

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Tuesday, January 7th, 2020
1:00pm-3:00pm

Task Force Members or Designees Present:

Maria Mossaides, Chair (OCA)

Representative Carolyn Dykema (House of Representatives)

David Melly (Representative Dykema Office)

Mindy Schiedler (Massachusetts Probation Service)

Laura Brody (DCF)

Stacy Cabral (DESE)

Tammy Mello (Children's League)

Maggie Randall (Senator Boncore's Office)

Michelle Botus (DMH)

Nicole Daley (DPH)

Sharon Downey Hasrouni (Massachusetts Probation Service)

OCA Staff:

Melissa Threadgill (OCA)

Kristi Polizzano (OCA)

Melissa Williams (OCA)

Members of the Public

Meeting Commenced: 1:10pm

Welcome and Introductions:

Ms. Threadgill welcomed the attendees to the Childhood Trauma Task Force (CTTF) meeting, and each person introduced themselves.

Ms. Threadgill reviewed the agenda and provided an update on a conversation she had with Ms. Cabral regarding the participation of school personnel within the CTTF. She explained that a series of conversations and meeting will be held in the upcoming months to start the beginning phases of involving school personnel. Ms. Threadgill extended an open invitation to all CTTF members if they wish to take part in the planning process.

CTTF members discussed the possibility of attending one of the state Safe and Supportive School meetings on family and community engagement as well as taking part in the ongoing external/internal stakeholder meetings with DMH and DPH surrounding family engagement.

Approval of Minutes from Oct, Nov and Dec Meetings:

Ms. Threadgill held a formal vote on the approval of the previous three Childhood Trauma Task Force meeting minutes. The following meeting minutes were voted on:

1. The October 22nd, 2019 meeting minutes were approved.
2. The November 7th, 2019 meeting minutes were approved.
3. The December 3rd, 2019 meeting minutes were approved.

Discussion on Draft Framework for Trauma-Informed and Responsive Practice in Massachusetts:

Ms. Threadgill discussed the changes that were made to the *Framework for Trauma-Informed and Responsive Practice in Massachusetts* after the feedback received during the last CTTF meeting. The biggest change included the addition of a vision statement section as well as various changes within the principles and domain sections.

Vision Statement

After reviewing the vision statement section, the CTTF members agreed to the following changes:

1. Add the phrase “and behavior” in the adult section after “child development.”
2. Add “mitigate factors that contribute to trauma” to the goals section.

Domain One: Organizational Leadership

Ms. Threadgill reviewed *Domain One: Organizational Leadership* and discussed the relationship between organizational leadership and the guiding principles. CTTF members discussed the importance of continuous quality improvement and analyzing policies and practices through a cultural humility and equity lens. The CTTF members agreed to the following edits:

1. Add language about ensuring regular and continuous analysis of the practices after implementation to bullet points.
2. Add a bullet point about striving to ensure they have staff that represent the communities being served.

Domain Two: Training and Workforce Development

Ms. Threadgill began the discussion by focusing on the first section regarding organizations building a trauma-informed and responsive workforce. There was a robust conversation surrounding ways organizations can build a TIR workforce through changes in their hiring practices.

CTTF members agreed to make the following changes:

1. Restructure bullet point one to include language about prioritizing skills needed to provide TIR care in the hiring and training process..
2. Bullet Point Two: Include “leadership opportunities for diverse cultures” and “value individuals with lived experiences” instead of “hiring individuals with lived experiences” to avoid the need for self-disclosures.
3. Write a bullet point on implementing continuous assessments of client needs and the current workforce in order to create a TIR workforce and build that into the hiring process.

CTTF members discussed the importance of equity within the workforce, especially between front line staff and management. Pay equity and creating an environment where staff can thrive and survive will avoid higher turnover rates. Having high turnover rates also negatively impacts the children and youth with trauma due to attachment disorders and lack of stability. As a result, the CTTF members agreed to the following addition to the first section of bullet points:

1. Add bullet point about addressing turnover in the workplace.

The CTTF members proceeded to discuss the second section within domain two regarding training on trauma-informed and responsive approaches. CTTF members agreed upon the following edits to the training section:

1. Include a bullet point on incorporating an understanding of the impact of appropriate decision-making points within trainings.
2. Add language about understanding from your vantage point that what you do influences the child as well as understand the different systems the child you are working with may have been through and how that has affected them.
3. Add children with disabilities to the fifth bullet regarding specific vulnerable populations.
4. Add a bullet point on how trauma manifests in individuals/adults especially for caregivers, parents, and the workforce.

The CTTF members discussed the third section within domain two regarding secondary traumatic stress and stressful/toxic work environments. The CTTF members agreed to the following edits and additions:

1. Include a reference to group supervision and state that it may not apply to all sectors.
2. Include “provide active support when someone experiences a traumatic event on the job.”
3. Add “qualifications” to the fourth bullet point regarding adequate staffing.
4. Change “ensure” to “strive for” within the fourth bullet point as it’s important to understand this isn’t always achievable.

Lastly, it was discussed that it may be helpful for the CTTF to share this section of the document with those who haven’t already been involved in the discussion for their opinions and views. Sharing the document with HR as they have experience in creating safe work environments could be an option.

Domain Three: Policy and Decision-Making

Ms. Threadgill explained that domain three was written with the purpose of stating policies and procedures do have an impact on everyone involved, including the staff and children/youth. A few of the members stated this section doesn’t apply to all sectors and seems focused on direct service employees. A suggestion was this section should be written in a way to be more inclusive/general so it can apply to multiple sectors. The possibility of organizations having a trauma-response officer/point person was discussed. It was decided that this section would be re-drafted to be more generally applicable.

Discussion on Resources/Supports Needed to Implement TIR Framework:

Ms. Threadgill moved the conversation towards a discussion on the necessary resources needed to ensure all Massachusetts organizations and systems that interact with children are trauma-informed and responsive. She provided three state-specific examples of models that Connecticut, Delaware, and California have implemented.

1. **Connecticut:** CDHI Trauma Informed Care Initiatives; they have projects focused on sector specific issues (childcare, pediatricians).
2. **Delaware:** Trauma-Informed State Executive Order; issued an Executive Order declaring DE as a trauma-informed state.
3. **California:** Advancing California Trauma-Informed Systems Project; developed a partnership with a hospital using state and hospital funding (cross-sector example) to provide training and in-depth technical assistance.

Using the state-specific examples provided, Ms. Threadgill a draft concept for implementing the TIR Framework in Massachusetts for discussion:

1. **Statewide/Cross-Sector TIR Practice Resource and Coordination Hub;** resource website with guides, toolkits, checklists, and ongoing research and practice updates. It could become an online training platform.
2. **Sector-Specific Implementation Training and Technical Assistance;** provide the necessary training and coaching and implement an organization assessment to identify areas for improvement. This would involve partnering with sector-specific experts to provide training and technical assistance.
3. **Quality Assurance/Practice Advancement;** certification process for individual staff as well as organizations and practice advancement including an ongoing identification/review of promising practices.

One of the CTTF members mentioned that it would be helpful to identify “champions” within each sector who are experts on this to bring to the table sooner rather than later. Another member suggested creating an online learning community to allow for self-care ideas for practitioners. This would provide a place where people could engage in non in-person communication and still connect with others. Lastly, one member suggested incorporating the Massachusetts specific data related to childhood trauma on the website

When talking about a potential certification process and what that would like in practice, members raised questions as to how organizations will be held accountable, how to make sure the certification is accessible to everyone so it doesn’t become a financial barrier for certain populations, and how to include this as a requirement in the procurement process for organizations.

Closing Comments:

Ms. Threadgill mentioned she is hoping the group can have the TIR Framework as well as the implementation-related recommendations completed by summer 2020 in order to write a report for the Legislature. The next couple of meetings will involve going through each section of the TIR Framework and finalize as we go.

Ms. Threadgill noted the next meeting will be held on Tuesday, February 4th, 2020 from 1pm-3pm and thanked everyone for attending today’s meeting. The meeting adjourned.

Adjournment: 2:51pm