

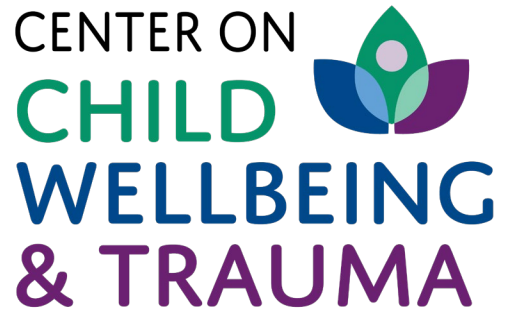
Childhood Trauma Task Force

March 7, 2022

1pm - 3pm

Agenda

- Welcome & Introductions
- Approval of December 2021 Meeting Minutes
- Update on Center on Child Wellbeing and Trauma by Director Audrey Smolkin
- Discussion of Trauma Screening Recommendations



A partnership between the
Office of the Child Advocate
and Commonwealth Medicine

Year 1 Accomplishments and Year 2 Expansion Plans



March 7, 2022

The Center on Child Wellbeing and Trauma

Launched in October 2021

- Established thanks to funding in the FY22 State budget
 - \$1 million to establish the Center
 - \$300K to support trauma and resiliency work in Worcester area
- Operationalized by the Commonwealth Medicine division of UMass Chan Medical School
- Funded and overseen by the Office of the Child Advocate
- Developed based on 2020 Recommendations from the Childhood Trauma Task Force



www.childwellbeingandtrauma.org

Goals And Objectives of the Center

A Racial Equity lens directs, imbues, and enhances all goals



1. Resources and Information

All child-serving professionals have access to the best practice trauma and healing/prevention resources and information.



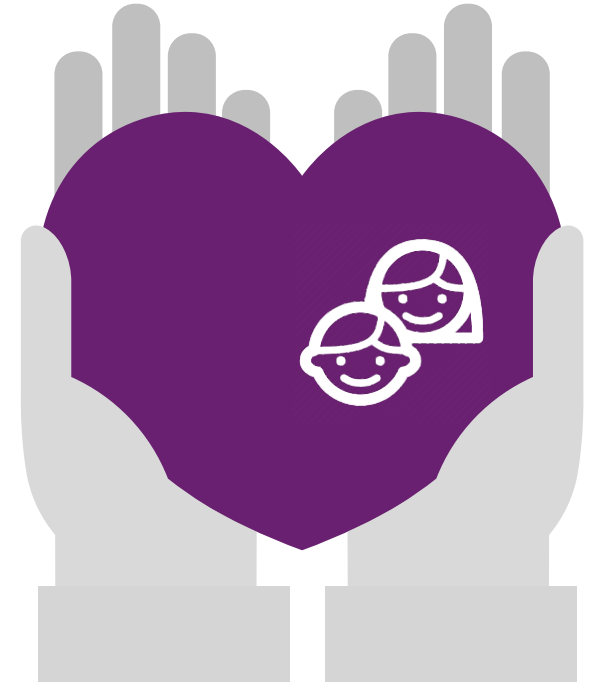
2. Learning Communities

Professional Learning Communities will provide and enhance trauma-informed and responsive skills and tools.



3. Assessment and Coaching

All agencies that interact with children will benefit from an assessment and coaching process to become more trauma-informed and responsive.

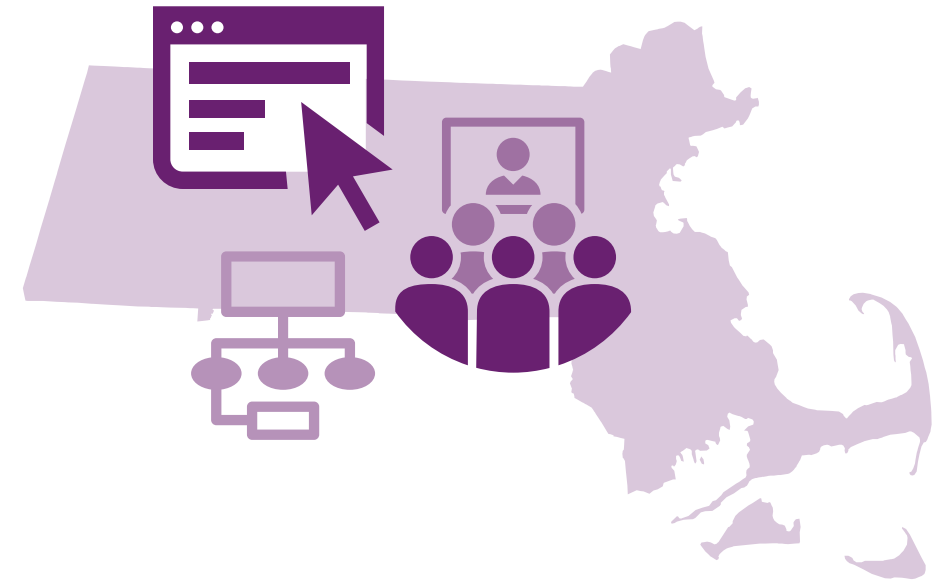


Goals are driven and refined by stakeholder engagement and feedback

Year 1 Plan: Establishing the Center

Toward a Trauma-Informed and Responsive Massachusetts

- Conduct **stakeholder interviews** with experts in the field, human service workers, diverse voices, and key partners
- **Develop Center infrastructure** to support Massachusetts becoming a trauma-informed and responsive state
- **Create and launch a website** to provide extensive, evidence-based resources and information
- Launch **assessment and coaching** practice
- Launch **trainings and learning communities**
- Develop **Year 2 strategy**



Year 1 Accomplishments

Stakeholder Engagement

- **Goals of Stakeholder Interviews**
 - ✓ Present the Center's goals
 - ✓ Receive and incorporate feedback into the Center's strategies and plans
 - ✓ Discuss partnerships, opportunities, and ideas for the Center
- **150+ stakeholder** interviews conducted
 - Different sectors represented: government leads, school systems, community-based organizations, consultant groups, advocates, and others



Year 1 Accomplishments

Center Infrastructure and Staffing



Additional supports:

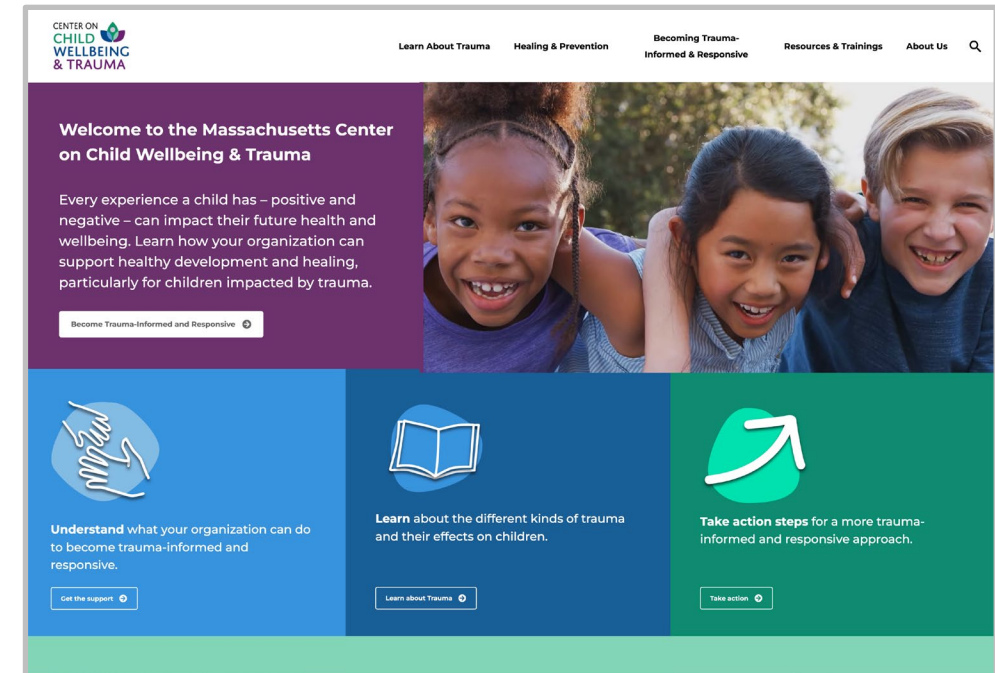
- Greater Healthy Worcester Trauma Collaborative
- Thriving Minds for School Trauma
- Program management, IT, website design, marketing, and additional supports.

Five full- and one part-time staff + partners and contractors

Year 1 Accomplishments

Resources and Information

- **Learn about Trauma**
 - Types of Trauma
 - Adverse Childhood Experiences (ACEs)
- **Healing and Prevention**
 - Positive Childhood Experiences
- **Becoming Trauma-Informed and Responsive**
 - Guiding Principles
 - Action Steps
- **Highlighted Resources and Toolkits**
 - Toolkit for Early Childhood Educators
 - Racial Trauma and Equity Training

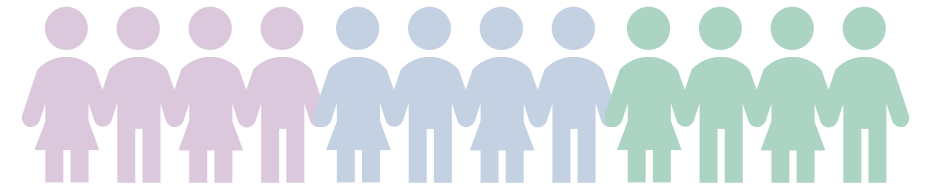


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Year 1 Accomplishments

Training and Learning Communities Underway With:

- **200+ school-based professionals** from across the state
- Staff at **DHCD-funded family shelters**
- DTA staff **who work with teen parents**
- Leaders from 60 different Greater Worcester **community-based organizations** coming together to advance racial equity and trauma-informed practice across community services
- A community of **educators in the Marlboro Public Schools** piloting a racial trauma and equity train-the-trainer model
- Racial trauma and equity training for the Social-Emotional Learning team for **Worcester Public Schools**



3- to 6-month communities of practice

Year 1 Accomplishments

Assessment and Coaching Process In Progress

- Seven **Family Resource Centers**, which work with approximately 1,900 families each year
- Two **large multi-system provider organizations** that serve over 6,600 children annually
- 10 **DCF-funded congregate care providers proposed for spring**; they serve thousands of youth annually. Several focus on particularly vulnerable children and youth such as transition age youth, teen parents, and children in foster care with high needs.
- 12 **schools/districts**, impacting 45,000 school children



An in-depth 6- to 12-month process

Year 1 Accomplishments

Program and Policy Guidance to State Agencies

- Provide support for drafting/reviewing of **regulations, contracts, and program guidance** to ensure language and information is trauma-informed and responsive (upon request)
- Consult with **DPH, MassHealth, DCF, DHCD and DTA** on projects
- Review and recommend changes to state agency policies and contracts through a trauma-informed lens





CENTER ON CHILD
WELLBEING & TRAUMA

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Year 2: Expanding Our Reach

Intense Level of Need

In our first few months of operation:

- Over **200 different child-serving organizations** have reached out seeking additional information, trainings, or assessment services
- Requests for support from **19 school districts and 21 schools** for full system transformation
- **Received requests from 24 congregate care sites; several Family Shelters**
- **Current partnership from state agencies** that work with children and families, leading to current work in partnership with DCF, EEC, DHCD and DTA
- Many **additional** organizations and state agencies interested in future partnerships; pandemic staffing shortages are interfering with their ability to at this time



Significantly more requests for help than Center can currently meet

Year 2: Expanding Our Reach

Expansion Funding Request: \$3.5 million

- **Provide in-depth assessment and coaching support** to a greater number and variety of child-serving organizations
- **Create a wider variety and number of professional learning communities**, including expansion into disability services, juvenile justice, and early education in addition to continuing work with congregate care, schools, and family shelters
- **Expand Worcester CBO “community transformation” model** to two more Gateway Cities
- **Develop a Coaching Academy** to train regional trauma and resilience facilitators across the state to work with organizations in their own communities and create a network of professionals to help advance this work
- **Expand our online library of** interactive video trainings and sector-specific toolkits
- **Continue to offer policy and program guidance to state agencies**

Thank you for the gift of your time!



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Trauma Screening & Referral: 2022 Work Plan

Interim Report on Trauma Screening and Referral Practices

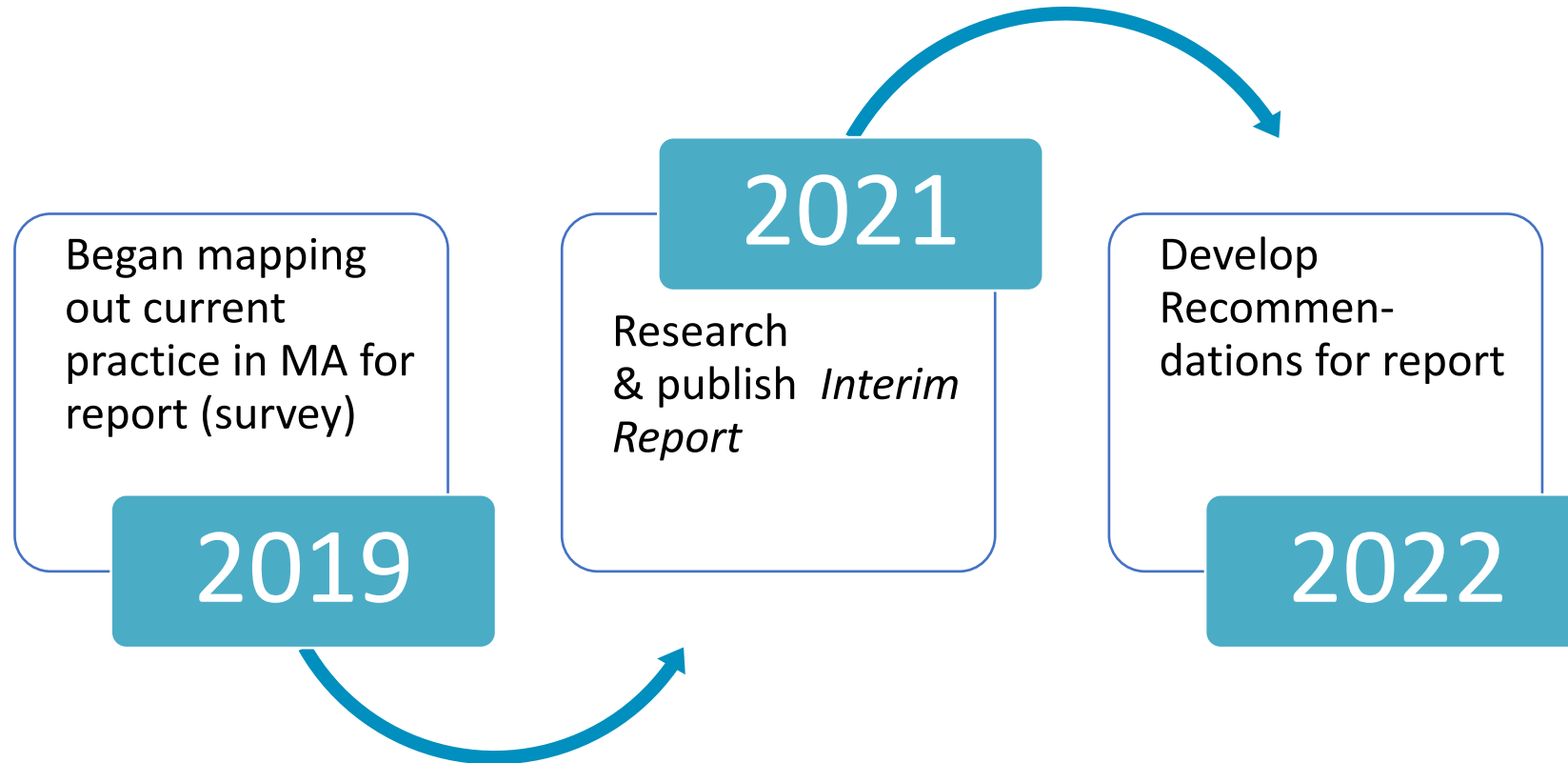
Part 1: General Background

- Developing a screening process: who, what, when, where & how
- Special considerations:
 - Caregiver consent
 - Impact of culture, identity, and prior experiences of oppression
 - PCEs & strength-based approaches

Part 2: Specific Settings

1. K-12 Schools
2. Pediatric Health Settings
3. Child Welfare
4. Juvenile Justice System
5. First Responder

CTTF Trauma Identification & Referral Work Plan



Proposed Framework for Recommendations

- 1. Guidance on trauma screening & referral for child-serving organizations in Massachusetts**
 - A. Who (sector) should screen, who should be screened, and how
 - B. Requirements for effective implementation (i.e. should be in place if screening)
- 2. Recommendations for what state gov't should do to support implementation of 1A and 1B**

1A. Guidance on Trauma Screening & Referral

Which sectors should screen children for trauma?

Keeping in mind:

- How wide we'd like the net to be
- Increased likelihood of trauma depending on sector

Screen for what?

- Symptoms of traumatic stress
- Traumatic experiences (ACES+)
- PCEs

Who should orgs screen and under what circumstances ?

- Specific age group(s)?
- Children meeting specific requirements? For ex:
 - Referred for MH/BH concern
 - Having experienced one or more ACEs
- Only when x, y, z is in place (1B – will talk about this in a moment)

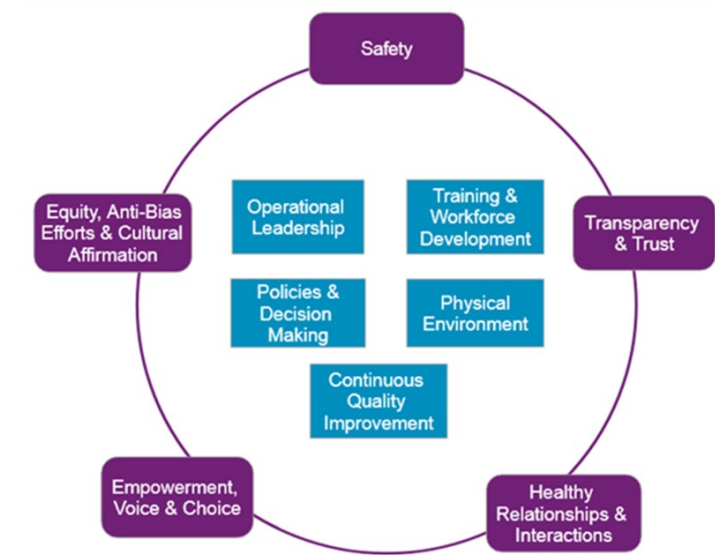
1A. Guidance on Trauma Screening & Referral

- Examples of what guidance could look like:
 - All pediatricians should screen all children for symptoms of trauma as well as potential traumatic experiences and PCEs at their well-child visit at age 5
 - Pediatricians should screen children for symptoms and experiences of trauma if a child is exhibiting concerning MH/BH symptoms
 - Pediatricians should screen all children for ACES+ and PCES at every well-child visit
 - Pediatricians should not screen for trauma, but should make a referral to a MH clinician if child is exhibiting concerning MH/BH symptoms

Examples for discussion purposes only

1B: Requirements for Effective Implementation

- Considerations from Interim Report:
 - Type of screen
 - Screening process (universal or selective)
 - Caregiver consent (passive or active)
 - Family and community engagement
 - Cultural competency/prior experiences of oppression
 - Positive Childhood Experiences
- Staff engagement & training
- Establish strong community connections/referral system
- Establish system for feedback loop
 - Data collection & analysis
 - Staff, family, and community feedback



Sectors Studied in 2021

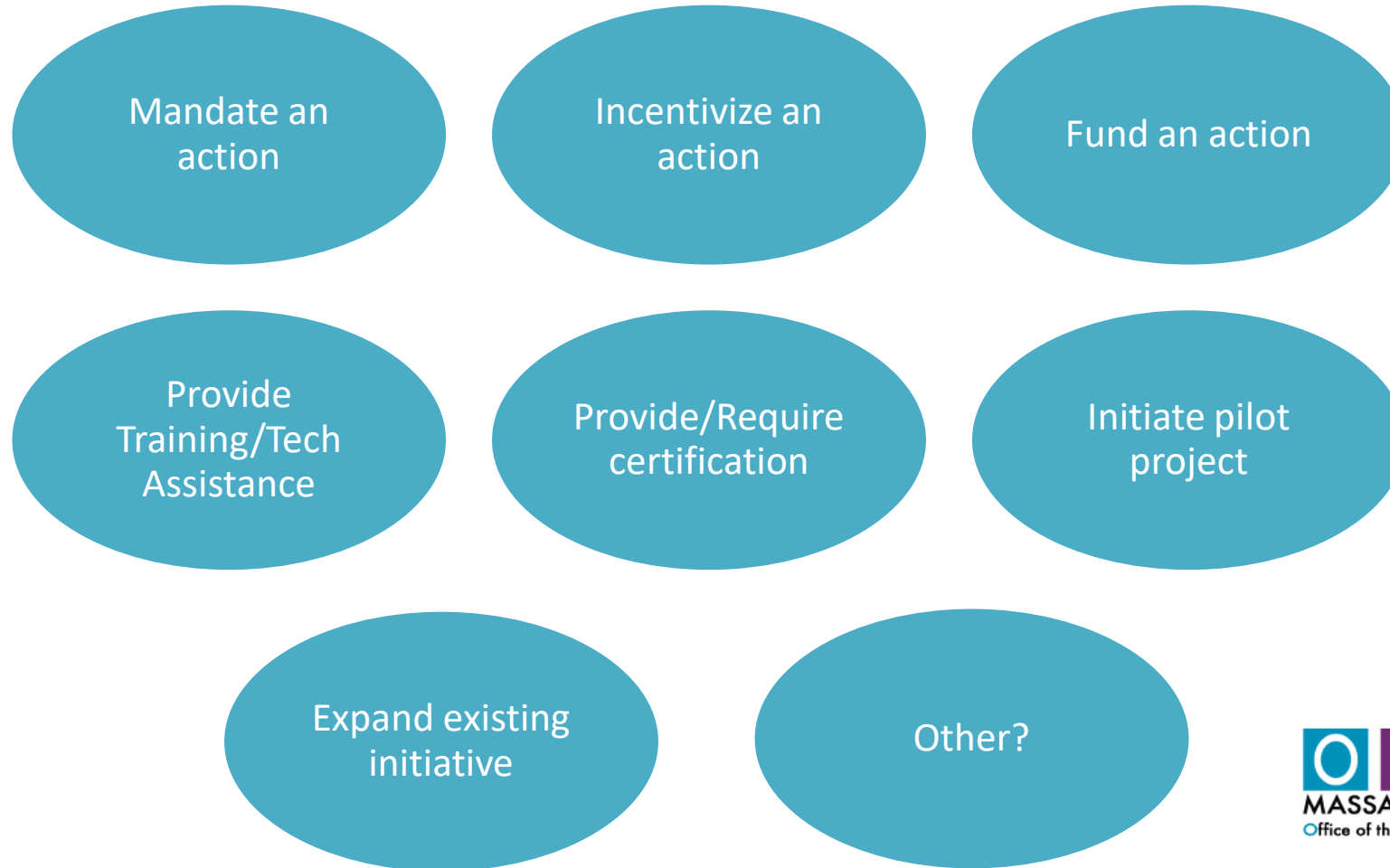
- K-12 Schools
- Pediatrics
- Child Welfare
- Juvenile Justice
- First Responder

Which of these sectors should we issues guidance for?

Which sectors should we prioritize?

2. What Should State Gov't Do to Support Implementation?

Levers for Change



Next Meeting

April 4, 2022

Virtual Meeting

*For virtual meeting information, email Morgan Byrnes at
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Contact

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