Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Monday September 12, 2022
1:00pm-3:00pm
Meeting held virtually

Task Force Members or Designees Present:
Maria Mossaides (OCA)
Rick St. Onge (Probation)
Rachel Gwaltney (CLM)
Stacy Cabral (DESE)
Janice Lebel (DMH)
Andrea Oliveira (DMH)
Kate Lowenstein (CfJJ)
Brian Jenney (DPH)
Shawna Boles (DYS)
Claudia Dunne (CPCS)
Laura Brody (DCF)
Dawn Christie (Parent Representative)

OCA Staff:
Melissa Threadgill
Alix Rivière
Jessica Seabrook
Morgan Byrnes
Taylor Loyd
Emily Stein (OCA Intern)

Other:
Audrey Smolkin (CCWT)
Sue O'Callaghan (CLM)
Mary-Beth Landry (FCSN)
Carmel Craig (ABH)
Jennifer Hallisey (MassHealth/CBHI)
Shaplaie Brooks (MA Commission on LGBTQ Youth)
Vandolyn Esparza (CCWT)
Madi Wachman (MassHealth)
Ladan Miremadi (DPH)
Amy Whitehead-Pleaux (DESE)
Jenna Terio (MassHealth Intern)

Anat Weisenfreund (MassAIMH)
Jillie Santos (CfJJ)
Kathleen Bitetti (SAO)
Other Members of the Public

Meeting Commenced: 1:01 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 July 18, 2022 Meeting:

Ms. Threadgill held a formal vote on the approval of the July 18, 2022, meeting minutes. Maria Mossaides, Dawn Christie, Brian Jenney, Rachel Gwaltney, Janice LeBel, Rick St. Onge and Kate Lowenstein all voted in the affirmative. No one abstained or opposed.

The meeting minutes for July were approved.

Review of Draft Recommendations for Trauma Identification in Early Childhood Settings:

Ms. Threadgill reviewed the agenda and welcomed Ms. Rivière to begin presenting. Ms. Rivière quickly reviewed the group's findings into trauma screening practices in early childhood settings. She then presented the group's draft recommendations including:

- For early childhood providers, the Task Force could recommend that these organizations adopt effective ways to identify and refer those who might be experiencing trauma focused on the caregiving relationship, as part of their efforts to build trauma-informed and responsive environments and practices. Because early childhood organizations differ in model and scope, the Task Force recommends that each individual organization adopt the trauma identification model (e.g. observation, caregiver education, selective or universal screening) that best serves their model/population.
- For the state, the Task Force could recommend that supporting training for professionals to develop trauma-responsive practices and technical assistance to ensure screening can be done efficiently and in a trauma-responsive way.

Members discussed the recommendations, with one member noting that training to identify trauma could be conflated with mandated reporter training that is required of all early childhood providers. Audrey Smolkin, Director of the Center on Child Wellbeing and Trauma explained that when the Center does such trainings, they first train on trauma identification, and then separately on mandated reporting, which allows providers to feel confident to move forward with both scenarios. It was also explained that informative training on trauma identification often

prevents erroneous mandated reporting, as providers feel more confident in their ability to best support the child.

Ms. Threadgill suggested adding language addressing this issue to the report. Members agreed.

Review of Draft Recommendations for Trauma Screening in Pediatric Primary Care

Next, Ms. Rivière reviewed the group's findings on trauma screening in pediatric primary care, including the American Academy of Pediatrics (AAP)'s stance/guidelines regarding trauma screening. She explained that all of the group's draft recommendations align with the AAP's stance and guidance. She then presented the group's draft recommendations including:

- For providers, the Task Force could recommend incorporating trauma identification systematically as part of a strength-based, family-centered trauma-informed care for both children and their families.
- For health systems, the Task Force could recommend that MassHealth and private insurers reimburse providers for the use of trauma screening tools, offer guidance to providers on what screening tool(s) is appropriate for their setting and to pilot and evaluate initiatives that include the use of screening tools.
- For the state, the Task Force could recommend that the state require public and private health insurances to cover trauma screening, support efforts to integrate behavioral health care into pediatric primary care and support/expand on existing initiatives to implement trauma responsive clinical practices.

Ms. Rivière welcomed feedback from the group. One member suggested that the report incorporate information on MassHealth's recent restructuring of payment options in its recommendations. Members agreed, and the recommendations were adopted into the report.

Update on OCA/DCF Conversation re: Trauma Screening

Next, Ms. Threadgill began reviewing the group's research into trauma screening in child welfare settings, including best practices, what tools are used as well as arguments for and against screening. She then presented on the Department of Children and Families (DCF)'s current practices, including how and when trauma identification is embedded in current DCF practices.

Ms. Threadgill went on to explain that the Office of the Child Advocate (OCA), in partnership with DCF reviewed the written policy regarding trauma identification for potential gaps and identified the following:

- While information regarding exposure to trauma is collected, it is primarily based on traumatic events related to the child/caregiver relationship, while information on other

forms of trauma (e.g. community violence, loss of loved ones, medical trauma) could also be collected.
- Family Assessment and Action Plan guidance could be updated to include trauma-related behaviors from CT/MI screeners and to include more information on how trauma can manifest in very young children (under 5).
- There could be opportunities to improve how information is collected at various stages and synthesized to inform service referral.

Next, Ms. Threadgill reviewed new statutory requirements that mandate that DCF assess each child entering the foster care system for behavioral health needs and provide the appropriate referrals to related services. With all of this in mind, the Task Force could recommend that DCF enhance current trauma identification and referral practices as well as monitor implementation of the new statutory requirements.

Members discussed possible challenges to the implementation of the recommendations, including lack of services currently available, what assessment tool or tools would be appropriate and the inability to collect longitudinal data to monitor outcomes of trauma screening. Members discussed adding language that would make clear the need to bolster upstream services as part of implementing these recommendations. Additionally, members discussed clarifying that trauma screening for youth in foster care would take place at intake, but also be an ongoing process as part of standard case management.

One member asked if there is longitudinal data on how trauma screening impacted the services provided in any of the initiatives from other state's child welfare systems that were reviewed by the group. It was explained that in Connecticut, an external partner was contracted to analyze the data collected by the program in order to monitor and evaluate implementation, and to determine if screening was improving case management. It was decided that the Connecticut model would be reviewed and any information on that will be included in the post-meeting email.

Discussion of 2022 Draft Report on Trauma Screening Recommendations

Finally, Ms. Threadgill presented the general structure of the report to members, which includes:

- Introduction: Explanation of purpose, CTTF process, and definitions of key terms
- Part 1: General Recommendations for Effective Trauma Screening Implementation
- Part 2: Sector-specific Recommendations on Trauma Identification and Screening

Members gave feedback, including adding information that explains families' rights and what services they could be entitled to, adding language around expanding the child-serving workforce beyond behavioral health professionals, and incorporating education on trauma and its impacts as part of the process of discussing trauma identification/screening practices with children and caregivers.

Ms. Threadgill thanked members for their contributions and noted that members could continue to provide feedback via email. She explained that their feedback would be incorporated into a draft that will be reviewed at the October meeting and be voted on at the group's November meeting.

Closing Comments:

Ms. Threadgill thanked the members and other attendees for their time and their continued efforts and set the next meeting date for October 3, 2022.

A**djournment**: 2:39 pm