

**SENATE . . . . . No. 91**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Cynthia Stone Creem*

*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 relative to screening for childhood trauma.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Cynthia Stone Creem</i>	<i>First Middlesex and Norfolk</i>	
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>3/10/2021</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>3/29/2021</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>4/1/2021</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>4/1/2021</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>9/8/2021</i>

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By Ms. Creem, a petition (accompanied by bill, Senate, No. 91) of Cynthia Stone Creem, Vanna Howard, Susannah M. Whipps, Sal N. DiDomenico and others for legislation relative to screen for childhood trauma. Children, Families and Persons with Disabilities.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
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An Act relative to screening for childhood trauma.

*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 Chapter 18C of the General Laws shall be amended by inserting the  
2 following new section 14A

3 Section 14A. (a) For the purposes of this section, the following term shall have the  
4 following meaning unless the context clearly requires otherwise:

5 “Trauma”, the result of an event, series of events, or set of circumstances that is  
6 experienced by an individual as physically or emotionally harmful or threatening and that has  
7 lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual  
8 well-being.

9 Events that may potentially, but not necessarily, cause childhood trauma include, but are  
10 not limited to, Adverse Childhood Experiences (ACEs) such as (i) experiencing violence or  
11 abuse; (ii) witnessing violence in the home or community; (iii) having a close family member die  
12 or attempt or die by suicide or die by overdose; (iv) living with a close family member or

13 caregiver with a substance use condition or having behavioral health needs; and (v) experiencing  
14 separation from a parent due to divorce, incarceration or child welfare intervention; as well as  
15 experiencing chronic stress caused by community-level adversity, including the effects of racism  
16 and discrimination.

17 “Protective Factors”, Experiences, circumstances, or relationships that can mitigate an  
18 adverse impact of trauma or promote resiliency.

19 (b) The office shall establish a screening subcommittee of the Childhood Trauma Task  
20 Force to:

21 1) review the benefits and risks of utilizing available tools, protocols, and best practices  
22 for (i) targeted or universal screening for childhood trauma for all children and (ii) for children  
23 upon entering foster care

24 2) review the benefits and risks of utilizing available tools, protocols, and best practices  
25 for conducting trauma assessments for children upon entering foster care

26 3) Make recommendations regarding the manner and circumstances under which trauma  
27 screening should and should not be used with children in the Commonwealth.

28 4) Make recommendations regarding the manner and circumstances under which trauma  
29 assessment should and should not be used with children entering foster care.

30 In conducting it’s review, the subcommittee shall consider evidence regarding the  
31 efficacy of existing screening tools, the purpose and goal of the tools use in supporting healthy  
32 child development. The review shall include (i) existing screening tools used in the MassHealth  
33 program, including, but not limited to, those outlined in the MassHealth All Provider Manual

34 Appendix W - Early and Periodic Screening, Diagnosis and Treatment Program Services  
35 Medical and Dental Protocols and Periodicity Schedules; (ii) other validated and reliable  
36 screening tools with empirical support for reliability, validity, standardization of norms, and  
37 specificity and sensitivity of measures; (iii) validated and reliable screening instruments that  
38 meet criteria set forth by the American Academy of Pediatrics and the federal Centers for  
39 Medicare and Medicaid Services; and (iv) models in use in other States and make  
40 recommendations regarding whether it is appropriate and feasible to adopt, amend, or update  
41 existing tools for use in screening or assessing children including children in foster care.

42 In circumstances where trauma screening and assessment is recommended, the  
43 recommendations shall specify (i) the population of children to be screened (ii) the types of  
44 professionals who are appropriate to administer the particular trauma screen (iii) the training  
45 required to support authorized professionals in the sound and efficient administration of the  
46 screen; (iv) processes to ensure regular periodic review of protocols for screening; and (v) ways  
47 to ensure adequate reimbursement for providers responsible for screenings (vi) mechanisms for  
48 providing post screening assessment and intervention as appropriate.

49 (c) The subcommittee shall include the following members; the Child Advocate or their  
50 designee, the Commissioner of Mental Health or their designee, the Commissioner of the  
51 Department of Children and Families or their designee, the Commissioner of the Department of  
52 Elementary and Secondary Education or their designee, the Commissioner of the Department of  
53 Public Health or their designee the assistant Secretary of MassHealth or their designee and the  
54 Commissioner of Insurance or their designee, a representative from the Office of Health Equity  
55 and a representative from each of the following organizations, The Foster Children Evaluation  
56 Services at UMass Medical Center, The Association for Behavioral Health, The New England

57 Council of Child and Adolescent Psychiatry, the Children’s Mental Health Campaign, Boston  
58 Children’s Hospital Neighborhood Partnerships Program, MA Chapter of the American  
59 Academy of Pediatrics, MA Association for Infant Mental Health, the Child Trauma Training  
60 Center, the MA Alliance for Families and the Child Witness to Violence Project at Boston  
61 Medical Center, Other Task Force members may participate in the subcommittee and The Child  
62 Advocate may appoint additional representatives from state agencies, community-based  
63 organizations and other child welfare or behavioral health experts as necessary to fulfill the  
64 purpose of the advisory working group.

65           The subcommittee shall consult with parents, youth and other experts and conduct public  
66 stakeholder meetings as necessary to ensuring that perspectives from a diverse set of individuals  
67 and organizations inform its work.

68           The subcommittee shall hold the first meeting not later than 30 days after the effective  
69 date of this Act, issue a status report not more than 6 months following the first meeting and a  
70 final report within 12 months. The report shall be filed with the Governor, the clerks of the  
71 senate and house or representatives, the joint committee on mental health, substance use and  
72 recovery, the joint committee on children families and persons with disabilities and the joint  
73 committee on health care financing.