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Minutes Approved at April 10th, 2019 Meeting

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Wednesday, March 13th, 2019

Task Force Members or Designees Present:

Maria Mossaides, The Child Advocate, Chair (OCA)
Laura Brody (DCF)
Claudia Dunne (CPCS)
Kate Lowenstein (CFJJ)
John Millett (MA Probation Services)
Stacy Cabral (EOE/DESE)
Katherine Cohen (Children's League of MA)
Emily Sherwood (DMH)
Babanina James (DPH)
Mike Glennon (MDAA)

Other Attendees:
Neena McConnico (Child Witness to Violence Project)
Mr. Zeira (Roca, Inc.)
Ms. Chablani-Medley (Roca, Inc.)
Members of the Public

OCA Staff:
Melissa Threadgill (OCA)
Melissa Williams (OCA)
Christine Palladino-Downs (OCA)
Lindsay Morgia (OCA)

Meeting Commenced: 1:13pm

Welcome and Introduction from the Child Advocate:

Ms. Threadgill welcomed the attendees to the third Childhood Trauma Task Force (CTTF) meeting and each person introduced themselves.

Ms. Threadgill held a formal vote for the approval of the minutes from the February 7th, 2019 CTTF meeting. There were no objections. The February 7th, 2019 CTTF meeting minutes were approved.

Ms. Threadgill reviewed the agenda.

Ms. Threadgill mentioned that the Diversity and Inclusion Working Group held its second meeting. She asked the members to please feel free to send people from their agency/organization to this meeting.

Ms. Threadgill updated the subcommittee that the trauma screening & assessment survey has officially been sent out and organizations are beginning to fill it out. She reminded everyone to CC Lindsay Morgia on all emails. She also stated that members should send the survey contacts to them, and they will send the survey reminders.

Agency Presentations on Trauma Initiatives: Committee for Public Counsel Services

Ms. Threadgill introduced Claudia Dunne, from the Committee for Public Counsel Services (CPCS), to speak about her organization and their current trauma initiatives.

Ms. Dunne described CPCS as providing legal representation in Massachusetts for those unable to afford an attorney in all matters in which the law requires the appointment of counsel. This includes representation in criminal, delinquency, youthful offender, child welfare, mental health, sexually dangerous person and sex offender registry cases, as well as related appeals and post-conviction matters. Representation is provided by a combination of approximately 500 staff attorneys and 3,000 private attorneys trained and certified to accept appointments.

Ms. Dunne described that CPCS has 5 divisions: Youth Advocacy Division (YAD); Child and Family Law Division (CAFL for child welfare, Care & Protection, and Child Requiring Assistance cases); Private and Public Defender Division (PDD for adult criminal cases); Mental Health Litigation (MH, guardianship and civil commitments). YAD also developed the Ed Law project which provides educational advocacy for children and youth involved with the court systems. Additionally, the Immigration Impact Unit provides attorneys within all divisions with training, litigation support and advice in individual cases regarding immigration consequences for noncitizens clients.

Ms. Dunne explained that CPCS has attorneys and social workers in all the divisions. The YAD attorneys and social workers in the different offices work as a team. They work through a trauma-informed lens using a Positive Youth Development framework. Social workers assess youth and look at their needs and strengths. They will write up a bio-psychosocial history, connect clients and their families to services, write sentencing recommendation reports, and work to help the court understand a client's life story and the reasons they are before the court. They provide a context and work to help others understand the ways in which trauma effects development and behaviors. Often the reasons include trauma, mental health issues, poverty, lack of support, a lack of services, duplicative services, or contradictory services.

The YAD refers and actively connects youth to needed services including comprehensive assessments and evaluations, individual and/or family therapy, school advocacy, social supports, job opportunities and training. They are often connecting clients to the services and programs required for court diversion.

The social workers build and maintain relationships with the youth, and they and the attorney will continue to work with them as long as needed. When youth are DYS involved, the YAD will follow the youth throughout their time in DYS and when they return to the community. In

their work, they are informed by child and adolescent development, trauma, and current neuroscience and brain research. (Ms. Dunne noted that it has been found that the frontal cortex of the brain does not fully develop until 25 years of age.)

Ms. Dunne explained that the term holistic defense is still a fairly new term being used within CPCS and other Public defenders offices across the country. They have been providing trainings on trauma and brain science to all staff in in collaboration with UMass's trauma program. Trauma information is also woven into internal trainings and written materials.

The Positive Youth Development framework has been put into place at CPCS, meaning that they look at strength-based assets of the youth involved. They are not solely focused on the best legal outcomes but also on supporting youth in achieving positive life outcomes too.

CPCS does not do individual therapy but they bring a clinical lens to all of the work including developing positive, therapeutic relationships with their clients.

Ms. Dunne explained some of the barriers to youth accessing therapeutic services include issues with insurance, waiting lists, practitioners who claim they are trauma-informed but are not, transportation depending on where they are in the state, language capacity, quality of services, etc. On the other end, she described staff burnout and secondary trauma as another type of barrier that affects the availability of therapeutic services. She believes that the field needs to better support staff, especially front-line staff.

Ms. Cabral asked how CPCS navigates cultural barriers and trains staff to be culturally aware.

Ms. Dunne stated that our social workers at CPCS come from master's programs where they would have received education and training in this area. However, CPCS also has ongoing trainings on cultural awareness, implicit bias, racial inequities across the systems.

Mr. Glennon asked if the continued updates and training are available to non-clinical staff as well.

Ms. Dunne replied that all the trainings held are for all staff. They do regular trainings with MCLE as well as send out handouts to the attorneys on recent trauma research.

Ms. Mossaides asked about the lack of information sharing across agencies as a barrier to their work. She also asked what advice the attorneys give their clients on releasing information.

Ms. Dunne said that's a very complex question because our clients are facing charges. She stated that all cases are very different, and that attorney-client privilege must be kept. We are not allowed to share any information without the client's consent: confidentiality and privilege belong to the client and we do not get to make that decision.

However, she has over the years in other jobs seen the lack of information sharing across helping agencies is often a barrier to clients needs being fully addressed.

Ms. Mossaides stated that it's hard to get a complete picture to see what range of services make most sense to offer since there are numerous barriers to tracing a cohort. People are doing the jobs they are supposed to, but they are not going across their agency boundaries and working together. This makes it harder to identify gaps in services.

Ms. Palladino-Downs asked what CPCS does to identify services needed or currently being offered if DCF is already involved.

Ms. Dunne explained that CPCS works with DCF and DYS, probation, schools, and community providers and that collaboration is really important to them. They do not want to duplicate work, but they want to make sure that clients needs are being addressed and that services are in place for the youth and family and that there aren't gaps.

She stated that more family work is needed across the boards if we want to really address the underlying issues and help kids do better. However finding individuals who do sophisticated family work are not readily available, and for those who can do it, pay is a challenge because reimbursement rates are so low. If you don't work with the whole family, it's hard to fix the problems at hand.

Ms. Cohen asked about budget and hiring practices.

Ms. Dunne said she could not speak fully to this question, but that they are currently hiring new social workers in YAD and will have ten social workers across the state. They are trying to increase salaries for both attorneys and social workers as they make very low wages compared to private practices. Their budget is determined by legislature.

Mr. Glennon asked where CPCS sees the highest percentage of trauma originating from. He wonders if there is a difference in percentages between school and home.

Ms. Dunne doesn't think there is an either/or answer. She stated that it's more of a yes, and… answer. Bad schools, unsafe neighborhoods, witnessing community violence, unstable families, poverty, etc all contribute to trauma. There is not one cause of trauma. There are also intergenerational themes that do appear including domestic violence, homelessness, and poverty. She stated that NPR recently hosted a topic on brain research and poverty in regards to making decisions. She stated that their research showed that the capacity to make good decisions is made extraordinarily difficult when basic needs like food and housing aren't being met.

Ms. Mossaides brought up immigration and the trauma involved from that experience. She stated that services are not always prepared for the traumatic effects of immigration.

Ms. Threadgill mentioned that the May CTTF meeting will be focused on immigration.

Ms. Sherwood stated that it's hard to find the single source of trauma but it's extremely important to recognize the multiple places where trauma comes from. She brought up the results from a recent conference in Miami-Dade where studies showed that most youth involved in the juvenile justice system had an average of six Adverse Childhood Experiences (ACEs).

Ms. James stated that when immigration and race play a role, it's hard for youth to ever feel truly safe and secure. This leads to long-term trauma. Being afraid of police who are supposed to be keeping them safe due to the fear of deportation or of police violence due to the color of their skin. There is a subliminal fear of police and being shot. This also affects life expectancies.

Ms. Sherwood explained that ACEs is in the process of adding racial trauma.

Ms. James said that a lot of professionals do not address racial trauma. Racial trauma needs to be included in surveys and assessments. DPH is doing a lot of work on incorporating racial work into conversation when it's usually not talked about.

Ms. Dunne mentioned a recent training CPCS offered that she felt was one of the best she's ever been to. Kimberly Pappilon was the presenter and she does trainings on "Implicit Bias: The Neuroscience of Decision Making." Ms. Dunne suggested checking out her website where you can see videos of her presentations.

Agency Presentations on Trauma Initiatives: Department of Youth Services (DYS)

Ms. Threadgill stated that unfortunately, Yvonne Sparling from the Department of Youth Services, is out on medical leave and is not able to present. DYS will present another time.

Panel Discussion on Community Violence & Childhood Trauma: Child Witness to Violence Project

Ms. Threadgill introduced Ms. McConnico, Director of Child Witness to Violence Project, who will speak to her organization's efforts on trauma initiatives.

Ms. McConnico provided a general overview of the Child Witness to Violence Project. The program is located within Boston Medical Center and works with young children who act out and misbehave as a result of adversity and trauma. The program is an outpatient mental health program for those from birth to eight-years old. Most of the work is focused on domestic violence and community violence (90% of children). Approximately 95-98% of the children have experienced chronic trauma and toxic stress.

Ms. McConnico discussed how the direct services work is rooted in an attachment and two generational approach. They use child-parent psychotherapy (CPP) as a model for children birth to five years old. They also do a lot of training and consultations with agencies who are dealing with young children who experience violence. She explained how you cannot separate trauma exposure from the attachment relationship, culture, race, and ethnicity of individuals.

The clinicians at the Child Witness to Violence Project are Master's and Doctorate level. She stated that the clinicians who work at the program work on addressing their own implicit biases to make sure they do not affect the treatment they are providing. This is a free service and they have had stable funding for the past 27 years.

The program focuses on resiliency as there are a lot of positive things happening in the communities and families that are often marginalized. She mentioned how the families know their children best but they are facing barriers that affect them from providing and meeting the needs of their children.

The program does not work with the perpetrating caregiver due to boundaries set by some of the funders. However, they work on bringing them into the picture without having them physically being there.

Ms. McConnico discussed the projects they have worked on or are currently working on. These projects include:

1. **Massachusetts Child Trauma Project (MCTP)**
2. **Supportive Trauma Interventions for Educators (STRIVE)**
3. **Massachusetts Probate and Family Court (Child Safety Project):** New project
4. **Boston Defending Childhood Initiative (DCI):** This project lasted about five years
5. **MassAIMH:** A diagnosis is required before receiving treatment, however there are no diagnostic codes for children under four. The organization zero-three does have a classification system so services can be provided for younger children.
6. **Futures Without Violence**

Panel Discussion on Community Violence & Childhood Trauma: Roca, Inc.

Ms. Threadgill introduced Ms. Chablani-Medley and Mr. Zeira from Roca, Inc. who will speak to their organization's efforts on trauma initiatives.

Mr. Zeira provided a brief overview on Roca's mission and program. Roca works with about 1,200 high-risk young adults per year who have experienced significant trauma. Recently, they started a program to work with young mothers who have been exposed to domestic violence and other high-risk behaviors. Many of the youth they work with have been incarcerated themselves or have been exposed to a loved-one being incarcerated. Roca has been around for 31 years in Massachusetts and it has recently grown to a second location in Baltimore, Maryland. Baltimore, MD reached out to Roca for help as the city has an average life expectancy of under 30 years old for young men of color.

Roca wants to see high-risk young adults be safe, stable, and working. They work closely with these youth in the depth of trauma and violence. They call it "relentless outreach," where Roca employees reach out to the youth themselves instead of waiting for them to ask for services. At first, most of these youth are hesitant to work with Roca, but over time, they build a transformative relationship with the youth. Roca also works with a lot of agencies who are already involved in the youth's life such as probation, local sheriff's departments, and DCF.

Most of the employees at Roca are not Master-level clinicians. In fact, they are paraprofessionals who use a skills-based approach with Cognitive Behavioral Therapy (CBT) which they have developed in partnership with MGH. Roca trains staff in CBT.

Ms. Threadgill posed a question for the Child Witness to Violence Project and Roca. She asked if there are good practices that they see on the ground and if there is anything in state practice

they can identify that needs to be worked on in terms on trauma-informed care.

Ms. McConnico commented that there is a need for clinicians to know and understand what they are seeing in the moment, but it's a whole different thing to put that knowledge into practice. For most trainings, agencies want her to tell them what to do and only come one time. Trauma is not linear; it's complicated and messy. It doesn't work that way, it takes time to understand trauma.

Ms. Chablani-Medley stated that Roca is seeing progress in that agencies are now talking about trauma-informed care more than they were before. When you get to the higher risk side of the spectrum, there is usually an agency that is really interested in this population. However, they want to see progress and change outcomes within six months. She explained that this is just not possible and stated that nothing substantial happens within just six months. Her recommendation is to change the expectations of having changes in outcomes within a few months. Roca is based on a four-year program.

Ms. Mossaides commented on her admiration for Roca's continuous quality assurance improvements. She stated that there are very few agencies who have the teams and skills on evaluating the continuous refinement of the model they are looking at. On the state side, there is always such a need/want to respond right away. When thinking about continuous improvement, Ms. Mossaides recommends people to always take an hour at the end of the week to reflect on one thing they learned or should change the next time they are in that situation. This is most important for front line workers, however they are the ones that often don't have the space to think about this as they are the most busy.

Ms. McConnico agreed that this is true for front-line workers especially due to their high caseloads.

Ms. Mossaides stated that there is a common hesitation to work with higher education to reach out and ask to collaborate. Massachusetts is not lacking in resources to collaborate with, but agencies are not asking for the help.

Ms. James posed a question to the group and presenters. She asked how do we build and support grassroots organizations who focus on this type of work. She believes that innovation comes out of collaboration.

Ms. McConnico commented that there is a need for awareness from university students. We are not studying these families, we are working together and alongside these families. She brought up the difficulties and challenges of university student's involvement due to the boundaries of the Institutional Review Board (IRB).

Ms. James commented on the benefits of bringing community organizations to the table as they often have a completely different lens and can figure out the issue at hand by using their own experiences.

Ms. Lowenstein stated that organizations being trauma-informed is a great start, but it's just a start. She asked the subcommittee for their thoughts on how to train and retrain the individuals working with these children. She also asked who are the adults working with children and how do we keep these adults in the children's' lives. She reiterated the importance of keeping in mind cultural competency within the trauma informed model.

Mr. Hutchinson asked how to recruit and maintain the staff to do this work.

Ms. Chablani-Medley stated that Roca does struggle with turnover as well and that CBT is really critical for their program. They are constantly training staff. Staff cannot think that these youth have no chance, because then they won't. A lot of time, one issue is that staff on the front line become hopeless. They need an approach and tools that work for their work and the population they are reaching.

Ms. Sherwood agreed and said that Roca's model is a perfect example of implementation science and reflective supervision.

Ms. McConnico uses the model "Plan Do Study Act." Can't speak enough about reflective supervision and being intentional about creating spaces where you can talk about the work that the staff are doing. This helps with staff retention.

Ms. Dunne agreed that reflective supervision should be given to all employees including supervisors themselves.

Closing Comments:

Ms. Threadgill announced that the April CTTF meeting will be focused on schools and the May meeting will be focused on trauma in refugee/immigrant communities.

Adjournment: 3:00pm