

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Monday, May 4th, 2020
1:00pm-3:00pm

Task Force Members or Designees Present:

Maria Mossaides, Chair (OCA)
Sarah Gottlieb (Suffolk County District Attorney Office)
Yves Singletary (DPH)
Andrea Goncalves (DMH)
David Melly (Representative Dykema's Office)
Rebecca Hamlin (Rep Whelan's Office)
John Millett (Probation)
Kate Lowenstein (CFJJ)
Maggie Randall (Sen. Boncore's office)
Nicole Daley (DPH)
Stacy Cabral (DESE)
Tammy Mello (Children's League of MA)
Janice LeBel (DMH)
Michael Glennon (Suffolk County District Attorney Office)

Other:

Members of the Public

OCA Staff:

Melissa Threadgill (OCA)
Kristi Polizzano (OCA)
Alix Riviere (OCA)
Melissa Williams (OCA)
Christine Palladino-Downs (OCA)

Meeting Commenced: 1:00pm

Welcome and Introductions:

Ms. Threadgill welcomed the attendees to the Childhood Trauma Task Force meeting. This meeting was held virtually via the WebEx platform due to the current Covid-19 pandemic. Ms. Threadgill reviewed general guidelines for the virtual meeting and then introduced the individuals in the WebEx video conference. Individuals on the phone introduced themselves.

Ms. Threadgill proceeded to review the agenda.

Update on TIR Framework and Next Steps:

Ms. Threadgill provided an update on the current status of the Trauma-Informed and Responsive (TIR) Framework and explained that the next step is to collect external feedback from various categories of people. The four categories are as followed:

1. Category One: Individuals/Organizations with Subject-Matter Expertise
2. Category Two: Child-Serving Organizations
3. Category Three: Organizations Representing Families/Consumers
4. Category Four: State and Local Government (Not on the CTTF)

Ms. Threadgill also stated a short PowerPoint presentation/recorded webinar on the TIR Framework is in the process of being recorded. She asked CTTF members to add contact information for individuals/organizations to the outreach Google Document (link provided within meeting PowerPoint) or to email her the contact information.

Presentation/Discussion on Covid-19 and Childhood Trauma: Developing Recommendations for State Response:

In response to the current Covid-19 pandemic, Ms. Threadgill took the opportunity to think about the role of the CTTF and what impact it could have on the Commonwealth's response. As a result, two main functions/responses were developed.

1. Problem Definition and Awareness Raising
2. Make Recommendations for State Action (Moderate and Long Term): includes preparing for the return of child cares, schools, and any additional recovery support that may be needed.

The Office of the Child Advocate (OCA) will develop a draft Legislative Report focused on childhood trauma and the Covid-19 pandemic. The report will require a quick turnaround with a draft for review ready for the next meeting on June 8th, 2020. At that meeting, members can decide if the CTTF would like to officially issue this report, or if given the short timeline for review, the OCA should issue the report and note it was "informed by the CTTF." Ms. Threadgill turned over the presentation to Ms. Riviere, the OCA's Research and Policy Analyst, to discuss the research the OCA has conducted thus far. Please review the PowerPoint (uploaded to the OCA's website) for further details.

To begin, Ms. Riviere reviewed Covid-19 related traumas and stressors that children and youth may be experiencing as a result of the pandemic. She spoke about the potential increase in ACEs, types of trauma specifically related to Covid-19, and stressors that are unique to Covid-19. Research has revealed that experts believe there will be an increase in ACEs in children due to Covid-19 and the circumstances that follow such as isolation, disruption of daily routine,

economic hardships, group discrimination, and lack of access to the community and recreational space.

Ms. Riviere discussed research on past catastrophic disasters and its relation to children and mass trauma. In particular, Ms. Riviere focused on Hurricane Katrina (2005) and its effect on children's mental health. Research on post-disaster trauma impact found both broad and long-term consequences including the need for mental health referrals. Research also showed the effectiveness of screening for mental health within schools as well as the use of evidence-based treatment in various settings such as schools, clinics, and the community. It also showed that children and their families often preferred school-based treatment over a clinical setting.

Ms. Threadgill discussed how the Covid-19 experience will not be universal. Each child will be affected in some way, however each experience may be different depending on their level of exposure, type of support already provided pre-Covid-19, any applicable special circumstances such as foster care or homelessness, and previous trauma history. Impact on a community-level will also not be universal. Communities of color and lower-income will be significantly more impacted by Covid-19 than others. Along with higher rates of Covid-19, one reason for this is because of the pre-existing disparities and trauma already experienced within the community. This includes communities being largely affected by the opioid crisis, high rates of crime/incarceration, large immigrant/refugee populations, and communities with higher rates of violence.

Next, Ms. Riviere discussed the need for mental health resources in response to Covid-19 and its potential limitations. As of now, there has been a lot of research/resources released about coping and addressing mental health concerns during the Covid-19 quarantine. However, there is not much research available (as of yet) about resources needed during re-entry/post-quarantine. One thing that's important to note is that many of the recommendations typically given after mass traumas are not necessarily applicable in a Covid-19 context such as personal contact (hug/touch), community and family support, and relying on schools and community support services due to potential safety risks.

The Office of the Child Advocate developed a list of research-supported recommendations that focus on children's mental health during and post Covid-19. Recommendations included the need to begin planning immediately for broad-scale intervention, targeted higher-level intervention for some children, a focus on already vulnerable populations if resources are limited, and the need to provide mental health support for families and staff (secondary stress).

Although research has revealed there is no clear, evidence-based consensus on post-mass trauma intervention due to study limitations, a 2007 worldwide expert panel highlighted the need to promote the following elements within intervention:

1. Sense of Safety

2. Calming
3. Connectedness
4. Sense of Self and Collective Efficacy
5. Hope

Ms. Threadgill noted these themes and elements are similar to those found within the TIR Framework.

Ms. Threadgill then reviewed a draft re-entry and recovery timeline to highlight potential areas of focus based on the level of impact Covid-19 has on the community. The timeline includes key areas of focus during the following periods:

1. **The Crisis:** Youth spaces are closed
2. **Re-Entry:** Youth spaces re-open with enhanced protection measures
3. **Recovery:** Focus on re-building and recovering lost learning
4. **The “New Normal”:** New ways of teaching and learning

Next, Ms. Threadgill reviewed a plan for developing recommendations for Commonwealth-specific action steps. The plan included three levels of development and focus.

1. **Baseline Assumptions:**
 - a. A significant portion of kids will be experiencing traumatic stress
 - b. Triaging will be possible (not all kids need high level intervention)
 - c. There will be a greater need for mental health services than current available capacity (at least in short term)
2. **Parents and “Front Line” Child-Serving Professionals Need (Daycares, Congregate Care Staff, Teachers):**
 - a. Need skills to respond within setting to lower-level issues (i.e. TIR)
 - b. Need to know when a child needs to be referred to a mental health professional (and how to do so)
 - c. Need access to real-time support in applying skills to novel situation
3. **State Response Must Include:**
 - a. Need support and capacity building for families

Ms. Threadgill focused on the need to build capacity among families and child-serving professionals. This includes child care centers, early/secondary education, congregate care providers, and families. She proposed a three-component approach:

1. **Training**
 - a. Online/Recorded
 - b. Free
 - c. Adapted for different audiences

- d. Trauma basics and Covid-19 information
- 2. Website**
 - a. Toolkit materials to supplement recorded trainings
 - b. A “Back to school” toolkit
 - c. Various sections specific for different target audiences
- 3. Coaching Hotline**
 - a. Targeted toward professionals working with children
 - b. Individualized coaching/case-specific support

Ms. Threadgill proposed four questions to the CTTF members regarding the increase of availability for higher-level interventions.

1. How do we assess/screen?
2. How do we choose and target interventions?
3. How do we support families and staff and their mental health needs?
4. Where do we start in terms of resource prioritization?

Task Force members discussed the need to prioritize access to internet as the internet has become a necessity especially in terms of education and telehealth visits. Many families may need financial support once Covid-19 is over in order to keep up with internet and health insurance bills. It was also discussed that this current crisis has forced many levels of Government and private companies to re-examine regulatory statements that have historically limited access to certain necessities for many people. This crisis is an opportunity to look at some of the current regulations that have been relaxed in response to the pandemic and decide what regulations can we afford to not put back in place.

When discussing the need to build capacity among families and child-serving professionals, the task force members talked about the importance of job creation and the opportunity for people with lived experiences to enter the mental health field. The prevalence of high turnover and burnout rates were also discussed. Members also talked about the increased need for interagency collaboration during and post Covid-19 responses as well as making sure professionals have an understanding of what things will actually be like once places/services start to open back up in order to limit any unexpected surprises. It will be important to bring an equity/racial lens into the triaging process once services resume. Lastly, the role media has during Covid-19 was discussed in terms of having access to accurate information and making sure young people have the tools to seek out correct information when there is an influx of false information spreading.

Closing Comments:

The next steps include the OCA continuing to reach out to agencies, experts, and the Legislature who are interested in partnering on a response. The OCA will develop a draft report with the goal

of distributing it to the CTTF by June 1st, 2020. The CTTF will then be asked to provide feedback to the OCA by the next meeting date.

The next meeting will be held on June 8th from 1:00pm-3:00pm and will most likely be virtual.

Approval of Minutes from February Meeting:

Ms. Threadgill held a formal vote on the approval of the April 2020 Childhood Trauma Task Force meeting minutes. The April 2020 meeting minutes were approved.

The meeting adjourned.

Adjournment: 2:06pm