

HOUSE No. 3953

The Commonwealth of Massachusetts

PRESENTED BY:

Tami L. Gouveia and Liz Miranda

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act promoting resilience and community healing to mitigate adverse childhood and community experiences.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Tami L. Gouveia</i>	<i>14th Middlesex</i>	<i>2/19/2021</i>
<i>Liz Miranda</i>	<i>5th Suffolk</i>	<i>2/26/2021</i>
<i>Nika C. Elugardo</i>	<i>15th Suffolk</i>	<i>3/3/2021</i>

HOUSE No. 3953

By Representatives Gouveia of Acton and Miranda of Boston, a petition (accompanied by bill, House, No. 3953) of Tami L. Gouveia, Liz Miranda and Nika C. Elugardo relative to promoting resilience and community healing to mitigate adverse childhood and community experiences. Children, Families and Persons with Disabilities.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act promoting resilience and community healing to mitigate adverse childhood and community experiences.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. The General Court hereby finds and declares that:

2 (i) children and adults are resilient and have the innate capacity to express normal
3 responses to traumatic experiences and, especially with appropriate support, can overcome
4 traumatic events and adverse community conditions to lead healthy, fulfilling lives;

5 (ii) traumatic childhood experiences and adverse community conditions include
6 racism, cultural dehumanization, poverty, community violence, abuse or neglect, loss of a parent
7 to premature death or incarceration, homelessness, family addiction and divorce;

8 (iii) experiencing multiple or chronic traumatic events during one’s childhood is
9 emotionally painful and distressing, can disrupt one’s physical or psychological health, well-
10 being and development, and can have effects that persist for years, well into adulthood;

11 (iv) traumatic childhood experiences and adverse community conditions can
12 contribute to increased risk for future violence, victimization, depression, stress, mental illness,
13 substance use and addiction and other forms of illness and disease;

14 (v) toxic stress can affect how the body responds to stressors, contributing to physical
15 illness, chronic obstructive pulmonary disease, asthma, kidney disease, stroke, coronary heart
16 disease, cancer, diabetes and unhealthy weight gain and obesity, among other illnesses;

17 (vi) toxic stress caused by childhood trauma and adverse community conditions can
18 create significant impacts across an individual's lifespan and can have intergenerational effects,
19 including changes in genetic composition passed from one generation to the next;

20 (vii) adverse childhood experiences affect thousands of children and families across
21 the commonwealth, contribute to premature illness and death causing harm to family structures
22 and cost the state billions in preventable healthcare and other associated costs;

23 (viii) preventing and mitigating childhood trauma and adverse community conditions
24 can help children and adults thrive by lowering the risk of depression, stress, abuse, asthma,
25 cancer and diabetes in adulthood, reducing risky behaviors including smoking and heavy
26 drinking, improving education and employment outcomes, mitigating the potential for
27 intergenerational trauma, contributing to thriving families and communities and reducing
28 healthcare and associated costs; and

29 (ix) cost-effective policies, programs and interventions exist and can be replicated
30 across the commonwealth to support individual healing and community resiliency.

31 SECTION 2. Chapter 13 of the General Laws is hereby amended by inserting after
32 section 10A the following section:-

33 Section 10B. (a) As used in this section the following words shall, unless the context
34 clearly requires otherwise, have the following meanings:-

35 “Adverse childhood experiences”, traumatic childhood events, which are often chronic
36 and can vary in severity, occurring in a child's family or social environment that cause harm or
37 distress, thereby disrupting the child's physical or psychological health and development. ACEs
38 include maternal depression, emotional and sexual abuse, substance use disorder, domestic
39 violence, homelessness, incarceration, divorce, mental illness and physical and emotional
40 neglect.

41 “Adverse community conditions”, the result of policies and practices across multiple
42 systems that contribute to neighborhood neglect, underinvestment in low-income communities
43 and communities of color, poverty and limited opportunities to generate wealth, racism,
44 community disruption, inequities in educational opportunities, low economic mobility, neglect of
45 social capital, inhumane and unaffordable housing, unreliable transportation, citing of
46 environmental hazards, limited access to healthcare and mental health services, community
47 violence and over-policing of neighborhoods.

48 “Trauma”, individual trauma resulting from an event, series of events or a set of
49 circumstances that is experienced by an individual as physically or emotionally harmful or life-
50 threatening and that has lasting adverse effects on the individual’s functioning and mental,
51 physical, social or emotional well-being.”

52 “Trauma-informed and responsive care”, services and care provided by trained adult
53 professionals working with children, youth and families. Providers trained in trauma-informed
54 and trauma-responsive care are able to effectively respond to the impact of trauma on children’s
55 developmental and behavioral health and wellness needs. The services provided encompass
56 responses that effectively identify and respond to the traumatic impact of stress on those who
57 have been impacted by and have contact with various systems, policies and practices.

58 (b) The board of registration in medicine shall, in collaboration with experts in childhood
59 trauma, adverse community conditions, including poverty, racism and white supremacy, and in
60 coordination with relevant training accreditation bodies, develop or provide for, and make
61 available for participation by any physician, a professional education and development training
62 module, including for graduation, on identifying, intervening in and mitigating adverse
63 childhood experiences and adverse community conditions, trauma-informed and responsive care.
64 The goal of the education and training module shall be to encourage physicians to support
65 patients and their families in identifying and providing positive support, referrals for therapeutic
66 interventions and healing and interventions to support community resiliency building. The
67 educational requirements and training module shall include, but not be limited to:

68 (i) the burden and prevalence of adverse childhood experiences and adverse community
69 conditions impacting childhood, adolescent and adult health and well-being;

70 (ii) the impact of trauma-informed and responsive care and treatment;

71 (iii) the role of equitable, community-led resilience strategies to mitigate the impacts of
72 childhood trauma, adverse childhood experiences and adverse community conditions; and

73 (iv) the inherent value and consequence of building the capacity of providers to
74 understand and address place-based inequities on positive child development, family healing and
75 community resiliency.

76 The training module developed shall be accepted by the board as up to 2 continuing
77 professional development credits.

78 SECTION 3. Said chapter 13 is hereby further amended by inserting after section 11A
79 the following section:-

80 Section 11A½. (a) As used in this section the following words shall, unless the context
81 clearly requires otherwise, have the following meanings:-

82 “Adverse childhood experiences”, traumatic childhood events, which are often chronic
83 and can vary in severity, occurring in a child's family or social environment that cause harm or
84 distress, thereby disrupting the child's physical or psychological health and development. ACEs
85 include maternal depression, emotional and sexual abuse, substance use disorder, domestic
86 violence, homelessness, incarceration, divorce, mental illness and physical and emotional
87 neglect.

88 “Adverse community conditions”, the result of policies and practices across multiple
89 systems that contribute to neighborhood neglect, underinvestment in low-income communities
90 and communities of color, poverty and limited opportunities to generate wealth, racism,
91 community disruption, inequities in educational opportunities, low economic mobility, neglect of
92 social capital, inhumane and unaffordable housing, unreliable transportation, citing of
93 environmental hazards, limited access to healthcare and mental health services, community
94 violence and over-policing of neighborhoods.

95 “Trauma”, individual trauma resulting from an event, series of events or a set of
96 circumstances that is experienced by an individual as physically or emotionally harmful or life-
97 threatening and that has lasting adverse effects on the individual’s functioning and mental,
98 physical, social or emotional well-being.”

99 “Trauma-informed and responsive care”, services and care provided by trained adult
100 professionals working with children, youth and families. Providers trained in trauma-informed
101 and trauma-responsive care are able to effectively respond to the impact of trauma on children’s
102 developmental and behavioral health and wellness needs. The services provided encompass
103 responses that effectively identify and respond to the traumatic impact of stress on those who
104 have been impacted by and have contact with various systems, policies and practices.

105 (b) The board of allied health professions, in collaboration with experts in childhood
106 trauma and adverse community conditions, including poverty, racism and white supremacy, and
107 in coordination with relevant training accreditation bodies, develop or provide for, and make
108 available for participation by any allied health professional, a professional education and
109 development training module, including for graduation, on identifying, intervening in, and
110 mitigating adverse childhood experiences and conditions, trauma-informed and responsive care.
111 The goal of the education and training module shall be to encourage allied health professionals to
112 support patients and their families in identifying and providing positive support, referrals for
113 therapeutic interventions and healing and interventions to support community resiliency
114 building. The educational requirements and training module shall include, but not be limited to:

115 (i) the burden and prevalence of adverse childhood experiences and adverse community
116 conditions impacting childhood, adolescent and adult health and well-being;

- 117 (ii) the impact of trauma-informed and responsive care and treatment;
- 118 (iii) the role of equitable, community-led resilience strategies to mitigate the impacts of
119 childhood trauma, adverse childhood experiences and adverse community conditions; and
- 120 (iv) the inherent value and consequence of building the capacity of providers to
121 understand and address place-based inequities on positive child development, family healing and
122 community resiliency.

123 The training module developed shall be accepted by the board as up to 2 continuing
124 professional development credits.

125 SECTION 4. Said chapter 13 is hereby further amended by inserting after section 11D
126 the following section:-

127 Section 11D½. (a) As used in this section the following words shall, unless the context
128 clearly requires otherwise, have the following meanings:-

129 “Adverse childhood experiences”, traumatic childhood events, which are often chronic
130 and can vary in severity, occurring in a child's family or social environment that cause harm or
131 distress, thereby disrupting the child's physical or psychological health and development. ACEs
132 include maternal depression, emotional and sexual abuse, substance use disorder, domestic
133 violence, homelessness, incarceration, divorce, mental illness and physical and emotional
134 neglect.

135 “Adverse community conditions”, the result of policies and practices across multiple
136 systems that contribute to neighborhood neglect, underinvestment in low-income communities
137 and communities of color, poverty and limited opportunities to generate wealth, racism,

138 community disruption, inequities in educational opportunities, low economic mobility, neglect of
139 social capital, inhumane and unaffordable housing, unreliable transportation, citing of
140 environmental hazards, limited access to healthcare and mental health services, community
141 violence and over-policing of neighborhoods.

142 “Trauma”, individual trauma resulting from an event, series of events or a set of
143 circumstances that is experienced by an individual as physically or emotionally harmful or life-
144 threatening and that has lasting adverse effects on the individual’s functioning and mental,
145 physical, social or emotional well-being.”

146 “Trauma-informed and responsive care”, services and care provided by trained adult
147 professionals working with children, youth and families. Providers trained in trauma-informed
148 and trauma-responsive care are able to effectively respond to the impact of trauma on children’s
149 developmental and behavioral health and wellness needs. The services provided encompass
150 responses that effectively identify and respond to the traumatic impact of stress on those who
151 have been impacted by and have contact with various systems, policies and practices.

152 (b) The board of dietitians and nutritionists, in collaboration with experts in childhood
153 trauma and adverse community conditions, including poverty, racism and white supremacy, and
154 in coordination with relevant training accreditation bodies, develop or provide for, and make
155 available for participation by any dietitian or nutritionist, a professional education and
156 development training module, including for graduation, on identifying, intervening in and
157 mitigating adverse childhood experiences and conditions, trauma-informed and responsive care.
158 The goal of the education and training module shall be to encourage dietitians and nutritionists
159 to support patients and their families in identifying and providing positive support, referrals for

160 therapeutic interventions and healing and interventions to support community resiliency
161 building. The educational requirements and training module shall include, but not be limited to:

162 (i) the burden and prevalence of adverse childhood experiences and adverse community
163 conditions impacting childhood, adolescent and adult health and well-being;

164 (ii) the impact of trauma-informed and responsive care and treatment;

165 (iii) the role of equitable, community-led resilience strategies to mitigate the impacts of
166 childhood trauma, adverse childhood experiences and adverse community conditions; and

167 (iv) the inherent value and consequence of building the capacity of providers to
168 understand and address place-based inequities on positive child development, family healing and
169 community resiliency.

170 The training module developed shall be accepted by the board as up to 2 continuing
171 professional development credits.

172 SECTION 5. Said chapter 13 is hereby further amended by inserting after section 15D
173 the following section:-

174 Section 15E. (a) As used in this section the following words shall, unless the context
175 clearly requires otherwise, have the following meanings:-

176 “Adverse childhood experiences”, traumatic childhood events, which are often chronic
177 and can vary in severity, occurring in a child's family or social environment that cause harm or
178 distress, thereby disrupting the child's physical or psychological health and development. ACEs
179 include maternal depression, emotional and sexual abuse, substance use disorder, domestic

180 violence, homelessness, incarceration, divorce, mental illness and physical and emotional
181 neglect.

182 “Adverse community conditions”, the result of policies and practices across multiple
183 systems that contribute to neighborhood neglect, underinvestment in low-income communities
184 and communities of color, poverty and limited opportunities to generate wealth, racism,
185 community disruption, inequities in educational opportunities, low economic mobility, neglect of
186 social capital, inhumane and unaffordable housing, unreliable transportation, citing of
187 environmental hazards, limited access to healthcare and mental health services, community
188 violence and over-policing of neighborhoods.

189 “Trauma”, individual trauma resulting from an event, series of events or a set of
190 circumstances that is experienced by an individual as physically or emotionally harmful or life-
191 threatening and that has lasting adverse effects on the individual’s functioning and mental,
192 physical, social or emotional well-being.”

193 “Trauma-informed and responsive care”, services and care provided by trained adult
194 professionals working with children, youth and families. Providers trained in trauma-informed
195 and trauma-responsive care are able to effectively respond to the impact of trauma on children’s
196 developmental and behavioral health and wellness needs. The services provided encompass
197 responses that effectively identify and respond to the traumatic impact of stress on those who
198 have been impacted by and have contact with various systems, policies and practices.

199 (b) The board of registration in nursing shall, in collaboration with experts in childhood
200 trauma and adverse community conditions, including poverty, racism and white supremacy, and
201 in coordination with relevant training accreditation bodies, develop or provide for, and make

202 available for participation by any nurse, a professional education and development training
203 module, including for graduation, on identifying, intervening in and mitigating adverse
204 childhood experiences and conditions, trauma-informed and responsive care. The goal of the
205 education and training module shall be to encourage nurses to support patients and their families
206 in identifying and providing positive support, referrals for therapeutic interventions and healing
207 and interventions to support community resiliency building. The educational requirements and
208 training module shall include, but not be limited to:

209 (i) the burden and prevalence of adverse childhood experiences and adverse community
210 conditions impacting childhood, adolescent and adult health and well-being;

211 (ii) the impact of trauma-informed and responsive care and treatment;

212 (iii) the role of equitable, community-led resilience strategies to mitigate the impacts of
213 childhood trauma, adverse childhood experiences and adverse community conditions; and

214 (iv) the inherent value and consequence of building the capacity of providers to
215 understand and address place-based inequities on positive child development, family healing and
216 community resiliency.

217 The training module developed shall be accepted by the board as up to 2 continuing
218 professional development credits.

219 SECTION 6. Said chapter 13 is hereby further amended by inserting after section 21 the
220 following section:-

221 Section 21A. (a) As used in this section the following words shall, unless the context
222 clearly requires otherwise, have the following meanings:-

223 “Adverse childhood experiences”, traumatic childhood events, which are often chronic
224 and can vary in severity, occurring in a child's family or social environment that cause harm or
225 distress, thereby disrupting the child's physical or psychological health and development. ACEs
226 include maternal depression, emotional and sexual abuse, substance use disorder, domestic
227 violence, homelessness, incarceration, divorce, mental illness and physical and emotional
228 neglect.

229 “Adverse community conditions”, the result of policies and practices across multiple
230 systems that contribute to neighborhood neglect, underinvestment in low-income communities
231 and communities of color, poverty and limited opportunities to generate wealth, racism,
232 community disruption, inequities in educational opportunities, low economic mobility, neglect of
233 social capital, inhumane and unaffordable housing, unreliable transportation, citing of
234 environmental hazards, limited access to healthcare and mental health services, community
235 violence and over-policing of neighborhoods.

236 “Trauma”, individual trauma resulting from an event, series of events or a set of
237 circumstances that is experienced by an individual as physically or emotionally harmful or life-
238 threatening and that has lasting adverse effects on the individual’s functioning and mental,
239 physical, social or emotional well-being.”

240 “Trauma-informed and responsive care”, services and care provided by trained adult
241 professionals working with children, youth and families. Providers trained in trauma-informed
242 and trauma-responsive care are able to effectively respond to the impact of trauma on children’s
243 developmental and behavioral health and wellness needs. The services provided encompass

244 responses that effectively identify and respond to the traumatic impact of stress on those who
245 have been impacted by and have contact with various systems, policies and practices.

246 (b) The board of registration in dentistry shall, in collaboration with experts in childhood
247 trauma and adverse community conditions, including poverty, racism and white supremacy, and
248 in coordination with relevant training accreditation bodies, develop or provide for, and make
249 available for participation by any dentist, a professional education and development training
250 module, including for graduation, on identifying, intervening in and mitigating adverse
251 childhood experiences and conditions, trauma-informed and responsive care. The goal of the
252 education and training module shall be to encourage dentists to support patients and their
253 families in identifying and providing positive support, referrals for therapeutic interventions and
254 healing and interventions to support community resiliency building. The educational
255 requirements and training module shall include, but not be limited to:

256 (i) the burden and prevalence of adverse childhood experiences and adverse community
257 conditions impacting childhood, adolescent and adult health and well-being;

258 (ii) the impact of trauma-informed and responsive care and treatment;

259 (iii) the role of equitable, community-led resilience strategies to mitigate the impacts of
260 childhood trauma, adverse childhood experiences and adverse community conditions; and

261 (iv) the inherent value and consequence of building the capacity of providers to
262 understand and address place-based inequities on positive child development, family healing and
263 community resiliency.

264 SECTION 7. Said chapter 13 is hereby further amended by inserting after section 42 the
265 following section:-

266 Section 43. (a) As used in this section the following words shall, unless the context
267 clearly requires otherwise, have the following meanings:-

268 “Adverse childhood experiences”, traumatic childhood events, which are often chronic
269 and can vary in severity, occurring in a child's family or social environment that cause harm or
270 distress, thereby disrupting the child's physical or psychological health and development. ACEs
271 include maternal depression, emotional and sexual abuse, substance use disorder, domestic
272 violence, homelessness, incarceration, divorce, mental illness and physical and emotional
273 neglect.

274 “Adverse community conditions”, the result of policies and practices across multiple
275 systems that contribute to neighborhood neglect, underinvestment in low-income communities
276 and communities of color, poverty and limited opportunities to generate wealth, racism,
277 community disruption, inequities in educational opportunities, low economic mobility, neglect of
278 social capital, inhumane and unaffordable housing, unreliable transportation, citing of
279 environmental hazards, limited access to healthcare and mental health services, community
280 violence and over-policing of neighborhoods.

281 “Trauma”, individual trauma resulting from an event, series of events or a set of
282 circumstances that is experienced by an individual as physically or emotionally harmful or life-
283 threatening and that has lasting adverse effects on the individual’s functioning and mental,
284 physical, social or emotional well-being.”

285 “Trauma-informed and responsive care”, services and care provided by trained adult
286 professionals working with children, youth and families. Providers trained in trauma-informed
287 and trauma-responsive care are able to effectively respond to the impact of trauma on children’s
288 developmental and behavioral health and wellness needs. The services provided encompass
289 responses that effectively identify and respond to the traumatic impact of stress on those who
290 have been impacted by and have contact with various systems, policies and practices.

291 (b) The board of registration in cosmetology and barbering shall, in collaboration with
292 experts in childhood trauma and adverse community conditions, including poverty, racism and
293 white supremacy, and in coordination with relevant training accreditation bodies, develop or
294 provide for, and make available for participation by any cosmetology or barbering, a professional
295 education and development training module, including for graduation, on identifying,
296 intervening in, and mitigating adverse childhood experiences and conditions, trauma-informed
297 and responsive care. The goal of the education and training module shall be to encourage
298 cosmetologists and barbers to support patients and their families in identifying and providing
299 positive support, referrals for therapeutic interventions and healing and interventions to support
300 community resiliency building. The educational requirements and training module shall include,
301 but not be limited to:

302 (i) the burden and prevalence of adverse childhood experiences and adverse community
303 conditions impacting childhood, adolescent and adult health and well-being;

304 (ii) the impact of trauma-informed and responsive care and treatment;

305 (iii) the role of equitable, community-led resilience strategies to mitigate the impacts of
306 childhood trauma, adverse childhood experiences and adverse community conditions; and

307 (iv) the inherent value and consequence of building the capacity of providers to
308 understand and address place-based inequities on positive child development, family healing and
309 community resiliency.

310 The training module developed shall be accepted by the board as up to 2 continuing
311 professional development credits.

312 SECTION 8. Said chapter 13 is hereby further amended by inserting after section 84 the
313 following section:-

314 Section 84A. (a) As used in this section the following words shall, unless the context
315 clearly requires otherwise, have the following meanings:-

316 “Adverse childhood experiences”, traumatic childhood events, which are often chronic
317 and can vary in severity, occurring in a child's family or social environment that cause harm or
318 distress, thereby disrupting the child's physical or psychological health and development. ACEs
319 include maternal depression, emotional and sexual abuse, substance use disorder, domestic
320 violence, homelessness, incarceration, divorce, mental illness and physical and emotional
321 neglect.

322 “Adverse community conditions”, the result of policies and practices across multiple
323 systems that contribute to neighborhood neglect, underinvestment in low-income communities
324 and communities of color, poverty and limited opportunities to generate wealth, racism,
325 community disruption, inequities in educational opportunities, low economic mobility, neglect of
326 social capital, inhumane and unaffordable housing, unreliable transportation, citing of
327 environmental hazards, limited access to healthcare and mental health services, community
328 violence and over-policing of neighborhoods.

329 “Trauma”, individual trauma resulting from an event, series of events or a set of
330 circumstances that is experienced by an individual as physically or emotionally harmful or life-
331 threatening and that has lasting adverse effects on the individual’s functioning and mental,
332 physical, social or emotional well-being.”

333 “Trauma-informed and responsive care”, services and care provided by trained adult
334 professionals working with children, youth and families. Providers trained in trauma-informed
335 and trauma-responsive care are able to effectively respond to the impact of trauma on children’s
336 developmental and behavioral health and wellness needs. The services provided encompass
337 responses that effectively identify and respond to the traumatic impact of stress on those who
338 have been impacted by and have contact with various systems, policies and practices.

339 (b) The board of registration of social workers shall, in collaboration with experts in
340 childhood trauma and adverse community conditions, including poverty, racism and white
341 supremacy, and in coordination with relevant training accreditation bodies, develop or provide
342 for, and make available for participation by any social worker, a professional education and
343 development training module, including for graduation, on identifying, intervening in and
344 mitigating adverse childhood experiences and conditions, trauma-informed and responsive care.
345 The goal of the education and training module shall be to encourage social workers to support
346 patients and their families in identifying and providing positive support, referrals for therapeutic
347 interventions and healing and interventions to support community resiliency building. The
348 educational requirements and training module shall include, but not be limited to:

349 (i) the burden and prevalence of adverse childhood experiences and adverse community
350 conditions impacting childhood, adolescent and adult health and well-being;

351 (ii) the impact of trauma-informed and responsive care and treatment;

352 (iii) the role of equitable, community-led resilience strategies to mitigate the impacts of

353 childhood trauma, adverse childhood experiences and adverse community conditions; and

354 (iv) the inherent value and consequence of building the capacity of providers to

355 understand and address place-based inequities on positive child development, family healing and

356 community resiliency.

357 SECTION 9. Said chapter 13 is hereby further amended by inserting after section 99 the

358 following section:-

359 Section 100. (a) As used in this section the following words shall, unless the context

360 clearly requires otherwise, have the following meanings:-

361 “Adverse childhood experiences”, traumatic childhood events, which are often chronic

362 and can vary in severity, occurring in a child's family or social environment that cause harm or

363 distress, thereby disrupting the child's physical or psychological health and development. ACEs

364 include maternal depression, emotional and sexual abuse, substance use disorder, domestic

365 violence, homelessness, incarceration, divorce, mental illness and physical and emotional

366 neglect.

367 “Adverse community conditions”, the result of policies and practices across multiple

368 systems that contribute to neighborhood neglect, underinvestment in low-income communities

369 and communities of color, poverty and limited opportunities to generate wealth, racism,

370 community disruption, inequities in educational opportunities, low economic mobility, neglect of

371 social capital, inhumane and unaffordable housing, unreliable transportation, citing of

372 environmental hazards, limited access to healthcare and mental health services, community
373 violence and over-policing of neighborhoods.

374 “Trauma”, individual trauma resulting from an event, series of events or a set of
375 circumstances that is experienced by an individual as physically or emotionally harmful or life-
376 threatening and that has lasting adverse effects on the individual’s functioning and mental,
377 physical, social or emotional well-being.”

378 “Trauma-informed and responsive care”, services and care provided by trained adult
379 professionals working with children, youth and families. Providers trained in trauma-informed
380 and trauma-responsive care are able to effectively respond to the impact of trauma on children’s
381 developmental and behavioral health and wellness needs. The services provided encompass
382 responses that effectively identify and respond to the traumatic impact of stress on those who
383 have been impacted by and have contact with various systems, policies and practices.

384 (b) The board of registration of massage therapy shall, in collaboration with experts in
385 childhood trauma and adverse community conditions, including poverty, racism and white
386 supremacy, and in coordination with relevant training accreditation bodies, develop or provide
387 for, and make available for participation by any massage therapist, a professional education and
388 development training module, including for graduation, on identifying, intervening in and
389 mitigating adverse childhood experiences and conditions, trauma-informed and responsive care.
390 The goal of the education and training module shall be to encourage massage therapists to
391 support patients and their families in identifying and providing positive support, referrals for
392 therapeutic interventions and healing and interventions to support community resiliency
393 building. The educational requirements and training module shall include, but not be limited to:

- 394 (i) the burden and prevalence of adverse childhood experiences and adverse community
395 conditions impacting childhood, adolescent and adult health and well-being;
- 396 (ii) the impact of trauma-informed and responsive care and treatment;
- 397 (iii) the role of equitable, community-led resilience strategies to mitigate the impacts of
398 childhood trauma, adverse childhood experiences and adverse community conditions; and
- 399 (iv) the inherent value and consequence of building the capacity of providers to
400 understand and address place-based inequities on positive child development, family healing and
401 community resiliency.

402 The training module developed shall be accepted by the board as up to 2 continuing
403 professional development credits.

404 SECTION 10. Section 14 of chapter 18C of the General Laws, as appearing in the 2018
405 Official Edition, is hereby amended by striking out the words “chapter 119 to”, in line 3, and
406 inserting in place thereof the following words:- chapter 119 and the following 3 members: (i) an
407 individual appointed by the Massachusetts Immigration and Refugee Advocacy Coalition, Inc.;

408 (ii) an individual appointed by the commission on unaccompanied homeless youth, established
409 pursuant to section 16W of chapter 6A; and (iii) an individual appointed by the commission on
410 lesbian, gay, bisexual, transgender, queer and questioning youth, established pursuant to section
411 67 of chapter 3. The task force shall.

412 SECTION 11. Said chapter 18C is hereby amended by adding the following 3 sections:-

413 Section 15. As used in sections 16 and 17, the following terms shall, unless the context
414 clearly requires otherwise, have the following meanings:-

415 “Adverse community experiences”, the result of policies and practices across multiple
416 systems that contribute to neighborhood neglect, underinvestment in low-income communities
417 and communities of color, poverty and limited opportunities to generate wealth, racism,
418 community disruption, inequities in educational opportunities, low economic mobility, neglect of
419 social capital, inhumane and unaffordable housing, unreliable transportation, citing of
420 environmental hazards, limited access to healthcare and mental health services, community
421 violence and over-policing of neighborhoods.

422 “Learning collaborative”, a diverse collaborative of stakeholders with lived experience
423 and professional expertise convening regularly and frequently to engage in collaborative
424 professional learning to strengthen their practice and enhance results. Learning community
425 members are accountable to one another to achieve shared goals to advance research, support
426 learning and foster improvement.

427 “Trauma”, individual trauma resulting from an event, series of events or a set of
428 circumstances that is experienced by an individual as physically or emotionally harmful or life-
429 threatening and that has lasting adverse effects on the individual’s functioning and mental,
430 physical, social or emotional well-being.”

431 “Trauma-informed and responsive care”, services and care provided by trained adult
432 professionals working with children, youth and families. Providers trained in trauma-informed
433 and trauma-responsive care are able to effectively respond to the impact of trauma on children’s
434 developmental and behavioral health and wellness needs. The services provided encompass
435 responses that effectively identify and respond to the traumatic impact of stress on those who
436 have been impacted by and have contact with various systems, policies and practices.

437 Section 16. (a) There is hereby established 5 community-led learning collaboratives on
438 childhood trauma, healing and resiliency. Each collaborative shall:

439 (1) assess and share within and across the other collaboratives best practices for
440 identifying those individuals and families who could benefit from trauma-informed and
441 responsive care, healing and resiliency-building programming and other supportive care in order
442 to facilitate individual and family healing and community resiliency;

443 (2) make recommendations to the office of the child advocate, the department of public
444 health, the department of mental health, the child trauma training center at UMass Medical
445 School and other local and state governmental agencies those changes in policies, training,
446 programs and practices that could more effectively serve families, prevent traumatic experiences
447 from occurring and facilitate healing and resiliency among members of the population;

448 (3) identify gaps in services designed to identify, prevent and treat trauma, foster
449 resiliency and healing and support trauma-informed and responsive care.

450 (b) The learning collaboratives shall be located in communities unfairly burdened by
451 childhood trauma and adverse community conditions. One shall be located in the Boston
452 neighborhood of Dorchester, 1 shall be located in Springfield, 1 shall be located in Worcester, 1
453 shall be located in Lowell and 1 shall be located in Lawrence.

454 (c) Each learning collaborative shall engage community members and families, partner
455 with local and state organizations, universities, research centers, the office of the child advocate,
456 the department of public health, the department of mental health and the Child Trauma Training
457 Center at UMass Medical School as part of their learning and dissemination activities.

458 (d) Each learning collaborative shall, subject to appropriation, receive \$250,000 annually
459 to support staffing, partnership-based activities and learning, and other program expenses.

460 (e) The office of the child advocate shall oversee dispersal of funds granted to each of the
461 learning collaboratives.

462 (f) Not later than February 1, each collaborative shall provide an annual report detailing
463 collaborative outcomes, recommendations and cross-collaborative learning and community-led
464 program enhancements to the clerks of the house of representatives and the senate, the joint
465 committee on public health, the joint committee on mental health, substance use and recovery
466 and the joint committee on children, families and persons with disabilities.

467 Section 17. There shall be established on the books of the commonwealth the community
468 healing and resiliency trust fund, which shall be administered by the office of the child advocate.
469 The purpose of the fund shall be to provide grant funding to community-led community healing
470 and resiliency programming and learning collaboratives. There shall be credited to the fund all
471 revenues or other financing sources directed to the fund by appropriation and any income derived
472 from the investing of all amounts credited to the fund. Monies credited to the fund may be
473 expended by the commissioner, without further appropriation, for investing in studies,
474 programming and other policies to mitigate childhood trauma and support community healing
475 and resiliency.