

Childhood Trauma Task Force

September 12, 2022

1pm-3pm

Agenda

- Welcome & Introductions
- Approval of July Meeting Minutes
- Review of Draft Recommendations for Trauma Identification in Early Childhood Settings
- Review of Draft Recommendations for Trauma Screening in Pediatric Primary Care
- Update on OCA/DCF Conversation re: Trauma Screening
- Discussion of 2022 Draft Report on Trauma Screening Recommendations

DRAFT RECOMMENDATIONS FOR TRAUMA IDENTIFICATION IN EARLY CHILDHOOD SETTINGS

Draft Findings

- Discuss the prevalence and impact of trauma among young children (0-5)
 - Including the importance of supporting them within the caregiving relationship
- Present arguments in favor and against screening to identify trauma among young children

Draft Recommendations for Early Childhood Providers

- The CTTF recommends organizations serving young children adopt effective ways to identify and refer those who might be experiencing trauma as part of their efforts to build trauma-informed and responsive environments and practices
- Organizations serving young children have different functions, resources, and approaches to trauma-responsive care
 - Some provide multiple services and case management (e.g. Head Start, Early Intervention)
 - Others focus on early care and education (e.g. family child care programs)

Draft Recommendations for Early Childhood Providers

Given these differences, the CTTF recommends organizations serving young children consider adopting some of the following models of trauma identification, which are not mutually exclusive:

- Observation
- Caregiver education on the prevalence and impact of trauma
- Selective screening
- Universal screening

Draft Recommendations for Early Childhood Providers

Given the importance of the caregiving relationship in young children's development and ability to thrive, the CTTF recommends organizations also consider ways to support their parents/caregivers. This can be done by:

- Educating staff and caregivers (includes a strength-based approach)
- Adopting policies and procedures that strengthen the caregiver-child relationship
- Providing parents with information on available supports, making referrals and/or warm handoffs whenever possible

Draft Recommendations for State Support

The CTTF recommends the state provides support for early childhood organizations wanting to adopt trauma-informed and responsive practices, including:

- **Training and coaching** to professionals serving young children to develop trauma-responsive practices and increase their capacity to identify trauma and build resilience to avoid compassion fatigue
- **Technical assistance** to ensure screening can be done efficiently and in a trauma-responsive way

DRAFT RECOMMENDATIONS FOR TRAUMA SCREENING IN PEDIATRIC PRIMARY CARE

Draft Findings

- Discuss the role of trauma identification in medical trauma-informed care (TIC)
- Present different approaches to identifying trauma and risk factors
- Present 3 universal trauma screening initiatives in the U.S. (ACEs Aware, Utah PIPS, Team UP for Children)
- Lay out arguments in favor and against universal screening to identify trauma in pediatric primary care
- Describe the AAP's stance on trauma screening

AAP Stance on Trauma Screening (2021)

AAP **policy statement** highlights that screening should:

- Only be implemented “within the larger context of trauma-informed approaches”
- “Always be for the benefit of children and adolescents, avoid retraumatization, and identify protective as well as risk factors”
- Be administered within a family health and resilience framework
- Be supported by larger medical systems and the state

AAP Stance on Trauma Screening (2021)

AAP **clinical report** offers guidance to providers on ways to use trauma screening tools:

- Selective screening of children with a known history of potentially traumatic events (e.g. pediatric medical traumatic stress)
- Universal screening:
 - Screener such as the tool developed by Utah PIPS
 - Considering the potential impact of trauma when administering developmental or mental/behavioral health screeners

Recommendations for Providers

- CTTF recommendations for providers inspired by AAP clinical report guidance (and reviewed by Dr. Heather Forkey, one of the AAP co-authors)
- CTTF recommends providers systematically incorporate trauma identification as part of a strength-based, family-centered trauma-informed care delivery. As described above, models of trauma identification can include:
 - Surveillance (note this is a term with a specific meaning in medicine)
 - Selective screening
 - Universal screening (particularly appropriate for integrated BH care practices)

Recommendations for Providers

Providers interested in trauma screening should only do it in conjunction with the following TIC practices:

- Knowledge of trauma and its impact in multiple domains of a child's functioning
- Support for the caregiver-child relationship and family resilience
- Recognition of the cultural context of trauma-related experiences, responses, and recovery
- Guidance for families and health care workers
- Avoidance of retraumatization
- Processes for referral to evidence-based treatments
- Prevention and treatment of staff's compassion fatigue (i.e., Secondary Traumatic Stress)

Recommendations for Providers

- These models of trauma identification can be coupled with the following:
 - Caregiver education
 - Screening for Social Determinants of Health
 - Screening caregivers for psychosocial issues or adverse experiences
- CTTF does not recommend primary care providers use an ACEs questionnaire to assess risk of toxic stress

Recommendations for Health Systems

- AAP lays out recommendations to “expand and improve system-wide strategies for identification and treatment of all children and adolescents affected by traumatizing experiences”
- The CTTF therefore recommends MassHealth and commercial insurance providers:
 - **Reimburse providers** for the use of a trauma screening tool as well as services needed to support the utilization of screening tools (e.g., office-based management, case management)
 - **Offer guidance** to pediatricians on how, when, and what trauma screening tools to use
 - **Pilot and evaluate initiatives** that include the use of screening tools and training as part of trauma-informed care strategies, such as Team UP for Children or the Utah PIPS model

Recommendations for Government

- AAP recommends states “mandate coverage for TIC services by government and private payers, including screening, diagnosis, office-based management, counseling, case management, community collaboration, and home visiting”
- The CTTF therefore recommends the state:
 - Require public and private health insurances cover trauma screening, but also services that support providers’ trauma-informed and responsive use of screening tools
 - Support efforts to integrate behavioral health care into pediatric primary care settings to increase availability of pediatric behavioral health:
 - Continuing to support and expand MCPAP
 - Increase integration of BH in primary care
 - Support and expand on existing TTA initiatives to implement trauma-responsive clinical practices, including strengthening trauma identification through screening or other means that best fit pediatric practices’ capacity and professional preferences

UPDATE ON OCA/DCF CONVERSATION RE: TRAUMA IDENTIFICATION

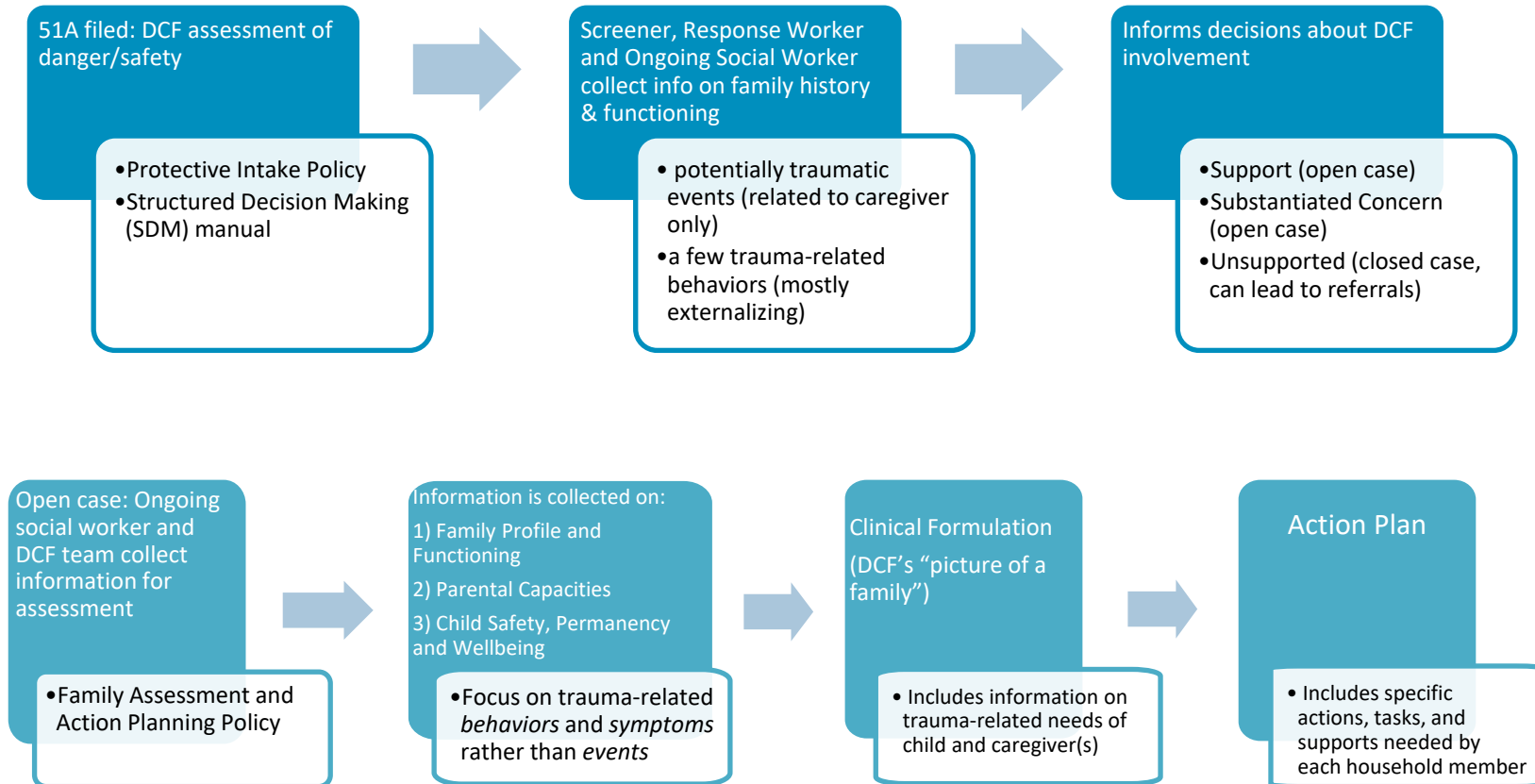
Where We've Been...

- Earlier this spring, we described efforts across the U.S. to use screening tools to identify trauma in child protective service settings:
 - At intake (e.g. Michigan, Louisiana, Montana)
 - Before out-of-home placement (e.g. North Carolina)
 - After out-of-home placement (e.g. Connecticut, Colorado, NYC)
- Identified benefits to using a screening tool, but also significant challenges to sustain practices (e.g. staff time/capacity)
 - North Carolina and Colorado did not implement initiatives statewide
 - Louisiana, Montana, NYC screening practices waned or ended

DCF Current Practice

- DCF does not currently use a trauma screening tool, but does collect and use information on potentially traumatic events and reactions through intake and case planning process
- OCA/DCF engaged in process to better document DCF trauma identification practices at various stages and identify potential gaps compared to use of screening tool
 - Included “crosswalk” of CT and MI trauma screening tools and three DCF policies to identify what relevant information is gathered at what stages

How/When Trauma Identification is Embedded in Current DCF Practices



Potential Gaps Identified

1. Type of information collected

- Collection of information on exposure to traumatic events not necessarily related to caregiver (e.g. community violence, loss of loved ones, medical trauma)
- Some trauma-related behaviors/symptoms from CT/MI screeners not included in F.A.A.P. guidance (e.g., relational/attachment difficulties, developmental delays, unpredictable behavior)
- F.A.A.P. instructs caseworkers to consider child's developmental stage, but could be opportunity for additional guidance on how trauma can manifest in very young children (under 5)

2. How information is used

- Are there opportunities to improve how information collected at various stages is synthesized and how it informs service referrals (including referrals for full trauma eval) for child?

July 2022: New Statutory Requirements

[Mass. General Laws c.119 § 32](#) amended by *An Act Addressing Barriers To Care For Mental Health* (2022):

- DCF “shall ensure that **every child, upon entry into the foster care system**, shall be screened and evaluated [...] and assessed for behavioral health symptoms and sequelae [...]”
- “each child with identified behavioral health needs shall be provided appropriate referrals to related professionals to conduct more comprehensive diagnostic assessment, prescribe treatment and ensure the **behavioral health and trauma-related needs** of such child are addressed in a timely manner.”

Summary of Current Landscape

- All children involved with DCF:
 - Current practice includes some opportunities to identify trauma (events and reactions)
 - F.A.A.P. process can be opportunity to recommend child receive full trauma evaluation
- Children placed in foster care:
 - New process not yet developed, but new statute seems to require that these children all receive a BH assessment and treatment to address trauma-related needs

Developing Recommendations re: DCF Trauma Identification and Referral

- Given what we've learned re: implementation challenges, suggest that CTTF focus on:
 - Recommendations for **enhancing current trauma identification & referral practices** for all-DCF related children
 - Monitoring implementation of new statutory requirements for children in foster care
- Will bring draft to November meeting if in agreement with direction

2022 RECOMMENDATIONS REPORT

Report Overall Vision/Key Themes

- A report on improving trauma *identification and referral to services as appropriate* in child-serving sectors
 - Identification includes a variety of practices, including but not limited to use of a screening tool
- Because screening is an increasingly common practice that many organizations are interested in, report also includes general recommendations on effective implementation
→ goal of maximizing benefits to children and minimizing potential for harm
- Identification is only one part of trauma-informed and responsive (TIR) care
 - The report highlights TIR practices that must also be implemented to support trauma identification
- Report highlights ways to make trauma identification more equitable, culturally sensitive, and developmentally attuned

Report Structure

Introduction: Explanation of purpose, CTTF process, and definitions of key terms

Part 1: General Recommendations for Effective Trauma Screening Implementation

- For organizations who are considering using screening tools to identify trauma and trauma-related needs

Part 2: Sector-specific Recommendations on Trauma Identification and Screening

- CTTF recommendations on best practices by sector and ways the state can support efforts

Report Structure

General Recommendation #1: Organizations Developing and Implementing a Screening and Referral Process Should Do So in a TIR Way

- Family & community engagement
- Caregiver consent
- Cultural literacy and prior experiences of oppression
- Leadership & staff buy-in
- Training
- Strong referral & follow-up process
- CQI

Report Structure

General Recommendation #2: Trauma Screening and Referral Processes Should Incorporate a Strength-based Approach

Organizations need to focus on the child and family's positive experiences, existing support systems, and healthy strategies they have adopted. For ex:

- Incorporate questions on PCEs in interview process
- Use a resilience screener
- Refer children & families to programs that are committed to a strength-based approach
- Refer children to services that speak directly to activities/topics they enjoy

Report Structure

General Recommendation #3: To Help Ensure High Quality Implementation, the State Should Support Organizations Who Wish to Screen for Trauma

The state should provide organizations wishing to implement trauma screening processes:

- Training and technical assistance
- Resources on trauma screening and referral

Report Structure

General Recommendation #4: The State Should Increase the Availability of Services and Supports Needed to Recover from Trauma

As part of the work currently being done to build the state's behavioral health workforce and increase availability of services, the state can also:

- Increase the availability of evidence-based, trauma-specific treatments

Report Structure

Part 2: Sector-specific Recommendations on Trauma Identification and Screening

1. K-12
2. Pediatric Primary Care
3. Early Childhood Settings
4. Juvenile Justice
5. Child Welfare
6. First Responder Settings



Questions, Comments?

- What are we missing?
- Draft will be sent for review by September 26
 - Next CTTF meeting is October 3
 - DCF section will be revised for November draft

Next Meeting

October 3, 2022

Virtual Meeting

*For virtual meeting information, email Morgan Byrnes at
Morgan.Byrnes@mass.gov*

*2022 CTTF meetings will be on the
1st Monday of the month 1:00pm-3:00pm*

Contact

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