

# Childhood Trauma Task Force 2024 Annual Report

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A Report of the Childhood Trauma Task Force

DECEMBER 2024 | [HTTPS://WWW.MASS.GOV/LISTS/CHILDHOOD-TRAUMA-TASK-FORCE-CTTF](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   |
|---|---|
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| <b>Vacant</b>                                   | House of Representatives (Minority Leader Appointee)                  |
| <b>Senator Adam Gomez</b>                       | Senate (Senate President Appointee)                                   |
| <b>Senator Patrick O'Connor</b>                 | Senate (Minority Leader Appointee)                                    |
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| <b>James Quinn</b>                              | Massachusetts Probation Service                                       |
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| <b>Claudia Dunne</b>                            | Committee for Public Counsel Services                                 |
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| <b>* Abstained from voting on this report</b>   |   |

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

The CTTF is staffed by the Office of the Child Advocate:

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## Guide to Acronyms

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| Acronym      | Definition  |
|--------------|---|
| <b>ACE</b>   | Adverse childhood event                             |
| <b>CCWT</b>  | Center for Child Wellbeing and Trauma               |
| <b>CTTF</b>  | Childhood Trauma Task Force                         |
| <b>DCF</b>   | Department of Children and Families                 |
| <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>TIR</b>   | Trauma-informed and responsive                      |

## Introduction

The Childhood Trauma Task Force (CTTF) 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. As Section 1 of this report describes, the CTTF has fulfilled much of its mandate and continues to meet quarterly to understand the landscape of trauma-responsive services for children and families and develop recommendations to improve our systems of support.

This annual report provides information on the prevalence of trauma in Massachusetts, trauma-responsive services established across the Commonwealth, and the CTTF's Work Plan for 2024-2025. This report also lays out the work of the [Center on Child Wellbeing & Trauma](#), established in 2021 as a result of CTTF recommendations to the Legislature.

Over a third of Massachusetts children (36%) experience at least one adverse childhood experience (ACE), including violence in their home or community, maltreatment, and discrimination.<sup>1</sup> Adverse childhood experiences are linked to childhood trauma, which is correlated with negative life outcomes. Not all children in Massachusetts experience ACEs at the same rate. For children living in households with income below the federal poverty level, the rate of experiencing at least one ACE is 63%. Additionally, close to half (48%) of Black non-Hispanic children and Hispanic children (54%) experience at least one ACE, compared to 30% of white children.

This disproportionate experience of trauma is an early source of systemic inequity, the impact of which is seen in educational, healthcare, judicial, and social service systems. Experiencing trauma can negatively impact children's capacity to regulate their emotions and can lead to significant behavioral health issues. This, in turn, can lead to professionals using disciplinary actions to respond to these challenging behaviors. For example, in 2021-2022, Black students were suspended at rates nearly 2.5 times higher than their white peers, and Latino students were suspended at twice the rate of white students.<sup>2</sup> Additionally, in FY23 Black youth in Massachusetts were close to five times more likely to experience an arrest than white youth.<sup>3</sup> That year, Hispanic youth were close to three times more likely to experience an arrest than white youth.<sup>4</sup>

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<sup>1</sup> Data Resource Center for Child and Adolescent Health. (2020). Indicator 6.13: Adverse childhood experiences—Massachusetts. The Child & Adolescent Health Measurement Initiative. <https://www.childhealthdata.org/browse/survey/results?q=8755&r=23>

<sup>2</sup> Massachusetts Department of Elementary and Secondary Education. (2023, February). Guidance on Updated Expectations for School and District Leaders Related to Student Discipline per G.L. c. 71, s. 37H ¾ (b), as amended by Chapter 177 of the Acts of 2022, An Act Addressing Barriers to Care for Mental Health.

<sup>3</sup> [Massachusetts Juvenile Justice Policy and Data Board](#). (2023). *Massachusetts Juvenile Justice System*. <https://www.mass.gov/doc/jjpad-2023-annual-report/download>

<sup>4</sup> Ibid.

Many of the adults who care for children also experience trauma and other mental health issues, which detracts from their ability to support the children they care for. In the summer of 2024, the U.S. Surgeon General issued a warning on parental stress: nationally, 41% of parents report that “most days they are so stressed they cannot function”, and 48% say that “most days their stress is completely overwhelming” compared to non-parents with the same responses (20% and 26%, respectively).<sup>5</sup> Professionals working with children and families are also experiencing high levels of stress. For example, nationally, over 50% of behavioral health providers and 45% of early childhood educators report experiencing burnout.<sup>6</sup>

These data paint a bleak picture of the behavioral health challenges faced by children, caregivers, and child-serving professionals in Massachusetts and across the nation. They also highlight the importance of the investments some jurisdictions are making to track and understand the state of families’ wellbeing as well as the need for more work in this space. Of note, in 2023, the Massachusetts Department of Public Health (DPH) released its [Positive and Adverse Childhood Experiences Data Dashboard](#) to help professionals and the public understand trends over time and by population group. Massachusetts now also tracks behavioral health service utilization and outcomes through multiple dashboards.<sup>7</sup>

In the aggregate, increased attention to data on child wellbeing has helped the Commonwealth create policies and programs that can better meet the needs of children who experience trauma. In the past few years, Massachusetts has greatly invested in supporting children who experience trauma and face behavioral health challenges. Since 2022, the Commonwealth has established:

- A [Roadmap for Behavioral Health Reform](#), a multi-year initiative to increase access to effective treatment and improve health equity.
- A statewide [Behavioral Health Help Line](#) to more effectively connect individuals across the age range with needed services in their communities.
- A new Office of Behavioral Health Promotion within the Executive Office of Health and Human Services (EOHHS) to develop and implement a comprehensive plan to strengthen community and state-level health promotion programming and infrastructure.<sup>8</sup>

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<sup>5</sup> The U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents. (2024). *Parents Under Pressure*. <https://www.hhs.gov/sites/default/files/parents-under-pressure.pdf>

<sup>6</sup> Substance Abuse and Mental Health Services Administration. (2022). *Addressing Burnout in the Behavioral Health Workforce through Organizational Strategies*. <https://store.samhsa.gov/sites/default/files/pep22-06-02-005.pdf> ; K-12 DIVE. (2022). *45% of early childhood educators report high burnout, stress*. <https://www.k12dive.com/news/early-childhood-educators-experiencing-high-burnout-stress/633709/>

<sup>7</sup> Statistical data dashboards to track service utilization and outcomes include the Massachusetts Behavioral Health Dashboard and the Behavioral Health Helpline (BHHL) Dashboard. See: <https://www.chiamass.gov/behavioral-health-in-massachusetts> and <https://www.mass.gov/info-details/behavioral-health-help-line-dashboard>

<sup>8</sup> Chapter 177 of the Acts of 2022. (2022). *An Act Addressing Barriers to Care for Mental Health*. <https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter177>

- A Complex Case Resolution interagency team to address the urgent needs of children who receive state services and face complex behavioral health challenges.<sup>9</sup>
- New and innovative programs for children and families, such as Community Behavioral Health Centers, Youth Community Crisis Stabilization, and MCPAP for Moms.<sup>10</sup>

The CTTF recognizes the great investments that the Commonwealth has made in providing therapeutic services for children and families who experience trauma and need support. And yet, there is still more work to do to ensure that children who experience trauma are effectively identified and provided with quality, community-based, and trauma-responsive supports.

Of note, while the Commonwealth has made incredible investments in behavioral health services, children who experience trauma interact daily with systems and services that are not necessarily trauma-informed and might in fact re-traumatize them. For Massachusetts to become a trauma-informed and responsive state, we need to continue to train our professionals in trauma-responsive care, change policies and procedures to avoid re-traumatization, and create a shared culture that acknowledges and responds to the needs of families who experience trauma and structural inequity.

In 2024, the CTTF continued its legislative mandate to determine how the Commonwealth can better identify and provide services to youth who have experienced trauma. This report summarizes the work of the CTTF and the Office of the Child Advocate's (OCA) Center on Child Wellbeing & Trauma (CCWT) in 2024. The current work of the CTTF in 2024 as well as planned work in 2025 will inform findings and recommendations in future reports to the Legislature.

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<sup>9</sup> Code of Massachusetts Regulations. (2024). 101 CMR 27.00: Interagency review of complex cases. <https://www.mass.gov/regulations/101-CMR-2700-interagency-review-of-complex-cases-0>

<sup>10</sup> Executive Office of Health and Human Services. Community Behavioral Health Centers. <https://www.mass.gov/community-behavioral-health-centers> ; Executive Office of Health and Human Services. Youth CCS programs and addresses. <https://www.mass.gov/info-details/community-crisis-stabilization#youth-ccs-programs-and-addresses-> ; MCPAP for Moms. <https://www.mcpapformoms.org/>



# Section 1: Towards a Trauma-Informed and Responsive Commonwealth

## Childhood Trauma Task Force Work-to-Date

Since its inception in 2019, the CTTF 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” and “trauma-responsive” held various meanings for professionals, the CTTF 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 CTTF has adopted the Framework’s guiding principles of safety; trust and transparency; healthy relationships; empowerment, voice, and choice; and equity. The CTTF’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 CTTF dedicated two years to conducting a large-scale study of trauma identification mechanisms for child-serving organizations. In doing so, the CTTF 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 CTTF’s recommendations for providers and the state in 2022. [Identifying Childhood Trauma: Recommendations on Trauma Identification Practices in Child-Serving Organizations](#) presented ways in which individual providers and organizations across child-serving sectors could implement a trauma identification process.

The CTTF’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 CTTF reports, recommended the state increase the availability of services needed for children to recover from trauma.

In 2023, the CTTF continued to learn about trauma supports for children in Massachusetts. In doing so, members focused on three areas:

1. **The current landscape of trauma supports** for very young children, students in K-12, and youth involved with the juvenile justice system. Between August and December 2023, members heard panel presentations from community-based providers and state

agencies working in early education and care, K-12 systems, and juvenile justice (see CTF's [2023 Annual Report](#)).

2. **Childhood trauma training requirements** for child-serving professionals working with state agencies (either as employees or contracted providers). To understand what the Commonwealth expects professionals who work with child-serving state agencies to know about childhood trauma, the CTF began researching training requirements in agencies' policies, regulations, contracts, and licensing. This work is discussed in Section 2; it is ongoing and will continue into 2025.
3. **Tracking the availability and type of trauma-focused services** for children and families. For our state to support children and understand gaps in trauma-focused services, it is critical to have a structured repository of all available trauma services. The CTF 2023 Annual Report highlighted Massachusetts' lack of a statewide single repository of all available trauma services, but noted the existence of multiple directories, including the [Massachusetts Behavioral Health Helpline](#) (BHHL), [LINK-KID](#), [Network of Care Massachusetts](#), [Massachusetts Behavioral Health Partnership](#), and [William James College INTERFACE Referral Service](#). While the CTF did not make recommendations on how to improve individual provider directories, members are heartened by the Department of Mental Health's (DMH) efforts to track calls to the BHHL and referrals for services by age (see Spotlight below).

#### **Spotlight on Massachusetts Behavioral Health Help Line (BHHL) Data Reporting**

Since its inception in 2023, the BHHL, operated by the Massachusetts Behavioral Health Partnership and DMH, has been tracking data related to the nature and length of incoming calls, referrals, and warm handoff dispositions by age group and geographical location.

Between January and June 2024, the BHHL reports 21,912 incoming calls and 5,946 texts/chats. The age of the individual was documented in 57% of inquiries. BHHL data highlights that:

- Compared to calls concerning young adults or adults, calls for children are more likely to be for urgent matters. This was the case for 27% for children, 18% for young adults, and 11% for individuals of all ages. Of note, 5% of calls regarding children's behavioral health concerns were specifically about trauma, compared to 2% for individuals of all ages.
- The top four concerns related to children's behavioral health needs are "aggression anger control problem" (14%), anxiety (12%), depression (12%), and suicide (11%).
- The top three warm handoff dispositions for children were mobile crisis (44%), outpatient mental health (36%), and urgent access appointment (12%).

For more information on utilization and demographic data, visit the Behavioral Health Help Line Dashboard: <https://www.mass.gov/info-details/behavioral-health-help-line-dashboard>

In 2023, members of the CTTF also heard about an ongoing project, led by the [Juvenile Justice Policy and Data \(JJPAD\) Board](#), regarding youth dually involved in child welfare and juvenile justice systems. In Massachusetts, half of youth in the care or custody of the Department of Youth Services (DYS) (either through pretrial detention or commitment) have concurrent Department of Children and Families (DCF) involvement.<sup>11</sup> This project is currently in the data collection and analysis phase. The CTTF will resume its advisory work on this project when more data is available.

## Center on Child Wellbeing & Trauma Work in 2024

As discussed above, following a CTTF 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.

Facing the need to operationalize CCWT's services in a short time, in 2021 the OCA contracted with ForHealth Consulting at UMass Chan Medical School to create a website, hire staff, initiate training and technical assistance programs, and launch pilot projects. Within two years, the CCWT recognized the value of being more fully embedded in state government to promote in-depth partnership and cross collaboration with state agencies. In December 2023, the CCWT transitioned to become a new and integrated division of the OCA. This move reflects the Legislature's long-term commitment to the CCWT as demonstrated by the creation of a separate line item for CCWT under the OCA's budget.

In 2024, the CCWT continued its mission to provide trauma-responsiveness assessments, training, technical assistance, educational materials, and ongoing support to a wide variety of organizations in Massachusetts. While the CCWT continued to work with schools and community-based organizations in 2024, the CCWT primarily focused on supporting child-serving state agencies and their contracted providers.

### *Assessment and Coaching*

A core belief of the CCWT rests on the importance of applying trauma-informed and responsive strategies across organizations' various domains of operations, from the development of policies and procedures to workforce development and establishing Continuous Quality Improvement. To help organizations increase their capacity to be trauma-informed and responsive, CCWT engages in in-depth assessment and coaching.

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<sup>11</sup> In FY22, 50% of all youth pretrial detention admissions and 47% of youth commitments to DHS 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 DHS admissions. [Massachusetts Juvenile Justice Policy and Data Board. \(2023\). Massachusetts Juvenile Justice System. https://www.mass.gov/doc/jjpad-2023-annual-report/download](https://www.mass.gov/doc/jjpad-2023-annual-report/download)

In 2023 and 2024, the CCWT's Assessment and Coaching team worked with 26 community-based organizations across the state. This in-depth technical assistance model started at its inception and was completed in summer of 2024. Well over 90% of participants found the trainings increased their knowledge and understanding of trauma and child wellbeing.

### *Schools*

In 2024, CCWT continued to collaborate with [Thriving Minds](#) on their multi-district, multi-school interventions in Massachusetts. This work included schools and districts across the state and provided information on the meaning of trauma, the impact trauma has on learning, and how to use the Trauma-Informed Schools Implementation Assessment (TRS-IA).

Additional training was provided in a Learning Cohort that deepened educators' understanding in 19 districts on how to implement TIR practices in K-12 settings. A final group supported schools in 18 districts that demonstrated readiness to implement TIR practices. Overall, this initiative served 378 educators across the Commonwealth.

### *Systems Transformation*

By becoming a division of the OCA, the CCWT increased its opportunity to partner with child-serving state agencies to promote state employees' and providers' knowledge of TIR strategies, assist agencies with changes in policy and practices to support families and staff, and develop initiatives that promote state agencies' capacity to be trauma-responsive. In 2024, CCWT partnered with DYS, DCF, DPH, the Department of Transitional Assistance (DTA), and the Department of Early Education and Care (EEC).

In an effort to build common language and strategies for supporting children that have experienced trauma, the CCWT continues to establish opportunities for cross-agency collaborations, which are discussed in more detail in the sections below.

### Collaboration with the Department of Youth Services

In 2024, the CCWT partnered with DYS to develop a cross-agency Trauma & Racial Equity Empowerment (TREE) training and technical assistance series. CCWT and DYS received over 80 applications from a dozen child-serving agencies and their community partners to participate in this initiative. The primary purpose of TREE is to build statewide capacity for trauma-responsive racial equity training by developing a cadre of skilled trainers who are trauma-responsive champions. This ongoing work includes multiple in-person and virtual training sessions and allows participants to become facilitators of the Juvenile Detention Alternatives Initiative (JDAI) documentary [Seeing RED](#). This training also provides the opportunity for participants to utilize a trauma-responsive and racial equity lens in their work.

This series launched on November 19, 2024, and includes a module on each of the following topics:

- Trauma and resilience: Foundations and strategies: This module explores evidence-based research on trauma, adverse and positive childhood experiences, resilience, hope, and agency, and their impact on youth and the workforce.
- Race, racism, and trauma: Individual and interpersonal consequences: This module presents information on the intersections of race, racism, and trauma. Participants learn about the effects of racial trauma on both individuals and their interpersonal relationships, gaining an understanding of how systemic racism manifests in everyday experiences.
- Secondary traumatic stress and the workforce: This module highlights contributing factors to secondary traumatic stress and how to recognize its signs. Participants learn strategies to reduce the negative effects of workplace stress and practice self-care skills to enhance psychological flexibility.
- A systems-level framework for racial equity: This module examines the structural factors that perpetuate racial inequities and explores actionable strategies for creating equitable environments within organizations and communities. Participants gain foundational knowledge of systemic racism and its impacts across various institutional settings, along with tools to identify bias embedded within policies and practices.
- Facilitating difficult conversations: This module focuses on navigating difficult conversations. Participants explore communication and relationship-building practices needed to effectively manage conflict in a trauma-informed and responsive manner.
- Racial social interaction model for facilitating and navigating race-related discussions: This module provides participants with the skills to engage effectively in race-related conversations, fostering understanding, and reducing discomfort in diverse settings. Participants explore strategies for managing personal biases, addressing barriers to open dialogue, and creating a supportive environment where all voices feel valued.
- Seeing RED: In this module, participants watch the documentary *Seeing RED*. The documentary highlights the ways in which racial inequities in the Massachusetts juvenile justice system impact children and their families. This module highlights ways in which participants can engage in a discussion regarding potential solutions and challenges to improving the trajectories of youth involved in the juvenile justice system.
- Think Trauma: Justice and youth: Participants engage in the [Think Trauma](#) training from the National Child Traumatic Stress Network. This training provides an overview for juvenile justice staff on how to create trauma-informed juvenile justice residential settings.

### Collaboration with the Department of Early Education and Care

In 2024, the CCWT partnered with EEC to develop a multi-pronged intervention across the EEC's system to increase knowledge and tools for educators, licensors, and investigators to support children who have experienced trauma. Details of the initiative are listed below.

- A six-module asynchronous Learning Management System (LMS) training series on guiding principles and concrete strategies to create and sustain trauma-responsive early childhood education programs. This series is available to all early childhood educators across the state and is expected to be fully launched on EEC's LMS platform Strong Start in January 2025.
- A train-the-trainer series to prepare EEC's professional development providers to train early childhood educators to extend their trauma-informed and responsive learning further. This train-the-trainer series is meant to expand upon the above-mentioned LMS course with deeper-dives. Once trained by CCWT, EEC's professional development providers will provide deeper-dives training and technical assistance for early childhood educators in their regions.
- An all-day training for field operations staff (i.e., licensors, investigators) to promote trauma-responsive regulatory compliance in early education and care. This training lays out knowledge and tools to help EEC operations staff support educators in their work. Following this in-person day, three virtual communities of practice will be offered to provide additional information and ongoing technical assistance.

### Collaboration with Agencies Serving Young Parents

In 2024, CCWT continued convening providers working with young parents, including employees of DTA and DPH as well as DCF-contracted congregate care providers. The goal of this initiative, started in FY23, is to increase the capacity of state employees and contracted providers working with parents under age 25 to provide trauma-informed and responsive services. This collaboration included:

- A Community of Practice: This series of three trainings and technical assistance groups focused on supporting the providers across state agencies working with young parents. The topics of the three sessions were: Trauma Foundations, Intergenerational Trauma, and Building Resilience & Protective Factors.
- A statewide toolkit for providers working with young parents: The CCWT developed and launched [Supporting Parents Under 25: A toolkit for, and by, Young Parent Programs](#). The toolkit includes eight modules on the following topics:
  1. Developmental needs of adolescents
  2. Trauma, resilience and healing-centered engagement
  3. From challenge to opportunity: understanding young parents
  4. Best practices in working with parents under 25

5. Key young parent communities & issues
6. Organizational culture to best support young parents
7. Training for youth and staff
8. Engaging community support with and for parents under 25

### Trauma-Informed and Responsive Services for Newcomers

The number of migrant families coming to Massachusetts has significantly increased in recent years and includes many children and families who have experienced trauma.<sup>12</sup> In response to this increase in newcomers, the CCWT partnered with the Executive Office of Housing and Living Communities (EOHLC), EEC and the Executive Office of Health and Human Services (EOHHS) to offer training on trauma-responsive practices to over 1,000 providers working with newcomers across settings (e.g., shelters, Family Welcome Centers).

The CCWT's three-part training focused on understanding trauma and its impact on new arrivals, promising practices for working with new arrivals, with a focus on reducing or preventing re-traumatization, and addressing the secondary traumatic stress experienced by staff supporting new arrivals themselves. While initially focused on EOHLC and EEC contracted partners, the series expanded to include staff from various child-serving systems statewide, such as DTA, DCF, DPH, and public schools from multiple districts. Representatives from Catholic Charities, Boys and Girls Club, YMCA, and other agencies across the Commonwealth also participated.

Beyond training support, CCWT also provided concrete material resources for shelters at hotels and other non-traditional shelter sites that had limited places for young children to play. CCWT provided funding to EEC to build play trauma-informed spaces using a soothing color palate and natural woods and incorporating toys that encourage creativity. The funds allowed 22 Coordinated Family and Community Engagement grantees to increase the provision of multi-generational and related child development activities for 7,435 children in 37 Emergency Assistance shelters. In addition to running a large number of playgroups, the funding allowed for the purchase of supplies and materials given to families to extend learning, such as books in Haitian Creole, Spanish, Portuguese, and English. Over 5,580 educational materials (e.g. culturally and developmentally relevant items such as counting blocks, puzzles, and spatial awareness toys) and over 8,690 books were distributed.

### Collaboration with the Department of Transitional Assistance

The CCWT also continued its collaboration with DTA to provide training, technical assistance, and resources to the agency's staff on topics related to promoting trauma-responsive practices at the state and community level. CCWT worked with DTA's management staff to increase their understanding of secondary traumatic stress, and ways to prevent it, as well as build their capacity to use reflective supervision within their teams. CCWT also worked with direct service

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<sup>12</sup> Gross, Samantha. (2024, April 1). How many migrants have arrived in Massachusetts? It's hard to know for sure, but they keep coming. *The Boston Globe*. <https://www.bostonglobe.com/2024/04/01/metro/how-many-migrants-in-massachusetts/>

or front-end staff across the state to provide trauma-responsive supports to families seeking DTA services.



## Section 2: CTTF 2024-2025 Work Plan Focused on State Agencies' Trauma & Resilience Training Requirements and Opportunities

In 2024, the OCA leveraged the CCWT's subject matter expertise and work with state agencies to staff the CTTF. This transition presented an opportunity for CCWT leadership to re-introduce themselves to members of the CTTF and learn more about their vision for a trauma-informed and responsive Commonwealth.

To develop a work plan for 2024-2025, CCWT/OCA staff conducted:

- Informational interviews with individual CTTF members, who shared with staff the need for a holistic approach to supporting children who experience trauma by also focusing on the needs of parents, caregivers, and professionals who engage with children.
- Virtual polling of CTTF members and regular attendees to learn more about which population of youth and/or child-serving sector they would like CTTF to focus on as well as training topics CTTF hopes child-serving organizations and professionals will engage in. Poll submissions were analyzed for common response categories. Key takeaways include:
  - **Topics of interest:** The two most common responses reflected interest in training on Trauma-Informed Care and Screening tools (27%) as well as Child Development (31%), with a focus on how trauma and trauma-informed care impacts a child's behavioral health and mental health.
  - **Training opportunities:** Many respondents acknowledged the intrinsic link between trauma-informed care and cultural humility. Poll responses identified interest in trainings on topics such as diversity, equity, and inclusion; identification of bias; anti-racism policies and practices; intersectionality; and other diversity-informed tenets of family engagement. The poll also captured members' appetite for trainings on service delivery across the network of child-serving agencies to improve overall care, coordination, and collaboration.
  - **Training audience:** About half of the responses (45%) noted that agency employees and contracted providers should receive the same trainings. Members acknowledged that both agency employees and contracted staff administer key services. Therefore, both agency staff and contracted staff need to "speak a common language" to ensure the provision of quality services.

These results, paired with prior work of CTTF, led to the development of a 2024-2025 Work Plan focused on Massachusetts state agencies' and partners' training on childhood trauma and resilience. This project has three goals:

1. Map out training provided to state employees and contracted providers working with children and families.
2. Assess whether state agencies have adequate resources and capacity to increase child-serving professionals' knowledge of childhood trauma and resilience.
3. Develop recommendations to support agencies in offering child trauma and wellbeing training to their staff and contracted providers.

This research project aims to answer the following questions:

- What trauma, resilience, and well-being trainings are Massachusetts child-serving state agencies offering to their staff? What trainings are provided to contracted providers?
- What does the operations and oversight of staff trainings look like (e.g. frequency, medium, incentives, tracking efforts, etc.)?
- Do child-serving state agency staff and contracted providers feel their training needs are being met?
- What additional supports are needed to improve trainings offered to child-serving state agency staff and contracted providers?
- What best practices are other states using in terms of process and infrastructure to meet the training needs of their child-serving staff?
- What "core" trainings would help improve child-serving professionals' knowledge on child wellbeing?

The CTF is actively engaged in the research phase of this project and anticipates developing findings and recommendations in the CTF's 2025 Annual Report. Meanwhile, the following sections summarize the project's methodology and findings-to-date.

## Methodology

To gain insight into potential training gaps and opportunities for child-serving agencies in the Commonwealth, in the fall of 2024 the OCA began conducting:

1. **Interviews with Massachusetts state agency stakeholders** to better understand the current landscape of trainings offered at each agency, identify any training gaps, and gain insights on areas of strength and opportunities for improvement.
2. **Analysis of child-serving agencies' training requirements** as laid out in their policies, regulations, contracts, and licensing.
3. **A national scan of other states' training requirements** and opportunities for child-serving agency staff and contracted partners. This scan includes both research into information available online and eventual stakeholder interviews.

## Massachusetts State Agency Interviews

To date, OCA staff have completed seven interviews across five agencies: DPH, DMH, DTA, DCF, and DYS. Outreach and interview scheduling with other agencies is ongoing. So far, interviews highlight important differences in agencies' structures and capacity to provide staff training on topics related to childhood trauma and resilience.

Further, stakeholders interviewed identify the following topics as priorities in current or future trainings within their agencies: trauma-informed care and supervision, managerial skills, workplace mental health and wellbeing, resilience, family engagement, secondary traumatic stress, and cultural humility.

The OCA continues to partner with child-serving agencies to learn more about training gaps and opportunities. The OCA plans to develop findings and recommendations related to supporting agencies in offering child trauma and wellbeing training to their staff and contracted providers.

## Massachusetts Training Policies and Procedures

During the interview process, the OCA asks Massachusetts state agencies to share any relevant trainings materials related to policies, regulations, or agency training plans. To date, the OCA has received a variety of materials including lists of required trainings (onboarding and annual requirements), staff learning and development newsletters, yearly curriculum outlines, excerpts of contracted training requirements, lists of training and professional development competencies, and flyers for continuing education opportunities.

Trainings materials reviewed-to-date identify distinct curricula for onboarding newly hired staff as well as ongoing or annualized trainings for existing professionals. While some training topics are relevant to all child-serving professionals, others are tailored to the responsibilities of specific roles (e.g., reflective supervision for management staff). Interviewed stakeholders highlight training development as a continuous and iterative process that requires agencies to update content in response to changes in policy or procedures, state mandates, or identified gaps in staff knowledge.

In 2025, the OCA will analyze materials collected throughout interviews and conduct independent research into other available training materials.

## National Scan of Other Jurisdictions' Child-Serving Agencies' Training Requirements

In the fall of 2024, OCA staff initiated a national scan to understand how other states train their child-serving agency staff and contracted partners on childhood trauma, resilience, and wellbeing and identify best practices that could be implemented in Massachusetts. The scan spanned eleven states and several different child-serving agencies. The goal of the current analysis is to answer one of the above-mentioned questions: *What best practices are other*

*states using in terms of process and infrastructure to meet the training needs of their child-serving staff?*

States have varying organizational structures for their state agencies, specifically their child-serving state agencies. To organize and align these differences in structure, the research focused on understanding four key areas related to training. The domains and research questions are as follows:

| Research Domain                         | Research Questions  |
|---|---|
| <b>Content &amp; Schedule</b>           | <ul style="list-style-type: none"> <li>• <i>What trainings are offered to staff? Contracted providers?</i></li> <li>• <i>What are the agency's requirements for new hires? Annual training requirements?</i></li> <li>• <i>How often do staff receive training?</i></li> <li>• <i>For how many hours do staff receive training?</i></li> </ul>  |
| <b>Audience</b>                         | <ul style="list-style-type: none"> <li>• <i>Does the agency require trainings for contracted providers? If so, how?</i></li> <li>• <i>Does the agency differentiate trainings based on role or level (e.g. direct care versus management versus leadership)?</i></li> </ul>   |
| <b>Training Medium &amp; Incentives</b> | <ul style="list-style-type: none"> <li>• <i>Are trainings provided online, in person, or in a blended format?</i></li> <li>• <i>How does the agency accommodate different learning styles?</i></li> <li>• <i>Does the agency provide payment or reimbursement for staff time?</i></li> <li>• <i>What other professional development opportunities are offered or required?</i></li> </ul> |
| <b>Oversight/Structure</b>              | <ul style="list-style-type: none"> <li>• <i>Who determines training requirements?</i></li> <li>• <i>How does the agency track completion?</i></li> </ul>  |

States differ greatly in their approach to training staff and contracted providers. Preliminary findings from the national scan highlighted unique and innovative ways in which states and child-serving agencies approach this work. The following section will highlight innovative practices related to the four core domains listed above.

### *Standardizing Content: California's Integrated Core Practice Model*

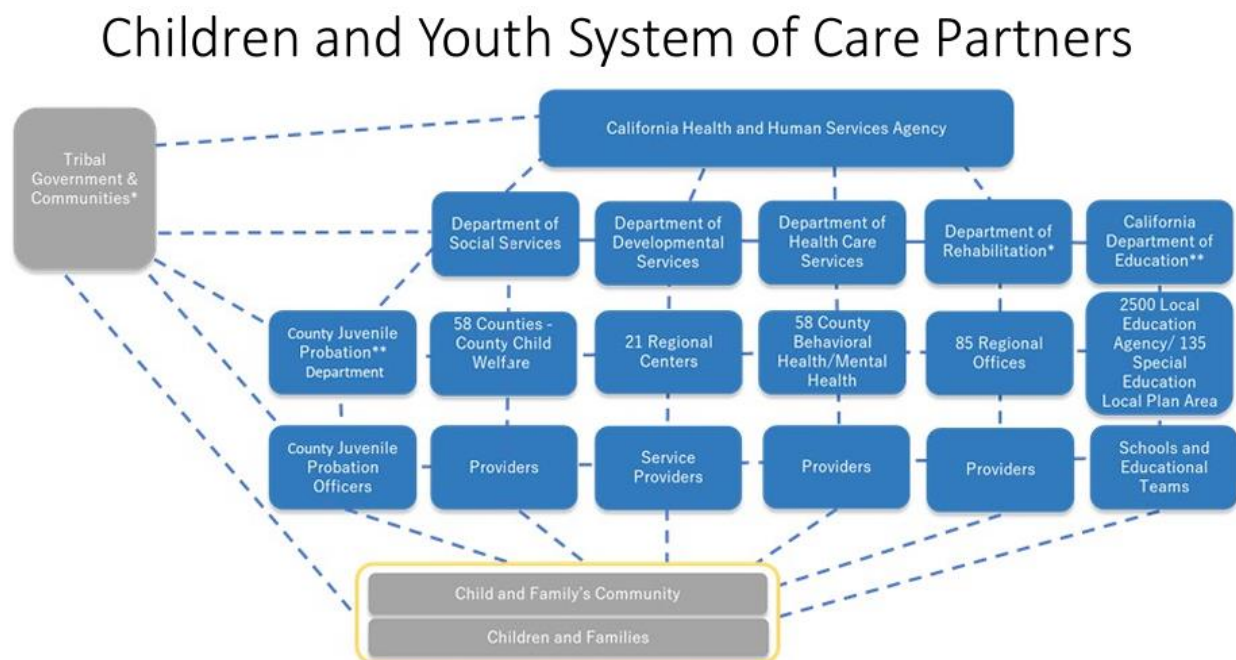
States typically identify mandatory foundational trainings to be completed within a specified timeframe, supplemented with annual training requirements that are often role-specific (e.g.

direct care versus administrative) and/or level-specific (e.g. case worker versus supervisor). In practice, many agencies define a general topic to be covered in training, but there is great variety in the specific content covered in state agency trainings.

California operates a county-by-county approach to administering and overseeing a variety of social services for individuals and families. Given this siloed approach, the state identified a need to develop and standardize a robust, collaborative training infrastructure for its child-serving state employees and contracted providers.

To establish common principles and practices for child-serving professionals across state systems, California developed and implemented the [Integrated Core Practice Model \(ICPM\)](#). The ICPM establishes core competencies, practices, and principles in the areas of trauma-informed service delivery, child and family teaming, and engaging with diverse populations. The ICPM provides functional guidance on service delivery and applies to every local agency making up the Children and Youth System of Care (see Figure 1 below).

**Figure 1: Children and Youth System of Care Partners that Participate in the ICPM Model**



Source: [https://www.cwda.org/sites/main/files/file-attachments/ab\\_2083\\_toward\\_effective\\_children\\_and\\_youth\\_system\\_of\\_care\\_1.45pm\\_draft3.pdf?1604511094](https://www.cwda.org/sites/main/files/file-attachments/ab_2083_toward_effective_children_and_youth_system_of_care_1.45pm_draft3.pdf?1604511094)

To ensure the ICPM is effectively implemented by all agencies of California's Children and Youth System of Care, the state offers training and technical assistance and developed an [Integrated Training Guide](#). Trainings cover trauma-responsive strategies across various practice domains

(e.g., legal procedures, prevention).<sup>13</sup> Continued workforce coaching and technical assistance reinforces the application of trauma-responsive strategies in service delivery.<sup>14</sup>

### *Broadening the Training Audience: Connecticut's Academy for Workforce Development*

While many states focus solely on training requirements for state employees, some states have adopted a more inclusive approach to training child-serving professionals that provide state services, from state employees to contracted providers.

For instance, Connecticut is working towards ensuring child-serving providers contracted by the state also receive state training. Connecticut's Department of Children and Families (CT DCF), which oversees services related to children's behavioral health, licensing of child-serving organizations, and child welfare, developed the [Academy for Workforce Development](#).<sup>15</sup> This Academy includes an Academy for Community Partners (ACP), a subdivision offering trainings for contracted and credentialed providers, parent advocacy groups, as well as staff at other child-serving state agencies.<sup>16</sup> These trainings offer opportunities for child-serving professionals to learn from each other's shared experiences and perspectives, regardless of their state affiliation.

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*The Academy continues to find it beneficial to have community providers and other state agency partners participate in the training classes with our workforce whenever possible."*

*-Connecticut's 2025 - 2029 Training Plan*

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Given the importance of reaching child-serving professionals outside of CT DCF, the Academy for Workforce Development identified the need to include additional partners in both training audience and content development. Of note, professionals working in Probate Court, the Office of Early Childhood, the State Police, and adults/youth with lived experience inform the development of trainings offered to all child-serving professionals. Trainings cover a wide range of topics on supervision, safety, and family engagement, and include topics specifically related to trauma-informed care, identifying trauma and its impacts, and secondary traumatic stress.<sup>17</sup>

### *Building Agencies' Internal Capacity for Sustainable Change: Oklahoma's Blended Training Model*

States usually utilize a variety of training providers, training media, and training incentives. Common approaches include the use of a Learning Management System (LMS) to provide,

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<sup>13</sup> California Department of Social Services. (2024). *California Integrated Core Practice Model for Children, Youth, and Families*. <https://www.cdss.ca.gov/Portals/9/CCR/ICPM/integrated-core-practice-model-resource-guide.pdf>

<sup>14</sup> Ibid.

<sup>15</sup> Connecticut Department of Children and Families. (2024). *2025-2029 Training Plan*. [https://portal.ct.gov/-/media/dcf/dataconnect/federal/2024/ct\\_dcf\\_training\\_plan\\_2025-2029.pdf](https://portal.ct.gov/-/media/dcf/dataconnect/federal/2024/ct_dcf_training_plan_2025-2029.pdf)

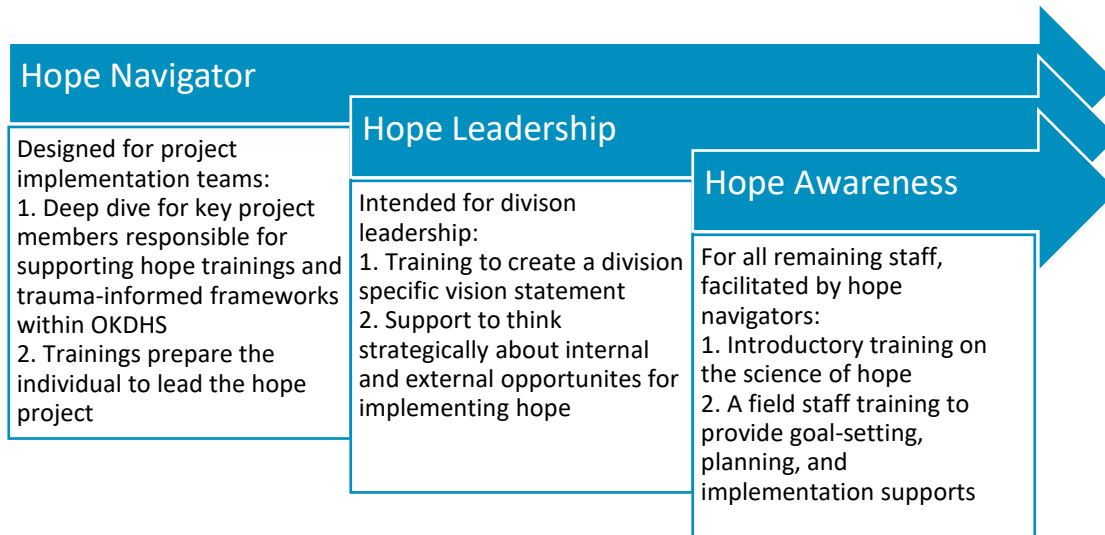
<sup>16</sup> Ibid.

<sup>17</sup> Connecticut Department of Children and Families. (2022). *Annual Progress and Services Final Report*. <https://portal.ct.gov/-/media/dcf/dataconnect/federal/apsr-2022-amended-92921.pdf>

assign, and track completion of training requirements as well as partnerships with universities and experts. Relying only on one-time trainings can limit state agencies' capacity to fully engage with topics covered by trainings, thereby limiting staffs' ability to implement strategies learned.

Oklahoma's Department of Human Services (OKDHS), which oversees a range of child-serving agencies, developed a multi-pronged approach to training its child-serving workforce on trauma-responsive care. The state outlined a set of agency training and implementation activities to be completed from 2020 to 2021. During that time, OKDHS partnered with the University of Oklahoma Research Center to initiate trainings for agency staff. This initiative included training opportunities in various formats for *all* agency employees. Division leadership, project leads, and front-line staff attended different sessions designed to complement their agency role and responsibilities. Trainings were offered in a blended format, including online trainings and sessions led by University subject matter experts.

**Figure 2: Hope-Centered and Trauma-Informed Staff Trainings**



To support continuous engagement, each OKDHS division identified a project implementation team and select team members to attend the University's "hope navigator" training, as outlined in Figure 2. Once trained, "hope navigators" provide ongoing leadership and consultation to educate remaining agency staff and to cultivate a hope-centered and trauma-informed culture throughout the agency (see Spotlight below).



**Spotlight: [Hope Rising Oklahoma](#)**

*"We believe the future can be better than today and that each of us has the power to make that happen."*

The science of hope explores how hope affects human behavior. Several studies demonstrate how hope is a strong predictor of wellbeing and a powerful force in building resilient people and communities. Studies also show how hope can be taught and cultivated through simple interventions. Hope theory, as a cognitive process, is aimed at helping individuals cope with trauma and adversity through three main activities: goal-setting, establishing pathways to goal attainment, and using willpower to pursue pathways to change.

Hope Risking Oklahoma aims to empower families and communities to better their lives through the science of hope. To accomplish this goal, the Hope Rising Initiative extends beyond state agencies, engaging and educating key community partners through a variety of initiatives.

To learn more about Oklahoma's effort to become hope-centered and trauma-informed, visit [Building a Hope Centered Organization: A Blueprint for HOPE](#).

*Ensuring Oversight of State Trainings: New Jersey's Office of Training*

With the exception of mandated federal or state requirements, such as Cybersecurity and Ethics trainings, training completion is often tracked at an individual agency level. To our knowledge, few states have established standardized systems to oversee the successful training of child-serving employees across agencies on topics related to childhood trauma and wellbeing.

To ensure that state employees, including those working with children and families, have the foundational knowledge necessary to provide quality services, New Jersey established a cross-agency Office of Training. [The New Jersey Civil Service Commission Office of Training](#) is responsible for the delivery of all mandated and foundational training programs (e.g., conflict resolution, team building, project management).<sup>18</sup> This helps ensure consistency of content and training implementation across the state.

Additionally, each department or agency is required to designate a Training Coordinator, responsible for submitting a customized and agency-specific annual training plan to the Office of Training. The Office of Training may request to review agency-specific training curricula and periodically audits agencies' training records to ensure compliance with state law.

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<sup>18</sup> New Jersey Civil Service Commission Policies and Procedures. (2017). Training Circular.  
<https://nj.gov/csc/employees/training/classroom/Imports%202017/TRAINING%20CIRCULAR%20LS%2010-27-17%20Final.pdf>



### **Spotlight: New Jersey's Office of Resilience**

As part of its statewide [PACEs Action Plan](#), in 2018 NJ DCF established four “transformational offices” to promote trauma-responsive and equity-driven practices across child-serving sectors.

One of these new offices, the [Office of Resilience](#), provides trainings on positive and adverse childhood experiences to child-serving professionals working within and outside state government. Having identified the need to bolster professionals’ and families’ capacity to build “[resilience skills](#),” the Office of Resilience is committed to being a resource across state agencies.

The office also partners with Montclair University to develop certification programs for individuals and organizations who wish to be recognized as trauma-informed and healing-centered.

## Looking Ahead: CTTF Work in 2025

The CTTF benefits from the lived and professional experience of its varied membership as well as that of regular attendees who dedicate time and energy to improving systems of support for children who experience trauma. As it celebrates its sixth year, the CTTF is inspired by the work that has been done by countless providers, organizations, and state entities to 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 2025, CTTF will continue its focus on building a trauma-informed and responsive child-serving workforce. The CTTF's ongoing work will inform recommendations to improve the capacity of professionals providing state services to offer trauma-responsive supports to children and families across the Commonwealth. The CTTF will also continue to monitor and report on the work of the CCWT 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



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