

MINUTES APPROVED BY CHILDHOOD TRAUMA TASK FORCE ON MARCH 13, 2019

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Thursday, February 7th, 2019

Task Force Members or Designees Present:

Maria Mossaides, The Child Advocate, Chair (OCA)
Representative Carolyn Dykema (House)
Commissioner Linda Spears (DCF)
Laura Brody (DCF)
Tammy Mello (Children's League of MA)
Claudia Dunne (CPCS)
Rachel Wallack (Judicial Court)
Yvonne Sparling (DYS)
Kate Lowenstein (CFJJ)
John Millett (MA Probation Services)
Stacy Cabral (EOE/DESE)
Katherine Cohen (Children's League of MA)
Juan Jaramillo (Senator Boncore's Office)
Elizabeth Walk (Representative Dykema Office)

Other Attendees:

Talia Berkowitz (BRYT)
Lisa Thurman (SFY)
Emilie Curtis (MJBA)

OCA Staff:

Melissa Threadgill (OCA)
Melissa Williams (OCA)
Lindsay Morgia (OCA)

Meeting Commenced: 9:31am

Welcome and Introduction from the Child Advocate:

Maria Mossaides welcomed the attendees to the second Childhood Trauma Task Force (CTTF) meeting. Ms. Mossaides turned the meeting over to Ms. Threadgill, the lead staffer for the CTTF. Ms. Threadgill asked the CTTF members to vote to approve the January meeting minutes. There were no objections. January meeting minutes have been approved.

Ms. Threadgill reviewed the agenda.

Diversity and Inclusion: Report Back & Recommendations from Working Group:

Ms. Threadgill introduced Tammy Mello, Executive Director of the Children's League of Massachusetts, to present the feedback from the first Diversity and Inclusion Working Group meeting. The meeting was held on January 28th, 2019.

Ms. Mello briefly discussed the three primary strategies for addressing inclusion that arose from the working group.

1. **Have true, meaningful representation:** It's important to have meaningful representation from minority and specialized groups rather than simply having a "token person" to represent the population at hand.
2. **In-person formal representation:** There are many organizations already working with youth on childhood trauma and juvenile justice and it's important that we figure out which organizations make sense to have at each table. They have a lot of valuable experience and knowledge that the JJPAD could use. It's also important to remain cognizant of their work hours, school days, etc. when thinking about how to approach these organizations.
3. **Maintain open outreach and communication:** Unfortunately, it's common for communication to end once listening sessions are over. Ongoing dialogue is necessary for successful outreach and communication. There are also various rural areas of Massachusetts that have scarce resources, but it's equally important to reach out to these areas even if it's harder to get groups from there.

Ms. Mello explained that open outreach and communication should be prioritized first. The first step will be to build a list of organizations. The list should be inclusive of small organizations and faith-based programs as well. Ms. Threadgill will be creating a Google Doc list with the name of the organization, their purpose, and where they are located.

Ms. Threadgill stated that once subcommittee members approve the Google Doc, it will be sent out to the full JJPAD Board and subcommittees. The Office of the Child Advocate will be responsible for reaching out to the groups listed and see if they have an interest in working with the JJPAD Board. The groups and organizations will self-select into the topics they are interested in.

Ms. Mello talked about being intentional with the language being used while talking to outside organizations. She provided the example of the word trauma and how youth do not necessarily refer to their experiences as trauma, but instead they refer to their experiences as life. It's important to use language that youth and families are able to relate to.

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Ms. Threadgill commented that the working group will meet monthly and reminded everyone that they are open meetings.

The CTTF members provided positive feedback and approval of the work that has been done in the working group so far.

Outside Speakers & Agency Presentations:

Ms. Threadgill reviewed the feedback she received last meeting in terms of having outside speakers and agencies present various topics of interest. She commented that there seemed to be more interest in practical presentations instead of research presentations.

Ms. Threadgill offered the idea of having agencies at the table present their work and area of focus. Everyone agreed with aiming for two agencies presentations per month.

Ms. Threadgill asked the task force members what they would like to hear and learn from their fellow agencies' presentations.

Representative Dykema would like to hear more about the work of the agencies from the clinical standpoint. She would also like to learn what clinical support looks like within each agency and what resources are needed most to help children.

Ms. Lowenstein wants to know what changes have been done within each agency since the new brain science has been released. There has been a surge of new information on infant brain development and she would find it helpful to hear about progress in order to see where we are going and how we are using new information.

Ms. Cohen talked about hearing about implementation of Caring Together and the Families First Act.

Ms. Mossaides stated that conversation on research advances and their impact has come up before in work regarding restraints and seclusion. They are looking at the impact made since changes were put in place.

Ms. Sparling would like to focus on clinical services and learn about the current barriers to services in mental health. She talked about the Safe and Supportive Schools Commission as well as the focus groups that Harvard law School students completed with practitioners, providers, communities, and families across the state in order to identify barriers. She will share that memo with the task force. She wonders how agencies are working to address the identified barriers.

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Mr. Millett stated that the task force should bring in the Trauma Training Center out of UMass Medical School to hear what has been going on in Massachusetts from the viewpoint of an expert. He discussed the importance of hearing from experts in the field.

Ms. Threadgill asked agency designees to sign up for the month they wish to present.

1. March Meeting: CPCS and DYS
2. April: DESE
3. May: DCF

Ms. Threadgill noted that DPH and DMH had also agreed to deliver presentations, and she will contact the representatives from those agencies to determine which month they would like to present.

Ms. Threadgill then suggested that the CTTF bring in outside experts for panel discussions on particular topics. It would be great to do a panel as conversation can flow easier. She provided a list of organizations and programs that the task force could reach out to, divided by areas of interest.

1. School Interventions

- a. Trauma and Learning Policy Initiative
- b. JRI Trauma Center
- c. Alliance for Inclusion and Prevention
- d. School Representative (e.g. Brockton)

2. Regional Initiatives

- a. Trauma-Informed Berkshires
- b. Worcester Trauma and Resilience Collaborative

3. Immigration and Refugee Issues

- a. Children's Hospital: Refugee Trauma and Resilience Center
- b. MGH: Immigrant and Refugee Health Programs

4. Community Violence

- a. ROCA
- b. Child Witness to Violence

Ms. Threadgill explained that the task force will not focus on the regional initiatives until Summer 2019, as most of the groups are still relatively new.

Ms. Threadgill asked for comments and feedback from the task force members and designees.

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Ms. Lowenstein recommended adding the Louis D. Brown Peace Institute under community violence as they work with grieving families after homicides. For school interventions, she suggested looking into the Boston Public School collaboration with Boston Children's Hospital.

Mr. Millett would like to add the Victim's Unit out of the Massachusetts Probation Services to the list for community violence.

Commissioner Spears talked about the collaboration between DCF and Luk. The collaboration included training clinicians, parents and foster parents on trauma-informed care. They also completed an evaluation of various parenting models.

Ms. Dunne mentioned the Boston Public Health Commission and Peace Institute as their area of focus is on the aftermath of community violence.

Commissioner Spears stated that DCF has been doing work on culture and trauma to bring information to front line workers as they are the people who interact most with the families.

Ms. Cabral recommended reaching out to Dr. Jane Singer from the Boston Children's Hospital, as she specializes in early childhood trauma.

Commissioner Spears mentioned the Harvard Center on the Developing Child.

Ms. Threadgill asked the task force members if there are priority topics that they would like to focus on first.

Ms. Sparling asked if it's possible to link the agency presentations with the panel discussions. She brought up the idea to link the CPCS and DYS presentations to the JRI and ROCA panel discussions. She also stated that we could link the DESE presentation to the school-related organizations.

Ms. Threadgill stated that each agency presentation should be approximately 15 minutes.

Representative Dykema brought up the issue of poverty, living in poverty, and how it creates a tremendous amount of stress. She stated that poverty does not necessarily mean that someone is also experiencing trauma, however it does correlate to increased stress and the negative effects from that. She would like to learn about how poverty fits into the grand scheme of things. Commissioner Spears commented that there is a difference between acute and chronic stress.

Representative Dykema asked that since there are two types of stress, should we talk about them together or separately?

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Commissioner Spears stated that they are fundamentally different.

Representative Dykema asked if the services the same.

Commissioner Spears responded that services could be easier to implement around the acute events, but it depends on the child's needs.

Ms. Dunne commented that DYS gets a lot of kids with chronic stress and PTSD.

Ms. Sparling has interest in looking into whether or not poverty has led to neglect, and if so, has that led to trauma.

Commissioner Spears stated that neglect can be more harmful over time compared to physical abuse.

Ms. Lowenstein reminded the task force that poverty is not neglect. She stated that we need to get on the same page to really understand these kids from a development standpoint since experiencing trauma could damage a developing child's brain over time. She suggested we look into how we react to children experiencing trauma and how we should tweak policies to help children at all different stages of trauma and development. She stated that some children do not develop severe depression until later in life after experiencing trauma and commented that we need to take that into account. She asked how we could help those children/youth.

Representative Dykema would like to focus on the implementation of both acute and chronic stress services.

Ms. Threadgill will send around a list of questions and topics that the task force would like to discuss with the experts/agencies. People will be able to edit the document as well as send her ideas.

Trauma Services Mapping Project:

Ms. Threadgill introduced Lindsay Morgia, Research and Policy Analyst for the Office of the Child Advocate. Ms. Morgia will discuss the progress on the trauma services mapping project as well as her ideas for the draft of the survey.

Ms. Morgia started off the discussion by stating that the task force members need to all be on the same page before starting the mapping project. She briefly discussed the core purpose of the

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project, which is to figure out what services are out there, who are providing those services, and are they culturally competent?

Ms. Morgia discussed the five key questions that we hope will be answered through the mapping project.

1. Which agencies, organizations, and other institutions provide screenings, assessments, and interventions for children and youth under 18?
2. What types of screening and assessment tools are being used across the state?
 - a. How many places are using validated tools?
3. What types of trauma interventions are being used throughout the state?
 - a. Are they evidence-based?
4. How are children and youth referred to trauma screenings, assessments, and interventions?
5. Are there any promising practices or programs that could serve as models for other Massachusetts communities?

Ms. Morgia explained the proposed methodology for selecting the cities and towns for the trauma services mapping survey. Originally, it was said that the survey will go out to approximately 10-15 towns. Ms. Morgia then created a table to see how and where we should collect this data from. Ms. Morgia used a variety of data sets to identify towns, including supported 51B's by area office, Massachusetts Violent Death Reporting System - Youth Suicide Rates, Safe and Successful Youth Initiative Data, Unified Crime Reporting Data, opioid incident and death statistics, and Census data on race, ethnicity, income levels, poverty, and geographic regions.

Ms. Morgia stated that she identified 15 cities and towns based on this criteria. She tried to make sure that the list of cities/towns included both high-risk town sand low-risk towns from across the state. Ms. Morgia went over the list of cities and towns and asked for feedback.

Task force members mentioned Springfield, Lawrence, North Adams, and Holyoke as areas of focus.

Commissioner Spears mentioned Fitchburg as the whole area is struggling.

It was mentioned that Worcester might already be doing work on childhood trauma services through a collaboration with UMass Medical School.

Ms. Lowenstein stated that Worcester has the highest number of children in foster care and their schools are really suffering.

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Ms. Mossaides commented that UMass Medical School is looking at the whole county, and not just the city of Worcester. She recently reviewed the work plan for that project, and they will not reach this for a while.

Ms. Morgia agreed to include Worcester on the list.

Ms. Sparling asked if Lowell was considered.

Ms. Dunne and Commissioner Spears stated that Lowell has been doing better in terms of services, but they are still struggling.

Ms. Dunne asked if any Cape Cod towns were considered.

Commissioner Spears agreed and stated that the Cape is really struggling for services, especially in the Hyannis and Nantucket areas. She continued to say that a lot of providers have left the past few years since it's hard to recruit staff.

Ms. Morgia asked the task force if it would make sense to look at the Cape as a whole region.

Commissioner Spears explained that a lot of services offer help by region, not by towns. This means that it could be difficult to survey services by town since many are not town-specific.

Ms. Mossaides agreed and stated that the Cape and Route 2 area near Fitchburg have created their own network of services.

Ms. Brody is interested in why Cambridge was on the list.

Ms. Morgia suggested that Cambridge is of interest as poverty rates are high, yet the median income is almost 200K.

Ms. Lowenstein stated that also it's important to look at what Cambridge is doing well.

Ms. Mossaides continued to say that the schools in Cambridge pay more per pupil than any other area of the state.

Ms. Curtis said that a lot of the colleges in Massachusetts are focusing their work on the Cambridge area.

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It was mentioned that Chelsea should be added to the list as it has the lowest rate of citizenship in the Commonwealth.

Ms. Morgia stated that Boston was purposely left off the list as that would have to be its own project in entirety since it's so large.

Ms. Mossaides has interest in the Northern Corridor; Orange, North Adams, and Fitchburg area.

Ms. Morgia will add the additional towns and group some together by region and send it out to the group for feedback.

Survey Feedback:

Ms. Morgia reviewed the three questions at hand that she is hoping to have answered through task force members' feedback in order to create the most logical survey. The three questions she hopes are answered are:

1. Do the questions make sense?
2. Does the structure have a logical flow to it?
3. Should we remove or add questions and potential responses?

Ms. Morgia briefly discussed the organization of the "Background Section" of the survey. This section will have nine questions in total, with four questions regarding basic information about the institutions and five questions regarding demographics of populations served.

Ms. Morgia asked for feedback on question four in particular to see if there is anything missing from the list of categories.

Task force members feedback included adding homeless youth, commercially sexually exploited children, Children's Advocacy Centers, legal services, and youth services.

Ms. Morgia stated that questions five regarding cities and towns will have to be redone according to today's earlier feedback.

Ms. Morgia asked for feedback on question seven regarding whether or not an institution considers itself trauma-informed.

Ms. Sparling suggested providing a definition of trauma-informed so everyone taking the survey has the same understanding.

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Ms. Morgia responded that she wants people to answer to the best of their knowledge without a formal definition. She stated that having a definition would be better for interviews or focus groups.

Ms. Mossaides stated that this raises the issue of what we mean by trauma-informed care and how the definition is not universal.

Commissioner Spears commented that DCF recently did a survey on trauma-informed work and most replies fell into the group of trauma-informed. She discussed the distinction between providing trauma services and being trauma-informed. She believes there is a need to focus on trauma-informed training.

Ms. Mossaides agreed with Ms. Morgia, stating that this survey question is a chance to see where programs think they are.

Ms. Morgia stated that the last question in the survey is asking if the program would like to be considered for a follow up interview and she is hoping to be able to discuss trauma-informed practices at that point.

Ms. Threadgill proposed that we ask programs how they have changed their policies to align with trauma-informed care.

Ms. Lowenstein stated that we clarify initial questions to state either trauma trained or trauma-informed trained as there is a difference.

Ms. Morgia commented that there will be a “check all that apply” type of answer to what the programs have done related to trauma-informed care to better understand what they think trauma-informed care is.

Ms. Dunne stated she doesn't think the generalized “trauma-informed” term should be used. Ms. Dunne commented that treatment frameworks and clinical models should be added to question nine.

Commissioner Spears pointed out that some are specific to residential programs, such as CARE out of Cornell.

Ms. Morgia and Ms. Threadgill will work on editing the background questions based on the feedback provided.

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Ms. Morgia briefly discussed the organization of the “Populations Served Section” of the survey. This section will have four questions in total that ask about the age and gender of the children served as well as the expertise in working with special populations. Essentially, this section will be used to see what types of children are being served and what restrictions programs have to serving certain demographics.

Ms. Morgia asked for feedback on question four regarding expertise in serving specific populations.

Task force members suggested that foster care youth, homeless youth, and multiracial youth be added to the list.

Ms. Lowenstein commented that many youth who are multiracial are deciding that they do not want to identify a certain way. Youth feel strong about how they identify, and this should be kept in mind when talking about cultural competency within programs.

Ms. Mossaides agreed and stated that this brings up the issue of differences in data collection between agencies. She specifically commented on questions about race and how some agencies allow youth to self-identify versus agencies where the youth are not able to respond for themselves.

Ms. Morgia briefly discussed the organization of the “Screening and Assessment Section” of the survey. This section will have nine questions in total, with four questions asking about screening and four questions about assessment.

Task members suggested adding CANS and MAYSI to the screening section.

Ms. Sparling mentioned a PTSD screening that DYS uses, however she could not recall the name. She will follow up with Ms. Threadgill with more information.

Ms. Morgia briefly discussed the organization of the “Interventions Section” of the survey. This section will have four questions in total that ask about interventions being used within programs.

Task force members suggested adding parenting programs such as Parenting with Love and Limits, DMT (Dialectical Behavioral Therapy), EMDR (Eye Movement Desensitization and Reprocessing), and MST (Multisystemic Therapy) to the list, and checking the California Evidence-Based Clearinghouse for Child Welfare as well.

Ms. Morgia briefly discussed the organization of the “Wrap-Up Section” of the survey. She asked the task force if anything was missing.

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Ms. Thuran suggested that we ask agencies what they wish they could add or change about their program.

Ms. Lowenstein suggested going more in-depth with the referral question (question 2) as there is a difference between what happens on paper versus what actually happens. She referred to this as the referral reality.

Ms. Morgia commented that longer surveys have less of a response rate, and she is hoping to include questions about referrals within the interviews and/or focus groups.

Closing Comments:

Ms. Threadgill wrapped up the meeting by discussing the next steps for the Trauma Mapping project. Step one will be to develop a list of people who the survey will be sent to.

Ms. Mossaides stated that the Children's Trust Child Sexual Abuse Prevention Task Force has reached out to local providers and she will provide those names to Ms. Threadgill.

Step two will be to finalize the draft survey. Ms. Morgia will email the draft to the CTTF for task force members to make their final comments. Once the survey is sent out, organizations will have about a month to respond.

Ms. Threadgill thanked everyone for their time and for a successful meeting.

Adjournment: 11:00am