

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Monday May 3, 2021
1:00pm-3:00pm
Meeting held virtually

Task Force Members or Designees Present:

Maria Mossaides (Chair, OCA)
John Millet (Probation)
Dawn Christie (Parent)
Janice LeBel (DMH)
Laura Brody (DCF)
Rachel Wallack (Juvenile Court)
Yvonne Sparling (DYS)
Andrea Goncalves-Oliveira (DMH)
Kate Lowenstein (CfJJ)
Stacy Cabral (DESE)
Claudia Dunne (CPCS)
Mahal Alvarez-Backus (Sen. Boncore's office)
Tammy Mello (Children's League of MA)

OCA Staff:

Melissa Threadgill (OCA)
Alix Rivière (OCA)
Kristi Polizzano (OCA)

Other:

John Crocker
Whitney Walker
Rick St. Onge (Probation)
Audrey Smolkin (UMass)
Kathleen Banks (Rep. Gouveia's Office)
Members of the Public

Meeting Commenced: 1:01pm

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 March and April 2021 Meeting:

Ms. Threadgill held a formal vote on the approval of the March and April meeting minutes. No one was opposed or abstained from voting on the March or April meeting minutes.

The meeting minutes for March & April were approved.

Trauma Screening in School Settings

Ms. Rivière described high level statistics on youth mental health in Massachusetts from the Youth Behavior Risk Survey (YRBS). She discussed some research on screening for mental or behavioral health concerns in schools. She explained to the group that there are a couple ways to identify and refer students with mental health needs. Ms. Rivière went on to describe statistics from the YRBS for trauma and mentioned trauma screenings in schools exist as well. She continued to explain that to date, there is more buy in and research on mental health and behavioral health screening in school. She posed the question that this Task Force is interested in examining: *Should there be screening for trauma, mental health, and/or behavioral health screening in schools?*

Presentation on universal behavioral health and trauma screening in Methuen Public Schools

Ms. Threadgill introduced the first speaker, John Crocker, Director of School Mental Health & Behavioral Services for Methuen Public Schools and founder and director of the Massachusetts School Mental Health Consortium (MASMHC).

Mr. Crocker gave an overview of Methuen Public Schools' implementation of behavioral health and trauma screening. He presented on key topics that require consideration for successful implementation, including starting small and scaling up, data collection and analysis, and continuous reflection and adaptation of the system in place based on data. Next, Mr. Crocker demonstrated how to use *SHAPE System*, a web-based tool to help practitioners measure the health of school-based mental health implementation and select screening tools adapted to their needs. Mr. Crocker emphasized that an equity lens should drive implementation of any universal screening process. He also described the difference between active and passive consent, which was adopted by the Methuen School District.

Mr. Crocker presented promising data related to students' mental health since implementing schoolwide screenings and a strong referral system to school-based and community services. He explained that schools do not make referrals to services based on screening results only—indeed the policy is for school psychologists to ask youth more questions, including whether they wanted to be referred to services. Mr. Crocker concluded his presentation by arguing that schools can play a critical role in providing youth with the mental health support they need, especially

since the national average wait time is 8-10 years from the onset of symptoms for youth to get care.

Presentation on the Comprehensive Behavioral Health Model of Boston Public Schools and the influence of school context on universal ratings of Black students

Whitney Walker, a doctoral candidate at UMass working with Boston Public Schools (BPS), presented on behavioral health screening in Boston schools and the role race plays in teacher rating scores. Ms. Walker gave a brief presentation of Boston's Comprehensive Behavioral Health Model (CBHM), a preventative model aimed at building capacity within BPS to meet the behavioral health and social emotional needs of all students. She discussed teacher and school psychologist training, the passive consent process adopted, the choice of the BIMAS-2 screening tool, the risk and strengths it measures as well as data on the positive outcomes from its use over the years.

Next, Ms. Walker focused on her dissertation work, which examined how the demographics of a school may impact disproportionality through teacher rating scores on a universal screener. Her data showed the following:

- Black students were rated in higher risk-level categories on all the scales more than expected.
- Black students were more likely to be referred for mental health services for externalizing problems and inattentive symptoms.
- The number of Black students and teachers in a school impacts the BIMAS-2 rating scores of Black students. For instance, students at schools with fewer Black teachers were rated worse on behavior scales. On the other hand, Black students at schools with below average Black teachers and students scored more favorable on the social and academic skill development scales.

Based on her research, Ms. Walker suggested schools should review the data to inform decisions to identify racial trends for teachers as well as students. Ms. Walker stated districts must be intentional about hiring and retaining teachers who are not white. She advocated for anti-racism trainings and implementation of culturally and linguistically sustaining practices. Last, Ms. Walker told the group that future research is necessary across students, teachers, schools and districts.

After the presentations, members of the CTTF asked both presenters questions. Members asked about family engagement in the process of rolling out universal screening, including how many "opt outs" regarding the passive consent procedure Methuen and BPS saw. Both presenters suggested a small share (estimates of less than 1%) of parents opted their children out of being screened for mental health concerns. Others inquired about the role of mandated reporting in the process. Mr. Crocker observed that there had been no noticeable increase in 51A reports as a

result of universal screening. Members asked questions about the services at Methuen and the diversity of student body. Mr. Crocker told the group that they have built up staffing because of screening, as data collected in the early stages demonstrated the need for more mental health staff.

Ms. Threadgill asked both presenters if they had recommendations regarding state government's role in advocating (or not) for universal screening and how the state could support schools who wished to implement schoolwide screening. Both Mr. Crocker and Ms. Walker stated that they believed the state should support schools with funding and resources. Mr. Crocker suggested the state could help schools identify the tools that fit their needs as well as provide training, coaching and technical assistance to support implementation. He reiterated the need for a strong continuous quality improvement system. He also suggested schools leverage the mental health staff they already have, such as adjustment counselors, guidance counselors and school psychologists to collect and analyze data from screening.

During the conversation, Ms. Walker cautioned that there is a risk of over-identification of students who might be misidentified, and as such there needs to be more research and validation of screeners for diverse populations. A member of the public asked if the screening tools used in Methuen address somatic concerns, which are more apt to capture trauma-related symptoms across cultures. Mr. Crocker said some measures they currently have may need to be updated.

Closing Comments:

Ms. Threadgill thanked the presenters for their time. She told the group they will receive the PowerPoint presentation from today's meeting to review the section on COVID-19 that was not discussed today. She asked members to think about the pandemic's impact and bring their thoughts to the next meeting.

Adjournment: 2:50pm