



A Community Approach to Child and Family Wellbeing: Massachusetts' Initiative to Reduce Child Neglect

December 11, 2025

Jennifer Valenzuela, MPH, MSW, LICSW

Executive Director, The Children's Trust

Coalition Backbone Team

Agenda

- Welcome
- Initiative Overview
- History of Our System
- Data Walk
 - Lived experience with the child welfare system
 - Mandated reporters in the education sector
 - Parents seeking mental health services for their children
 - Other states working to prevent the unnecessary involvement of child protective services for neglect cases
- LUNCH
- Four Pillar Framework Overview
- Workgroups



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Community Steering Committee

1. **Backbone Support:** [Jennifer Valenzuela](#), Executive Director, the Children's Trust
2. **Parent leadership and engagement:** [Sue Covitz](#), Executive Director, Families First
3. **Family members with lived experience:** [Charles Lerner](#), State Director, Massachusetts CASA Association
4. **Legal representative:** [Marisol Garcia](#), Deputy Director, Health Law Advocates
5. **Human Services:** [Nancy Allen Scannell](#), Executive Director, MSPCC
6. **Education:** [Chelsea Prax](#), Program Director, American Federation of Teachers (AFT)
7. **Healthcare representative:** [Heather Forkey, MD](#), Director of FaCES at UMass Memorial Children's Medical Center and Professor of Pediatrics at the UMass Chan Medical School
8. **First responder:** TBD
9. **Philanthropy:** TBD

State Steering Committee

1. **Executive Office of Housing & Livable Communities (EOHLC):** [Chris Thompson](#), Undersecretary, Division of Housing Stabilization
2. **Executive Office of Health and Human Services (EOHHS):** [Mary McGeown](#), Undersecretary of Human Services
3. **Dept. of Mental Health (DMH):** [Funmi Aguocha](#), Assistant Commissioner, Office of Behavioral Health Promotion and Prevention | [Andrea Oliveira Goncalves](#), IECMH Statewide Policy and Initiatives Lead
4. **Dept. of Public Health (DPH):** [Elaine Fitzgerald Lewis](#), Director, Bureau of Family Health & Nutrition, State Title V Maternal and Child Health Director | [Beth Bostic](#), Director, Division for Children & Youth with Special Health Needs, State Title V CYSHN Director
5. **Dept. of Early Education & Care (EEC):** [Joseph Rucker](#), Deputy Director, Field Operations
6. **Dept. of Elementary and Secondary Education (DESE):** [Rachelle Engler Bennett](#), Associate Commissioner Student Family Support
7. **Dept. of Transitional Assistance (DTA):** [Delrose Newman](#), Assistant Director of Family and Community Engagement
8. **Dept. of Children and Families (DCF):** [Jesenia Collado](#), Assistant Commissioner for Protective Operations
9. **Dept. of Youth Services (DYS):** [Cecely Reardon](#), Commissioner | [Lisa Belmarsh](#), Assistant Commissioner for Support Services
10. **Office of the Child Advocate (OCA):** [Melissa Threadgill](#), Sr. Director of Policy and Implementation | [Cristine Delaney Goldman, J.D.](#), Director of Policy and Legal Counsel
11. **Office of the Attorney General (AGO):** [Liza M. Hirsch](#), Director, Children's Justice Unit | [Flora Chang](#), Children's Justice Unit

Children's Trust is the backbone role

The backbone IS:

- A **neutral** convener
- The dedicated **staff** that provides “behind the scenes” support
- The **capacity** to keep work going between meetings – building relationships, creating urgency, advancing opportunities, and addressing challenges
- The **guide and connector** to help organizations see the “**whole system**”

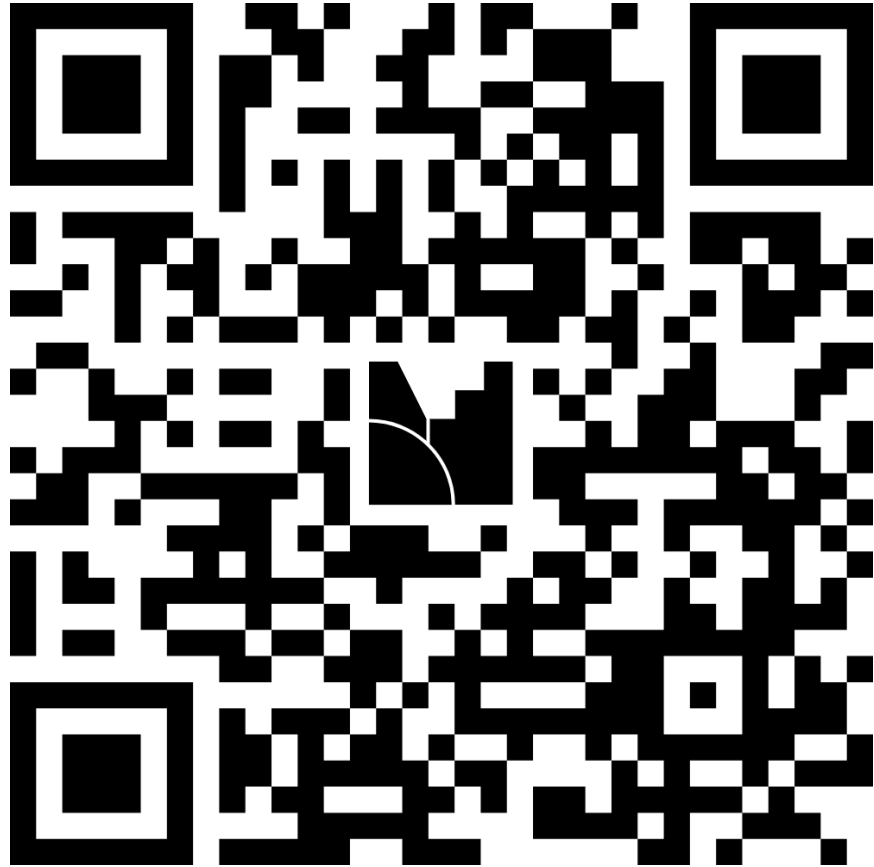
The backbone DOES NOT:

- Set the **agenda** for the group or drive decision-making
- Drive **solutions**
- **Hoard** all the resources or credit
- Implement programs as “**business as usual**”

CT staff, contractors, and advisors will support the backbone function, including:

- **Jennifer Valenzuela**, ED of the Children's Trust
- **Matthew Kincaid**, Founder and President, Overcoming Racism
- **Liz Marotta**, Director of Marketing and Events, Children's Trust
- **Melissa Oomer**, Strategy Consultant, to provide strategy and coalition building expertise
- **Dimple Patel**, Director of State Policy, Casey Family Programs, for MA/National policy and coalition building expertise
- **kate warren barnes**, Senior Advisor for Wellbeing and Systems Transformation, to provide child welfare and partnership expertise

Poll: What sectors are represented today?



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Our Vision and Goal

Vision

A Massachusetts where all children and families have the agency to access and use equitable, culturally responsive, and effective community-based supports, when and where they need — so all families can thrive.

Our vision is what we hope for families in MA – more broadly but inclusive of our work

Goal

To support families, mandated reporters, and community organizations in promoting wellbeing and preventing unnecessary involvement of child protective services by:

- Strengthening and expanding existing pathways of support
- Creating new pathways where gaps exist
- Building clear, accessible systems of support

Our goal is our initiative's specific contribution to the vision for families

What This Initiative IS and IS NOT

Reducing Neglect IS:

- ✓ Focusing on **prevention** of unnecessary 51As
- ✓ Developing an **alternative system** to provide families **resources** rather system engagement
- ✓ A more **effective, equitable** approach to family wellbeing
- ✓ **Reducing trauma** families experience through system involvement
- ✓ Alleviating the **root causes** of many issues reported as neglect
- ✓ Supporting our **workforce** and preventing burnout

Reducing Neglect is NOT:

- x Changing the way the **Department of Children and Families** processes 51As and/or making the DCF caseload more manageable
- x Focusing on physical or sexual **abuse** cases
- x **Delaying response** when care and supports are needed

Why Focus on Mandated Reporters?

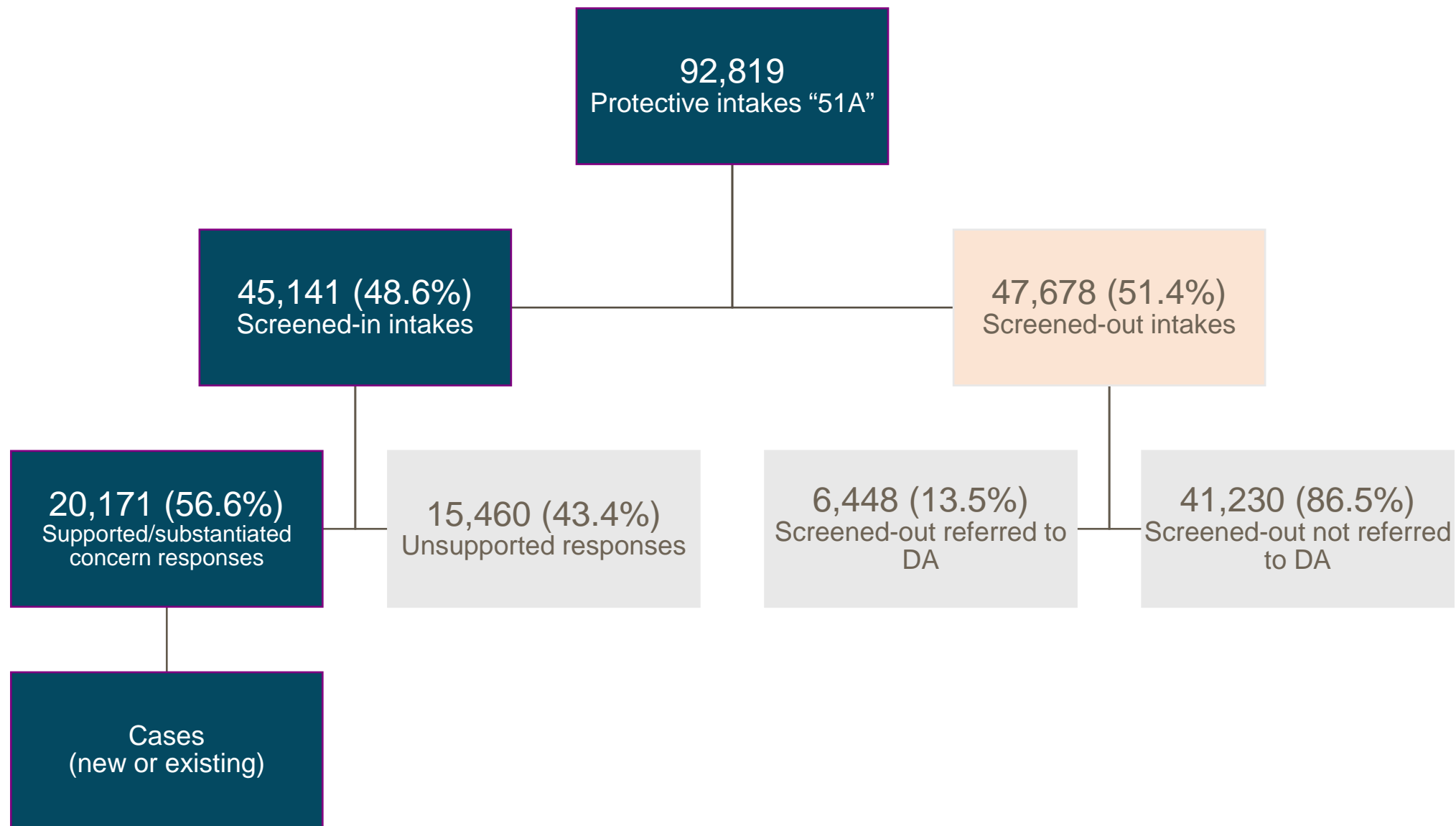
Most mandated reports of suspected child abuse and/or neglect are not substantiated

Of the **3.9M** alleged child maltreatment referrals received by child abuse hotlines in 2021, only **15.4%** were confirmed by CPS as cases of maltreatment

Families of color are disproportionately involved in the child welfare system

An estimated **53% of Black families** will be subject to a CPS investigation prior to their child's 18th birthday, compared to **37% of all children**

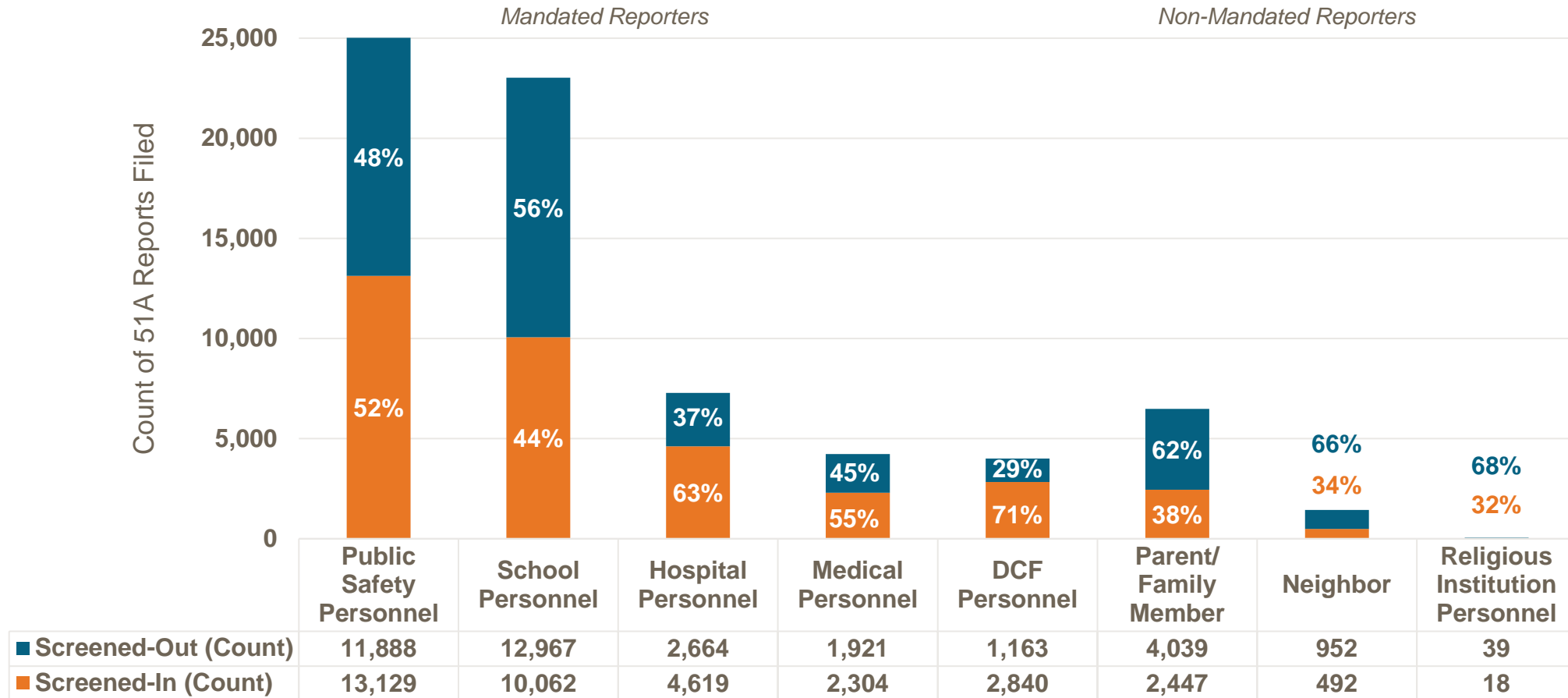
Source: Children's Bureau 2023; Hyunil Kim, Christopher Wildeman, Melissa Jonson-Reid, and Brett Drake: [Lifetime Prevalence of Investigating Child Maltreatment Among US Children](#) American Journal of Public Health. 24 October 2016.



*51A reports filed at the end of FY2023 may have had an investigation completed in FY2024, and 51A reports filed at the end of FY2024 have had an investigation completed in FY2025. A 51A intake may include one or more allegations. Two or more 51A reports filed on the same incident are rolled into one investigation.

Who Files 51A Reports in Massachusetts?

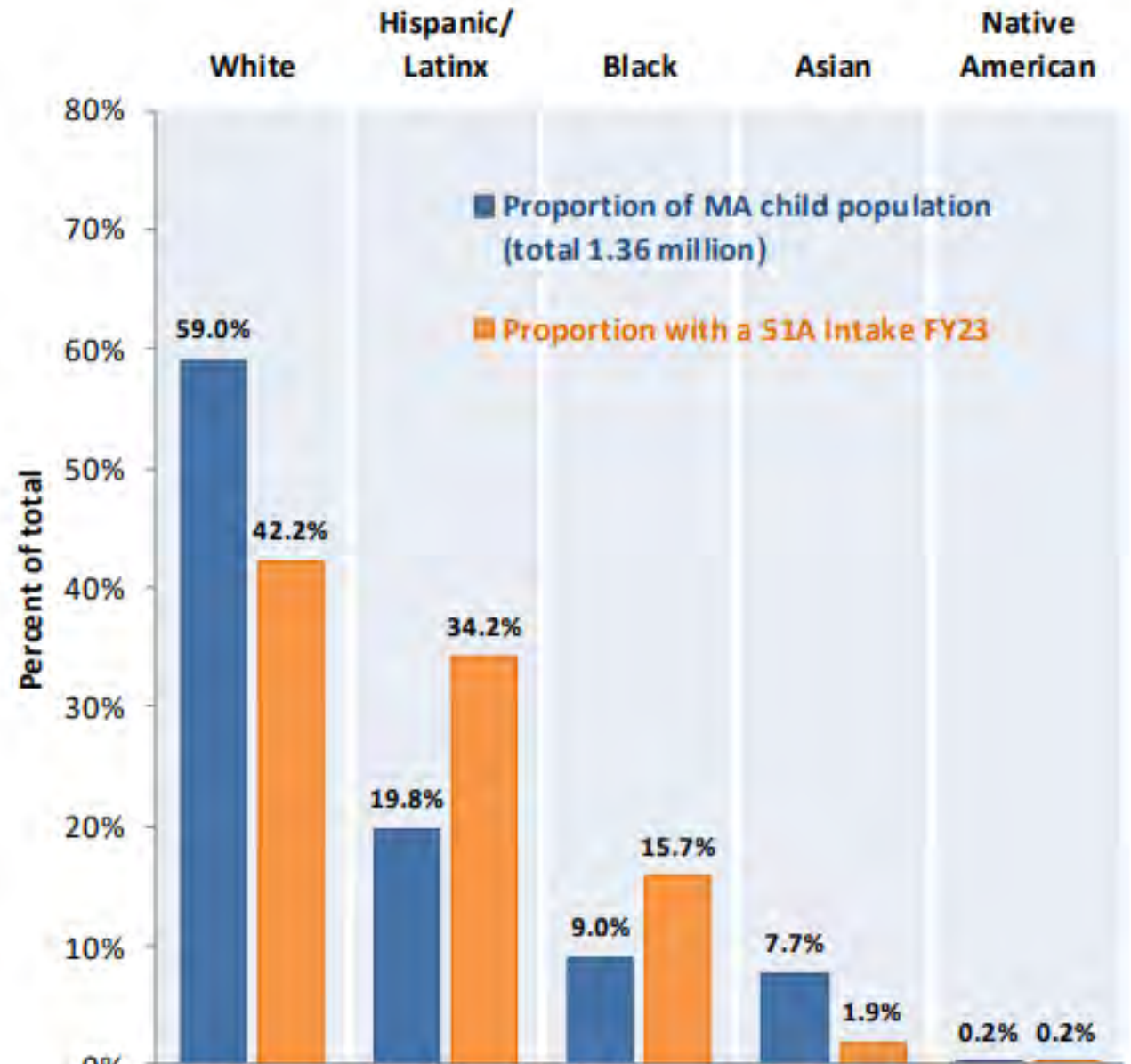
51A Reports Filed, Screened-In, or Screened-Out by Reporter Type (FY24)



Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2023

Black children are **2.5x** and Hispanic/Latinx are **2.4x** more likely to be referred to the Department of Children and Families (DCF) through a 51A report in comparison to White children.

FY23 DCF Annual Report



Matthew Kincaid

Founder & CEO, Overcoming Racism
Coalition Backbone Team

The history of child welfare and how we got here



BREAK
10:30-10:45



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Massachusetts Mandates, Missteps, and Missed Opportunities: Family-Led Insights to Prevent Unnecessary Reports of Neglect

- kate warren barnes

American Federation of Teachers (AFT): MA education data

- Chelsea Prax

Health Law Advocates: parent survey data

- Marisol Garcia

Casey Family Programs: what's working in other states

- Dimple Patel



Data Walk

Lived Experience Interviews – Station 1

kate warren barnes

Senior Advisor for Wellbeing and Systems Transformation

Coalition Backbone Team



Data Walk

Massachusetts Education Data – Station 2

Chelsea Prax

Program Director, American Federation of Teachers (AFT)

Community Steering Committee Member



Data Walk

Parent Survey Data – Station 3

Marisol Garcia

Deputy Director, Health Law Advocates

Community Steering Committee Member



Data Walk

What's Working in Other States – Station 4

Dimple Patel

Director of State Policy, Casey Family Programs

Coalition Backbone Team

Your Data Walk Map

Your name tag has #1-4 to identify where you start on the walk:

- Number 1 starts at the **lived experience** station
- Number 2 starts at the **education** station
- Number 3 starts at the **parent survey** station
- Number 4 starts at the **other states** station

At every station please answer:

- What surprised you?
- What did you learn?
- What questions does this raise for you?

Link to Website for Data Walk



childrenstrustma.org/preventing-neglect



LUNCH
12:45-1:30



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What will it take? Shifting paradigms at four levels

Programs

Workforce

Community

Policies

What will it take? Shifting paradigms at four levels

Programs

Coordinated, robust community resources for families that promote family wellbeing.

Examples:

- Warmlines
- Financial supports for concrete needs
- Family Resource Centers

Workforce

Education, tools, and technical assistance to support mandated reporters to be a strengths-based, and family-centered workforce.

Examples:

- Codified training for mandated reporters
- Mandated reporting decision making tools

Community

Initiatives that partner with communities to support and advance their priorities.

Examples:

- Community needs assessment
- Campaigns to raise awareness of protective factors to support families

Policies

Transforming organizational and state policies and practices to prioritize and advance family wellbeing.

Examples:

- Updating definitions of neglect
- Legislation eliminating anonymous reporting

Emerging Efforts

Programs

DCF redesign of FRCs

New \$1M Fair Share funding for concrete/emergency needs

Mass 211/DPH collaboration to integrate new tech, personalized assistance, & family-centered approach

EOE/Amazon partnership, providing pro-bono design services for tech innovation

Workforce

OCA efforts to improve the quality of reporting includes Mandated Reporter General Training and Teacher-specific

DCF developing a roadmap for a Warmline

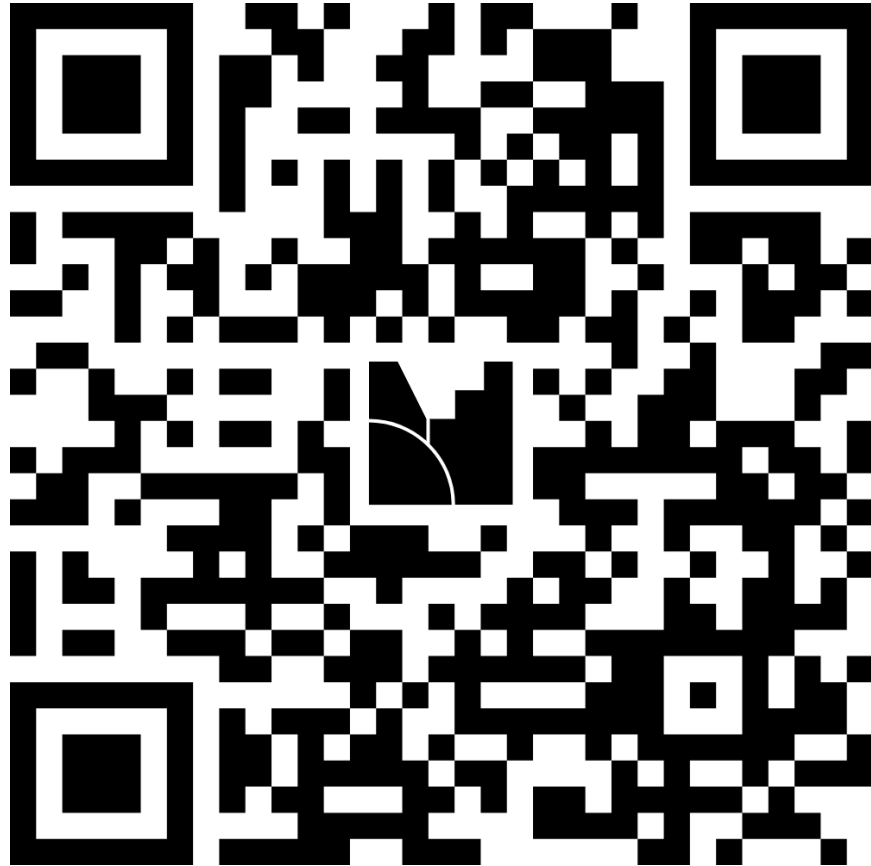
Piloting data feedback with DCF & Mandated Reporter Sectors

Community

Community Hub Schools in Lynn, Boston, Salem & other communities.

Policies

Feedback: What's Missing?



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Programs

HOW will we do this? What are the guiding principles for the work?

Programs are:

- Trauma-informed (LE)
- Survivor-centered (LE)
- Accessible (LE)
- Healing-informed (LE)
- Inclusive (LE)
- Integrated (LE)
- Culturally competent (CSC)
- Evidence-based (CSC)
- Addressing gaps in cross-system coordination (LE)

Throughout all efforts:

- Engage people with lived experience to address historical trauma/harm and determine the paths forward with shared decision-making (CFP, CSC)
- Engage cross-sector partners to determine the paths forward with shared decision-making (CFP)
- Start with and routinely examine trends / research in mandated reporting, to clearly understand issues; address bias, disproportionality and disparities; & identify effective alternatives (CFP)
- Address gaps in cross-system communication /coordination (LE)
- Require engagement before reporting for all implementation (LE)

WHAT will we do? Menu of alternative pathways

Economic Mobility:

- Increased childcare openings (LE)
- Increased flexible childcare with off-hours (LE)
- Increased financial support (LE)
- Financial support for concrete needs
- Expand job training
- Universal basic income
- Micro-grants to provide a safety net
- Financial institutions to consider creative debt relief
- Waivers to decrease interest accrual
- Sustain universal free school meals (CSC)
- **Increase access to benefits including Paid Family Medical Leave**
- **Increase access to supports around earned income tax and legal aid**

System Navigation, Support, and Technology:

- Family Resource Centers FRCs enhanced
- Family navigation (CSC)
- Warmline diversion program (LE)
- Coordinated Information technology resource/database (i.e., 2-1-1, FindHelp) for family resource identification and referrals
- DPH Public Health Data (PHD) warehouse to support population level data tracking
- Increase legal and advocacy support
- State benefits coordinate and one stop shopping for families in community space (FRC)
- **Build a statewide children's vision system to support coordinated care and access to specialty pediatric eye care**

Health and Social Services:

- Increased domestic violence services (LE)
- Expanded mental health /substance use care (LE)
- Family-Systems oriented therapy for CRA diversion (SSC)
- Family supports for children w/disabilities (SSC)
- Family supports for parents w/disabilities
- In-home ABA and/or autism-specific safety supports (CSC)
- Expand respite care (LE)
- Expand early intervention to 5 yrs (LE)
- Expand evidence-based home visiting beyond 0-5 (CSC)
- Universal 'welcome family' home visit
- Transportation options for families outside of urban transportation mechanisms (CSC)
- Increased shelter openings (LE)
- **Expand Community Support Line and DPH Care Coordination to support providers and families access services and supports, especially those with special health care needs**
- **Expand access to Family Care Plan Coordinators to support parents affected by substances to have the supports and services in place to support family well being**

CSC = Community Steering Committee, SSC = State Steering Committee, CFP = Casey Family Programs,

LE = lived experience input from Massachusetts Mandates, Missteps, and Missed Opportunities: Family-Led Insights to Prevent Unnecessary Reports of Neglect

Workforce

HOW will we do this? What are the guiding principles for the work?

Develop Trainings and Tools that are:

- Trauma-informed (LE)
- Trauma-informed (LE)
- Culturally Competent (LE)
- Neuro-diverse aware (LE)
- Addressing gaps in cross-system communication /coordination
- Create a new narrative re: reporting (LE)
- With cross-sector participants (to learn from one another and build connections)
- Developed for different level staff (management, direct service, admin, etc.)

WHAT will we do? Menu of alternative pathways

Training:

- How to lead with compassion & inquiry (vs. fear-based compliance) (CSC & LE)
- Steps of a 51A (CSC)
- Ethical Standards (LE)
- School role in communicating to families they have rights when working with DCF (CSC)
- Implicit bias training
- Learning different parenting styles
- Reflective practice (leading w/compassion)

Tools:

- Decision making tool and guide (before filing)
- Reporting risk factors and alternatives to reporting / connecting to supports (e.g. how to support first) (CSC)
- PAUSE (Florida model)

Research / Data:

- 'Dispel the Myth'- have mandated reporters faced consequences when not filing? (SSC)
- Annual report to school districts, health care systems, etc. with their # of reports, outcomes, demographics, etc. plus analysis and TA for improvement efforts (LE, SSC, CSC)

Capacity:

- Address capacity of social work-like expertise in various settings (schools, hospitals, etc.)
- School-based health centers (CSC)
- Specialized instructional support personnel (CSC)
- Resource Navigators/Community Workers in schools (like CHWs in hospitals)
- FRC/School partnership for CRA diversion (SSC)
- Expanded supervision and/or peer support for mandated reporters

Throughout all efforts:

- Engage people with lived experience to address historical trauma/harm and determine the paths forward with shared decision-making (CFP, CSC)
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Community

HOW will we do this? What are the guiding principles for the work?

Include (CSC & LE):

- Extended networks of “caregivers”
- Strong social networks
- Multi-generational support/”villages”

Design (CFP & LE):

- Within communities
- Outside the child welfare system
- With increased economic investments in communities
- With trauma-informed, healing-centered principles
- To address gaps in cross-system communication /coordination

WHAT will we do? Menu of alternative pathways

- Social isolation effort (CSC & LE) to strengthen support network
- Multi-generational support/”villages” (CSC & LE)
- Community schools with community and social service navigators (CSC)
- Universal screening in schools for higher risk kids and families, with 100% referral to resource navigator/social worker
- More robust specialized instructional support personnel workforce(CSC)
- Build a new narrative to shift mindsets re: mandated reporting. Acknowledge cultures, behaviors, and norms (CFP)
- Inform public of impact of filing 51A (LE). Community Storytelling (not sure if these go together)
- Create Community Advisory Groups for overall effort, include atypical partners (banks, grocery stores, etc)
- Mutual Aide Systems built in neighborhoods
- Incentivize community building events
- Library provided space for teens to practice babysitting services while parents get work done at library (West Tisbury)
- Lean on Me project
- Front Porch Project
- Local maps of resources available in communities – for families and for mandated reporters (CSC)
- Medicaid reimbursement for services delivered in schools (CSC)
- Support for younger demographics before becoming parents – education/awareness
- Community Needs Assessment, regionally specific to learn more about what community needs are
- Employers support programs for parent employees
- Community education of ACEs and living with a trauma-informed lens
- Family empowerment and engagement programming

Throughout all efforts:

- Engage people with lived experience to address historical trauma/harm and determine the paths forward with shared decision-making (CFP, CSC)
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- Start with and routinely examine trends / research in mandated reporting, to clearly understand issues; address bias, disproportionality and disparities; & identify effective alternatives (CFP)
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- Require engagement before reporting for all implementation (LE)

Policy

HOW will we do this? What are the guiding principles for the work?

Harness the power of lived experience to inform policy changes (LE)

Create a shared definition of lived experience

WHAT will we do? Menu of alternative pathways

Re-examine and Adjust Laws on:

- **Definition of child neglect**
- **Mandated reporters liable for non-reporting (CFP, CSC)**
- **Due process protections for BOTH families and reporters (CSC)**
- **Remove "educational neglect" from statute (CSC)- not sure if this is in MA statute, national recommendation**
- **Remove educators as mandatory reporters (CSC)**

Re-examine and Adjust Policies / Protocols for:

- **Agency/school response when considering filing, including requiring informing caregiver before filing (LE)**
- **must get 'second opinion' from trained colleague before reporting**
- **Custody disputes and reports used inappropriately (LE)**
- **Large variation of report outcomes based on DCF area office and culture**
- **IPV/DV and when filing is necessary**
- **DCF becomes 'home base' for orgs policy development (e.g. Org X standards are to use local child agency criteria so if DCF changes then HFM programs will follow suit instead of creating something separate and above DCF)**
- **remove compulsory attendance enforcement as a DCF duty (national recommendation)**

Throughout all efforts:

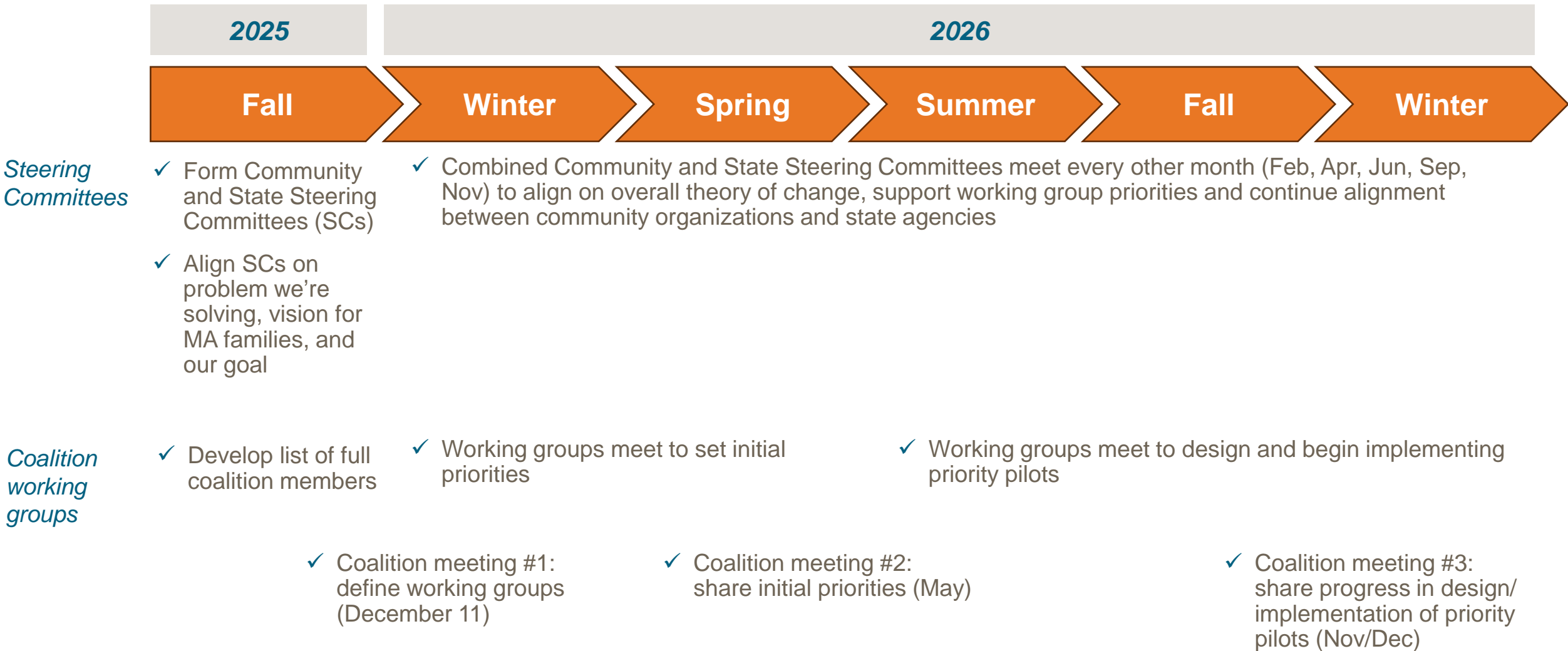
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- **Require engagement before reporting for all implementation (LE)**

Working Groups Breakout

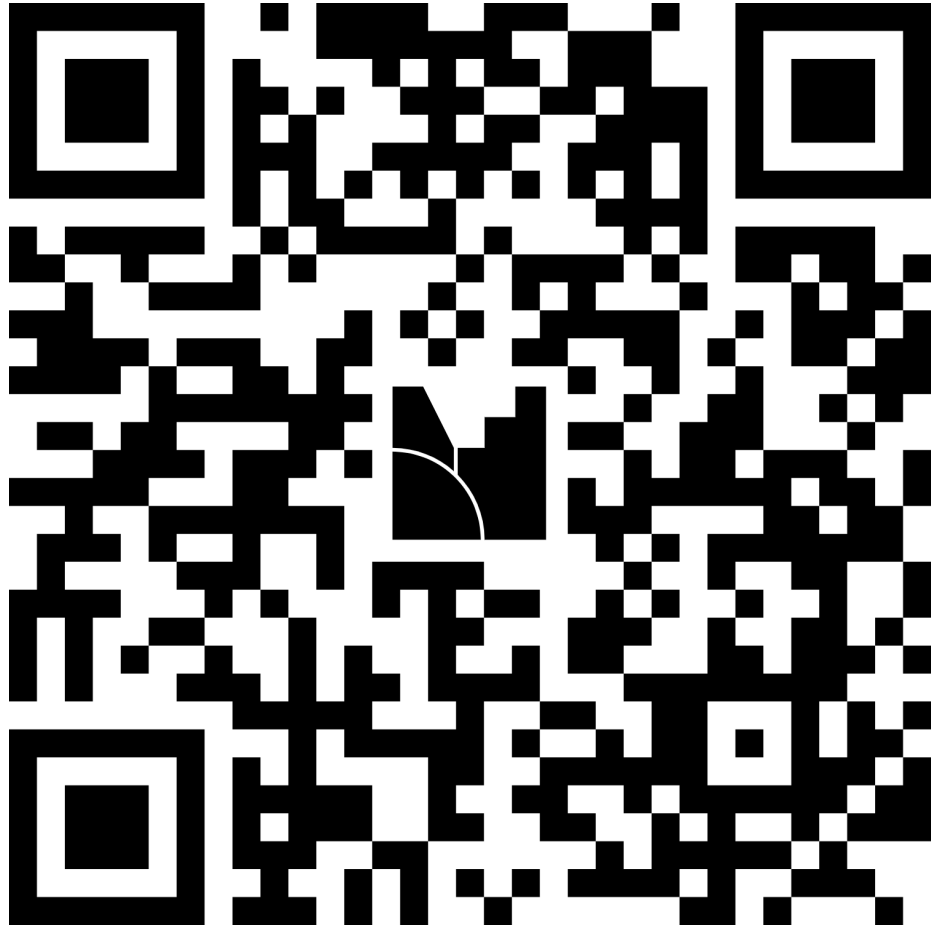
**Program: Ballroom
Workforce: Room 104
Community: Room 103
Policy: Room 101**



Process to Guide our Work



Closing Survey



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Systems should work together to ensure that the child who has had a very difficult past does not have a difficult future.

- Faith





THANK YOU!

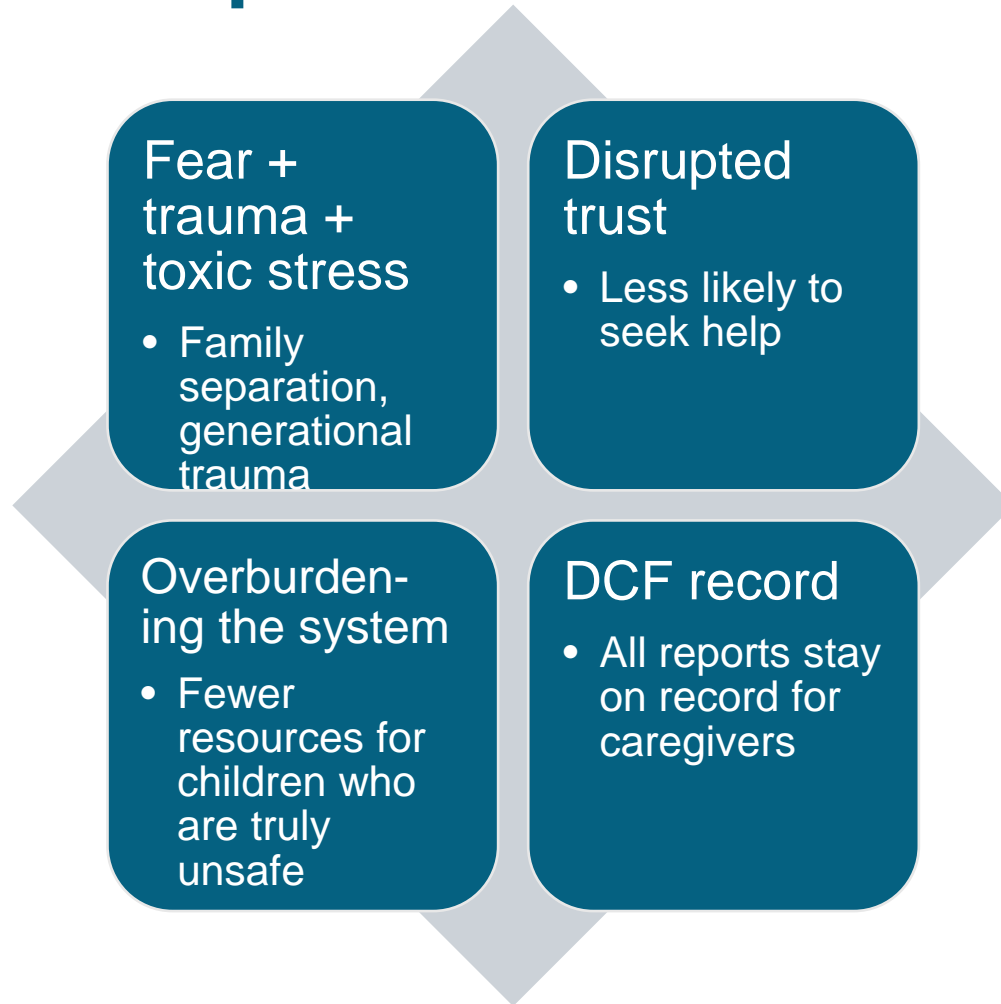
Appendix

What We Do

The Children's Trust centers family wellbeing to prevent child abuse and neglect by addressing its root causes and strengthening the systems that support families.



Overreporting has significant unintended consequences



From the perspective as a parent, the large number of unsubstantiated reports tells me that embedding prevention services in the community is critically important. So often parents involved with the system are issued “cookie cutter” plans and resources instead of their needs being met, which in turn results in re-entry/ reinvolverment with child welfare.

Raven Sigure, parent, Louisiana

Source: Moving Away from Family Separation: Cross-systems Strategies to Support Young Children and Families at Risk of Child Welfare Involvement. [Webinar #3: From Mandated Reporting to Mandated Supporting: What Will It Take?](#) Moderator: Cynthia L. Tate, Ph.D., BUILD Initiative. 17 February 2025.

Recent Timeline of Mandated Reporting in MA

