

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Monday October 4, 2021
1:00pm-3:00pm
Meeting held virtually

Task Force Members or Designees Present:

Rachel Wallack (Juvenile Court)
Andrea Goncalves-Oliveira, Janice LeBel (DMH)
Yvonne Sparling (DYS)
Kate Lowenstein (CfJJ)
Tammy Mello (Children’s League of MA)
Stacy Cabral (DESE)
Claudia Dunne (CPCS)
Dawn Christie (Parent)
Laura Brody (DCF)
Yves Singletary (DPH)

OCA Staff:

Melissa Threadgill
Kristi Polizzano
Gabe Sultan

Other:

Stacey Butler
Martha Dozier
Aditi Subramaniam (MSPCC)
Audrey Smolkin (UMass Medical)
Brook Arrigo (Suffolk County DA’s Office)
Carmel Craig (ABH)
Carmen Rosa Norona
Cathie Twiraga
Courtney Chelo (MSPCC)
Ivana Boyd (CfJJ)
Jacquelyn Reinert (LUK)
Jennifer Hallisey (MassHealth)
Julia Campion
Katherine Hughes (Parent Child Trauma Resources)
Kathleen Bitetti (SAO)
Mathieu Bermingham

Other Members of the Public

Meeting Commenced: 1:02pm

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 September 2021 Meeting:

Ms. Threadgill held a formal vote on the approval of the September 13, 2021, meeting minutes. Rachel Wallack, Janice LeBel, Yvonne Sparling, Tammy Mello, Claudia Dunne, and Dawn Christie all voted in the affirmative. No one was opposed or abstained from voting on the September meeting minutes.

The meeting minutes for September were approved.

Announcements

Ms. Threadgill announced to the group that Audrey Smolkin has been named Executive Director of the Center on Child Wellness and Trauma (CCWT). She also told the group that the JJPAD Board voted to submit the COVID-19 report to the legislature.

Trauma Screening in a First Responder Setting

Ms. Threadgill introduced the guest speakers for the meeting. Stacey Butler is the Director of the Trauma and Justice Partnerships in North Carolina and Major Martha Dozier is the Commander of the Community Services Bureau from the Charlotte-Mecklenberg Police Department. Ms. Butler and Major Dozier introduced themselves and their role with the Child Development-Community Policing (CD-CP) project in Mecklenberg County, NC.

Ms. Butler presented on the CD-CP project. She gave the group a brief history of the project model that stems from research conducted by the Yale Child Study. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded technical assistance and training to North Carolina to expand the program to North Carolina. The CD-CP project is a city-county partnership. On average, about 7,000 families are referred to the program each year.

Ms. Butler shared the components of the program with the Task Force. The CD-CP response is available 24/7/365. Two clinicians are on call at all times, and police officers call clinicians for support responding to events on scene or alert clinicians in their police report if a child was on a scene the officer responded to previously. Ms. Butler told the group that the bulk of children referrals come through in a police report. She explained that parts of the report are sent directly

to clinicians. Patrol officers and clinicians work in partnership at all levels of this program- from on the ground responding to calls up to management of the program. Ms. Butler shared data on the youth served and referrals made to the program.

Ms. Butler described the differences between the Child Development-Community Policing and Community Policing Crisis Response Team. Charlotte, NC has implemented both models. Major Dozier described the expansion of the community policing response since 1996.

Ms. Butler described the importance of a clinician responding immediately to a traumatic event. She believes the combination of emotional and physical safety can aid in the potential healing process, and –at a minimum—helps children and families connect with services when needed. As such, she shared the tools clinicians use on site- including an Autonomic Nervous System checklist, and acute trauma interventions used to support children in the moment. Ms. Butler shared that after an immediate response, clinicians may conduct an Acute Trauma Questionnaire and/or a Trauma History Questionnaire for up to a month depending on need. The Acute Trauma Questionnaire was developed by North Carolina in response to the types of trauma they were seeing in youth. Ms. Butler also shared a resource with the group called the “Protecting and Serving Toolkit” as a starting point for law-enforcement agencies to take if they are trying to provide more trauma informed supports in their work.

Ms. Butler and Major Dozier answered questions from the group. They discussed how the program training includes education on racism and poverty for the officers and for school-resource officers (SROs). Guests asked about other trauma-response programs and if they were happening in North Carolina. A member asked if they screen for resiliency in their program, and Ms. Butler shared that while they do not screen for resiliency, they are trained in the model and share resources. Ms. Butler emphasized the role of the CD-CP is a short-term, immediate response to a traumatic event.

A Task Force member asked about referral wait times. Ms. Butler mentioned the trauma treatment provider database Children Advocacy Centers (CACs) in the county are trying to create. Ms. Butler shared that the program has four bilingual clinicians on staff, and they have expanded translation services through an Application on phones that clinicians can use when responding to a call.

Major Dozier highlighted the importance of the CD-CP relationship and support officers receive when a clinician responds to a scene with them. She shared that having the clinician there helps the officer and helps police, in general, bridge the gap between community members and police. The program also provides opportunities for police to connect with the community through education and diversion efforts. Major Dozier emphasized the relationships and buy-in from “the top” of each agency and the collaboration necessary to create a successful program. She explained that while officers were hesitant at first as they learned about the program and spent time with children and clinician, the officers bought into the program model. Major Dozier

explained the value of the partnerships created in this model and said it took a long time to develop those partnerships.

Other questions from the Task Force included studying outcome measures (currently not being done yet), and confidentiality measures in the program. Ms. Butler said the program encourages communication with schools, but that does not always happen. She also commented on how the clinicians can help families with visa concerns. Ms. Butler commented on secondary trauma and staff retention concerns.

Trauma Screening in Juvenile Justice Settings in Massachusetts (OCA Presentation)

Ms. Threadgill thanked Ms. Butler and Major Dozier for their time and moved on to the next agenda item. The last major sector the Task Force will review together in their studies is trauma screening in the juvenile justice system. Ms. Threadgill presented on the major juvenile justice process points and if trauma screening happens at each stage.

Ms. Threadgill presented on juvenile court clinics' screening practices. Trauma screening can only happen when there is a judicial order at this stage. Next, she told the group that Probation Officers may inquire about trauma as part of the intake process, but there are no standard practices or screening at this stage. Last, Ms. Threadgill presented on the trauma screening practices at the Department of Youth Services (DYS). Youth detained in a DYS facility are screened for trauma and youth who are committed to DYS are fully assessed.

Ms. Threadgill asked the Task Force member from CPCS, Claudia Dunne, to comment on what measures CPCS takes to screen their youth clients for trauma. Ms. Dunne commented that the entire juvenile justice process is traumatic for youth. CPCS attorneys and social workers use a trauma-informed and Positive Youth Development lens in their meetings and case planning. They do not do a formal assessment.

The Task Force discussed the importance of resiliency tools in the juvenile justice system. The group also discussed the importance of earlier identification before youth reach the juvenile justice system, and not over screening youth.

Closing Comments:

Ms. Threadgill thanked the group for their time and engaging conversation. She explained that the next CTTF meeting is scheduled for November 1, 2021, from 1-3pm. Before that meeting, the group will receive a draft of the interim legislative report they must submit this year

Adjournment: 2:53pm