## *An Act creating a center on child wellness and trauma (SD 971/HD1782)*

- Filed by Senator Chandler and Rep Khan
- Would establish statutory authority for creation of CCWT (Recommendation from our 2020 report)
- Funding would also be needed to make this a reality

# Updates

## Training on Trauma, Racial Trauma & Racial Equity for Educators

- Five module asynchronous online training for school professionals currently in development:
  - Trauma 101/Brain Science of ACEs: Dr. Heather Forkey
  - Racial Trauma & Mental Health: Dr. Maryam Jerrigan
  - 3 Part Series on the Impact of Racial Trauma on Learning and How to Mitigate the Impact in Schools: Matthew Rodriguez/Equity Imperative
- Will be freely available online by this summer
- Developed by OCA, in partnership with UMass Medical School and the Worcester Trauma & Resilience Collaborative

# CTTF Proposed 2021 Objectives

1. Expand Distribution of TIR *Framework* and Implementation Resources
2. Study and Provide Recommendations Regarding Trauma Screening for Children
3. Participate in the Production of a JJPAD COVID-19 Follow-Up Report
4. Participate in a JJPAD project focused on Crossover Youth

# 1. Expand Distribution of TIR *Framework* and Implementation Resources

- TIR Framework and starter list of implementation resources currently available at <https://www.mass.gov/lists/framework-for-trauma-informed-and-responsive-tir-organizations>
- OCA in early stages of planning for TIR Resource Website (beyond mass.gov site)

# 1. Expand Distribution of TIR *Framework* and Implementation Resources

- Seeking CTFF member recommendations for distribution
  - OCA distributed to contacts in December
  - What other mechanisms should we consider for getting the word out?
  - Is this the right moment in time, or should we delay a push till early summer?
- Sector-Specific Toolkits
  - OCA will be drafting sector-specific toolkits over the course of the year
  - Will be seeking help from CTFF members in reviewing
  - Recommendations for types of information that should be included in a toolkit?

# 2. Study and Provide Recommendations Regarding Trauma Screening for Children

- Identified by members during Dec CTTF meeting as key next area of focus
- CTTF Legislative mandate requires us to
  - review the current means of identifying school-aged children who have experienced trauma
  - consider the feasibility of providing school-based trainings on early, trauma-focused interventions, and trauma-informed screenings and assessments
- Ongoing legislative interest in topic



# **An Act Relative to Screening For Childhood Trauma (SD 1919, filed by Senator Creem)**

Creates a subcommittee of the CTF to study and make recommendations regarding:

- The use or avoidance of targeted/universal screening tools in different child-serving sectors
  - Specific focus on children entering foster care
- Available tools used in different sectors—specifically those used by MassHealth providers
- The administration, training, review protocols, reimbursement, assessment & follow-up

Child Advocate

Child-serving state agencies

MassHealth

Office of Health Equity

Foster Children Evaluation  
Services (UMass)

Association for Behavioral  
Health

New England Council of  
Child and Adolescent  
Psychiatry

Children's Mental Health  
Campaign

Boston Children's Hospital  
Neighborhood Partnerships  
Program

MA Chapter of the  
American Academy of  
Pediatrics

MA Association for Infant  
Mental Health

Child Trauma Training  
Center

MA Alliance for Families

Child Witness to Violence  
Project (BMC)

Additional representatives  
OCA may appoint

# 2. Study and Provide Recommendations Regarding Trauma Screening for Children

## Proposed Topics for Research & Discussion:

- What is current practice in MA? (Update from 2019 report)
- Should children be screened for trauma?
  - All children (universal) or children that meet certain criteria (targeted)?
- In what setting(s) should screening occur? (e.g. pediatrician offices, schools)
- Who should conduct screenings? (types of professionals/trainings needed)
- What screenings tool(s) should be used?
- What barriers exist and how can they be addressed?
- What are models used in other states?

## Proposed Work Plan: Trauma Screening (Months/topics may evolve based on speaker availability)

April

Screening Basics & Current Practices in  
MA and Elsewhere

May

Screening in Schools

June

Screening in Healthcare Settings

July

Screening in CW & JJ Settings

August

Screening in Early Childhood Settings

September

Review Draft Report

October

Review (and Finalize?) Report

# Discussion

- Do we want to invite additional representatives to join a “Screening Advisory Group”? (See SD1919 list as starting place)
- Screening basics (April): what would you like us to cover?
- Are there specific screening models from other states you would like to know more about?
- What speakers would you be interested in hearing from at the May-Aug meetings?
- Are we missing any key topics?

# 3. COVID-19 Report Follow-Up

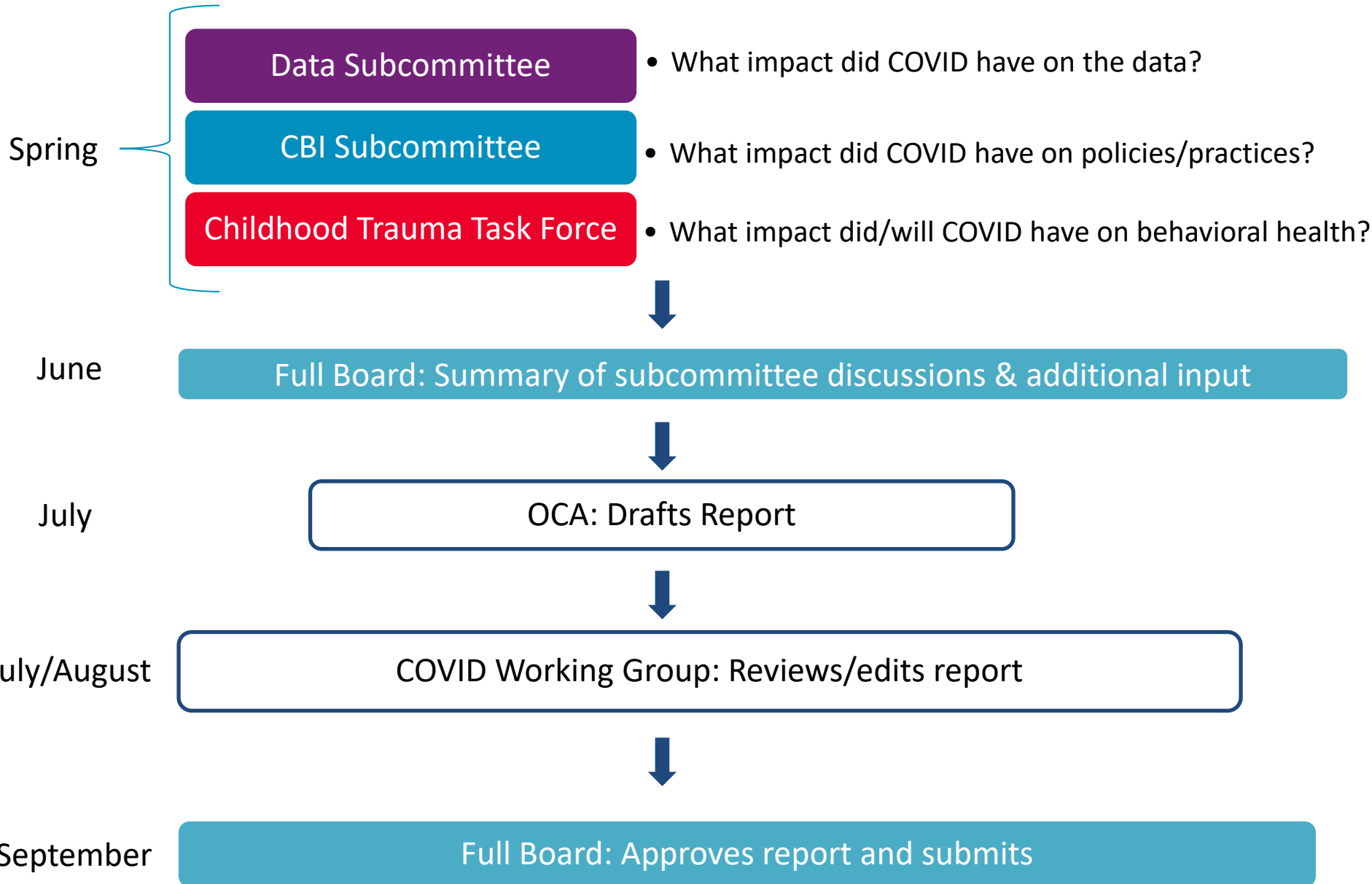
## How we got here:

- CTF 2020 Report: *Protecting Our Children's Well-Being During COVID-19*
- JJPAD 2020 Annual Report: Section of the report highlighting JJPAD member agencies' policy and practice responses to the pandemic, and impacts on youth and their families

**Goal: Produce follow-up report on COVID-19 impact, focused on following questions:**

- What good changes came out of this? What should we keep?
- What are we worried about in the coming years?
  - How will this impact children's behavioral health in the short and long term?
  - How will the impact of the pandemic manifest in our juvenile justice system?

# 3. COVID-19 Report Follow-Up



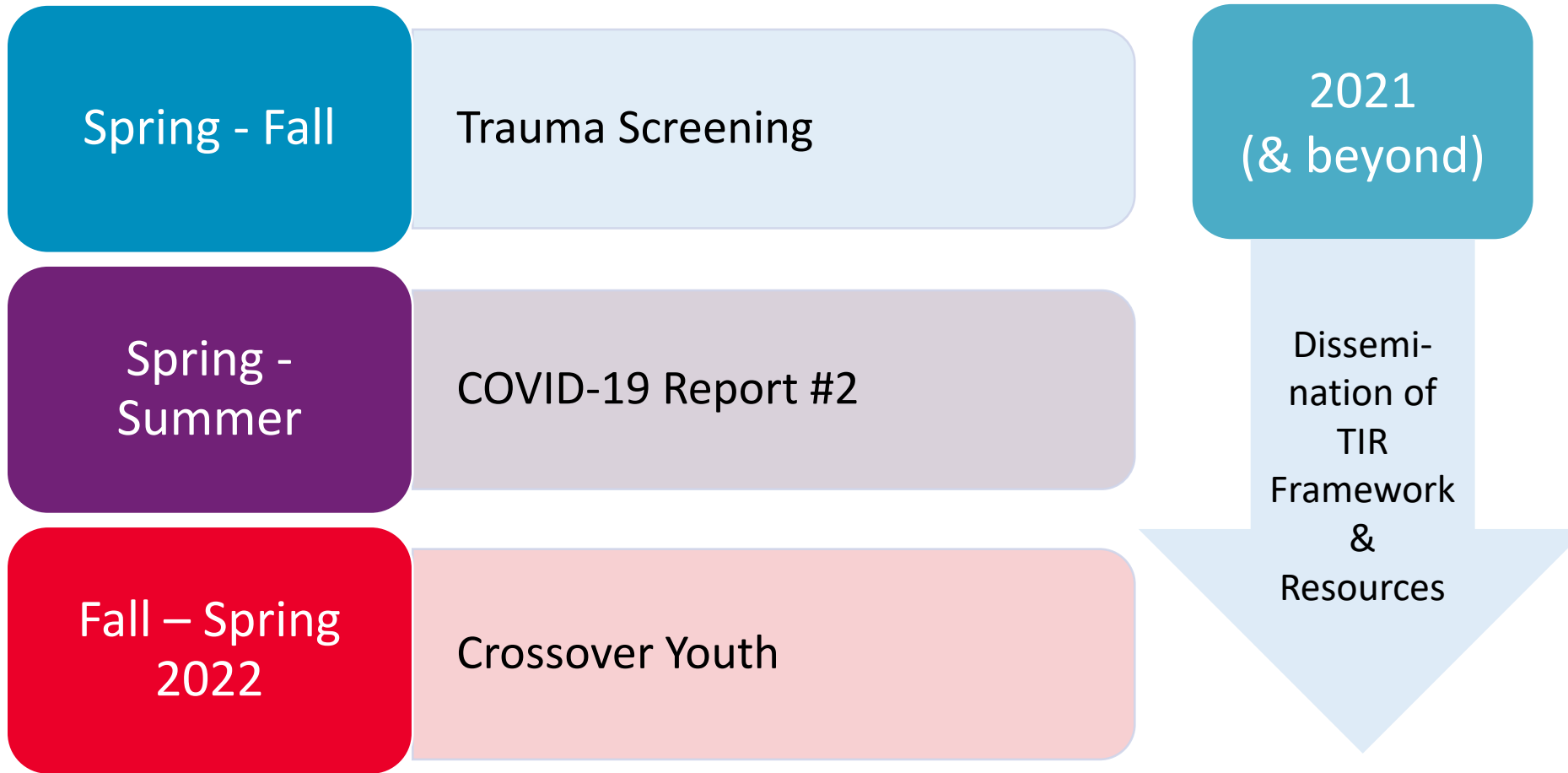
# 4. Participate in a JJPAD project focused on Crossover Youth

## How we got here:

- Natural extension of all three subcommittees' previous two years of work
- Years of reform have decreased the overall population of our juvenile justice system. The next step is analyzing the processes and systems impacting youth that remain justice-involved

- **Multiyear project:**
  - ✓ 2021: Research, Interviews/Focus Groups, System Mapping, Early Policy Development Conversations
  - ✓ 2022: Development of Recommendations and Report
- **Cross-Committee Work and Collaboration:**
  - ✓ All three subcommittees – Data, CBI, CTTF – will have a role
  - ✓ Potential areas for combined meetings

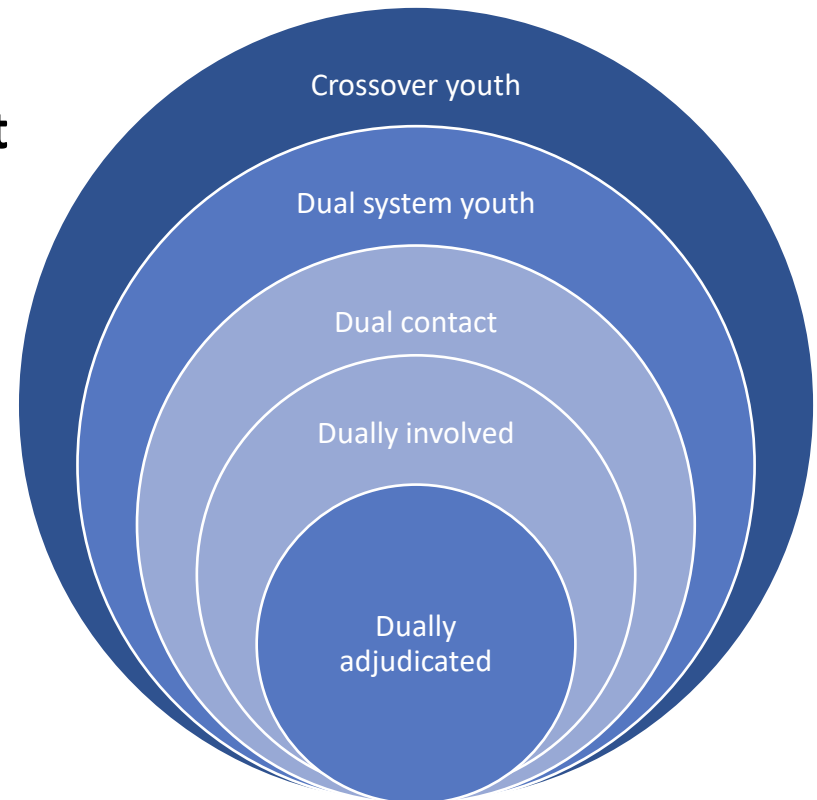
# CTTF Work Plan





# Who are Crossover Youth?

- Youth who have experienced **maltreatment** and engage in **delinquent acts**
- Population can narrow depending on:
  - whether and how **deeply involved** in each system a youth is (i.e. arrest/investigation stage or open child welfare case/committed youth)
  - **timing** of involvement (i.e. concurrent systems involvement or non-concurrent)



# Why Focus on Crossover Youth?

An opportunity to address several different priorities/mandates of JJPAD and its subcommittees:

1. Reduce **racial/ethnic disparities** in the juvenile justice systems
2. Prevent **traumatized youth's** involvement in the juvenile justice system
3. Identify ways to **intervene earlier and more effectively** to reduce juvenile justice involvement

# 1. Reduce Racial & Ethnic Disparities

- Nationally and in Massachusetts, youth of color are overrepresented in both the child welfare and juvenile justice systems. Those disparities accumulate across decision points **within** and **across** systems.
- Crossover from the child welfare system is one likely driver of **racial and ethnic disparities** in the juvenile justice system.
- **To reduce RED, we need to reduce crossover.**

# 1. Reduce Racial & Ethnic Disparities

Race	No DCF Involvement (%)	DCF Involvement (%)
Hispanic/Latino	50%	50%
Black or African American	31%	69%
White	63%	38%
Multiracial	44%	56%
Chooses not to self-identify	25%	75%
Asian	0%	100%
American Indian or Alaska Native	50%	50%

- Of the 247 new detentions between March 16, 2020 and October 9, 2020, 45% (n=112) had some level of current DCF involvement\*
- However, these rates were **significantly higher** for youth of color

\*CRA or C&P; DCF Involvement not independently confirmed by DCF

## 2. Prevent traumatized youth's involvement in the juvenile justice system

Despite what we know about the relationship between trauma, child development, and behavioral responses, **national research shows that crossover youth face harsher juvenile justice outcomes**

In comparison with their peers and controlling for offense type/level, they are:

- Less likely to receive probation for a first-time offense (especially true for Black youth)
- More likely to be placed in a group home or correctional setting
- More likely to be placed in detention

## 2. Prevent traumatized youth's involvement in the juvenile justice system

- National studies have shown that recidivism rates for crossover youth are higher than for youth who are only involved in the juvenile justice system.
- One study found that 66% of crossover youth had a jail stay in their young adulthood (18-22) compared to 50% of juvenile justice involved youth and 25% of child welfare youth.
- Moving crossover youth from a family-like setting to a congregate care setting was associated with significantly higher rates of recidivism.

# 3. Intervene earlier and more effectively

Research in other states shows that crossover youth typically:

- Enter JJ system at a younger age (~1 year younger)
- Have more complex needs (e.g. MH/BH issues, SUD, academic difficulties)

*(As compared to youth in delinquency system with no child welfare involvement)*

# 3. Intervene Earlier & More Effectively

Maltreatment/  
Trauma



Unaddressed/unrecognized trauma can lead to a behavioral response at:

Home

Foster family

Congregate  
care

School

Community



Results in a response by the parent, community, schools, child welfare system,  
and/or juvenile justice system:

Community  
(e.g. FRC  
referral)

Behavioral  
Health  
Response

School  
Discipline

Change in  
Placement

CRA

Diversion

Arrest

Increasing intensity of system(s) involvement



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# 3. Intervene earlier and more effectively

## If we fail to intervene effectively...

2011 study in LA County found that youth involved with both JJ and CW Systems were:

- Twice as likely to experience extreme poverty in young adult years as youth only involved in justice system (50% vs 25%)
- More than half as likely to be consistently employed than youth exiting child welfare without justice system involvement (10% vs 25%)
- Emergency Department Utilization was roughly double the rate of ED usage for justice-only and child welfare-only groups (27% vs 12%)

# What Do We Know About Crossover Youth in MA?

- Data in MA is limited, but it's clear that a significant percentage of youth in the juvenile justice system have child welfare involvement.
- Currently available data on youth at DYS with “DCF Involvement”:
  - Detention: 45% of detention admissions (Feb – Oct 2020)
  - Commitment: Consistently ~30% of committed youth
    - Of these, 50-60% CRA, 30-40% C&P, 10% Voluntary

*\*\* Data is based on report by youth or court officer – not independently confirmed with DCF \*\**

- 2014 (dissertation) study of data from 2000-2012 found that 72% of youth committed to DYS had prior or current involvement with DCF
- We **do not know** what percentage of arrests, arraignments, youth on probation, etc. crossover youth represent

# What Do We Know About Crossover Youth in MA?

2015 CfJJ *Missed Opportunities* study of youth with open DCF and DYS cases found that:

- Involvement with DCF typically began at young age (0-5)
- 58% experienced at least one home removal
- 36% had been subject to a CRA petition
- A large share experienced many placements (close to ¼ experienced 6-10 placements)
- RED: 60% crossover youth were Black or Latino, compared with 39% of overall DCF population

# JJPAD Crossover Youth Project

- Numerous previous efforts in MA to address needs of this population, including:
  - CHINS to CRA reform in 2012
  - Hampden County Pilot Program (MDRT Model)
  - Crossover Youth Practice Model (DYS/DCF/Partners)
- Some successes → but challenges and gaps remain
- JJPAD & CTF membership and expertise allows for a systems-level approach

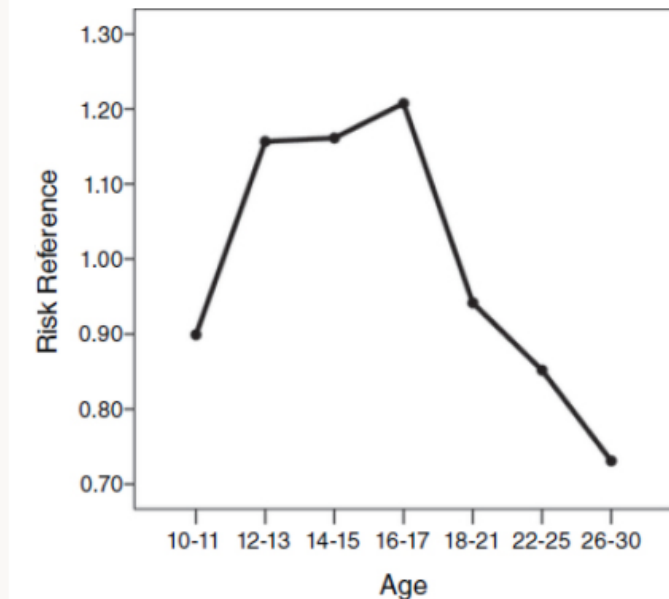
# JJPAD Crossover Youth Project

Opportunity to do a state-level review of policies, practices, funding and service gaps, to include:

- **Data:** What do we have? What could we get? What do we need?
- **Qualitative Research:** System mapping, interviews and focus groups, review of current policies/practices, all with goal of refining understanding of problem and cultivating list of potential solutions
- **Promising Practice Identification:** What are other states/counties/cities doing that we could adapt? What is the research/evidence base for various practices?

# How Do We Focus Our Efforts?

- Research indicates a sharp shift in behavior at ~ age 12
- This is also the point when system response to behavior begins to shift from child who needs help → potential public safety threat
- Washington study found crossover youth average first justice system contact at age 13



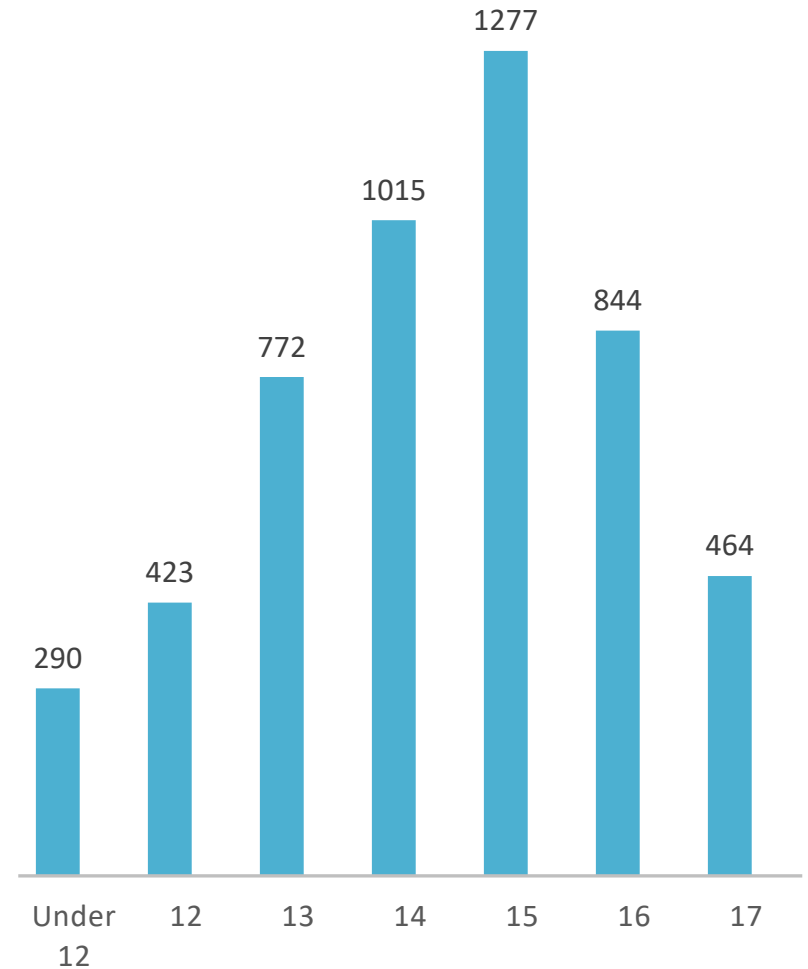
**FIGURE 4-1** Age differences in preference for risky behaviors (e.g., unprotected sex, shoplifting, smoking).

SOURCE: Steinberg (2009).



# By Age: Preteen to Early Adolescence CRAs (2019)

CRA Type	Number of CRAs	% of all CRAs	Mean Age
Stubborn Child	2,297	51.5%	15.3
Truant	1,438	32.2%	14.2
Habitual School Offender	407	9.1%	13.8
Runaway	319	7.1%	15.9



# By Stage & Referral Point:

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Trauma



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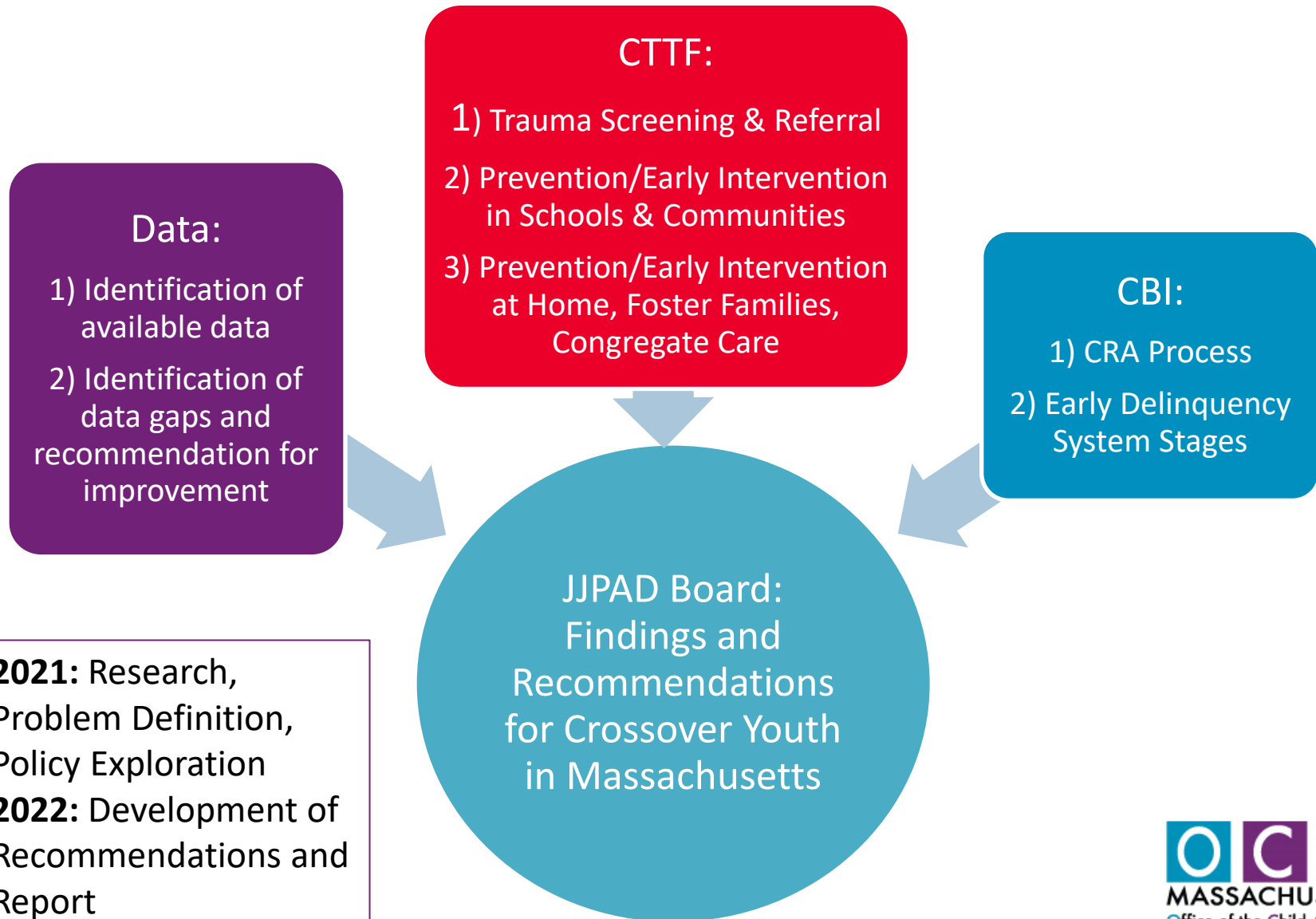
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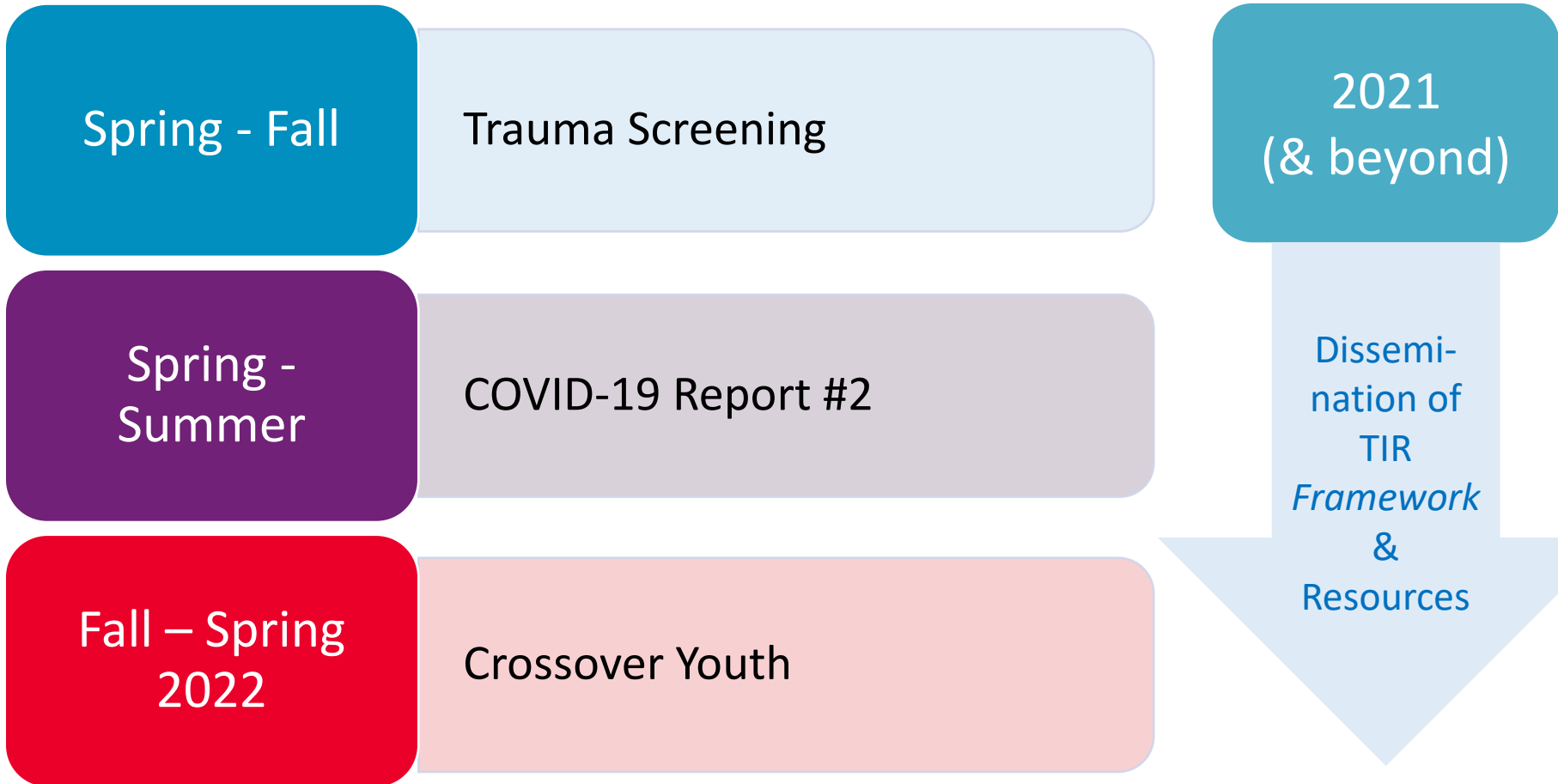
Referral points

Possible Responses

# Work Plan: Crossover Youth



# CTTF Work Plan



# Questions for the CTTF

- What research questions on Crossover Youth would you like OCA to explore?
- Are there specific services or policies you're interested in learning more about?
- Ideas for individuals/organizations we should interview?

# Next Meeting

*(All meetings are virtual; WebEx information is in each calendar invitation.  
Contact [Alix.Riviere@mass.gov](mailto:Alix.Riviere@mass.gov) for more information on how to join meetings)*

Monday April 5, 2021  
1.00-3.00pm

# Contact

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