

Childhood Trauma Task Force

May 2, 2022

1pm-3pm

Agenda

- Welcome & Introductions
- Approval of April Meeting Minutes
- Introduction of ScreenTIME Trauma Screening Training Module
- Review of Draft Recommendations on the Use of Trauma Screening at the Department of Children and Families
- Discussion of Trauma Screening in Juvenile Justice and First Responder Settings



- Developed for frontline staff, supervisors, and administrators working in schools, pediatric primary care, early childhood, juvenile justice, child welfare, behavioral health, mobile crisis, care coordination, residential facilities (specific courses gradually rolled out)
- 5 self-paced, interactive modules geared towards implementation of trauma screening tools
- Free + continuing education credit from APA, NASW, and National Board for Certified Counselors

RECOMMENDATIONS ON
THE USE OF TRAUMA
SCREENING AT THE MA
DEPARTMENT OF
CHILDREN AND FAMILIES

1) Recommendation: The Department of Children and Families Should Screen All Children with an Open Case for Trauma

The CTTF recommends:

- DCF caseworkers systematically screen all children for trauma as part of the initial family assessment and case planning process for all new cases
- DCF caseworkers re-administer a trauma screening at key process points, either every six months when a new assessment is done, or whenever there is an important change in a child's circumstances (e.g. new event at home or placement in foster care)
- DCF share this information with professionals working with the child and their family (as appropriate) in a way that does not violate confidentiality

2) Implementation Considerations and Recommendations

Key factors of successful implementation:

- Flexibility
- Buy-in and early identification of champions
- Partnerships with external supports
- Embedding changes in policy

2) Implementation Considerations and Recommendations

A. Screening tool

- Short
- Events & symptoms
- Validated

2) Implementation Considerations and Recommendations

B. Training

- Of caseworkers and supervisors on how the tool can help:
 - Understand impact of trauma
 - Start a conversation on trauma with child and their family (+ intergenerational trauma)
 - Identify necessary services to improve family functioning and avoid out-of-home placement
 - Operationalize trauma-responsive practices and strategies
 - Guide decision making process
- Could be paired with development of a trauma screening guide (cf. Project Broadcast *Trauma Screening Companion Guide*)

2) Implementation Considerations and Recommendations

C. Data Collection and Analysis

- Collecting and analyzing aggregate data can be very useful to:
 - Understand the prevalence/types of trauma
 - Inform agency's Continuous Quality Improvement process
 - Inform service/training need
 - Inform providers' programmatic decisions
- To help, DCF could partner with an external organization, as Connecticut did with the Child Health and Development Institute (CHDI)

2) Implementation Considerations and Recommendations

D. Pilot Initiative

- Given the logistical, financial, and training challenges of implementing trauma screening on a large scale, CTTF recommends DCF pilot the implementation of trauma screening
- DCF could pilot the implementation of trauma screening in an Area Office with a Trauma-Informed Leadership Team (TILT)

TRAUMA SCREENING IN JUVENILE JUSTICE

Trauma Among Youth Involved with the Juvenile Justice System

- According to an NCTSN summary of studies on the topic, about 30% of youth involved in the JJ system have PTSD, with local and national samples ranging between 2 and 52%. These rates are up to **eight times higher** than those seen in community samples of same-age peers.
- Juvenile justice system involvement is often traumatizing in its own right: arrests, detention, removal from one's family/community, and court proceedings.
- Research shows that in JJ settings, the more Adverse Childhood Experiences youth have experienced, the more likely they are to recidivate. Additionally, youth who report experiencing traumatic events are significantly more likely to be rearrested more quickly after the initial arrest than those who do not report traumatic events.

Goals and Use of Trauma Screening in Juvenile Justice Settings

- Goals of screening for trauma in JJ settings:
 - Identify supports needed to improve overall functioning/life outcomes and avoid behaviors that could potentially lead to involvement with the delinquency system
 - Inform case management and decision-making process
- Trauma screening is therefore 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**.
- Some practitioners have expressed concern about the use of trauma screens *during court proceedings* due to concerns that screening may inadvertently lead to deeper court involvement

Settings Offering Trauma-Specific Supports/Case Management

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

Home

Out-of-home placement

School

Community



Increases the risk of involvement with juvenile justice system:

Diversion from CRA

Family Resource Center

CRA

Probation

Diversion from Delinquency Process

- Local diversion program
- State Learning Labs (DYS)

Pretrial Court Proceedings

- Pretrial detention (DYS)
- Pretrial supervision (Probation)

Court Proceedings

- CPCS/YAD
- Court Clinics

Adjudicated Delinquent/ CWO

- DYS
- Probation

Increasing intensity of system involvement

Support and Tools for Trauma Screening in Juvenile Justice Settings

- Broad support for trauma screening in JJ settings from:
 - National Child Traumatic Stress Network
 - National Council of Juvenile and Family Court Judges
 - Coalition for Juvenile Justice
- Juvenile Justice settings use a variety of trauma screening tools, but the MAYSI-2 is most widely used and was specifically developed for JJ professionals. It screens for mental health, substance misuse, suicide ideation, and trauma. As of 2014, it is used statewide by 45 states (probation, detention, and/or corrections)

Identifying Trauma Among Youth At Risk of Involvement with the Juvenile Justice System

Overview and Recommendations on the Use of Trauma
Screening Tools for Youth Diverted from or in the Child
Requiring Assistance (CRA) System

Overview of the CRA System Referral Process

- One of the goals of the CRA system (formerly CHINS) is to provide children the services they need to prevent involvement in the delinquency system
- There are 5 types of CRA petitions: Stubborn, Truant, Habitual School Offender, Runaway, and Sexually Exploited
- Caregiver(s) or school official can:
 1. Seek help from a Family Resource Center (FRC) or other community-based program as an alternative to filing a CRA
 2. Petition the Court to file a CRA

The Role of FRCs in Supporting Youth and Families at Risk of/Involved with CRA System

- FRCs were originally designed to provide an alternative to the CRA system by offering children and their families services they needed to help resolve problems that could lead to a CRA:
 - Educational advocacy and school support
 - Family/parenting programs
 - Mental health and substance misuse services or referrals
- Since their establishment in 2015, FRCs have grown to provide various services and resources to any family with children under 18.
 - Between 2015 and 2021, close to 75,000 family members have been served by FRCs across the state
 - FRCs provide support for families to meet basic food, housing, clothing, childcare, and employment needs

Trauma Identification for Children at Risk of/Involved with a CRA and Receiving Supports from FRCs

- FRC staff complete a **Child Screening Information Form** at intake to gather information on child's education, physical/mental health, safety (physical and emotional), involvement with state agencies, and civic engagement. It tangentially asks about trauma.
- If the child is identified as "CRA or CRA-like", FRCs use the **Family Strengths and Needs Assessment Tool** specifically designed for FRCs, which includes questions about traumatic events and mental health.
- Depending on the child's need, this may lead to a referral for trauma-specific assessment or treatment.
- Because of their work with families, FRCs are ideally placed to engage in conversations about intergenerational trauma

General Directions for Recommendations on the Use of a Trauma Screening Tool in FRCs

- Given their involvement with families with various needs, the CTTF could recommend that FRCs conduct *targeted* (and voluntary) trauma screening on children in specific circumstances (e.g. families coming to FRC due to behavioral health challenges in child, “CRA or CRA-like” issues).
 - More research needs to be done to better understand how this would align with FRC processes and what type of screening would be necessary
- Given FRCs’ unique role in supporting youth and their caregivers, the CTTF could recommend that FRCs identify opportunities to identify when a caregiver’s own trauma may be impacting situation and offer support.
 - More research needs to be done on how FRCs could best do this

Current Trauma Identification for Youth Involved with CRA System

By Juvenile Probation Officers (JPOs)

- JPOs do not use a structured tool to assess the mental health- and trauma-related needs of youth with a CRA
- On a case-by-case basis, JPOs may refer youth to the Court Clinic for a full assessment (via judge)

Potential Recommendation for the Use of a Trauma Screening Tool by JPOs

- CTTF could recommend:
 - JPOs' systematic use of a mental health and trauma screening tool (such as the MAYSI-2) for youth with a CRA
 - JPOs incorporate the results in case planning/management
- The recommendation would include the need for training and policies on the use of the trauma screen for case management as well as the establishment of a strong referral system for trauma-specific services

Identifying Trauma Among Youth Diverted from the Juvenile Justice System

Overview and Recommendations on the Use of Trauma
Screening Tools in Diversion Programs

Current Trauma Identification for Youth Diverted from the Juvenile Justice System

- Most diversion programs in Massachusetts do not screen youth for trauma
- In 2021, OCA/DYS launched a statewide diversion “learning lab” program (Essex, Middlesex and Worcester Counties) to pilot a statewide diversion model
 - The diversion program uses MAYSI-2, which includes questions re: traumatic experiences, to help identify if further assessment is needed

Potential Recommendation for the Use of a Trauma Screening Tool in Diversion Programs

- The CTTF could recommend that local Diversion Programs:
 - Screen youth for trauma as part of a general MH screen (like MAYSI-2)
 - Integrate this information in case planning/management
- This recommendation would make clear that:
 - Screening should only be conducted if youth is involved in a diversion program long enough to provide youth with ongoing services.
 - Screening should only be administered by trained practitioners, preferably a dedicated case manager (i.e. not police officer or ADA).
 - Screening should inform how best to support youth for success; information should not be a factor in whether youth is diverted.
 - Confidentiality procedures must be in place to ensure information from screening is never used in subsequent legal proceedings.

Identifying Trauma Among Youth Involved with the Juvenile Justice System

Overview and Recommendations on the Use of Trauma Screening Tools by Agencies Working with Youth Involved in the Delinquency System

Current Trauma Identification for Youth with Delinquency Cases

By Juvenile Probation Officers

- In Massachusetts, JPOs conduct risks/needs assessments using the Ohio Youth Assessment System (OYAS) to identify criminogenic needs (recidivism), necessary supports, and case management strategies to facilitate successful intervention.
- OYAS (like many R/N assessment tools) does not include any questions about trauma, and is very limited in its assessment re: mental health concerns.

Trauma Screening by Juvenile Probation across the U.S.

- The National Center for Mental Health and Juvenile Justice strongly recommends Probation screen youth for traumatic events and symptoms
- Many Juvenile Probation Departments in the U.S. use a mental health and/or trauma screener:
 - As of 2014, 14 Probation departments use the MAYSI-2 statewide (more states use it locally)
 - Some jurisdictions use trauma-specific screeners:
 - Connecticut uses the Child Trauma Screen for all intakes
 - PA and some counties in NY use trauma screeners (inquiry in progress)
 - Others use a combination: JPOs in Marion County, IN use MAYSI-2 and supplements it with ACEs questions in their “crisis intervention interview guide”

Trauma Screening by Juvenile Probation across the U.S.

- Studies record mixed results re: JPOs' use of information on trauma/mental health:
 - One study of use of MAYSI-2 in 3 sites found that it was used inconsistently and that it was often used too late in the assessment to effectively inform case management.
 - Studies have also found that JPOs' identification of trauma does not necessarily translate into trauma-informed intervention or case planning
- As such, training and clear policies on how to use information from a screening tool are needed for effective case planning/management

Potential Recommendation for the Use of a Trauma Screening Tool by JPOs

The CTF could recommend that:

- Juvenile Probation Officers use a screening tool that discusses MH/trauma, such as the MAYSI-2, to identify potentially traumatic events
- State provide training and clear policies to effectively use the screening tool within broader assessment for case planning and management

Current Trauma Identification for Youth with Delinquency Cases

By the Department of Youth Services

- **Detained Youth:** DYS staff conducts a trauma and mental health screen *before assigning them a room*
 1. Asks transporting officer if they have any concerns about the youth's emotional state and safety
 2. Conducts screening using MAYSI-2 and other questions developed by DYS clinicians
- Primary purpose: ensuring youth physical & emotional safety
- **Committed Youth:** DYS staff conduct full clinical assessment and provide treatment services as indicated.

Recommendations for the Use of a Trauma Screening Tool by DYS

Given DYS's extensive assessment and support of youth who have mental health issues and/or have experienced trauma, the CTTF does not need to make any recommendations on the use of a trauma screening tool.

TRAUMA SCREENING IN FIRST RESPONDER SETTINGS

Screening Children Following Traumatic Events

- Research suggests peritraumatic symptoms (i.e. after a potentially traumatic event) are highly predictive of later PTSD
- The American Academy of Pediatrics advocates for the identification of trauma symptoms shortly after the event took place to triage emergency
- Some jurisdictions in the U.S. have established programs where law enforcement is assisted by child professionals using a screening tool to identify and support children/families who experienced traumatic event
 - Child-Development-Community Policing (North Carolina)
 - Children Who Witness Violence Program (Ohio)

Key Factors of Successful Initiatives that Identify Trauma in First Responder Settings

- **Collaboration** between first responder (usually law enforcement) and child trauma professionals (e.g. social worker, clinician)
- The use of a **trauma screening tool** by child trauma professional (*not law enforcement*)
- Strong **referral system** to behavioral health or trauma-specific services as well as family support services (e.g. housing, food)
- **Training** for both first responder and child professionals on child development/trauma as well as profession-specific procedures

Supporting Children Following Traumatic Events in Massachusetts

- Some cities have adopted trauma-specific behavioral health approaches
 - [Police Action Counseling Team](#) (PACT) in Chelsea
 - [Child Witness to Violence Project](#) at Boston Medical Center
- Other districts have implemented “Situation Table Hub” models to convene professionals from varied human services organizations/agencies to identify people in need of supports (*not child- or trauma-specific*)
 - [Chelsea Hub](#)
 - Pittsfield Hub (modeled after Chelsea)
- Despite these local efforts, there is an overwhelming need for first responders (i.e. law enforcement, firefighters, paramedics, EMTs) to have the tools to better identify, talk to, and refer children who have witnessed or experienced traumatic events

Potential Recommendations for Trauma Identification in First Responder Settings

The CTTF could recommend the state provide:

- Training for first responders on how to identify children who might have experienced trauma and what steps first responders should take
- Toolkits for first responders, including:
 - One-page action plan/checklist
 - Child trauma-specific organizational self-assessment tool
- Funding for local first responder-mental health collaboration initiatives

Next Steps for June Meeting

- OCA will develop draft recommendations on the use of trauma screening tools in Juvenile Justice and First Responder settings
 - To do so, OCA will conduct further research into the role of FRCs in identifying children who might have experienced trauma
- Presentation on trauma screening in education and early childhood settings

Next Meeting

TENTATIVE: June 27, 2022 1:00-3:00pm

Virtual Meeting

*For virtual meeting information, email Morgan Byrnes at
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Contact

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