

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Wednesday, September 2, 2020
1:00pm-3:00pm

Task Force Members or Designees Present:

Maria Mossaides, Chair (OCA)
John Millett (Probation)
Laura Brody (DCF)
Tammy Mello (Children's League of MA)
Kate Lowenstein (CfJJ)
Maggie Randall (Sen. Boncore's office)
Nicole Daley (DPH)
David Melly (Representative Dykema's Office)
Dawn Christie (Parent representative)
Rachel Wallack (Juvenile Court)

OCA Staff:

Melissa Threadgill (OCA)
Alix Rivière (OCA)
Kristi Polizzano (OCA)

Other:

Members of the Public
Grace Picariello
Katherine Hughes
Kathleen Bitetti
Rebecca Pries
Matt Pecoraro

Meeting Commenced: 1:02pm

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 introduced the individuals in the WebEx video conference. Individuals on the phone introduced themselves.

Approval of Minutes from June Meeting:

Ms. Threadgill held a formal vote on the approval of the June 2020 Childhood Trauma Task Force meeting minutes.

The June 2020 meeting minutes were approved.

Announcements

Ms. Threadgill made some announcements regarding the June report on COVID 19 and children's mental health:

1. The Office of the Child Advocate (OCA) used FY20 funding to develop a set of "tip sheets" addressing mental health challenges, socio-emotional health, and trauma youth may be experiencing during the pandemic and ongoing emergency response. Two videos were also created for that outreach by Dr. Heather Forkey titled *Supporting Resilience in Kids' Time of Stress* and *Supporting Resilience in Kids Through Caregiver Regulation*. Both the video and tip sheets were part of the recommendations of the COVID-19 report this group issued in June.
2. Additional funding has also been included for the Worcester Trauma and Resilience Collaborative in the COVID-19 Federal Reimbursement Supplemental Budget with the help of Senator Chandler and staff. The OCA will continue to advocate for funding around this topic in the FY21 budget.
3. DMH, MassHealth/CBHI, and the OCA partnered with IDEO to develop an interactive website for parents/caretakers who have concerns regarding their child's mental health during and after the pandemic. This website is launching soon with an additional section for front-line serving professionals coming soon. Funding for expanding this project was included in the IT Bond Bill thanks to Senator Boncore and his staff.
4. The OCA partnered with MASMHC on a survey of schools regarding need for mental and behavioral health services/supports for students. There was a strong interest in:
 - a. Becoming a trauma-sensitive school
 - b. Choosing and implementing behavioral health screening tools
 - c. Implementing specific behavioral health interventions
5. DESE will offer Youth Mental Health First aid training virtually and in person.

Preventing Adverse Childhood Experiences Data to Action Grant (DPH) and DMH Surveillance Grant with CDC

Ms. Daley (DPH) presented on the three-year grant totaling \$1.5 million that the CDC's Division of Violence Prevention awarded the Massachusetts Department of Public Health. The goal of the grant is to use data to create population level activities to mitigate the impact of ACEs and/or prevent ACEs DPH in conjunction with the CDC will develop annual state profile "Reports," develop a statewide "ACEs Strategic Plan," and conduct trainings and outreach with local community groups. Ms. Daley explained the planning period for this grant extends through January 2021, and welcomes collaboration from this group and its members.

Framework for TIR Organizations: Feedback

Ms. Threadgill reviewed the feedback process of the Framework for Trauma-Informed and Responsive Organizations. The OCA distributed a “Framework survey” through the OCA and CTF member networks, which 47 respondents completed after reviewing the Framework. The OCA and CTF members also received feedback from a variety of subject matter experts at the University of Massachusetts Child Trauma Training Center, Judge Baker Children’s Center, Refugee Trauma and Resilience Center, JRI, and Boston Youth Sanctuary.

Finally, the OCA presented the Framework to and solicited feedback from NCTSN grantees, Massachusetts School Administrators’ Association, trauma-informed Hampden and Berkshire County groups, and Plymouth County’s DECI Initiative. Overall, the feedback was very positive. The survey results indicated the Framework was clear and comprehensive, applicable for child-serving organizations across sectors, and there is a strong interest in making organizations trauma-informed and responsive.

Ms. Threadgill explained to the subcommittee that edits to the framework document fell into three categories:

1. Clarifying language around terminology, word choice, document purpose and audience.
2. Providing additional examples
3. Adding emphasis to certain parts/language

Ms. Threadgill mentioned there as one edit that needed further discussion from this group around the phrase “Cultural competence” and “cultural inclusivity.” The group discussed options for what phrase would be best for this document and audience. Other suggestions included “cultural humility,” “cultural sensitivity,” “cultural inclusivity,” and “cultural affirmation.” The group decided “cultural affirmation” could replace “cultural competence.”

Ms. Threadgill presented the final draft of the framework document with the edits provided in track changes by the public review. There was no other further discussion on the edits. Ms. Threadgill explained the OCA will “accept all” edits and the subcommittee will vote on the final version of this document at the October meeting.

Survey Results and Implementation Feedback

Ms. Threadgill explained the next phase of this group’s work will revolve around implementation. Based on the survey results the top three needs for organizations’ implementation are:

1. Organizational assessment that could identify areas for improvement (53% of respondents)
2. A “TIR” resource website (49% of respondents)
3. Support identifying/implementing services for staff to address/prevent STS (40% of respondents)

Organizations also need support with:

- Reviewing and modifying current policies and practices (23% of respondents)
- Identifying/implementing specific trauma screenings/assessments/interventions (28% of respondents)
- Developing/implementing ongoing evaluation of TIR policies and services (21% of respondents)
- Connecting with other TIR organizations in their community/field (19% of respondents)
- Incorporating staff and children/families in creating and reviewing organization's TIR policies and services (19% of respondents)
- Transforming organization's physical environment (16% of respondents)

Additionally, respondents indicated the top three barriers to their organizations becoming trauma informed and responsive are:

1. Training and workforce development (52% of respondents)
2. Staff turnover (50% of respondents)
3. Changing the organizational culture (26% of respondents)

The survey respondents indicated the preferred method for training staff on the "TIR" approach as on-site group training by a TIR expert, or from an online module.

Next steps/next meeting

Ms. Threadgill proposed this group submit the Framework document and implementation recommendations (to be discussed in the coming months) as a legislative report this December. Simultaneously, the group can begin work on a website to put the framework document and other resources together.

Closing Comments:

Ms. Threadgill closed by reminding the subcommittee members to fill out their fall availability for CTTF meetings in October, November and December.

Adjournment: 2:08pm