

# Childhood Trauma Task Force 2023 Annual Report

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A Report of the Childhood Trauma Task Force

DECEMBER 2023 | <https://www.mass.gov/lists/childhood-trauma-task-force-cttf>

### **About the Childhood Trauma Task Force**

The Childhood Trauma Task Force (CTTF) was established by *An Act Relative to Criminal Justice Reform* (2018) [in M.G.L. Chapter 18C, Section 14](#). The CTTF, which is chaired by the Child Advocate and is made up of representatives from a broad spectrum of stakeholders involved in the juvenile justice and other child-serving systems, was tasked by the Legislature with determining how the Commonwealth can better identify and provide services to children who have experienced trauma, with the goal of preventing future juvenile justice system involvement.

The Legislature created the CTTF as a permanent entity, recognizing the complexity and scale of the group's assignment. Learn more about the CTTF here:

<https://www.mass.gov/lists/childhood-trauma-task-force-cttf>

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## Members of the Childhood Trauma Task Force

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Member Name	Appointing Organization
<b>Maria Mossaides</b>	Child Advocate, Chair
<b>Representative Tram Nguyen<sup>^</sup></b>	House of Representatives (Speaker of the House Appointee)
<b>Vacant</b>	House of Representatives (Minority Leader Appointee)
<b>Senator Adam Gomez<sup>^</sup></b>	Senate (Senate President Appointee)
<b>Senator Patrick O'Connor</b>	Senate (Minority Leader Appointee)
<b>Thomas Capasso<sup>^</sup> Rachel Wallack<sup>^</sup></b>	Juvenile Court
<b>James Quinn</b>	Massachusetts Probation Service
<b>Shawna Boles</b>	Department of Youth Services
<b>Laura Brody</b>	Department of Children and Families
<b>Andrea Goncalves-Oliveira</b>	Department of Mental Health
<b>Keesha LaTulipee</b>	Department of Public Health
<b>Stacy Cabral<sup>^</sup></b>	Executive Office of Education
<b>Claudia Dunne</b>	Committee for Public Counsel Services
<b>Kate Lowenstein<sup>^</sup></b>	Citizens for Juvenile Justice
<b>Mia Alvarado</b>	Children's League of Massachusetts
<b>Dawn Christie<sup>^</sup></b>	Parent of a child who has been subject to juvenile court jurisdiction
<b>* Abstained from voting on this report</b>	
<b><sup>^</sup> Was not present to vote on this report</b>	

*The Childhood Trauma Task Force is a Committee of the Juvenile Justice Policy and Data Board.*

*The CTF is staffed by the Office of the Child Advocate:*

Melissa Threadgill, Senior Director of Policy and Implementation

Alix Rivière, PhD, Senior Policy and Research Analyst

Arianna Turner, Project and External Affairs Coordinator

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## Guide to Acronyms

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Acronym	Definition
<b>CTTF</b>	Childhood Trauma Task Force
<b>DCF</b>	Department of Children and Families
<b>DESE</b>	Department of Elementary and Secondary Education
<b>DMH</b>	Department of Mental Health
<b>DPH</b>	Department of Public Health
<b>DTA</b>	Department of Transitional Assistance
<b>DYS</b>	Department of Youth Services
<b>EEC</b>	Department of Early Education and Care
<b>EOHHS</b>	Executive Office of Health and Human Services
<b>EOHLC</b>	Executive Office of Housing and Livable Communities
<b>JJPAD</b>	Juvenile Justice Policy and Data Board
<b>OCA</b>	Office of the Child Advocate
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration (federal)
<b>TIR</b>	Trauma-informed and responsive

## INTRODUCTION

Childhood trauma is widespread. **More than two thirds of children report experiencing a traumatic event by age 16.**<sup>1</sup> Some children, including Black and Hispanic/Latino children as well as children living in poverty, face more discrimination and other structural barriers, and are therefore significantly more likely to experience trauma, and to experience it more frequently.<sup>2</sup> This disproportionate experience of trauma is an early source of systemic inequity, the impact of which is seen in our educational, healthcare, judicial, and social service systems.

The pediatric behavioral health crisis of the past decade has only worsened with the pandemic.<sup>3</sup> School closures, isolation, social unrest, and a general disruption of services for children and families have caused conditions that increase children’s likelihood of experiencing trauma. Paired with current shortages and waitlists for behavioral health supports, this increase in post-pandemic behavioral health challenges highlights our continued need for services to be trauma-responsive. Massachusetts’ Children’s Behavioral Health Advisory Council has described many of these issues in their FY22 annual report.<sup>4</sup>

The Childhood Trauma Task Force (CTTF) was established by *An Act Relative to Criminal Justice Reform* (2018). Its membership is drawn from the membership of the [Juvenile Justice Policy and Data Board](#) (established by the same legislation) and is chaired and staffed by the Office of the Child Advocate (OCA). The CTTF was tasked with determining **how the Commonwealth can better identify and provide services to youth who have experienced trauma**, with a particular emphasis on youth who are currently involved with the juvenile justice system or at risk of future juvenile justice system involvement.

This report summarizes the work of the CTTF and its affiliated Center on Child Wellbeing & Trauma (CCWT) in 2023. The current work of the Task Force in 2023 as well as planned work in 2024 will inform findings and recommendations in future reports to the Legislature.

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<sup>1</sup> Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents. (2008). *Children and Trauma: Update for Mental Health Professionals*. American Psychological Association.

<https://www.apa.org/pi/families/resources/children-trauma-update>

<sup>2</sup> Sacks, V. & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. *Child Trends*. <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>

<sup>3</sup> Between 2016 and 2020, there was a 50% increase in children ages 3 to 17 experiencing anxiety or depression in Massachusetts. See The Annie E. Casey Foundation. (2020). *Kids Count*. <https://www.aecf.org/resources/2022-kids-count-data-book>

<sup>4</sup> The Children’s Behavioral Health Advisory Council. (2022). *Annual Report*. Executive Office of Health and Human Services. <https://www.mass.gov/doc/childrens-behavioral-health-advisory-council-annual-report-2022/download>

## SECTION 1: TOWARDS A TRAUMA-INFORMED AND RESPONSIVE COMMONWEALTH

### Childhood Trauma Task Force Work To-Date

Since its inception in 2019, the CTF has fulfilled much of its legislative mandate. After studying the landscape of trauma-focused programs and initiatives in Massachusetts and realizing the term “trauma-informed” held various meanings for professionals, the Task Force developed a [Framework for Trauma-Informed and Responsive Organizations](#). This 20-page *Framework*, published in 2020, provides child-serving organizations with guiding principles of trauma-informed and responsive (TIR) policies and practices as well as organizational domains in which these principles can be applied. In all its work, the CTF has adopted the *Framework*’s guiding principles of safety; trust and transparency; healthy relationships; empowerment, voice, and choice; and equity. The Task Force’s 2020 report, [From Aspiration to Implementation](#), provides recommendations for how to implement the *Framework*, including a recommendation to establish a Center on Child Wellbeing & Trauma to support organizations in their efforts to become TIR.

Following this work, the CTF dedicated two years to conducting a large-scale study of trauma identification mechanisms for child-serving organizations. In doing so, the Task Force researched the benefits and limitations of screening and other means of identifying childhood trauma (e.g., observation, conversation) across child-serving sectors, including pediatric primary care, education, early childhood, child welfare, and juvenile justice. The complexity of this topic led to an [Interim Report on Trauma Screening and Referral Practices](#) (2021), which provided the background for the CTF’s recommendations for providers and the state in 2022. [Identifying Childhood Trauma: Recommendations on Trauma Identification Practices in Child-Serving Organizations](#) presented ways individual providers and organizations across child-serving sectors could implement a trauma identification process.

The CTF’s report *Identifying Childhood Trauma* also discussed a critical component of trauma-responsive identification practices, namely, the importance of following up with families who have referrals and connecting them to needed supports. Because of this, the 2022 annual report, like previous CTF reports, recommended the state increase the availability of services needed to recover from trauma.

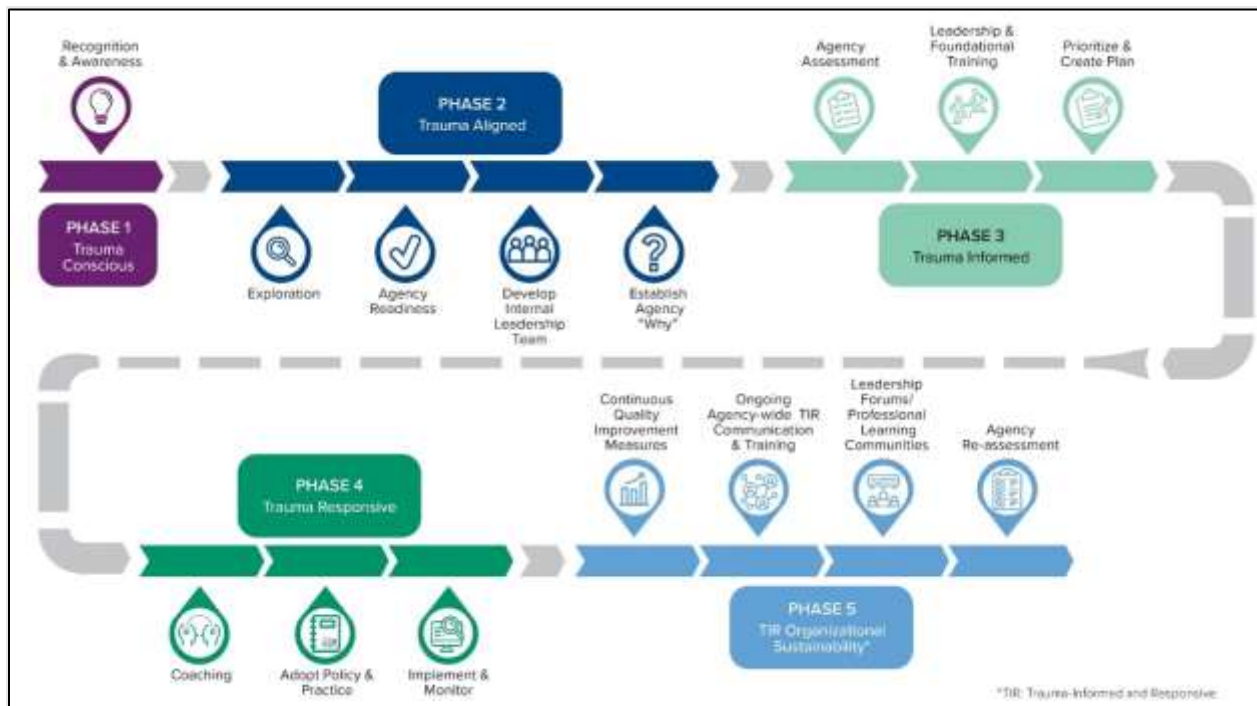
Expanding the availability of trauma-focused services is central to all of the Task Force’s recommendations to date. While some progress has been made on this front, the state continues to face significant workforce shortages and retention challenges in the field of behavioral health, leading to a dearth of trauma services, long waitlists, and other access challenges. **Without these services, many of our state’s efforts to support children who have experienced trauma cannot succeed.**

## Center on Child Wellbeing & Trauma Work in FY23 and FY24

As discussed above, following a CTF recommendation to the Legislature, the Center on Child Wellbeing & Trauma (CCWT) was established in October 2021 to promote child wellbeing and resilience by ensuring the Commonwealth's child-serving organizations and state agencies are trauma-informed and responsive (TIR). The CCWT fulfills its mission through a wide array of activities, including working with organizations to assess current practices and areas of greatest need, providing training and technical assistance, and developing and distributing general and sector-specific resources on TIR principles and implementation.

In FY23, CCWT provided organizational trauma-responsiveness assessments, training, technical assistance, educational materials, and ongoing support to Family Resource Centers (FRCs), Congregate Care (CC) providers, multi-service organizations, community coalitions, and child-serving state agencies (DCF, DYS, DTA, EOHL). The work the CCWT engages in is always tailored to the specific functions and needs of the organizations it partners with.

As shown in the roadmap below, the CCWT developed a clear, step-by-step approach to becoming trauma-informed and responsive (TIR). This roadmap informs every partnership CCWT engages in.



CCWT Roadmap to Engage Organizations in Becoming Trauma-Informed and Responsive

## Assessment and Coaching in FY23

The CCWT's **Assessment and Coaching** team helps organizations increase staff's TIR skills and make changes in policies and practices. In FY23, the CCWT's Assessment and Coaching team worked with nine Family Resource Centers, five multi-service agencies, and 17 DCF-funded



congregate care providers to strengthen their capacity to provide trauma-responsive care to the families they serve and establish strong TIR policies and practices for clients and staff.

Organizations that engage in this work complete four service components:

1. **Exploration and Readiness** to become TIR requires organizational buy-in. CCWT administers the National Child Traumatic Stress Network's Trauma-Informed Organizational Assessment (TIOA) to help organizations assess their current policies and practices in the context of serving children and families who have experienced trauma. In this phase of the center's work with organizations, CCWT staff work with organizational staff and leadership to champion this work internally and ensure sustainability of TIR practices.
2. **Training** of staff at the organization about TIR guiding principles and how to implement them at the organizational and individual levels. The training component of the CCWT's work is a months-long process structured around Foundational Training and Leadership Training series. The Foundational training is oriented toward direct care staff that have regular interactions with youth and families. The Leadership Training series is for leaders in multi-service organizations and congregate care settings and focuses on policies and practices toward being a trauma-responsive leader and organization.

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*Over 90% of participants in the Foundational Training indicated that the training increased their knowledge and understanding of child wellbeing and trauma.*

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3. **Technical Assistance** to reinforce lessons learned through training, based on a custom coaching plan to inform actionable changes within an organization. For example, after assessment, one congregate care provider decided to develop a policy review tool to ensure that policies were trauma-responsive for the organization, staff, and children. CCWT staff worked with them to develop and implement this new tool.
4. **Reassessment and Sustainability** through a monthly community meeting with organizational leaders, called the Leadership Forum, which is designed to promote TIR leadership, strengthen organizational culture around TIR care, and foster resilience.

### Learning Communities

In addition to the above-mentioned one-on-one assessment, training, and technical assistance work with organizations, in FY23 the CCWT also convened a variety of learning communities and hosted events to support child-serving professionals in becoming TIR. These included:

1. **A partnership with [Thriving Minds](#) to offer a tiered approach to increasing TIR practices in 38 schools and districts.** The first tier, a six-part professional development series, introduced participants in 22 districts to the meaning of trauma, the impact trauma has on learning, and how to use the Trauma-Informed Schools Implementation

Assessment (TRS-IA). The second tier, a monthly Learning Cohort, deepened educators' understanding in 19 districts on how to implement TIR practices in K-12 settings. The third tier, a monthly Coaching Cohort, supported schools in 18 districts that felt ready to implement TIR practices. Overall, this initiative served 378 educators across the Commonwealth.

2. **Monthly educational speaker events** for the public at large featuring subject matter experts on community resilience, historical trauma, and trauma-responsive school practices. Feedback from these events showed that 98% of survey respondents found these events useful for their professional work.
3. **The first-ever Coaching Academy on Resilience and Trauma (CART)**, which was developed to support six local, cross-sector coalitions in addressing trauma and fostering resilience in their communities. The cohorts were awarded funding to implement their vision, participated in bi-monthly learning and technical assistance sessions, and received certificates of completion. CART teams worked to integrate TIR guiding principles in their community projects, with a specific emphasis on equity and sustainability.

### Systems Transformation

The CCWT also worked directly with a variety of state agencies to increase state employee and provider knowledge of TIR care, assist agencies with changes in policy and practices to support families and staff, and develop systems that directly influence the ways state agencies incorporate TIR principles in their everyday work. In FY23, CCWT partnered with:

1. **The Department of Youth Services (DYS)** to develop three Trauma Response Specialist (TRS) positions for crisis incident response, staff support, youth resilience building, and promoting race equity across DHS.
2. **The Department of Children and Families (DCF)** to further TIR efforts with 17 congregate care providers, including assessments, trainings, and coaching. CCWT also conducted six information-gathering sessions with these congregate care providers to incorporate solutions to challenges they face in becoming TIR into FY24 priority projects identified by DCF.
3. **The Executive Office of Housing and Livable Communities (EOHLC)** to engage 190 staff from over 25 family shelter providers in a Learning Community that included a five-part series of workshops focused on creating TIR shelter environments. This Learning Community highlighted the role of TIR practices to support racial equity and dedicated a workshop to supporting refugee and immigrant families in emergency temporary shelters.
4. **The Department of Transitional Assistance (DTA)** to increase employees' knowledge of the impact of trauma on families and secondary traumatic stress staff can experience. In

spring 2023, CCWT developed and co-facilitated a *Supporting Staff Resilience* training series, attended by over 350 managers.

### CCWT Work in FY24

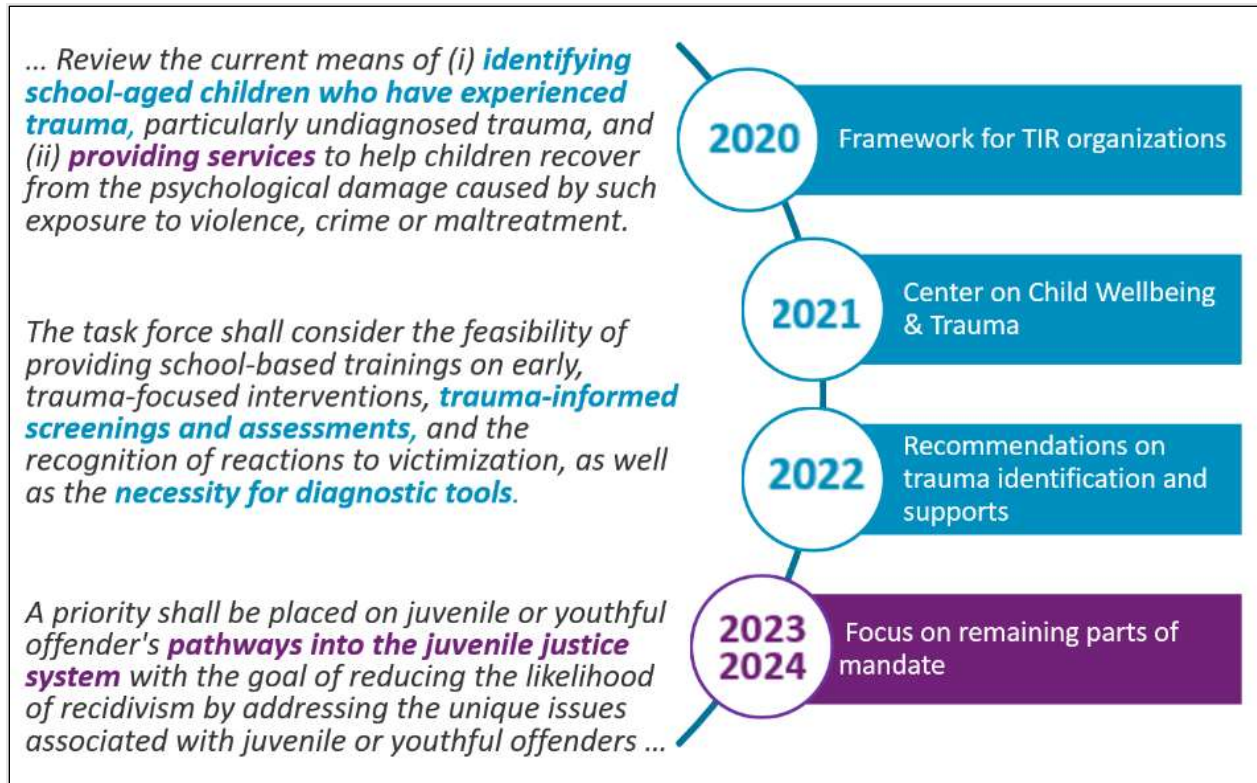
In FY24, the CCWT is transitioning from ForHealth Consulting at UMass Chan Medical School and becoming a division of the OCA, reflecting the Legislature's long-term commitment to the Center as demonstrated by the creation of a separate line item for CCWT under the OCA's budget. This move will promote strategic alignment with the OCA's mission and mandate as well as with other child-serving state agencies.

This fiscal year, the CCWT continues much of the work of FY23 and plans to engage in new initiatives, including:

- Partnering with the Department of Early Education and Care (EEC) to develop a web training for child care providers aimed at increasing TIR practices in early care and education settings.
- Continued support to DYS to ensure their Trauma Response Specialists have access to training, coaching, and resources to promote resilience and healing among youth and staff at DYS facilities.
- Partnering with EOHLC to continue to build trauma-responsive policies, programs, and workforce. This has included training for HLC-supported response coordinators across the state as well as development of a training series for family shelters.
- Launching a web-based resource on trauma identification and pathways to support children who have experienced trauma.
- Launching a web-based resource in partnership with DTA to support teen parents.

## SECTION 2: CTF WORK PLAN FOR 2023-2024

As the graphic below shows, this year, the CTF focused on the two remaining parts of its legislative mandate: reviewing our state’s current means of providing trauma-focused services and studying the pathways through which children who have experienced maltreatment cross over to our juvenile justice system.



Overview of the CTF’s Projects as they Relate to its Enabling Statute

### Increasing Access and Availability of Trauma Supports

At the first CTF meeting of 2023, members discussed unanswered questions that could help the Task Force build upon previous recommendations to increase the availability of trauma supports, namely: *What types of trauma services are available in Massachusetts? Where are these services lacking the most? What specific coverage or eligibility issues prevent access to these services? Which populations are lacking access to these services the most?*

The Task Force agreed that learning more about trauma supports in specific sectors could help members develop more specific recommendations on how to increase the availability of these services. In particular, members wished to learn more about:

1. The current landscape of trauma supports for very young children, students in K-12, and youth involved with the juvenile justice system.

2. Childhood trauma training requirements, if any, for child-serving professionals working with state agencies (either as employees or contracted providers).
3. The ways in which our state tracks the availability and type of trauma-focused services for children and families.

### Panel Presentations on Trauma Supports

Based on conversation at the first 2023 meeting, the CTTF decided to include panel presentations at each subsequent meeting to learn more about state and provider efforts to support children and families who have experienced trauma. The CTTF therefore invited state agencies and providers to discuss trauma-informed work at the state and local level.

At the [August meeting](#), members and regular attendees of the CTTF learned about trauma supports in early care and education settings:

- EEC’s [Early Childhood Mental Health \(ECMH\) grant](#), which was established in 2009 to support and guide the development of practices for early education staff to promote young children’s healthy social and emotional development and address the needs of children who exhibit behaviors that challenge with supportive, trauma-informed and equitable strategies. ECMH services are aimed at increasing educators’ capacity to create supportive, trauma-responsive learning environments, identify behavioral health challenges, and refer families to needed services. ECMH providers focus more on classroom strategies than child-specific crisis support. In FY23, the Legislature increased funding for this program by \$1.5 million, thereby enhancing capacity of ECMH grantees and lowering waitlists for classroom supports.
- EEC’s policy on the use of exclusionary discipline in early care and education settings. The passage of *An Act addressing barriers to care for mental health (2022)* established the need for EEC to review policies and requirements to reduce the numbers of expulsions and suspensions of young children and increase behavioral health supports. Changes to this policy remain to be finalized but include requirements to consult with an ECMH grantee about a specific child before suspending or expelling them, discuss with families behaviors that might lead to suspension or expulsion, and develop a “transition support plan” for any child returning to a program following a suspension.
- [Community Action Pioneer Valley](#)’s efforts to provide trauma-informed and responsive care to the 600 families they serve through their Head Start and Early Learning Programs in western Massachusetts. Upon entry to the program, caregivers complete a strengths-based ecomap,<sup>5</sup> which also includes an intake questionnaire that screens for

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<sup>5</sup> Ecomaps are a graphical representations of a child’s whole system of supports (family, kin, community). It can contain information about a child’s history as well as services they are engaged in. For more information on ecomaps, see: <https://sites.google.com/metro-ecsu.org/mn-eqip/family-centered-practices/ecomap>

traumatic experiences. Through the Brazelton Touchpoints Approach,<sup>6</sup> Community Action’s educators use an evidence-based, trauma-responsive approach to support child-parent relationships. In addition to home-based services, Community Action supports children and caregivers who might have experienced trauma by providing assistance (including community referrals) around health and nutrition, special needs, and social emotional supports.

At the [October meeting](#), members and regular attendees of the CTF learned about trauma supports in K-12 settings:

- DESE’s Office of Student and Family Support (OSFS) [guidance for schools](#) to find alternatives to exclusionary discipline, such as mediation, conflict resolution, and restorative justice practices. Additionally, OSFS offers multiple grant opportunities to create safe and supportive school environments (e.g., Safe and Supportive Schools grants, SEL Mental Health grants). For example, the FY22 and FY23 SEL Mental Health grants supported 50 school districts to implement universal mental health screening, with 3,789 students being identified as needing additional supports.
- [Thriving Mind](#)’s training and technical assistance to promote trauma-responsive practices and programs in schools throughout the state between 2021-2023. Through professional development series, school staff learned how to address trauma across established tiered systems of support. In partnership with the Center on Child Wellbeing & Trauma, Thriving Minds also developed an [online toolkit](#) on trauma-informed, healing-centered school practices. Finally, the [bryt](#) program, which directly supports a small number of students struggling with acute mental health and trauma challenges, continues to expand in Massachusetts and nationally.

At the [December meeting](#), members and regular attendees of the CTF learned about trauma-responsive practices in juvenile justice settings:

- The creation of three Trauma Response Specialist (TRS) positions at the Department of Youth Services (DYS) to provide staff support after critical incidents as well as offer trainings and technical assistance for staff and youth. In collaboration with the Center on Child Wellbeing & Trauma, DHS created this role to mitigate the impact of secondary traumatic stress on staff, promote staff wellbeing, and improve staff-youth relations through a restorative justice and de-escalation lens. While TRS are, for now, mostly focused on providing trauma-responsive supports to staff, DHS plans to expand their roles to provide more direct support to youth in their programs.

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<sup>6</sup> Professionals can use the Brazelton Touchpoints as a framework for each encounter with families during the first three years of a child’s life. The Brazelton Touchpoints Approach helps providers with family engagement, an evidence-based professional development program that assists family-facing professionals in engaging families more effectively through a strengths-based mindset, and to partner with them during the critical and challenging periods of child and family development. For more information, visit <https://www.brazeltontouchpoints.org/brazelton-touchpoints/>



- Transformational Prison Project (TPP), an organization serving adults and youth formerly or currently incarcerated in our state. Using a restorative justice lens, TPP supports adolescents at different points of contact with the legal system by engaging everyone involved in a youth’s case—from District Attorneys, judges, and Probation officers to the youth and their caregivers. In particular, TPP offers adolescents committed or detained at DYS group circles and individual mentoring and hosts recreational activities to promote positive youth development.

### Understanding State Agency Trauma Trainings

To understand what the Commonwealth expects professionals who work with child-serving state agencies to know about childhood trauma, the CTF is currently researching training requirements in agencies’ policies, regulations, contracts, and licensing. This work is ongoing and will continue into 2024.

### Understanding the Landscape of Trauma Services

Despite the prevalence of childhood trauma, Massachusetts, like other states throughout the nation, faces a shortage of services to help children who have experienced trauma. Long waitlists and staff turnover, coupled with a rise in behavioral health challenges among children and youth in the past few years, means caregivers whose children have experienced trauma often have difficulty finding available supports.

As part of its efforts to better understand the current landscape of trauma supports in the Commonwealth, in 2023 the CTF began researching the availability of trauma-focused evidence-based practices (EBPs). While EBPs are not the only effective treatment modality for children with trauma, they consist of “empirically supported principles of psychological assessment, case formulation, therapeutic relationship, and intervention.”<sup>7</sup>

Researching the availability of trauma EBPs led to further questions about provider directories that are currently accessible online. Provider directories are a critical tool for families who need up-to-date information to get help for their children, but also for agencies and child-serving organizations that need to refer children in their care to providers of trauma-responsive services. **To our knowledge, there is no single repository of all available trauma services in Massachusetts.** Organizations often develop their own provider directories for internal use, while others rely on various existing directories. Directories available to the public include:

- [Massachusetts Behavioral Health Help Line](#) (BHHL), funded by DMH and operated by the Massachusetts Behavioral Health Partnership (MBHP), connects individuals to a range of treatment services for mental health and substance use. This free, confidential

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<sup>7</sup> American Psychological Association. (2005). Policy statement on evidence-based practice in psychology. <https://www.apa.org/practice/guidelines/evidence-based-statement>

assistance is available 24/7 in over 200 languages to help children, adolescents, and adults seeking behavioral health services.

- [LINK-KID](#), a referral system of UMass Chan Medical School, which was created to streamline access to care for evidence-based trauma treatments. LINK-KID used to operate as a single point of access to connect Massachusetts youth (ages 0-22) who have experienced trauma with providers of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Attachment, Self-Regulation, and Competency (ARC), and Child-Parent Psychotherapy (CPP). Due to recent changes in funding, LINK-KID now limits its referral services to youth ages 16-25, youth residing in Worcester, youth involved with a Children’s Advocacy Center or Office of the District Attorney, and youth in foster care.
- [Network of Care Massachusetts](#), a directory of over 5,000 programs and organizations across the Commonwealth, is managed by the Massachusetts Association for Mental Health and funded privately. Network of Care is an online information portal for individuals, families, and social service agencies seeking information on mental health services, substance use treatment programs, and supports for people with developmental disabilities. This directory does not list specific trauma services (e.g., EBT or other treatment modalities), but provides information about organizations that offer child and adolescent mental health services, such as Adolescent/Youth Counseling, Infant and Early Childhood Mental Health, or Case/Care Management for Youth.
- [Massachusetts Behavioral Health Partnership](#)’s directory includes over 1,200 behavioral health providers from their network. This directory benefits from filters such as insurance type, language, waitlist, and provider certification. As a partner agency to MassHealth, MBHP’s directory highlights state services, such as CBHI, but does not list evidence-based treatments for trauma.
- [William James College INTERFACE Referral Service](#) is a toll-free line to help families find licensed mental health providers that match the callers’ location, insurance, and specialty needs. This service is only open during the work day and is limited to 53 participating municipalities in Central Massachusetts, Metro West, and the South Shore.



The CTF is currently in conversation with many of these organizations to understand how they established their directories, operational challenges they might have faced, and ways we can improve families' and providers' access to information about trauma services.

### Spotlight: Connecticut's Directory of Trauma-Focused, Evidence-Based Practices

In 2021, [the Child Health and Development Institute](#) of Connecticut, in collaboration with the state's Department of Children and Families, developed a [directory of providers](#) offering six trauma-focused evidence-based practices: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Attachment, Self-Regulation, and Competency (ARC), Child-Parent Psychotherapy (CPP), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Bounce Back, and Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and/or Conduct Problems (MATCH).

The directory provides information on the different services (e.g. target population, age range, treatment format) that is up-to-date and easy to explore.



### Studying Dually Involved Youth

In Massachusetts as well as across the U.S., youth involved in both the child welfare and juvenile justice systems—often called crossover or dually involved youth—are at increased risk of poor life outcomes. Dually involved youth tend to face significantly more health, educational, and employment challenges as well as higher rates of recidivism, longer stays in detention, and poorer placement stability and permanency outcomes.<sup>8</sup>

Current data shows that **in Massachusetts, half of youth in the care or custody of DYS (either through pretrial detention or admission) have concurrent child welfare system involvement.**<sup>9</sup>

<sup>8</sup> Herz, D., Ryan, J. and Bilchik, S. (2010). Challenges facing crossover youth: An examination of juvenile justice decision making and recidivism. *Family Court Review*, 48, n. 2, 305-321. <https://doi.org/10.1111/j.1744-1617.2010.01312.x>; Abbott, S. and Barnett, E. (2016). *The Crossover Youth Practice Model*. Center for Juvenile Justice Reform. <https://www.njjn.org/uploads/digital-library/CYPM-In-Brief-Educational-Outcomes.pdf>

<sup>9</sup> In FY22, 50% of all youth pretrial detention admissions and 47% of youth commitments to DYS were for youth who had a current "screened in" 51A response (called a "51B response") or had an open DCF case at the time of DYS admissions.

In other words, about half of all DYS admissions in FY22 involved youth with a screened-in child abuse or neglect (“51A”) report, an open case with DCF, or an open DCF case that resulted from a Child Requiring Assistance (CRA) filing.

Of note, over 300 pretrial detention admissions to DYS in FY22 were for youth concurrently involved with DCF. While both maltreatment itself and child welfare system involvement increase children’s likelihood of being arrested, Massachusetts’ data shows that pretrial detention is being used differently for youth with DCF involvement compared to youth without DCF involvement.<sup>10</sup>

These findings led the Juvenile Justice Policy and Data (JJPAD) Board to launch a project to better understand what policies and practices are contributing to crossover from DCF to DYS. The CTF’s enabling statute includes a mandate to study “*juvenile or youthful offenders’ pathways into the juvenile justice system.*” Given the Task Force’s mandate and its historical focus on the ways childhood trauma can increase involvement with the legal system, the CTF is participating in the JJPAD’s broader study of dually involved youth by focusing on the individual, family, and community circumstances that lead children involved with DCF to become involved with our juvenile justice system.

The questions guiding the CTF’s focus in this broader JJPAD project include:

- What are dually involved children’s experiences of adversity as well as health and educational challenges? How might their involvement with various state systems contribute to crossover?
- What can we learn about their caregivers’ health, economic, and social challenges and caregiver supports that might prevent dual system involvement?
- What are policies and practices at the local and state levels that might lead to crossover?

Answering these questions will help the CTF develop recommendations to prevent crossover as well as support children who are dually involved and their families.

## **Methodology**

Given the complexity of understanding the challenges dually involved youth experience at the individual and systems levels, this research project requires a strong and varied methodological approach. The JJPAD and CTF’s study of dually involved youth in Massachusetts include:

- **A review of the literature:** The OCA has begun reviewing and summarizing research studies presenting national trends and best practices.

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<sup>10</sup> In FY22, at the time of their detention admission, youth with DCF involvement were more likely to be held on lower-level offenses than youth without DCF involvement. Youth with DCF involvement were also more likely to have bail set and to have lower cash bail amounts than youth without DCF involvement.

- **Quantitative data analysis:** The OCA will analyze de-identified, de-duplicated data provided by DCF and DYS by running descriptive statistics, correlations, and linear regression models to the extent these analyses are possible with the data provided.
- **Qualitative data analysis:** The OCA will conduct a case file review to supplement the data provided by DCF and DYS and will conduct interviews with key stakeholders in our child welfare and juvenile justice systems.

Recommendations generated from the research analysis will ensure the needs of youth involved in our state's child welfare system are met while avoiding justice system involvement and DYS admission where possible.

## LOOKING AHEAD: CTF WORK IN 2024

The Childhood Trauma Task Force benefits from the expertise and professional experience of its varied membership as well as that of regular attendees who dedicate time and energy to improving our systems of support for children who experience trauma. As it celebrates its fifth year, the Task Force is inspired by the work that has been done by countless providers, organizations, and state entities to highlight ways we can further support children and the adults who care for them every day. Despite notable progress, there is still much to be done to ensure that all children who experience trauma are heard, understood, and supported in their healing journey.

In 2024, the Task Force will continue its focus on the projects described above, namely identifying childhood trauma training requirements for professionals working with state agencies, understanding the availability of various trauma-focused therapeutic services for children, and researching pathways that lead youth involved with DCF to becoming involved with our legal system. The CTF's findings will inform recommendations to improve the services, policies, and practices of our child-serving systems to ensure children who have experienced trauma receive the help they need to heal and thrive.

The Childhood Trauma Task Force will also continue to monitor and report on the work of the Center on Child Wellbeing & Trauma to promote child wellness and racial equity by ensuring Massachusetts' child-serving organizations and state agencies are trauma-informed and responsive.

# Commonwealth of Massachusetts Office of the Child Advocate



## Phone

Main Office: (617) 979-8374  
Complaint Line: (617) 979-8360

## Address

One Ashburton Place, 11<sup>th</sup> Floor  
Boston, MA 02108

## Website

<https://www.mass.gov/orgs/office-of-the-child-advocate>

## Contact

childadvocate@mass.gov