

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Monday May 2, 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)
Yvonne Sparling (DYS)
Stacy Cabral (DESE)
Claudia Dunne (CPCS)
Dawn Christie (Parent Representative)
Laura Brody (DCF)
Nicole Daley (DPH)
Rick St. Onge (Probation)
Kate Lowenstein (CfJJ)

OCA Staff:

Melissa Threadgill
Alix Rivière
Morgan Byrnes

Other:

Janice LeBel (DMH)
Audrey Smolkin (UMass Medical)
Carmel Craig (ABH)
Andrea Parker (FCSN)
Jennifer Hallisey (MassHealth)
Kathleen Bitetti (SAO)
Cathie Twiraga
Jennifer Urff (MAMH)
Emily Stein
Other Members of the Public

Meeting Commenced: 1:03 pm

Welcome and Introductions:

Ms. Threadgill welcomed the attendees to the Childhood Trauma Task Force (CTTF) meeting. CTTF members and guests introduced themselves.

Review and Approval of Minutes from April 4, 2022 Meeting:

Ms. Threadgill held a formal vote on the approval of the April 4, 2022, meeting minutes. Maria Mossaides, Rick St. Onge and Yvonne Sparling all voted in the affirmative. Claudia Dunne abstained. No one was opposed.

The meeting minutes for April were approved.

Introduction of ScreenTIME Trauma Screening Training Module:

Ms. Rivière introduced a new resource for professionals and organizations looking to implement trauma screening. The website includes free resources and an online course which can be tailored to fit the needs of professionals. People can also receive continuing education credits at no cost from the APA, the NASW, and the National Board for Certified Counselors.

Review of Draft Recommendations on the Use of Trauma Screening at the Department of Children and Families

Ms. Threadgill then introduced the first topic of discussion, the preliminary recommendations on the use of trauma screening by the Massachusetts' Department of Children and Families (DCF). While the draft recommendations were informed by the April meeting's presentation and discussion, Ms. Threadgill explained that further conversation with DCF highlighted the need to edit parts of the draft recommendations in order to ensure buy-in and feasibility of implementation. With this caveat in mind, she presented draft recommendations on timing and frequency of screening, information sharing, choice of screening tool, data collection/analysis, and training. Members discussed possible additional recommendations, including:

- Training, which should include implicit bias, how to identify trauma in different age groups, and reflective supervision
- Use of aggregate data, both to design preventative programs and compare with statewide data collected by the Department of Public Health
- A special focus on early childhood and adolescence in sections pertaining to training and choice of screening tools screening tool that extends to ages 0-5, training staff screening on implicit bias and utilizing the data collected. Members also discussed at what process points jurisdictions chose to administer the trauma screening (e.g intake, before/after out-of-home placement).

Ms. Threadgill explained that the OCA will meet with DCF to continue the conversation around the implementation of these recommendations. She noted that a new draft will be presented to the group once that process was complete.

Discussion of Trauma Screening in Juvenile Justice and First Responder Settings:

Ms. Threadgill introduced the next topic, a presentation on trauma screening in juvenile justice and first responder settings. She explained that the research presented today builds off the research done for the *Interim Report*, with today's focus being an overview of what is currently in practice at each process point of the legal system.

Ms. Threadgill gave an overview of trauma in youth in the juvenile justice system and how trauma screening is utilized across juvenile justice systems in the country. She noted that trauma screening is most useful in situations where staff can provide youth involved or at risk of involvement with the juvenile justice system ongoing services and supervision or can properly provide warm handoffs. Additionally, she noted that according to some practitioners, trauma screening in court proceedings may inadvertently lead to deeper court involvement. With that information in mind, she explained that OCA staff are recommending that the group focus on trauma screening at the following process points:

- Diversion from CRA, with screening done by a staff member at a Family Resource Center (FRC)
- CRA Petition, with screening done by a probation officer
- Diversion from Delinquency, with screening done by trained practitioners,
- Preferably a dedicated case manager (i.e. not police officer or ADA)
- Adjudicated Delinquent/Continued without a Finding (CWOFF) with screening done by a staff member at the Department of Youth Services (DYS) or Probation Department

Members discussed the logistics and the use of trauma screening in this sector, including at school discipline meetings, for youth with a case ending in a CWOFF, and in probation. Ms. Threadgill mentioned that Probation already utilizes a risk/needs assessment, the Ohio Youth Assessment System (OYAS), using it to match youth with their criminogenic needs.

Ms. Threadgill continued, presenting on the MAYSI-2, a tool used in other states' juvenile justice systems, explaining that is most widely used and was specifically developed for juvenile justice professionals. It screens for mental health, substance misuse, suicide ideation, and trauma.

For each process point, Ms. Threadgill gave some background information, the role of the designated screener, and what if any trauma screening is already used.

Members discussed the logistics of screening during CRA diversion, asking if implementing a trauma screening would be successful at an FRC. It was explained that family engagement and

conversations on trauma happen currently at FRCs and offer a good foundation for implementation.

Members then discussed implementation after a CRA petition has been filed. Members discussed whether trauma screening at this process point would result in more system involvement.

Next, members discussed trauma screening for youth being diverted from delinquency proceedings. A member pointed out that there should be wording in the recommendation about a clear referral process for mental health. Members also discussed resources to help youth talk about and report their trauma, as well as the availability of different programs and supports. It was asked if the results of the screening would be shared in the context of mandated reporting. It was explained that yes, if a screener was a mandated reporter and learned information that was required by law to be reported.

Finally, members discussed trauma screening in the post adjudication stage. Members discussed the logistics of this, with some members inquiring about the training protocol for direct service staff.

Ms. Rivière began presenting on the next topic, trauma screening in first responder settings. Ms. Rivière provided background information on the research supporting the use of screening tools soon after children experience or witness a traumatic event, key factors of successful initiatives that identify trauma in first responder settings throughout the U.S. and in Massachusetts. She then presented the following draft recommendations for the group to discuss:

- Train first responders on how to identify children who experience trauma
- Create a toolkit for first responders
- Fund local first responder-mental health collaboration initiatives

Ms. Threadgill mentioned that the Center on Child Wellbeing and Trauma could be leveraged to assist in the implementation of these recommendations. Members discussed the different events that could impact youth and how to best educate stakeholders on which events could warrant a recommendation for services.

Closing Comments:

Ms. Threadgill thanked the members and other attendees for their time and their continued efforts, and set the next meeting date for June 27, 2022.

Adjournment: 3:00 pm