

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Monday September 13, 2021
1:00pm-3:00pm
Meeting held virtually

Task Force Members or Designees Present:

Maria Mossaides, Chair (OCA)
Yvonne Sparling (DYS)
Rick St. Onge (Probation)
Michelle Botus, Andrea Goncalves- Oliveira, Janice LeBel (DMH)
Rachel Wallack (Juvenile Court)
Laura Brody (DCF)
Kate Lowenstein (CfJJ)
Claudia Dunne (CPCS)
Nicole Daley (DPH)
Tammy Mello & Rachel Gwaltney (Children’s League of MA)
Stacy Cabral (DESE)
Dawn Christie (Parent)

OCA Staff:

Melissa Threadgill
Kristi Polizzano
Christine Palladino-Downs
Crissy Goldman

Other:

Brook Arrigo (Suffolk County DA’s Office)
Carmel Craig (ABH)
Aditi Subramaniam (MSPCC)
Courtney Chelo (MSPCC)
Jacquelyn Reinert (LUK)
Nancy Scannell (MSPCC)
Katherine Ginnis (MassHealth)
Shella Dennery (Boston Children’s Hospital, Neighborhood Partnerships Program)
Audrey Smolkin (UMass Medical)
Shayna Solomon (Rep. Finn’s Office)
Mike Roberts (The Center for Applied Trauma Research & Education)
Jason M. Lang (Child Health and Development Institute)
Katherine Hughes (Parent Child Trauma Resources)

Emma Moore-CfJJ Intern
Other Members of the Public

Meeting Commenced: 1:03pm

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 2021 Meeting:

Ms. Threadgill held a formal vote on the approval of the July 19, 2021 meeting minutes. No one was opposed or abstained from voting on the June meeting minutes. The meeting minutes for July were approved.

Updates and Discussion of Work Plan for Remainder of 2021

Ms. Threadgill reminded the group that in this year's budget the state created the Center on Child Wellness and Trauma (CCWT). The Center will be administered by Commonwealth Medicine of UMass Medical School. Audrey Smolkin from UMass is currently conducting stakeholder interviews during the initial stage of development. To date, she has done 57 interviews with stakeholders. Ms. Threadgill told the group to reach out to herself or Audrey Smolkin if they would like to be interviewed. Ms. Threadgill also said UMass has posted job postings for this Center and said those listings would be shared with the CTTF to share with members' networks. UMass is also working on creating a website to launch in mid-October, which will co-occur with the launch of the center.

Ms. Threadgill also updated the group on the COVID-19 report draft that the group worked on before the summer and is now in draft form with the JPAD Board.

After announcements, Ms. Threadgill proposed a plan for the remaining CTTF meetings this year and suggested the group issue an interim report in December 2021 without recommendations since there needs to be more conversations and presentations heard in this group. The interim report could serve as a launch to collect feedback from a larger audience and discuss potential recommendations to be in a final report sometime in Summer 2022. Ms. Threadgill let the group know Ms. Riviere is on maternity leave for the next few months but has started the draft report. No one was opposed to the proposed work plan and it was approved.

Trauma Screening in Child Welfare Settings: Presentations by OCA and Dr. Jason Lang

Next, Ms. Threadgill presented to the group an overview on trauma screening in child welfare, including why screening this population can be beneficial. She continued to discuss why

screening young children is especially important in this cohort. In Massachusetts, there is no policy of universal trauma screening at intake.

Ms. Threadgill presented on other state examples that have implemented screening in the child welfare system. First, she discussed Louisiana’s Child Welfare Trauma Project. Louisiana’s DCF developed a trauma and behavioral health screen, implemented it and expanded treatment capacity in the community. Then she shared information with the group on “Project Broadcast” in North Carolina. North Carolina developed a trauma screener, created trainings for staff and focused on trauma-informed practices in their child welfare department. Ms. Threadgill shared some details on a companion guide for the Project Broadcast Trauma Screening Tool. This document can be shared with members if they would like. Ms. Threadgill was impressed with how accessible the document is. She discussed the successes and limitations of this project. She discussed the successes and challenges with each states’ implementation.

Next, Ms. Threadgill introduced Dr. Jason Lang from the Child Health and Development Institute (CHDI) in Connecticut. Dr. Lang joined today’s meeting to present on Connecticut’s trauma screen in child welfare. Dr. Lang is a clinical psychologist whose background is in childhood trauma. He told the group that Connecticut was recently awarded a grant to expand trauma screening (called “Trauma ScreenTIME”) through an interactive online training in trauma screening for child-serving systems. The first module is coming in December 2021 and will be free for the public to use during the four years of the grant period. He gave the group some background on Connecticut’s DCF, which includes children’s behavioral health mandate in addition to child protection services and substance abuse prevention. Connecticut has increased their capacity for evidence-based trauma-focused treatments starting in 2007 and continues to this year.

Dr. Lang said CHDI aims to connect youth who might need services with appropriate treatments. He explained screening was hard to implement in a universal way. He emphasized the important of striking a balance between poor, hands off implementation and over-involved and complicated implementation. He said that the function (and implementation) of screening is more important than the specific tool themselves.

Dr. Lang reiterated the benefits of screening in child welfare that Ms. Threadgill presented and said there are benefits for the caseworkers as well as the child/family. Dr. Lang told the group Connecticut has focused on equity during trauma screening implementation, but there is not a lot of research out on whether trauma screening increases equity. He hypothesizes screening can potential close racial and ethnic disparities seen in treatment.

Dr. Lang presented on the questions an interdisciplinary work group contemplated regarding screening to understand the “who” “what” “when” and “where” and “how” of trauma screening in child welfare. He told the group the state spent several years deciding what tools to use and decided to create their own trauma screen called the “CTS” –a free trauma screening that

consists of 10 questions that can be used a screener in under 10 minutes. The CTS development took many years to create. Connecticut screens for trauma in youth removed from their homes. Since then, three studies validated the tool. Dr. Lang briefly presented on the trauma screener use in juvenile justice and shared data on from staff feedback. There was largely positive feedback.

Dr. Lang told the group that one challenge Connecticut has faced has been since the work groups have ended, it has been hard to keep the cross-agency connections that formed. A member asked if Dr. Lang saw any changes to policy or practice in child removals to mitigate trauma in those situation. Dr. Lang responded he had and that as part of this process, the Department reviewed all policy and practices through a trauma informed lens. Another member emphasized the importance of racial equity in screening and asked how other issues like economic instability and housing insecurity came up in screening. Dr. Lang shared that he believed trauma screening is one piece of a case plan and does not operate in isolation. Any organization that does a trauma screen should be conducting other assessments and evaluations during intake. Those other evaluations should look at the social determinants of health.

A member wanted to know what the barriers were to training and supports from their Department of Children and Families. Dr. Lang said the Department had multiple changes during the time they implemented trauma screening and told Dr. Lang that adding too much change to a caseworker's work would have been too much on the worker. That is the reason they stuck to youth removed from their homes. Dr. Lang responded to a member's inquiry for more information on "trauma champions." He clarified these individuals help share information with other DCF caseworkers and also helped pilot the screening. There are two "trauma champions" in each area office.

Dr. Lang provided the group with some more information on how the workgroup determined where and with what frequency the Department would use a trauma screener. This, ultimately, was a decision from the Department, and a trauma screen would be conducted every 6 months. Ms. Threadgill reiterated Dr. Lang's point to do the trauma screen well and target implementation. Starting with youth who are removed from their homes seemed like a targeted implementation decision. She mentioned Massachusetts should consider starting with smaller steps to implement and ramp up if that is successful.

A member asked how did people determine where and with what frequency they would insert the screener? Dr. Lang said the recommendations were put forth through a work group based on a number of pilots, but ultimately the decision came from the Department. In terms of frequency, the screening is aligned with a case plan review every 6 months. Dr. Lang also said that the state also needs services to refer youth to if it is determined they need them. He said he would not use a trauma screener if there were no supports in place.

A guest asked Dr. Lang to discuss any education caseworkers provide to parents and their children when discussing results of the screener. Lang told the group that as part of the trauma

screeener training, case workers receive education on the psychological impact of trauma, and how to communicate with parents about it. He said what caseworkers do tell parents varies from caseworker to caseworker. A member followed up asking if there were any guides of resources developed for caregivers. Dr. Lang told the group Connecticut uses a brochure for caregivers to inform them on the trauma screen.

Dr. Lang concluded his presentation and asked the group to fill out a survey to provide feedback on the presentation.

Closing Comments:

Ms. Threadgill thanked the group for their time and engaging conversation. She explained that the next CTTF meeting is scheduled for October 4, 2021 from 1-3pm on trauma screening in juvenile justice and first-responders.

Adjournment: 2:49pm